Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

TRUST BOARD MEETING
MINUTES
Open Session
28th July 2011

PRESENT:	Ms Aileen McLeish	Chairman
	Mr Andrew Liles	Chief Executive
	Mr Clive Goodwin	Non-Executive Director
	Mr John Headley	Director of Finance & Information
	Dr Mike Baxter	Medical Director
	Prof Philip Beesley	Non-Executive Director
	Mr Peter Taylor	Non-Executive Director
	Ms Sue Ells	Non-Executive Director
	Ms Suzanne Rankin	Chief Nurse
	Mr Terry Price	Non-Executive Director
	Ms Valerie Bartlett	Deputy Chief Executive
	Ms Raj Bhamber	Director of Workforce & Organisational Development
APOLOGIES	Mr Jim Gollan	Non-Executive Director
SECRETARY:	Ms Jane Gear	Board Secretary/Head of Corporate Affairs

Minute **Action**

Declaration of Interests

There were no declarations of interests in the proceedings.

O-122/11 MINUTES

The minutes of the meeting held on 30 June 2011 were agreed as a correct record.

MATTERS ARISING

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

The following points were noted:

O-123/11 Future Model of Care (minute O-72/11 refers):

The Chief Executive advised the Board that the Future Model of Care Programme was now being turned into a range of actions and projects as part of Northwest Surrey QIPP.

A Future Leadership Programme for Northwest Surrey was now being developed and the chair of the NHS Future Forum, Steve Field, would be launching the programme on 19 September 2011.

The Board NOTED the report.

O-124/11 Outpatient Letters (Minute O-73/11 refers):

The new letters and process had been trialled in two high-volume areas. The intention was to continue to roll out the improvements using a more standardised format over the coming months.

The Board noted that this was a matter raised as a priority by the Council of Governors.

REPORTS

O-125/11 Chairman's Report

The Chairman highlighted the following aspects of her report: –

The Health and Social Care Bill was continuing to progress through parliament. As changes to the role for the governors became apparent, the Board would work to support the Council of Governors. There was the possibility of greater flexibility in determining stakeholder governors as a result of the new Bill.

The Chairman also advised that she had attended the Annual General Meeting of the Hashim Welfare Hospital.

The Board NOTED the report.

O-126/11 Chief Executive's Report

The following aspects of the report were highlighted:-

Ashford and St Peter's Hospitals had been evaluated as one of the top performing Trusts in the country in the National Hip Fracture Database for hip fracture treatment and care. Ashford and St Peter's were listed first nationally for the lowest mortality rates within 30 days on the database.

The first stage of consultation on the Pathology Service reconfiguration had closed and the service model and individual locations had been confirmed together with the leadership and senior management arrangements. The second stage of the consultation would commence in September and focus on specific employment implications for individual members of staff.

The Transaction Board responsible for the Epsom and St Helier University Hospitals transaction had formally published its Invitation to Tender document. The deadline for submission of tenders was 16 September 2011 and the Trust was considering its submission.

A highly successful Research and Development Open Day had been held at the Trust.

The Board NOTED the report.

QUALITY AND SAFETY

O-127/11 Quality Report

The Medical Director and Chief Nurse introduced the Quality Report. This pulled together the dashboard, with associated commentary on exceptions, and the ward matrix. The following points in the report were highlighted:

- The SMR, which was reflective of mortality two months previously, had shown an increase. However, this reflected performance in a month when the Trust's crude mortality figure was only 2%.
- A manual audit of relevant case files was underway but it was noted that the current SMR was the lowest ever at 1.11% and the performance in all Divisions had improved.
- The Trust had now experienced a year since the last case of MRSA and there had been no MRSA or C difficile cases reported in the current month. This was a real tribute to the Trust's focus on control of infection.
- The Trust had no recorded deaths from thromboembolic complication, indicating the success of the Trust's VTE compliance strategy.
- It had been agreed to carry out a 10-site pilot of the automated system for code 5 radiological alerts. Following a two-month period, this would then be rolled out across the Trust. In the meanwhile, the manual system remained in place and had been proven to work.

