Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD MEETING
MINUTES
Open Session
24th June 2010

PRESENT:	Ms. Aileen McLeish	Chairman
	Mr. Andrew Liles	Chief Executive
	Mr. Nadeem Aziz	Non-Executive Director
	Dr. Mike Baxter	Medical Director
	Ms Caroline Becher	Chief Nurse
	Mr. Philip Beesley	Non-Executive Director
	Ms. Raj Bhamber	Director of Workforce and Organisational Development
	Ms. Sue Ells	Non-Executive Director
	Mr. John Headley	Director of Finance & Information
	Mr. Terry Price	Non-Executive Director
	Mr. Peter Taylor	Non-Executive Director
IN ATTENDANCE:	Mr. John Kelly	Non-Executive Director designate
	Ms Rebecca Carlton	Deputy Chief Operating Officer
	Dr Angela Shaw	Director of Infection Prevention and Control (Minute 116/2010)
SECRETARY:	Ms. Jane Gear	Board Secretary/Head of Corporate Affairs
APOLOGIES:	Mr Maurice Cohen	Patient Representative
	Ms Valerie Howell	Deputy Chief Executive

Nadeem Aziz, Non-Executive Director, and John Kel ly, Non-Executive Director designate, were welcomed to their first meeting of the Trust Board. Rebecca Carlton was welcomed as standing-in for Valerie Howell during leave.

Minute **Action**

O-109/10 MINUTES

The minutes of the meetings held on 27th May 2010 and 9th June 2010 were agreed as a correct record.

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 confirm that all the respective actions have been completed, appeared as agenda items for the meeting, all were on track within the agreed timescales.

O-110/10 Child Protection (O-83/10)

It was confirmed that the letter had been sent to the Chief Executive of Surrey County Council regarding the vacant hospital social worker post.

The Board would be kept apprised of progress. **CB**

In addition, it was noted that completion of child protection training had now reached 81% across all Trust staff, and a reminder had been issued recently of the importance of this mandatory training.

The Board NOTED the update.

REPORTS

O-111/10 Chairman's Report

The Trust had recently been advised that the application for Foundation Trust status would be put before the Secretary of State. It was hoped that this would be passed through to Monitor in the near future.

The Revision to the Operating Framework had now been published and a White Paper was expected in July.

The Board NOTED the report.

O-112/10 Chief Executive's Report

A number of senior appointments had now been made to the Trust's Senior Management Team. In addition to those included in the report, an offer had been made in respect of a new Associate Director of Informatics.

The Board noted Paul Bentley's secondment to Maidstone and Tunbridge Wells Hospitals NHS Trust, and recorded their thanks for his major contribution to Ashford and St Peter's Hospitals over the preceding four years.

In reviewing the recently issued Revision to the Operating Framework the Board noted that this placed less emphasis on targets such as 18-week to treatment, and more emphasis on median waiting times, and the availability of information to the public to enable choice. There was also a signal in the revision that hospitals would take on responsibility for post-discharge care. The substantive in-year change in the Revision to the Operating Framework was a reduction in the A&E four-hour target to 95%.However it was emphasized that this reflected the national clinical view on effective management of patients and did not mean that patients should generally wait longer in A&E.

The Board NOTED the report.

QUALITY AND SAFETY

O-113/10 Board Assurance Framework (BAF)

The Board Assurance Framework had been evolving over the last two months and was now closely aligned to the Corporate Business Plan, the Integrated Business Plan, and also reflected major risks associated with the external environment within which the Trust operated.

The BAF would be scrutinized by IGAC prior to presentation to future Trust Board meetings and some of the actions would be enhanced to ensure the

risks were being fully addressed.

Although the risk rating identified a large percentage of the risks as "high," the Board was reminded this generally reflected the significance of the risk rather than the likelihood of it occurring.

The Board APPROVED the BAF.

