

**TRUST BOARD MEETING
MINUTES
Open Session
28 July 2016**

PRESENT	Nadeem Aziz	Non-Executive Director
	Valerie Bartlett	Deputy Chief Executive
	Mike Baxter	Non-Executive Director
	Heather Caudle	Chief Nurse
	David Fluck	Medical Director
	Neil Hayward	Non-Executive Director
	Chris Ketley	Non-Executive Director
	Keith Malcouronne	Non-Executive Director
	Simon Marshall	Director of Finance & Information
	Hilary McCallion	Non-Executive Director
	Aileen McLeish	Chairman
	Lorraine Knight	Interim Chief Operating Officer
	Terry Price	Non-Executive Director
	Suzanne Rankin	Chief Executive
	Peter Taylor	Non-Executive Director
	Meyrick Vevers	Non-Executive Director
SECRETARY:	Liz Davies	Acting Company Secretary
APOLOGIES:	Louise McKenzie	Director of Workforce Transformation
IN ATTENDANCE:	Michael Imrie	Chief of Patient Safety/Deputy Medical Director
	Phil Spivey	Deputy Director of HR
Minute		Action
	Declaration of Interests	
	There was no declaration of interests.	
O-92/2016	MINUTES	
	The minutes of the meeting held on 30 June were AGREED as a correct record.	
O-93/2016	MATTERS ARISING and ACTION LOG	
	The Trust Board reviewed all of the actions contained within the minutes of the previous meeting. 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-94/2016	Chairman's Report	
	<p>The Chairman welcomed our newly appointed Non-Executive Directors and Phil Spivey, Deputy Director of HR to the meeting.</p> <p>The following matters were highlighted from the report:</p> <ul style="list-style-type: none"> • Well-Led Governance Review to be undertaken in late Autumn • A successful annual members' meeting – the Urology service gave a really interesting presentation • In the autumn, we will be holding elections for many of our public and staff governor positions. <p>The Board RECEIVED the report.</p>	
O-95/2016	Chief Executive's Report	
	<p>The Chief Executive highlighted the following matters from the report:</p> <ul style="list-style-type: none"> • <i>The Staff Friends and Family Test</i> most recent results show that 88.5% of staff would recommend the Trust as a place to be treated and 78.5% of staff would recommend the Trust as a place to work – a much improved position. • <i>Launch of new Manager's Toolkit training programme</i> this month- a new training programme for our managers aimed at those who are new to managing people, have not had formal training in management skills, or are looking for a refresher. • <i>Mental Health First Aiders</i> - our health and wellbeing team are currently recruiting staff volunteers from across the Trust as mental health first aiders. • <i>Sandra Chinyere, Clinical Service Manager for Neurophysiology</i> - has been selected as one of four inspiring female healthcare scientists for NHS England, and was chosen out of 60 applicants to receive the first Chief Scientific Officer's 'Women in Science and Engineering Fellowship scheme 2016. <p>Neil Hayward, Non-Executive Director asked if the Manager's Toolkit training was mandatory. The Deputy Director of HR responded that the training is voluntary however we are actively encouraging managers to take part and will be monitoring the take up and reporting to the Workforce Organisational Development Committee.</p>	

	<p>The Chief of Patient Safety wished to note the outstanding work by Julia Tudose, Clinical Coding Services Manager on being accredited a Clinical Coding Centre of Excellence.</p> <p>The Board RECEIVED the Report.</p>	
	QUALITY AND SAFETY	
O-96/2016	Quality and Performance Committee Minutes	
	<p>An action was agreed to consider NED lead roles within the Trust in discussion with the executive team.</p> <p>Action LD</p> <p>The Board RECEIVED the Minutes.</p>	
O-97/2016	Quality Report	
	<p>The Chief of Patient Safety reported that the mortality data is in line with expectation. It was noted that NHS England is to provide guidance on carrying out mortality reviews and an electronic template, thus enabling the task easier to complete and should improve our future compliance rate.</p> <p>The Chief Nurse drew attention to the Safety Thermometer indicators which highlight the culture of the organisation. A recent survey had shown that our reporting of medication errors is low and to ensure good vigilance and to demonstrate we are being open and transparent on mistakes we are monitoring this indicator although there is no target.</p> <p>Neil Hayward, Non-Executive Director questioned why we are monitoring and measuring an indicator without a target.</p> <p>The Chief Nurse replied that the aim is to improve reporting to support learning; and the Chief Executive added that following our strategy refresh we will align the indicators strategically and present the data differently.</p> <p>The Chief Nurse reflected that “IWantGreatCare” is making it simple to collect meaningful, detailed outcomes data direct from patients in real time, and provides a good indication on the quality of patient experience.</p> <p>The Medical Director added that our recent Quality Improvement event highlighted the aims of the organisation in relation to patient care and the need to involve all staff groups in developing this strategy.</p> <p>The Board NOTED and obtained ASSURANCE from the report.</p>	

