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

TRUST BOARD MEETING
MINUTES
Open Session
26th May 2011

PRESENT:	Ms Aileen McLeish	Chairman
	Ms Valerie Bartlett	Deputy Chief Executive
	Dr Mike Baxter	Medical Director
	Prof Philip Beesley	Non-Executive Director
	Ms Raj Bhamber	Director of Workforce & Organisational Development
	Ms Sue Ells	Non-Executive Director
	Mr Jim Gollan	Non-Executive Director
	Mr Clive Goodwin	Non-Executive Director
	Mr Terry Price	Non-Executive Director
	Mr Peter Taylor	Non-Executive Director
IN ATTENDANCE	Mr Paul Doyle	Deputy Director of Finance
	Dr Angela Shaw	Consultant Microbiologist (Minute O-88/11)
APOLOGIES	Mr Andrew Liles	Chief Executive
	Mr John Headley	Director of Finance & Information
SECRETARY:	Ms Jane Gear	Board Secretary/Head of Corporate Affairs

Minute **Action**

O-85/11 MINUTES

The minutes of the meeting held on 28 April 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 timescales.

REPORTS

O-86/11 Chairman's Report

The Chairman's report included items which would normally be included in the Chief Executive's report who was currently on annual leave.

The Chairman highlighted the Trust's nomination as a CHKS top 40 hospital winner for 2011. CHKS provide healthcare intelligence and data

and this was an impressive achievement and reflection of the improvement staff had been making across the Trust.

The launch of 'Living our Values' was an important milestone for the Trust and would be a key element of the patient experience programme. The launch of the programme was also timely in the light of the recent CQC reports into dignity and nutrition for older people.

The Chairman had also been particularly pleased to meet with Andrea King, Ward Clerk on Cedar Ward, who was retiring in the next few months having had long and valued service with the Trust and who epitomised the values the Trust espoused.

The Board NOTED the report.

QUALITY AND SAFETY

O-87/11 Quality Report

The Medical Director and Chief Nurse introduced the Quality Report. This drew together the dashboard, with associated commentary on exceptions and the ward metrics. The following points from the Report were highlighted:

- Overall, the refreshed scorecard for 2011/12 had indicators which were increasingly aligned to outcome rather than process.

- The CMR showed a small apparent increase. This was probably due to a smaller number of elective patients being treated in the month. As the denominator for the calculation, this would automatically trigger a slight increase in CMR. The results would be monitored. **MB**

- The scorecard showed an average bed occupancy target of 94%. Ideally, the Trust should aim for 90% as occupancy had a direct impact on quality of care. Advice from Control of Infection would be to aim even lower for 85%. Further consideration was being given to the presentation of the data on both lines of the scorecard relating to bed occupancy.

- Results of the national diabetes audit showed some good work across the Trust but that more remained to be done. One aspect would be to improve the work on controlling blood glucose for patients at St Peter's Hospital which reflected the need to improve support for diabetic patients in hospital generally.

  It was agreed that progress on the diabetes inpatient audit action plan should be reported back to the Trust Board at a future MDT presentation. **SR**

- Live testing of the software developed to ensure that all radiological alerts were captured, reviewed and clinically signed off would take place in June.

- The introduction of the Bluespier Theatre Management System had improved the robustness of data collection over recent months. The

report presented to the Board summarised the current position of surgeons and anaesthetists conforming to professional recommendations in respect of required expertise to undertake common and minor planned surgery on children. Overall, the data provided reasonable assurance to the Trust and it was highlighted that only a small number of operations were undertaken on infants (i.e. less than 2 years of age).

A further update would be provided to the July Trust Board; this would include whether the surgeons had undertaken the "specific training" required. **SR/MB**

- WQIs: Areas which had not submitted data were being followed up. A falls nurse specialist had now been appointed and was focusing on the root causes of patients who fell and the identification of prevention strategies. It was noted that care rounding had been successful in reducing falls on MAU.