O-114/10 Corporate Risk Register

The Corporate Risk Register included one risk which had been closed since April (patients' property) and three existing risks where the risk level had changed. These included risk 763 relating to HCAI being raised to an extreme risk with a rating of 16. Whilst control of infection was an absolute priority, this rating reflected the potential impact on the FT application, rather than substantive risk to individual patients as the Board were reminded of the generally low level of infections across the Trust

The next edition of the Corporate Risk Register would be updated to clearly identify all risk owners. **CB**

There had been no breaches in respect of single sex accommodation, and therefore the risk rating would need to be further reviewed. **CB**

The Board NOTED the Corporate Risk Register.

O-115/10 Quality Report

The Medical Director and Chief Nurse introduced the Quality Report which brought together the dashboard and ward metrics.

The Board was pleased to note that the Report now included information on crude mortality and that the figures of around 2.6 – 2.8% did not give cause for concern.

NHS Surrey had recently confirmed the trajectory for achieving the best practice tariff target of 36 hours for fractured neck of femur. The Q1 target was 60% increasing to 70% for Q2 and achievement of 85% by Q3. Future editions of the scorecard would reflect this agreed trajectory.

Information on VTE assessment was currently obtained through a manual audit. It was now mandated nationally that automatic processes were introduced, and it was anticipated that the Trust would be able to receive real-time information in the July report.

The level of re-admissions within 14 days (PCT target) was 2.1% YTD. Whilst clarification was awaited on the new national intention for hospitals to be responsible for care post-discharge for a 30-day period, an initial analysis of ASPH patients indicated that approximately 8% of patients were re-admitted within the 30-day period and that this was comparable with another local Trust. The Trust had previously identified a cohort of patients who were repeatedly admitted, but it appeared that there was only a small overlap between these two groups. Further analysis would be undertaken.

The SHA Observatory had previously expressed concern about the reported high level of drug reactions at the Trust. The SHA had now agreed

that the Trust were correctly coding activity and that these reactions related to adverse responses to therapeutic agents. The SHA would now be reviewing the approach operated by other Trusts in respect to this indicator.

The pilot on visiting hours was currently underway and comments were being received and would be analysed.

It was reported that the Enhancing Quality Programme now included dementia and this aligned with the priority identified within the Revision to the Operating Framework.

An update to the ward quality indicator report was tabled. The major change was to clarify the recording of complaints data.

The Chief Nurse advised the Trust Board that a review had now been undertaken of ward quality indicators over the last six-month period in order to look at trends. MAU had the highest level of red indicators but in part this reflected that it was both the busiest and biggest ward in the Trust. A new matron was now in place and increased focus was being given to quality of care.

It was noted that a revised PALS Standards and Operational Policy had been agreed by TEC. This had been updated to be consistent with the National Regulations and recent guidance on interpretation.

The Board NOTED the report.

O-116/10 Infection Prevention and Control

Dr Angela Shaw was welcomed to the Trust Board as Director of Infection Prevention and Control, and presented the Annual Report 2009/2010. Overall the Trust had performed extremely well, showing continuing improvement in all areas. It was pleasing to note that the High Impact Intervention figures had improved markedly in the last six months of the year and that hand hygiene figures remained good.

The strong performance on MRSA in 2009/2010 had resulted in a very low trajectory being set for 2010/2011. It was therefore disappointing that the Trust had recorded four MRSA bacteraemia in the first two months of the year and the Board noted the work being undertaken overall and in respect of peripheral line and antibiotic prescribing.

The performance in respect of Clostridium difficile was excellent. A need for improvement in infection rates relating to colorectal surgery had been identified, and an action plan had been implemented. It was anticipated that the survey of rates from April to June 2010 would show a significant improvement, and these would be reported back to the Board when they were available. **CB**

One of the planned improvements was a revised prescription chart; it was agreed to confirm that there was no systemic issue in getting new documentation printed quickly. **JH**

Weekly data on hospital-acquired infections was now being published by the government. It was therefore important that the Trust had a clear message available for patients and carers, taking advantage of the Trust's **AL**

internet.

The Board thanked the Infection Control Team for their tremendous contribution in ensuring high standards of infection control were achieved. Their support was appreciated by clinical staff across the Trust.