<p>O-98/2016</p>	<p>Safer Staffing Report</p>	
	<p>The Chief Nurse stated that the paper provides a review of the safer staffing levels within inpatient areas in our hospitals for June in accordance with the national reporting requirements and guidelines. It gives Board visibility of staffing levels and demonstrates the challenge to consistently meet safer staffing levels. Risks are constantly being mitigated through daily actions and professional judgement.</p> <p>The report shows the percentage fill rates by ward against the new recording requirement of Care Hours per Patient Day (CHPPD). Data is collected each day about the number of patients on the ward at midnight, the numbers of staff on duty in the previous twenty four hours and the breakdown of registered and unregistered staff. These percentage fill rates have been triangulated with ward-level quality performance including the numbers of Serious Incidents and Nursing red flags. Divisions have provided evidence of mitigation where required in the form of a bulleted narrative.</p> <p>It was noted that twice a year, using an agreed methodology, a review of staffing levels is carried out to provide an appropriate nursing establishment level together with a recommendation for any financial investment. This report is due to Board in September.</p> <p>Following a short discussion on the safer staffing risks due to medical staff gapping, the Medical Director advised that we are aiming to develop a staffing template for doctors similar to the safer staffing template for nursing, and develop a reporting system which is anticipated to Board in October.</p> <p>The Board NOTED and obtained ASSURANCE from the Board.</p>	
<p>O-99/2016</p>	<p>Safeguarding Children Annual Report</p>	
	<p>The Safeguarding Annual Report provides assurance to the Board that the Trust is meeting its requirement to safeguard children and young people attending Ashford & St Peters NHS Foundation Trust and outlines progress in ensuring a robust child protection framework is in place.</p> <p>The Chief Nurse noted that a recent CQC inspection at HMP Bronzefield highlighted the Midwifery care which the Trust provides to women in the prison was “gold standard”.</p> <p>In response to a query from Hilary McCallion, Non-Executive Director, the Chief Nurse confirmed that the development of a training strategy is underway and will clearly identify what level of safeguarding training staff members require.</p> <p>Terry Price, NED sought assurance on DBS checks and requested that this was included in the report next time, with particular reference to nursery staff. The Deputy Director of HR outlined the</p>	

	process for DBS checks for all staff and it was agreed that further reporting was not required.	
O-100/2016	Board Assurance Framework	
	<p>The Chief Executive explained that the Board Assurance Framework (BAF) provides the Trust with a simple but comprehensive method for the effective and focused management of the principal risks in meeting its corporate objectives and is the key source of evidence that links controls and assurances to the corporate objectives.</p> <p>We have recently cross-referenced the existing risks with our business plan, and following the Trust's strategy refresh we will look at refining the format of the BAF as required. In response to an observation from Neil Hayward, Non-Executive Director on assessing risk the Chief Nurse responded that we have Divisional ownership of quality and risk management structures and committees and how we manage risk is described in detail in The Quality, Safety and Risk Management Strategy.</p> <p>It was concluded that this sounded solid and reassuring.</p> <p><i>(Note: LD will place The Quality, Safety & Risk Strategy in BoardPad Reading Room for reference).</i></p> <p>The Board Assurance Framework was APPROVED by Board.</p>	
O-101/2016	Trust Risk Register (TRR)	
	<p>The Chief of Patient Safety advised that the Risk Scrutiny Committee (RSC) meets on a quarterly basis. The Trust Risk Register is submitted to the Trust Executive Committee (TEC) to review the risks and provide assurance that the high level risks are represented. TEC approves the risks on and off the Register.</p> <p>This report summarises the Trust Risk Register as at 25/07/2016, and currently there are six risks on the Trust Risk Register and two risks proposed for downgrading.</p> <p>The two risks proposed for downgrading are:</p> <p>1317 – regulatory action on the four target 1473 – medical workforce risk</p> <p>Following discussion it was recommended not to downgrade the risks and to reword the workforce risk.</p> <p>The Chief of Patient Safety confirmed that the Mandatory Medicines Management Training now sits at 80% and a broader review of the action plans is taking place.</p> <p>Board NOTED and obtained ASSURANCE from the Trust Risk Register.</p>	

