TRUST BOARD MEETING
MINUTES
Open Session
25th March 2010

PRESENT:	Ms. Aileen McLeish	Chairman
	Mr. Andrew Liles	Chief Executive
	Dr. Mike Baxter	Medical Director
	Ms Caroline Becher	Chief Nurse
	Mr. Philip Beesley	Non-Executive Director
	Mr. Paul Bentley	Director of Strategy
	Ms. Sue Ells	Non-Executive Director
	Mr. John Headley	Director of Finance & Information
	Ms Valerie Howell	Chief Operating Officer
	Mr. Terry Price	Non-Executive Director
	Mr. Peter Taylor	Non-Executive Director
IN ATTENDANCE:	Mr Maurice Cohen	Patient Representative
	Mr. Jeremy Over	Deputy Director of Workforce
	Dr Kate Brocklesby,	Consultant Paediatrician and Named Doctor for Safeguarding (minute 47/2010)
	Nikki Love	Named nurse for Safeguarding (minute 47/2010)
	Deidre Reece	Named midwife for Safeguarding (minute 47/2010)
SECRETARY:	Ms. Jane Gear	Board Secretary/Head of Corporate Affairs
APOLOGIES:	Mr. Norman Critchlow	Non-Executive Director
	Ms. Raj Bhamber	Director of Workforce and Organisational Development

Minute **Action**

O-43/10 MINUTES

The minutes of the previous meeting held on 25 February 2010 were agreed as a correct record subject to including in minute O-32/10 Draft Business Plan 2010/2011:

"A key objective within the Business Plan would be to maintain the level of emergency admissions at the 2008/2009 level. It was noted that Community Hospitals had a key role to play in securing this objective."

MATTERS ARISING

Summary Action Points:

The Trust Board reviewed all of the actions from the previous meeting and the action log which provided a commentary on progress. Nominated leads confirmed that all the respective actions had been completed, appeared as agenda items for the meeting or were on track within the agreed timescales.

REPORTS

O-44/10 Chairman's Report

The Board noted the resignation of Norman Critchlow from his role as Non-Executive Director. Norman had made a significant contribution to the Trust over the last four years for which the Board noted their sincere thanks.

The Chairman highlighted the progress which the Trust had made on the public pledges given in May 2009 following results of the last inpatient survey. Significant improvements have been made to ward accommodation, improving privacy and dignity, and laying the foundations for increasing car parking at St Peter's Hospital. It was noted that the level of compliance through handwashing audits now lay at 91%.

The Trust Board NOTED the Chairman's report.

O-45/10 Chief Executive's Report

Good progress was being made through the Northwest Surrey Transformational Board and four significant projects had been initiated:

- 'Five a day' project focusing on reducing the number of admissions (this was based an arithmetic calculation of 2008/2009 activity levels).
- '501 Levi' Project looking at patients who had high levels of repeat admissions.
- Discharge from the acute sector to Community Hospitals for patients suffering from a stroke or fractured neck of femur. The role of the Community Hospital was particularly key in delivering this successfully.
- Improved elective referral management processes.

It was noted that any flexing down of Community beds would be an issue for the acute sector, and that the impact of the divestment of PCT provider arms was not yet apparent.

The importance of engaging with GPs was noted; the GP Spotlight Events were proving successful as one aspect of an engagement strategy; details to be circulated to all Trust Board members. **PB**

The Trust Board NOTED the Chief Executive's report.

QUALITY AND SAFETY

O-46/10 Board Assurance Framework (BAF)

The Board received the Assurance Framework (version 18 March 2010).

BAF: 1D, the Chief Nurse highlighted that peer review by matrons was being introduced.

BAF: 1F, the Medical Director would be populating the actions relating to CQUIN payments.

BAF: 1A, it was noted that the whole hospital was involved in reconfiguration in order to achieve emergency pathways.

The Board NOTED the BAF.

O-47/10 Child Protection

Dr Kate Brocklesby, Nikki Love and Deidre Reece were welcomed to the Board and gave a presentation on the wider aspects of child protection, safeguarding, and domestic violence. The presentation also included information to supplement the Trust's Child Protection Annual Report 2009/2010 which gave assurance to the Trust Board on the standards that specifically focussed on child protection as set out by the Care Quality Commission.