The Board NOTED the report.

O-117/10 Quality Accounts

The final draft Quality Account was presented to the Trust Board. A response had recently been received from NHS Surrey and this was tabled. A response from the Overview and Scrutiny Committee was outstanding; if received this would be circulated to Board members. **CB**

The Quality Account was APPROVED subject to final proof-reading and discussion with LINks to ensure that their commentary was aligned to the messages on quality they had previously been giving to the Trust. **CB**

PERFORMANCE

O-118/10 Balanced Scorecard

The balanced scorecard comprised four areas aligned to the Trust four key strategic objectives:

Patient Safety and Quality:

This aspect had been addressed earlier on the agenda.

Work Force:

Discussion on the Workforce section focused on 3 areas:

Whilst temporary staff usage was within target there was a higher level of agency staff usage than planned. It was acknowledged this could pose risk to both the quality of care and financial performance. It was noted that the Finance Committee had requested a detailed report on the use of agency staff for discussion at the next meeting.

It was confirmed that temporary staff were not normally used to cover planned leave , however temporary staff might be used to cover vacancies, sickness episodes and higher than planned activity such as was currently being experienced and was covered in the performance report.

The level of appraisals had increased from the previous month and was recorded at 73.6% but remained below target. Considerable effort was being invested in training leads within Directorates to record appraisals on the electronic staff record with the intention of achieving the current year's stretch target of 95%.

The Board was pleased to note that the second ever local staff survey was being conducted targeting all staff with a two week period of field work. The survey had been designed to focus on those areas where the Trust had scored below average in the national survey conducted in 2009.

Strategy

A number of projects were underway to reduce the level of emergency admissions. These included prompt access to the Rapid Access Chest Pain Clinic and a Rapid Decision Making Team in A&E. Other projects were scheduled to come on-line later in the year.

The level of GP referrals was increasing in line with Trust plans. The Board was reassured that the Trust's market share within Surrey was being maintained, although targeted work was underway in respect of a number of focused catchment areas.

Overall, the Trust was experiencing an increase in demand which was not linked to traditional seasonal fluctuation in activity. As a result, the Trust was not able to deliver its planned bed reductions. It was noted that the surge in activity was being experienced across Trusts in the Southeast Coast and London.

The Board emphasised the need to understand these surges in activity; this was essential for the Trust to be assured that the actions planned to reduce emergency demand were appropriate. It was agreed that the Medical Director would undertake a review to identify any potential causes for the surge in activity. **MB**

Finance

The planned phasing of income meant that the Trust planned for a small deficit in the first two months of the year. By month 3, the Trust anticipated that the year-to-date surplus would be positive, enabling FRR to move back to the forecast rating 4. However, the Trust was ahead of its planned year-to-date I&E surplus target, mainly due to extra activity.

The level of DNAs in out-patients remained high with a YTD actual of 10.3%. It was confirmed that directorates were analysing the causes of this high level of DNA.

The Board NOTED the balance scorecard report.

O-119/10 Compliance Framework And Trust Operational Performance

The Trust scored amber/green against the Monitor compliance framework from May 2010. Two issues drove this rating; firstly, MRSA performance was above trajectory, and second the level of elective screening for MRSA remained slightly below target. The Trust was continuing to show steady improvement on elective screening.

The Trust performance on delayed transfers of care was green; however, non-acute patient stays and the transfers of patients to Community or local authority bed-based care remained a challenge. The Trust was working with NHS Surrey to develop a sector wide escalation plan. This needed to be kept under close scrutiny as the winter months would increase the challenge on timely discharge and the national impact on reductions in local authority funding could also present a risk to the Trust's ability to discharge patients appropriately.

The Board NOTED the report.

STRATEGY AND PLANNING

O-120/10 Quality Strategy

The purpose of the draft Quality Strategy was to provide the rationale underpinning the Trust's focus on quality. It provided an overarching framework and was supported by a number of existing quality focuses including CQUINS Best Practice Tariffs and through the Enhancing Quality Programme, thus it was able to articulate in one document the overarching Trust objectives in terms of quality. The Board was assured that the strategy was closely aligned to the six Programmes.