	PERFORMANCE	
O-102/2016	Performance Report	
	<p><i>A&E Performance</i> The Interim Chief Operating Officer (COO) reported that overall it was a good performance report, and confirmed that the Associate Director of Operations (Emergency Care) is meeting individually with clinical leads to discuss delivery of the core clinical standards.</p> <p><i>Referral Time to Treat (RTT)</i> We have exceeded the Q1 position; some specialties continue to remain non-compliant impacting on the pain service and action plans are in place to address this issue.</p> <p><i>Cancer</i> The Trust is reporting compliance for 6 of 7 Cancer standards, and we continue to struggle with the 62 Day GP referral to first treatment. The Trust continues to deliver its Cancer Improvement Action Plan which aims to address the recent issues regarding cancer performance and the NHS Intensive Support Team (IST) has recently completed a two day diagnostic in the Trust with Clinical Commissioning Group involvement.</p> <p><i>Stroke</i> The proportion of patients admitted to a stroke ward within the four hour standard has been difficult to maintain due to non-elective patient demand for beds and the consequent high level of activity being seen in A&E.</p> <p>We have scheduled a multi-disciplinary team review of all breaches to understand root causes and improve performance and we are also in discussion with clinical teams on the stroke patient pathway.</p> <p>In response to a concern from Peter Taylor, Non-Executive Director, on reaching the 4 hour A&E NHSI standard by October and sustaining improvement, the COO responded that we have key interventions in place to help reach our improvement trajectory and to deliver compliance from October onwards.</p> <p>The Chief executive added that there has been no improvement in length of stay (LOS) in the community hospitals and the issue of bed capacity and achieving discharge has been escalated to the North-West Surrey Cabinet meeting.</p> <p>The medical workforce risks were highlighted and the Chief Executive noted that a discussion had taken place in Trust Executive Committee around the operational risk and the prospective need to close some area of the service to maintain patient safety which had been supported at Board last month.</p> <p>The Chairman reflected that overall it was a good picture and that Board recognises the risk around the medical workforce.</p> <p>The Board NOTED and obtained ASSURANCE from the report.</p>	

O-103/2016	Balanced Scorecard	
	<p><i>Top Productivity</i></p> <p>The Director of Finance and Information stated that we have made a sound start to the year in Q1 and we have accrued £2.1m in the Trust. Our activity levels remain challenging and we rely on the joint delivery programme and MSK contract to rebalance the system.</p> <p>The Board NOTED and obtained ASSURANCE from the scorecard.</p>	
O-104/2016	Financial Management Committee Minutes	
	It was noted that two sets of minutes would be submitted at the next Trust Board in September (July/Aug).	
O-105/2016	Financial Management Committee Annual Report	
	<p>The annual report was reviewed and approved at the Financial Management Committee meeting held on 21 July 2016.</p> <p>The report sets out the work and performance in the preceding year for consideration by the Trust Board.</p> <p>The Board RECEIVED the Report.</p>	
O-106/2016	Workforce & OD Committee Minutes	
	It was noted that the minutes of relevant meetings would be submitted at September Board.	
	STRATEGY AND PLANNING	
O-107/2016	Progress with Strategic Objectives Q1	
	<p>The paper provides a high level overview of the progress against the Trust key objectives which were outlined in the Business Plan 2016/17, and the Deputy Chief Executive confirmed that we are making good progress in Q1.</p> <p>Peter Taylor, NED, raised the issue of overloading the executive team and Nadeem Aziz, NED agreed and noted that the number of objectives in Quality alone are substantial. The Chief Executive responded that we are making investment in additional capacity and a number of extra staff is being considered to work on the Sustainability Transformation Plan.</p> <p>The Chairman asked for the minutes to record the Non-Executive Directors' concern on the stretch of the executive team.</p> <p>The Board RECEIVED the Report.</p>	
O-108/2017	Single Oversight Framework Briefing	
	The paper provides a comprehensive briefing to the Board on the proposed Single Oversight Framework from NHS Improvement	

