

**TRUST BOARD MEETING  
MINUTES  
Open Session  
26 May 2016**

<b>PRESENT</b>	Nadeem Aziz Valerie Bartlett Philip Beesley Heather Caudle David Fluck Simon Marshall Louise McKenzie Aileen McLeish Lorraine Knight Terry Price Suzanne Rankin Peter Taylor	Non-Executive Director Deputy Chief Executive Non-Executive Director Chief Nurse Medical Director Director of Finance & Information Director of Workforce Transformation Chairman Interim Chief Operating Officer Non-Executive Director Chief Executive Non-Executive Director
<b>SECRETARY:</b>	Liz Davies	Acting Company Secretary
<b>APOLOGIES:</b>	Clive Goodwin	Non-Executive Director
<b>IN ATTENDANCE:</b>	Philip Bearn Clarence Chikusu  Laura Ellis-Philip Mark Hinchcliffe Michael Imrie Julia Ross	Consultant Colorectal Surgeon Locum Consultant Physician Acute and Elderly Care Medicine, General Medicine ( <i>Present for Item 8</i> ) Head of Informatics Programme ( <i>Present for item 5.4</i> ) Programme Office Manager ( <i>Present for Item 8</i> ) Chief of Patient Safety/Deputy Medical Director Chief Executive, NHS North West Surrey Clinical Commissioning Group ( <i>Present for item 5</i> )

**Minute****Action****Declaration of Interests**

There was no declaration of interests.

**O-57/2016 MINUTES**

The minutes of the meeting held on 28 April were AGREED as a correct record with one correction:

**Minute O-38/16** change, "major item on the agenda" to read "one major item on the agenda"

**O-58/2016 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.

It was agreed to take the trauma service review action offline and to follow up at the regular Executive team meeting.

## **REPORTS**

### **O-59/2016 Chairman's Report**

The Chairman highlighted the following matter from her report:

- The recruitment of four Non-Executive Directors. This will be the largest change of board members since 2008.

The Board RECEIVED the report.

### **O-60-/2016 Chief Executive's Report**

The Chief Executive highlighted the following matters from the report:

#### *Right Culture*

We are pleased to be able to congratulate colleagues on ending the year in a financially stable place – this reflects the true commitment Team ASPH has shown in delivering excellent patient care, amongst a backdrop of real operational pressures. We are nurturing a culture of creativity and curiosity; where people feel able to think outside the box and put their ideas and suggestions forward freely in delivering quality improvement.

#### *Skilled, Motivated Teams*

Pride in Nursing & Midwifery Day on the 12 May, the theme of which was "Nursing is Diversity". This was a day for celebration and camaraderie and was a great success, and well done to everyone involved and all those who helped organise this highly successful event.

Note was made that negotiations on the junior doctors' contract have resumed between the government, NHS Employers, and the British Medical Association, with the implementation of the new contract temporarily suspended, and we await the outcome of these latest talks.

Terry Price, Non-Executive Director added we commend the Orthopaedic Supportive Discharge (OSD) Team Shortlisted for the HSJ Value in Healthcare Awards, under the trauma and orthopaedics category. The award recognises efforts to improve efficiency, value and patient experience in trauma and orthopaedics.

The Board RECEIVED the report.

## **PERFORMANCE**

### **O-61/2016 Performance Report**

#### *A&E Performance*

The Interim Chief Operating Officer reported that our performance so far in May currently stands at 93% and that the week before our performance was recorded at 98%. This has demonstrated to staff that we can do well and is evidence of the whole system pulling together; however it was noted that the A&E performance position is still fragile. Sue Ells, Non-Executive Director reflected that we should make effort to understand what has made the difference, in regard to relationships and the leadership and cultural change. The Medical Director added that the change in the Emergency Department is palpable; in that we now have a motivated and happy team.

Philip Beesley, Non-Executive Director considered we should give something back from the Board to the team. It was confirmed that there are a number of leadership initiatives, for example clinical leadership training is now incorporated in the Foundation Doctors' curriculum, there is ongoing transformation work at ward level to sustain performance and enabling ward staff to manage which is being supported by members of the Executive team,

### *Urgent Care Centre (UCC)*

We are seeing the benefits of the Urgent Care Centre which is improving patient experience in supporting the delivery of the Emergency Department (ED) 4 hours target by reducing overcrowding in ED. The UCC is seeing 40% of ED attendances between 0800-2000 hrs.

### *RTT Incomplete Performance*

The Trust is carrying a risk of non-compliance of the RTT aggregate Incomplete Pathway performance during Q1 due to the exceptional loss of elective capacity during March (although also pre-affected due to winter pressures during Dec to Feb). It was noted the Trust is scheduling additional elective activity during Q1 (& beyond) to regain sustainable compliance at specialty level.

### *Cancer targets*

The Trust reported compliance for all seven Cancer standards for April. A number of standards won't be met for May for a variety of reasons, and we are looking at the Terms of Reference for the Cancer Group, and have added actions to the action plan with the Clinical Commissioning Group.

The Trust continues to deliver its Cancer Improvement Action Plan which aims to address the recent issues regarding cancer performance and provide sustainable 62 day pathway performance.

Philip Beesley, Non-Executive Director noted the report provides a good picture of performance and the analysis in the report is good. The general consensus is that there has been good quality conversation and feedback providing assurance to the Board.