A number of minor amendments and suggestions were made to the Strategy including the need to assure that it was aligned with the revision to the Operating Framework.

The Board agreed the STRATEGY.

REGULATORY

O-121/10 Register of Interest

The Board NOTED the Register of Interests which had been updated since its last presentation to the Board in May.

Finance Committee

O-122/10 The Finance Committee had reviewed its Terms of Reference and were proposing the following key changes:

- Inclusion of the review of Monitor quarterly compliance returns.
- Review of medium term CIP plans.

The Board APPROVED the Revised Terms Of Reference.

O-123/10 Integrated Governance And Assurance Committee

The IGAC had proposed some minor revisions to its Terms of Reference. Primarily these were changes relating to membership and also the inclusion of the PALS incidents, complaints and claims (PICCI report).

The Board APPROVED the Revised Terms Of Reference.

INFORMATION

O-124/10 Trust Executive Committee Minutes: 14 May 2010 And 28 May 2010

The Board noted the minutes of the Trust Executive Committee meetings of 14 May 2010 and 28 May 2010.

O-125/10 Integrated Governance Assurance Committee Minutes: 21 May 2010:

The Board NOTED the draft minutes of IGAC held on 21 May 2010.

O-126/10 Finance Committee Minutes: 16 June 2010:

The Board NOTED the draft minutes of the Finance Committee meeting held on 16 June 2010.

O-127/10 Audit Committee: 19 June 2010:

The Board NOTED the draft minutes of the Audit Committee Meeting held on 9 June 2010.

The Audit Committee had considered:

- The Head of Internal Audit opinion – giving a very strong significant control opinion.
- Statement on Internal Control.
- Draft Annual Accounts of 2009/2010.
- KPMG report.
- Management Representations Letter.
- Audit Committee self-assessment check list.

Questions from the Public

O-128/10 In response to a question raised by a member of the public, it was confirmed that guidance on the implications of the 30-day rule on care post discharge were awaited from the Government.

O-129/10 NEXT MEETING

29th July 2010.

Signed …….
Chairman

Date: 29th July 2010

Summary Action Points

Board date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at 20 July 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	New Theatre system running at Ashford and partially installed at St Peter's full completion end August.	---
25/03/10	O-47/10	**Child Protection**	Progress early resolution of vacant hospital social worker post	CB	29/04/10	.	---
27/05/10	O-83/10		Chief Executive to escalate to Surrey CC. Refer to OSC.	AL	24/06/10	Letter sent to Surrey CC Chief Executive	
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	81% of staff have received training	
25/03/10	O-57/10	**Learning Disabilities**	Report back to Board	CB	28/10/10		Not due
27/05/10	O-98/10	**TEC- Research**	Schedule Research presentation into Board calendar	JG /MB	29/07/10	Scheduled for July board	✔
27/05/10	O-98/10	**TEC Market Share**	Discussion on market share once market share data for 2009/2010 is available	VH	29/07/10	Scheduled for July board	✔
24/06/10	O-114/10	**CRR**	Update re ownership and status of risks and actions	CB	25/08/10	Review of CRR has taken place. Revised version to August IGAC and then Board	---
24/06/10	O-116/10	**Infection Control**	Update Board on infection rates relating to colorectal surgery and an action plan had been implemented.	CB	25/08/10		Not due
			Ensure no systemic issue in getting new documentation printed quickly.	JH	29/07/10	Confirmed there is no systemic issue.	✔

			Pro-active approach to IC on trust web site	AL/GR	29/07/10	To be picked up via interim Head of Comms.	
24/06/10	O-117/10	**Quality Accounts**	Circulate OSC response and confirm LINk position	CB	29/07/10	No response received from OSC. No change to LINk contribution	✔
24/06/10	O-118/10	**Balanced Scorecard- Strategy**	Review potential causes for unexplained surges in emergency activity	MB	29/07/10		