  A package of training and development had been implemented in respect of discharge planning. Consideration was being given to generating more effective KPIs, for example, actual compared with predictive dates of discharge. Improved discharge planning would impact directly on the efficiency of the hospital and the plans to improve discharge were being incorporated into the Programme Management Office. The benefits of understanding how the work on EQUIP had helped improve and change discharge was highlighted.

  SR

  There had been a small increase in the number of pressure ulcers recorded. Root cause analysis was being undertaken and progress would be monitored by the Head of Nursing.

The Board NOTED the report.

O-88/11 Infection Prevention and Control Annual Report 2010/2011

Dr Angela Shaw was welcomed to the Trust Board and presented the annual Director of Infection Control and Prevention (DIPCI) report. Dr Shaw also updated the Board on infections since April 2011.

The Trust had met its annual targets in 2010/2011 for both MRSA bacteraemia and Clostridium difficile. There had been a significant reduction of 85% of C difficile since 2007-08.

A number of cases of C difficile had been reported in April and May; no common causes have been identified, but a deep clean has been undertaken in MAU.

The results from the Trust's antibiotic audits were continuing to improve and the Trust was compliant with all elements of the Hygiene Code except for a few minor requirements in respect of policies in the Facilities Department which were being followed up.

The Control of Infection Committee was continuing to meet regularly. The Board noted the importance of clinicians attending and it was agreed that the Terms of Reference should be reviewed to reflect the current **SR**

organisational structure. It would also be relevant to incorporate the requirement for the Committee to review the delivery, reporting and evaluation of training as within their remit. NEDs were welcome to attend any meeting of the Infection Control Committee.

The rate of colorectal surgery infection had improved but was still higher than the national average. A further audit was due and it was agreed to ensure that the Division actively supported completion of the audit. **VB**

The Board thanked Dr Shaw and the Control of Infection Team for their tremendous work in leading improvements across the Trust on this important aspect of the patient care.

The Board NOTED the report.

O-89/11 Draft Quality Account

A number of suggestions were made to further improve the draft Quality Account. These included clarifying the clinical audit section so that it was clear what it was telling the reader, and secondly ensuring that the opening section identified both how the indicators had been selected and also that the Trust was a centre of good quality care. **SR**

The Quality Account would be formally signed off at the Trust Board meeting on 2 June 2011.

The Board NOTED the report.

PERFORMANCE

O-90/11 Balanced Scorecard

The Balance Scorecard comprised four areas aligning to the Trust's for key strategic objectives.

Patient Safety and Quality

This aspect had been addressed earlier on the agenda.

Workforce

This section of the scorecard contained five new indicators for 2011/12. These related to EQUIP, statutory and mandatory staff training, and establishment growth.

The following sections from the workforce quadrant were highlighted:

- In April, 43 WTE posts had been released, and there had been budgeted growth 6 WTE posts. This was lower than the planned 68 WTE reductions for the month, due to operational pressures. However catch up was evident in May. It was agreed to confirm whether the establishment growth figures, both target and forecast were correct. **RB**
- The number of staff recorded as having had an appraisal decreased in April to 90.1%. Action plans were being put in place by Divisions with outstanding appraisals. At the end of April, medical appraisals were recorded at 94.5%.

- The ratio of consultants per bed in April was above target due to the use of medical agency staff for escalation beds.
- Two partnerships were working with the Trust to review and improve the Trust's approach to statutory and mandatory training. A five-stage action plan had been developed and agreed with TEC which included reviewing the policy, updating the training requirements, developing planning and delivery, reporting and monitoring, and finally evaluation.

Clinical Strategy

The Medical Director had now assumed the lead for Programme 3 which related to clinical strategy.

In considering this element of the segment of the scorecard, it was pleasing to note the reduction in emergency admissions. However, this still did not achieve the required 2008/2009 baseline target.

There had been a substantial reduction in elective activity. It was understood this could be linked to the high level of bank holidays occurring in April.

The Trust was continuing to maintain its overall market share for Surrey PCT.

Finance and Efficiency

The Board was concerned to note that both EBITDA and surplus were £0.7m adverse to plan mainly due to overspending on staff costs. The main driver behind this was the number of escalation beds occupied, stemming from operational issues around patient flow.