The Annual Report identified a number of areas for future development and the Board noted.-

- A key position within the ASPH Safeguarding Team remained unfilled with the absence of a children's social worker. The Chief Nurse had written to the Director of Social Services in order to get this progressed urgently, and it was agreed that if there was not early resolution, the matter should be escalated to Chief Executive level. **CB**

- Safeguarding training formed part of the Trust's mandatory training programme. Although there was no national target, the Trust was aiming to achieve 100% coverage. It was agreed that a list of named individuals who had not yet attended should be used to target individuals regarding attendance. **CB**

- Further work was required in order to improve the ability to access details of children's previous A&E attendances and in particular to deliver an electronic flagging system. It would also be important to improve communication with GPs regarding A&E attendances as they had a key role of gatekeeper.

The Board was pleased to note that there was evidence of a real learning culture whereby incidents or near misses relating to child protection were followed up. Further work could be undertaken to develop indicators as part of the Board Quality metrics. It was also suggested that the terms of reference for the Safeguarding Children's Steering Group should include some reference to GPs.

The Board NOTED receipt of the Annual Child Protection Report and asked for an update in three months time, with a particular focus on areas identified for further development. **CB**

O-48/10 CQC Outpatient Survey 2009

The Trust had completed the National Outpatient Survey based on the sample of patients attending in May 2009. The CQC Report summarised the Trust's position in comparison with other acute and specialist NHS Trusts.

The Board noted with some concern the lengthy time period involved in the CQC issuing the national results. This emphasised the importance of the Trust having more immediate means of obtaining feedback on patient

satisfaction such as the recently introduced hand held devices. In addition to the benchmarked information, many patients gave text comments and these were also reviewed by the Trust.

Overall, the results of the 2009 survey were disappointing with the Trust demonstrating good performance on one question and an intermediate performance on 17 questions.

The Board NOTED receipt of the Report and AGREED that the action plan should be made more focused with more challenging timelines. Where appropriate, action should be targeted at specific directorates.

A further report back to the Board should be made in two months time. **CB**

O-49/10 Quality Report

The Medical Director and Chief Nurse introduced the Quality Report, which drew together the dashboard, ward metrics and an overview of quality.

In respect to the ward quality indicators, it was noted that the Surgical matron was taking ownership of the indicator on compliance with monitoring of pressure ulcer prevention as the Directorate was showing some disappointing results. Future editions of the ward quality indicator report would reinstate blood traceability but using actual patient numbers. The report highlighted a disappointing increase in the number of complaints in particular from MAU and A&E which might be attributable to the high level of activity.

The Board was pleased to note an improvement in operative rates within 48 hours for hip fracture; this now stood at 87% and represented the second month of improvement. Only five patients had missed the operative target for non-medical reasons.

The time scale for this target reduced in 2010/2011 and the Board expressed concern that would be a real challenge as current performance remained at red on the scorecard. The Board was informed that all necessary processes were in place to improve performance, for example theatre capacity, the employment of orthogeriatricians, and work was underway in terms of better balancing of surgery for fractured NOF and trauma. While it was noted that some of the difficulties in December 2009 had been caused by clustering of patients admitted with fractured NOF, the Board wished the service to be reminded of the importance of achieving the target.

The Report provided information on PROMs (Patient Reported Outcome Measures). This was CQUIN linked and was a national initiative. The Trust's response rates were in line with other Trusts and the data would be released nationally in April 2010.

Overall, the Board welcomed the improved structure and content to the Board Quality Report, but asked that consideration be given to whether there was any benefit to a single owner being identified within the Trust for all glossaries of terms. **AL**

The Board NOTED the Quality Report.

PERFORMANCE

O-50/10 Balanced Scorecard

The Balanced Scorecard comprised four areas aligned to the Trust's corporate objectives.

1. Patient Safety and Quality: This aspect had been addressed earlier on the agenda.

2. Workforce: the Report now included the three-month trend for each indicator. It was encouraging to note that there had been an improvement against all of the indicators with the exception of sickness absence. Early investigation suggested that this was a seasonal variation.