The Board asked that the status of the NPSA alert be reviewed by the Safety and Risk Committee with a view to closure as it had been demonstrated that robust systems were in place. **SR/MB**

- Although the balance scorecard indicated a projected out-turn above target on SUIs, it was noted that this was understood to be linked to the Trust's culture of openness and encouraging both a low threshold for reporting and also a strong system of learning. It was highlighted that IGAC had instigated a follow-up review system for closed SUIs.
- A general paediatric surgery and anaesthetic activity database had been put in place and now allowed cohorting of paediatric procedures to those practitioners known to undertake paediatric activity and who would be subject to completion of the agreed clinical competency framework. A clinical lead for paediatric anaesthetics had been identified and a lead for paediatric general surgery was being sought. The competency and policy frameworks were being developed.
- A review of a number of specific skills-related areas linked to the 2008/09 follow-up review by the CQC *On Improving The Services For Children In Hospital* had been commissioned through the new Head of Nursing. The results of this would be reported back through the Children's and Young People's Action Group together with any further action required.
- The number of complaints received in June was comparable with those received in May. This indicated a slight downward trend, although the Trust was still over target.

The Board discussed the appropriateness of a target for reducing complaints. It was noted that complaints were a barometer of the Trust's service indicating where improvements have been made in areas of concern. It was also noted that the Trust was taking a number of steps to improve the flexibility and responsiveness of its complaints process and that benchmarks for the Trust's level of complaints were being sought, although these were difficult to identify.

The report identified high-level analysis of the issues raised by complainants. It was noted that more detailed categorisation was available and information was incorporated into the Leading Our Values workshops.

It was agreed to maintain the target for the time being

- In respect of the case referred to the Ombudsman it was noted that the response had been sent to the complainant but no further contact had been received to date.
- Ward Quality Indicators: There had been a slight increase in the number of prescription errors. These were now being reviewed at individual practitioner level.
- A major review of the WQIs and methodology underpinning the audits was underway. A matron level audit plan was being developed including the 12 Essence of Care domains. A paper would be presented to the September Trust Board outlining the approach to Ward to Board assurance.

As a result of the tragedy at Stepping Hill Hospital, all hospitals were being reminded to ensure they had a robust policy and procedure in place for the safe and secure handling of medicines. The Trust had a recently approved an updated Medicines Management Policy in place and it was noted that an audit of storage arrangements was currently underway.

The Board NOTED the report.

O-128/11 Q1 Health and Safety Report:

The report identified key areas of health and safety management, highlighting current performance, incident levels and action taken to mitigate risk.

It was noted that peer group benchmarking was being sought, but was currently at a rudimentary stage. An active programme of health and wellbeing for staff was underway and well supported.

There was a discrepancy between the number of inoculation injuries treated and reported and this was being investigated. This highlighted the general need to keep encouraging staff to report incidents. It was confirmed that the incident reporting system enabled staff to report near-misses which could then also be investigated. This would be reviewed by the Deputy Chief Executive and Chief Nurse to ensure the system was functioning properly. **VB/SR**

A discussion on the Whistle Blowing Policy took place. It was confirmed that issues were raised and investigated under the Policy and, in addition, both the Medical Director and Chief Nurse routinely received feedback from

around the Trust on a range of service issues. It was agreed to clarify whether these should be recorded as part of the Whistle Blowing procedures. It was agreed to re-advertise the Whistle Blowing Policy on the back of the publicity created by Stockport. **RB**

The Chief Nurse would follow-up the issue of staff apparently being assaulted by confused patients. **SR**

The Board NOTED the report.

PERFORMANCE

O-129/11 Balanced Scorecard

The Balance Scorecard comprised four areas aligned to the Trust's four key strategic objectives:

Patient Safety and Quality

This aspect has been addressed earlier on the agenda.

Workforce

The following points from the quadrant were highlighted:

- The Trust had reviewed the Learning, Education and Development Policy and mandatory training grid. Clear definitions of all mandatory and statuary training had now been agreed and the refreshed approach was to be launched shortly. Line 2.17 of the balanced scorecard could then be populated and reported to the Trust Board.
- A 57% response rate to the Trust's summer staff survey had been achieved. This was comparable with the previous year. The results would be reported back in September.
- The score card showed a growth in the lines relating to WTE-establishment. However, it had been confirmed that the additional posts had been approved with funding available.
- A high number of late cancellations had led to the number of staff trained in EQUIP during June being low. A new approach on cancellation was being introduced, in addition to which changes in the EQUIP Team and approach were underway.
- The number of staff recorded as having an appraisal decreased in June to 86.9%. Action plans were in place by Division for staff with outstanding appraisals.