It was confirmed that revenue had been accrued to plan, pending finalisation of the Service Level Agreement with NHS Surrey.

The level of CIP savings achieved showed a shortfall of £175K which was contributing to the adverse financial position. Concentrated work was underway with the clinical Divisions to make up the shortfall.

Overall, the Trust's Financial Risk Rating for the month was 1(one) due to the planned month 1 deficit. The financial target for FRR is to increase to 3 by the end of the quarter.

The Board NOTED the report.

O-91/11 Compliance Framework

Monitor reviewed performance against the Compliance Framework quarterly. The Trust's monthly report for April 2011 showed the Trust rated as amber/red due to the Trust's failure to achieve two of the key performance indicators (A&E four-hour standard and the 95th percentile standard for elective admissions -RTT).

A root cause analysis had been undertaken on the Trust's performance in respect to the A&E four-hour standard. An action plan had been launched and despite continuing pressure in A&E, there were some signs of recovery during May.

The introduction of the new RTT standards with effect from April 2011 were proving to be more challenging due to the profile of the Trust's waiting list. Other trusts were reported to have a similar position. A backlog of patients waiting between 18 and 23 weeks had built up when the focus was on the 18-week average. Validation of the waiting list continued and the Trust had commissioned a business process re-engineering review of its centralised booking and list management processes. It was anticipated that the RTT standard would be met in May/June; nevertheless failure of this particular standard in any one month would result in non-compliance for the relevant quarter.

Additional A&E indicators came into effect from quarter two. These would present a real challenge but it was encouraging to note that the new Divisional Team was in place within Medicine.

The Board NOTED the report.

STRATEGY AND PLANNING

O-92/11 Epsom Hospital Transaction

The Epsom and St Helier NHS Trust Board and NHS London, in conjunction with NHS South East Coast, had established a Transaction Board to oversee the selection of recommended partners in order to ensure that Epsom and St Helier Hospitals was, or became part of, a NHS Foundation Trust, by April 2014.

The Trust had submitted a response to the pre-qualification questionnaire issued by the Transaction Board expressing interest in the Epsom site. The outcome of the PQQ was awaited.

The Board NOTED the report.

REGULATORY

O-93/11 Trust Governance Arrangements

The paper detailed membership of the Board's five formal sub-committees and the respective NED chairs. It was noted that IGAC Terms of Reference currently allowed for two Non-Executive Directors in addition to a Non-Executive chairman. As the specific roles of chairman and safety lead were currently carried out by one NED, it was agreed this should be reflected in updated terms of reference for IGAC. **JG**

If the Epsom transaction proceeded, an additional Board sub-committee would be established comprising Non-Executive representatives of the Chairman, Jim Gollan and Clive Goodwin.

The Board NOTED the report.

Minute		Action
O-94/11	**2011/12 Internal Audit Plan** The Plan scoped the proposals for 2011/12. However, it was noted that these could be refreshed if higher priorities were identified during the year. It was suggested that it would be useful if the Plan could consider end-to-end processes, and it was agreed that it would be helpful if the Plan could include unscheduled care, and a review of the PMO processes at the appropriate point. The Board APPROVED the Plan noting that further approval lay within the remit of the Audit Committee as detailed in the Scheme Of Delegation.	**PD**
	FOR INFORMATION	
O-95/11	**Trust Executive Committee Minutes** The Trust Executive Committee meeting of 6th May had considered the Telecommunications Policy and Mobile Phone Policy. It was confirmed that these had been referred back to the directorate for review as they needed to address the wider issue of mobile technology, and also separate out the guidance for patients compared with staff. TEC had approved a business case for a bariatric surgeon. The minutes of the Trust Executive Committee meeting held on 6th May 2011 were NOTED.	
O-96/11	**Finance Committee Minutes** The minutes of the Finance Committee meeting held on 20 April 2011 were NOTED.	
	ANY OTHER BUSINESS	
O-97/11	**Car Parking:** The Trust would shortly be commencing a consultation on car parking arrangements across the Trust. The main driver was to improve arrangements for patients, visitors and carers while meeting the planning conditions imposed in relation to the approved masterplan for the St Peter's site.	
O-98/11	**Special Board Meeting**: It was noted that a Special Board Meeting would be held on 2nd June to approve the Annual Report And Accounts including the Quality Account. There was a formal requirement that this was held in private, and the approved documents would be presented to the Council of Governors and at the AGM in September.	
	DATE OF NEXT MEETING	
O-99/11	30 June 2011 – the Education Centre, Ashford Hospital.	
O-100/11	**QUESTIONS FROM THE PUBLIC** The following points were discussed:	