	<p>(NHSI) which is currently in consultation.</p> <p>The Single Oversight Framework will replace Monitor's risk assessment framework and the TDA's Accountability Framework. The briefing summarises the approach NHSI proposes to take in overseeing both NHS trusts and foundation trusts and shaping the support they provide.</p> <p>One important proposal of note is that the 31 day and 2 week cancer targets are no longer monitored by NHSI.</p> <p>The paper gives an indicative assessment of where ASPH would sit under the proposed segmentation process. The segment a provider is placed in will reflect, in NHSI judgement, the seriousness and complexity of the issues a Trust faces, and in Q1 we would be rated a "2" (provider not in breach but still triggering a potential concern).</p> <p>The Deputy Chief Executive outlined that we will need to be rated a "2" order to undertake a leadership role in the Sustainability and Transformation Plans.</p> <p>The Board NOTED and obtained ASSURANCE from the briefing.</p>	
	REGULATORY	
O-109/16	Monitor Q1 2016/17 Submission	
	<p>In accordance with Monitor's Risk Assessment Framework 2014/15, the Trust is required to make a quarterly submission to Monitor/NHSI on the Trust's performance in both financial, quality and operational terms. This includes performance against various national targets and indicators.</p> <p>The Board APPROVED the declarations.</p>	
O-110/16	Equality and Diversity Report and Race Equality Scheme	
	<p><i>Equality & Diversity Report</i></p> <p>The report details the Trust's progress on equality and diversity matters and reports on workforce data in line with the legislative framework. There is also detail of patient related diversity work.</p> <p>The Deputy Director of HR advised that there is an action plan in place to address the issues as described in the Report and will be managed through the Equality and Diversity Steering Group.</p> <p><i>Workforce Race Equality Standard (WRES)</i></p> <p>The annual publication of the WRES is a requirement of all NHS Trusts as part of the standard NHS Contract and highlights any differences between the experience and treatment of White staff and BME staff with a view to closing those gaps through the development and implementation of action plans focused upon continuous improvement over time.</p>	

	<p>The Scheme has been discussed at the Equality & Diversity Steering Group and Workforce and OD Committee and is submitted to the Trust Board for final approval before publication. Two points of note, the comparative data performs well in relation to many of the factors however there is still an under-representation of BME staff at senior levels.</p> <p>The Equality and Diversity Report and Workforce Race Equality Scheme were both APPROVED by Board</p>	
O-111/16	Board Committee Membership	
	<p>The following two corrections were noted:</p> <ul style="list-style-type: none"> • Remove the Finance Director as a member of the Workforce & OD Committee and • The Chairman is no longer a member of the Quality and Performance Committee. <p>The Board APPROVED the Membership and Chairs for each of the Board Committees.</p>	LD
O-112/16	Audit Committee Terms of Reference	
	<p>The Terms of Reference were reviewed at the Audit Committee meeting held on 21 July 2016 and approval was recommended to the Trust Board.</p> <p>Board APPROVED the Terms of Reference.</p>	
O-113/16	ANY OTHER BUSINESS	
	None.	
	QUESTIONS FROM THE PUBLIC	
O-114/2016	None.	
	DATE OF NEXT MEETING	
	The next meeting of the Trust Board will take place on 29 September at Ashford Hospital.	

Signed:

Chairman

Date: 28 July 2016