Considerable work was ongoing in the Trust to improve the level and quality of appraisals. The intention was to achieve the 85% compliance level.

The Trust viewed the active management of long-term sickness across the Trust as important, and it was agreed to ask the Workforce Strategy Group to review indicators on long-term sickness and underpinning causative factors. **JO**

3. Performance: The scorecard now included an additional indicator on four-hour attendance in A&E within St Peter's Hospital only, although the Monitor framework looked at A&E attendance across the local health economy. This internal measure was a helpful indicator on performance, and one that the SHA discussed with the Department of Health as part of the FT application process.

The Board was pleased to note that the Trust had overachieved on the 18-week RTT targets.

4. Financial: The forecast against the financial indicators in the scorecard was predominantly green.

The Finance Report had been debated in detail by the Finance Committee, but the Board noted that the surplus and CIPs, which were currently amber due to very small year-to-date shortfalls, were both materially in-line with target at month 11, and the Trust was well placed to deliver on full-year targets.

The forecast I&E net surplus was £4.8m. A year-end technical adjustment had been agreed with the auditors to reflect an additional £1.45m income in respect of incomplete spells. In addition, the value of the estate had fallen considerably in the recent 3-yearly valuation by the District Valuer, reflecting both the general decline in the property market and a new valuation methodology. This would need clear communication and explanation in the Annual Report.

The current position on year-to-date spend on capital was red, but it should be brought much closer to target by the end of the financial year.
The Board NOTED the Balanced Scorecard report.

STRATEGY AND PLANNING

O-51/10 Corporate Objectives 2009/2010

At the beginning of 2009/2010 the Board had agreed 10 corporate actions for delivery in the financial year. This had now been overtaken by the Integrated Business Plan (IBP) and the four Strategic Objectives. However, the Report provided for the Board showed good progress against the majority of the 10 corporate actions, and it was confirmed that where items were unfinished, they have been tracked across to the draft objectives contained within the Corporate Plan for 2010/2011.

The Board noted the REPORT.

O-52/10 Six-Delivery Programmes

The Board had previously been apprised that 6 Programmes of Delivery had been established with the intention of providing a comprehensive and coherent infrastructure for making planned changes and improvements to deliver the Strategic Objectives. Each of the Programmes was progressing well and had strong clinical directorate involvement. They were being monitored through a Programme Board and were discussed at each Trust Executive Committee meeting.

The Report provided to the Trust Board was high level, and the Board was reassured that there were detailed deliverables which were being tracked. It was agreed that future reports to the Trust Board should include greater clarity on the major milestones. **AL**

The Board noted the REPORT.

O-53/10 Corporate Business Plan 2010/2011

Discussions with NHS Surrey were ongoing regarding the Service Level Agreement for 2010/2011. Until this was completed, the Trust could not conclude the activity and finance Schedules in the draft Plan.

The draft Corporate Business Plan had been produced within the known national and local context and had been driven both top down and bottom up. Each Clinical Directorate had produced its own business plan, and once the overarching SLA had been agreed, there would be a formal sign off process with each Directorate.

The Plan signaled the achievement of Foundation Trust status within the year and therefore included the implications of the Monitor Compliance Framework.

Whilst there were no significant changes to national targets and priorities, in 2010/2011 it would be essential to sustain these, including the four-hour emergency targets, ensure robust processes were in place for medical re-validation, and to have confidence in the self-certification processes which would support the Monitor Compliance Framework.

The Board discussed the actions and timescales included in the Plan which were aimed at delivering progress on each of the four Strategic Objectives. The Board asked that these be developed to include tangible deliverables which were able to be monitored. Of particular importance would be actions to improve the patient experience. **VH**

A number of suggestions to improve consistency regarding presentation of the financial tables were made and it was asked that the Plan included a cash flow. **JH**

The Draft Capital Programme identified £14.2m allowable capital expenditure in 2010/2011; this included a £3m loan against central funds which would only be drawn down if the Renal consortium bid was successful. The Board NOTED the Capital Programme and asked that if possible some improvements to the Outpatient Department at Ashford should be made in 2010/2011.