- It was explained that if the Trust was successful at PQQ stage on the Epsom Hospital transaction, it was considering bidding to run the services as currently provided. It was confirmed that it was anticipated that any patients within the Ashford and St Peter's locality could continue to go to St Luke's Guildford for treatment.

- The Trust was congratulated on its achievement in respect of the CHQS Award.

Signed: ……
Chairman

Date: 30th June 2011

SUMMARY ACTION POINTS

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at June 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	Not due	**ND**
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	Not due	**ND**
31/03/11	O-48/11	**Annual Safeguarding Report**	▪ Update action plan regarding lack of social worker ▪ Clarify role and need for a NED on Committee ▪ Review progress and action plan in the light of the forthcoming Munro report	SR	26/06/11 30/09/11	Action Plan updated. ToR reviewed – no need for NED- agreed at CGC. Munro report now published. Trust team reviewing implications. Further report in 3 months (ie Sept).	**ND**
31/03/11	O-54/11	**Scheduling of Board meetings**	Review timing of Audit Committee and IGAC meetings. Review frequency of Board meetings and IGAC.	JG	26/05/11	June IGAC to continue. Changes to be introduced from September	**---**
28/04/11	O-66/11	**Quality Report**	Results of peer review following Ombudsmen case to revert to Board	SR	29/09/11	Not due	**ND**
28/04/11	O-72/11	**Future Model of Care:**	3 month update on Future Model of Care project	AL	28/07/11	Not due	**ND**
28/04/11	O-73/11	**Corporate Plan 2010/2011 – Progress Report Quarter 4**	It was agreed to confirm that the incomplete items from the 2010/11 objectives would be tracked as part of the 2011/12 Corporate Plan. Review position on improving outpatient appointment letters	VB	26/06/11	Limited improvements have been made including in dermatology and ophthalmology. An approach to next steps is being developed and will be reported back to the Board in July	**---**

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at June 2011	Status
28/04/11	O-75/11	**Treasury Management Policy**	Annual review of the Treasury Management Policy to be incorporated into the Finance Committee work plan.	JH	30/06/11	In work plan	✔
28/04/11	O-77/11	**Register of Interests**	It was agreed to ensure consistency between Clive Goodwin and Sue Ells' register.	JG	26/05/11	Discussion taken place. Agreed no inconsistency both NEDs roles are within different segments of BT	✔
28/04/11	O-84/11	**Questions From The Public**	Include details of where patients are discharged to in the Quality Report	SR	26/05/11	Information in June report	✔
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-87/11	**Quality Report**	Further update to the July Trust Board on CQC report on Children; this would include whether the surgeons had undertaken the "specific training" required	SR	28/07/11	Not due	**ND**
26/05/11	O-88/11	**Control of Infection**	Terms of Reference to be updated- Divisional representatives and scope to include training	SR	29/09/11	Not due	**ND**
26/05/11	O-87/11	**Balanced scorecard**	It was agreed to confirm whether the establishment growth figures, both target and forecast were correct.	RB	30/06/11	Completed	✔
26/05/11	O-93/11	**Governance**	It was NED membership should be updated in Terms Of Reference for IGAC	JG	30/06/11	Initial discussion at June IGAC. Further discussion at September meeting	**---**

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at June 2011	Status
26/05/11	O-94/11	**Internal Audit Plan**	Include unscheduled care, and review of the PMO processes at the appropriate point.	JH	28/07/11	Not due	**ND**

Key

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