Clinical Strategy

The number of emergency admissions had fallen which was an indicator that some of the initiatives to reduce the level of emergency admissions were having an impact. It was also pleasing to note that the number of emergency re-admissions following an elective primary admission had decreased.

The number of emergency re-admissions from nursing homes had demonstrated an in-month reduction and a proposal was now being developed to scale up the nursing home pilot.

Finance and Efficiency

The financial risk rating had improved to FRR3 as anticipated. This improved result was due to an upturn in activity and income, better control of expenses and a positive contribution following a Q1 review of accruals and pre payments.

The £12m CIP target was still tracking a short fall year-to-date. However, considerable work had gone into reassessing some of the original schemes and adding new schemes following line-by-line budget review meetings with all Divisions.

The average length of stay for non-elective admissions was above target and the outpatient did-not-attend rate was 10.6%. New systems and procedures were being introduced over the next few months which should help start to address the DNA rate.

Lines 4.13 and 4.14 on the Non Elective Cap and Readmissions penalties would be populated once the reconciliation with the PCT on Q1 activity had been completed.

In discussing the performance report, it was agreed that, where possible, an increased level of data analysis should be provided. This was particularly important where indicators were red. **ALL**

It was also noted that whilst a theatre review had taken place which had reduced the reliance on outsourcing activity, there was still the opportunity to improve utilisation. This would be a major focus for the EQUIP Team in the coming year.

The Board NOTED the report.

O-130/11 Compliance Framework

In June 2011, the Trust had achieved all of the key Monitor performance indicators with the exception of Referral To Treatment. Therefore, the Trust was predicting an amber/green rating for the quarter.

Three specialties had not delivered the RTT-admitted standard in Q1. However, significant progress had now been made in reducing the majority of the long waiters and the Trust therefore expected to achieve the aggregated RTT target for July 2011. Achieving the target on an ongoing basis highlighted the need to sustain elective activity over the course of the year as it took considerable effort to catch up if performance dipped. It would also be important to undertake an early review of the winter plan.

A&E performance posed a considerable challenge for Q2 which saw the introduction of five new standards and a change in the attribution of Community activity. Improvements in the patient pathway were being implemented and clinical staff were engaged in developing solutions.

Reviewing the operation of MAU would be the next major focus.

The PMO was managing much of the work around unscheduled care. It was also confirmed that there was good engagement with Social Services.

The Board NOTED the report.

STRATEGY AND PLANNING

O-131/11 Corporate Plan 2011-12 Q1:

The Corporate Business Plan included clear objectives and deliverables for each quarter and the Report presented to the Trust Board summarised progress. In some areas, the priorities had achieved a slow start, possibly due to operational pressures, but the Executive Team remained optimistic that the pace of delivery would improve as the year progressed.

The Board NOTED the report.

REGULATORY

No reports were due.

FOR INFORMATION

O-132/11 Trust Executive Committee Minutes

The Board was delighted to note that Information Governance training had now been completed for over 95% of all staff.

The Developmental TEC meeting held on 8 July 2011 had focused on the operational position.

The Board NOTED the draft minutes of the Trust Executive Committee meeting held on 24 June 2011.

O-133/11 Finance Committee Minutes

The Board noted the Finance Committee minutes held on 22 June 2011.

ANY OTHER BUSINESS

O-134/11 Council of Governors

It was noted that NHS Hounslow had appointed a new Governor to replace Andreas Lambrianou who had stepped down. Details of the new Governor, Martin Roberts, would be circulated to Board members. **JG**

O-135/11 Rowley Bristow

It was noted that Elm and Juniper, Orthopaedic Wards, were combining and would be called the Rowley Bristow Unit.

O-136/11 QUESTIONS FROM THE PUBLIC

The following points were discussed:

- The Trust was congratulated for introducing early morning daily ward rounds. It was confirmed that the Trust would continue to monitor the operation of the ward rounds as it was important to

ensure ward staff were familiar with patients in order to ensure continuity of care.