The Board APPROVED the Corporate Business Plan for 2010/2011, noting that this was subject to final agreement on the Service Level Agreement which would allow the fully completed version to come back to the April Board meeting, together with the detailed timescales and schedules.

O-54/10 Draft Budget 2010/2011

The draft budget for 2010/2011 was presented to the Trust Board having been discussed in great detail at the Finance Committee Meeting, and in the context that the Trust had not yet signed an SLA with NHS Surrey for its 2010/2011 activity. The budget was in line with the Trust's Integrated Business Plan and included a planned surplus of £3.3m.

The budget included an ambitious CIP programme of £9.0m representing 4.1% of the Trust's revenue. In total, the Trust was aiming for £11.5 million of CIP schemes but had only accounted for £9.0m within the budget. The process for identifying CIPs had commenced far earlier than in previous years and the Trust had now established a good performance management regime to ensure delivery and implementation.

Once the Service Level Agreement had been concluded with NHS Surrey, the budgets would be finalised and signed off by individual Clinical Directorates. It was noted that Medicine represented a very significant proportion of the Trust's income and expenditure, and it was confirmed that it had sufficient management resources to support this scope.

The Board AGREED the budget for 2010/2011, noting that this was subject to final agreement of the SLA with NHS Surrey which would then facilitate completion of the directorate tables. The Board expressed concern that Board changes at NHS Surrey could further delay the SLA. The Executive were asked to give this top priority. **AL**

REGULATORY

O-55/10 Excellence in Education - Consultation

The Board had previously discussed the NHS South East Coast consultation on the future of post-graduate education in the region.

The Trust's draft response to the consultation identified that ASPH was one of the largest providers of post-graduate education in the Southeast, but was located across the north of Surrey and on the London border. The draft response emphasised the need for commissioning flexibility in order for the Trust to access and develop the best possible training process around

ASPH's system.

The Board APPROVED the draft response.

O-56/10 Single Sex Compliance:

All Acute Trusts were required to publish a declaration confirming the virtual elimination of mixed sex accommodation. The Report identified the process the Trust had gone through in order to assure the Board in respect of the declaration and also on the ongoing monitoring and reporting arrangements. The self-assessment was based around four key areas; patient experience, estates, systems and processes and staff culture.

A number of building works were still to be completed during 2010/2011 but in the meanwhile systems and processes were in place to secure this important standard. A programme of road shows to raise staff awareness was underway, and there was a system to record any breaches with the standard.

In discussion, it was noted that the Trust operated at a high level of occupancy and if activity rose this could potentially put pressure on achieving the standard. Having the facility to open additional bed areas was not considered practical as it often led to a poor quality of service being available. Reassurance was given that guidance was available for clinical staff which allowed for clinical need to override the standard in very limited areas, for example ITU. However, even in these circumstances, the Trust needed to ensure that patients' privacy and dignity was maintained.

The Board noted the significant progress which had been made over the last year and APPROVED the declaration.

It was agreed that the risk rating in the Board assurance framework should be adjusted. **CB**

O-57/10 Learning Disabilities - Access to Acute Care

Following the publication of Sir Jonathan Michael's Report (2008) and the Ombudsman's Report, Six Lives (2009), all Boards were required to assess access to healthcare by people with a learning disability.

The Board Report identified the process undertaken by the Trust to review the accessibility of its services for patients with a learning disability. The Trust was working with Surrey Borders Learning Disability Team and had been asked by that Trust to host the Surrey launch for learning disabilities in June.

The Board NOTED the report and progress to date, asking for this to be a routine feature in future Board reporting. **CB**

INFORMATION

O-58/10 Trust Executive Committee Minutes: 12th February and 26th February.

The Trust Board NOTED the Trust Executive Committee minutes

O-59/10 Finance Committee: 17 February 2010.

The Trust Board NOTED the Finance Committee Minutes.