- In response to a question on the development of the Surrey-wide Pathology Services Network, it was confirmed that the Board had thoroughly scrutinised the proposals as they developed. This had taken place in the closed Board sessions due to commercial sensitivity.

  The Network would allow the centralisation of tests which were not time critical and each Trust would continue to be supported locally by a 'hot' laboratory for urgent tests. The proposals have been developed in line with the national approach on centralisation and would secure substantial savings for the local health economy whilst maintaining high levels of clinical care. The Network design had been clinically driven.

- It was commented that some patients found it difficult to get through to cancel appointments and it was agreed to confirm the response times for telephone calls. A question regarding waiting time on Outpatient Paediatric Services and follow-up appointments would be taken forward outside of the Board meeting. **VB**

- The Board confirmed that the involvement of carers at ward level in respect of dementia patients was helpful. However, not all such patients had carers or relatives and the Trust was therefore seeking to ensure nurses had the special skills required to care for their needs.

- It was confirmed that the Trust had one umbrella charitable Trust fund and a number of specialty-owned sub-funds.

- The Medical Director agreed to meet a representative of a company who was interested in technological solutions to reducing re-admissions.

DATE OF NEXT MEETING

O-137/11 29th September 2011 – the Education Centre, Ashford Hospital.

Signed: …….
Chairman

Date: 29th September 2011

SUMMARY ACTION POINTS

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at xx 2011	Status
26/08/10	O-162/10	**Annual Complaints**	Future editions to provide greater detail on activity by specialty (to compare with levels of complaints) and also benchmarking	SO	Aug 2011	Included in Annual report being presented to September 2011 Board	✔
31/03/11	O-47/11	**Eliminating Mixed Sex Accommodation**	Ensure Trust commitment to privacy and dignity is built into patient literature	VH	25/08/11	Message incorporated into all major patient publications e.g. 'welcome to your ward' and planned for Patient diary	✔
31/03/11	O-48/11	**Annual Safeguarding Report**	Review progress and action plan in the light of the forthcoming Munro report	SR	26/06/11 30/09/11	Safeguarding presentation to October Trust Board	**---**
28/04/11	O-66/11	**Quality Report**	Results of peer review following Ombudsman case to revert to Board	SR	29/09/11	Verbal update to be given	
26/05/11	O-87/11	**Quality Report**	Progress on the diabetes inpatient audit action plan to be reported back to the Trust Board at a future MDT presentation.	SR	24/11/11	Not due	**ND**
26/05/11	O-93/11	**Governance**	It was NED membership should be updated in Terms Of Reference for IGAC	JG	30/06/11	Agenda item for approval	**---**
30/06/11	O-109/11	**Quality Report**	Inform the Board against the National Quality board papers on Quality governance	SR	29/09/11		
30/06/11	O-119/11	**Corporate Calendar**	Develop a corporate calendar for the NEDs	JG	29/09/11	Head of Organisational development is developing options. To have informal discussions with some NEDs in Sept/Oct	**---**

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at xx 2011	Status
28/07/11	O-127/11	**Quality Report**	Consider closure of NPSA alert on Code 5 reports	SR	29/09/11	Reviewed by TEC. To be kept on CRR during the pilot	✔
28/07/11	O-128/11	**Health and Safety Report**	Confirm that near misses are being recorded and actioned under the incident recording system	VB/SR	29/09/11	Head of Patient Safety has confirmed near misses are reported and actioned	✔
28/07/11	O-127/11	**Health and Safety Report**	Remind staff of whistle blowing policy and confirm approach to informal feedback on concerns	RB	29/09/11	Completed 12th August	✔
28/07/11	O-133/11	**Council of Governors**	Circulate details of new Governor to NEDs	JG	29/09/11	Completed 2nd August 2011	✔
28/07/11	O-136/11	**Questions from the Public**	Confirm response time for telephone calls cancelling appointments	VB	29/09/11	See below	✔

Key

---	**On Track according to timetable**
✔	**Completed according to timetable**
ND	**Not due yet**

Appointments Centre

INBOUND

Month	Inbound calls	Average Queue Time mins
July 2011	7757	00:59
August 2011	8547	01:37
Yearly Average	97824	01:18