ANY OTHER BUSINESS:

O-60/10 Non Executive Visits

It was reported that Philip Beesley had recently carried out an unannounced visit with the Chief Nurse to Maternity. This has identified that the overall patient experience was good. Labour Ward had been extremely busy; a contributory factor being staffing levels due to recruitment difficulties. It was noted there were useful metrics looking at the number of midwives per 1000 live births and it was agreed to consider this as a metric for Board reporting. **CB**

The Board noted FEEDBACK.

O-61/10 QUESTIONS FROM THE PUBLIC

1. In response to a question regarding the timeliness and ease of producing patient information leaflets, it was noted that a new and improved process was being introduced.

2. The Red Tray System was an important aspect of the Trust's approach to nutrition. Any concerns would be discussed between Maurice Cohen and the Chief Nurse.

3. It was confirmed that the Trust hoped that the NHS Surrey would be inviting formal bids for the Renal Service in the next few weeks.

4. A concern was expressed regarding the high level of bed occupancy and the alignment of this with the Trust's plans to reduce the number of beds. Length of stay impacted directly on the number of beds needed and it was explained that the EQUIP Programme had demonstrated that the Trust could reduce the current length of stay for patients, while still enabling them to be discharged in an appropriate fashion.

5. It was confirmed that the Trust was conscious of the importance of staff being aware of issues to do with domestic violence and also the potential for abuse of older people, and the Trust supported staff through training and protocols.

O-62/10 NEXT MEETING

Thursday 29th April 2010 at 2pm in the Education Centre Ashford Hospital

Signed …….
Chairman
Date 29th April 2010

Summary Action Points

Board date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at 20 March 2010	Status
24/09/09	1-09/67	**Balance Scorecard & Operational Performance Report**	Interim data on theatre utilization to be included in the next Board report.	VH	~~26/11/09~~ 30/09/10	Awaiting procurement of new Theatre system. Procurement January 2010, full implementation 6 months A manual system has now been developed to analyse theatre utilisation and this is now incorporated into monthly performance meetings with the directorate of theatres, anaesthetics and critical care. In addition weekly cross directorate theatre utilisation meetings have now been established.	**---**
26/11/09	1-09/88	**BAF**	Review presentation of BAF	JG	28/06/10	Update report on Agenda	✔
28/01/10	O-06/10	**Quality report**	Streamline the content of the PIC report as presented to the Board. Also ensure its timeliness	CB	25/03/10		
28/01/10 25/02/10	O-07/10 O-24/10	**Quality Account**	In its final version ensure it is easy to read by the intended audiences and captures the passion for quality. Review further draft at April meeting	CB	24/06/10 19/04/10	On April Board agenda	✔
25/02/10	O-32/10	**Business Plan 2010/11**	Develop summary for internal distribution	VH	29/04/10	To be completed post final Board approval in April	**---**
25/03/10	O-45/10	**Chief Executive Report**	Circulate details of Spotlight Events to Board members	PB	29/04/10	Completed	✔

25/03/10	O-47/10	**Child Protection**	Progress early resolution of vacant hospital social worker post	CB	29/04/10	Chief Nurse has written formally to Director of Children's' services at Surrey CC. The letter has been acknowledged.	**---**
25/03/10	O-47/10	**Child Protection**	Progress completion of Child protection training to achieve 100%. Feedback in a general update report to Board in 3 months	CB	24/06/10		Not due
25/03/10	O-48/10	**OPD National Survey results**	Report back to Trust Board on progress against action plan	CB	27/05/10		Not due
25/03/10	O-49/10	**Quality report**	Consider whether there are any benefits from having a single owner of the various glossaries	AL	29/04/10	Discussed at executive Team. The major glossaries are general, clinical, informatics and it was not felt that there would be benefit from one owner rather than specialist leads	✔
25/03/10	O-54/10	**Budgte 10-11**	Resolve SLA with NHS Surrey	AL	16/04/10	Covered on Board agenda	✔
25/03/10	O-56/10	**SSA**	Adjust risk rating in respect of SSA compliance	CB	29/04/10	Completed	✔
25/03/10	O-57/10	**Learning Disabilities**	Report back to Board	CB	28/10/10		Not due
25/03/10	O-60/10	**NED Visits**	Consider including a metric on number of midwives per 1000 live births into board reports	CB	27/05/10		Not due