The Board NOTED and obtained ASSURANCE from the report.

**O-62/2016      Balanced Scorecard**

The Director of Workforce Transformation & OD reported one red indicator on staff turnover which is at 16.8%, higher than target, but comparable to 2015/16.

Agency expenditure as a percentage of the pay bill for all staff groups decreased this month to 7.3%, which is above the target level of 7% but is a significant decrease. The Trust has confirmed the agency spend cap for 2016/17 and is working with divisions to agree targets for expenditure in all staff groups. Breaches of the rate cap are taking place, only where essential to support safe patient care and these are reported weekly to NHS Improvement.

Congratulations to all our Filipino nurses who have passed their Overseas Nursing Programme (ONP) and Objective Structured Clinical Examination (OSCE) assessments, which they need to gain full NMC registration and practice as a nurse in the UK. We are very pleased with our results at ASPH as our nurses have achieved a 95% pass rate in their exams, much higher than the 58% pass rate nationally.

It was noted that the medical workforce presents the biggest challenge for the trust and the Medical Director added that we need to understand what medical workforce is required. The Chief Executive stated that this issue has been discussed at the Workforce & Organisation Development Committee and is being managed through this committee.

The Chief Nurse requested that we might consider describing “staff benefits” on the Balanced Scorecard.

*Top Productivity*

The Director of Finance & Information reported an in-month deficit of £42k against a deficit plan of £32k, resulting in an adverse variance to plan of £10k. CIP's came in at £587k against a plan of £786k, with an adverse variance of £199k. We have had a healthy start to the year and agency spend is significantly better.

The Board NOTED and obtained ASSURANCE from the scorecard.

**O-63/2016      Financial Management Committee Minutes**

Nadeem Aziz, Non-Executive Director and Chair of the Committee reported it had been a tough year and that we have a good understanding of the key issues for the year ahead and the challenges are well documented. We will be keeping the Board and the Council of Governors apprised of performance as we go through the year.

The Board NOTED and obtained ASSURANCE from the report.

**O-64/2016      e-MR Update**

Laura Ellis-Philip joined the meeting and gave a lively run-through of the paper which provided an update of the eMR Project to date. Laura noted

she had been working on this project for four years.

Key points of note:

- Milestone 3.1 (User Acceptance Testing) approval was delayed due to technical issue, now resolved and Milestone Achievement Certificate issued.
- Milestone 3.2 (Readiness for Go-live) was recommended to the Trust Executive Committee and approved on 19/05/2016 and Milestone Achievement Certificate issued.
- The go-live implementation plan takes a three-stepped approach following the Early Adopter phase.
- Approval was given after careful consideration of key documents presented to the project board
- Risks and issues are monitored and mitigation is in place. No red risks.
- We will be keeping a lessons learned log.

Sue Ells, Non-Executive Director added that we should reinforce and celebrate best practice. Laura said that a film was planned to capture employees from all staff groups role modelling good practice.

The Board APPROVED the recommendation.

## **QUALITY AND SAFETY**

**O-65/16**

### **Quality & Performance Committee Minutes (QPC)**

Philip Beesley, Non-Executive Director and Chair of QPC reported that the engagement and input from Divisional Directors was a good improvement, however, one Divisional Director has not yet attended the meeting. The Medical Director said he would do his best to encourage attendance.

The Board RECEIVED the Minutes.

**O-66/2016**

### **Quality Report**

The Chief Nurse highlighted the following issues:

#### *Mortality*

- The initial planning meeting of the Mortality Steering Group met earlier this month and the Terms of Reference for the Mortality Surveillance Group will go to the Quality and Performance Committee for approval.
- Crude mortality remains high
- Indexed mortality is good

#### *Safety Thermometer Performance*

- Pressure ulcers benchmark well
- The medication medicines reconciliation rates within 24 hours at 50%, is below national average of 77.9% and the lack of 7 day Pharmacy may impact this. It was noted Board had received a detailed report on Pharmacy in April which had included an action

- plan for improvement in this area.
- Maternity Safety Thermometer data was not submitted, the divisional process is to be reviewed.

*Best Care Audits in April*

Of 32 Best Care audits: 7 are up, 17 retained level and 8 down with the Emergency Department and Swan Ward dropping to 0.

Board discussed the matter and the Deputy Chief Executive noted that the three surgical wards are on a downward trend. The Chief Nurse reported that a risk summit has taken place for Swan Ward and there is one major action outstanding in relation to ward space. Staffing remains the biggest challenge with the Clinical Nurse Leader working clinically much of the time. The Chief Nurse added that in her professional judgement there was good leadership on Swan and were part of the leadership programme.

The PMO and improvement team are working with Philip Bearn, Consultant Colorectal Surgeon and the colorectal team on improving surgical ward rounds.

It was agreed to track this issue at the regular Executive Team meeting.

The Board NOTED and obtained ASSURANCE from the report.

**O-67/2016 Safer Staffing Report**

This paper provides a review of the safer staffing levels within inpatient areas in the Trust for April 2016 in accordance with the national reporting requirements and guidelines and Board can be assured that the Trust is managing staffing capacity and capability alongside high levels of inpatient activity.

There is evidence that escalation of and mitigations against staffing red flags are increasingly timely and effective, and accountability of adhering to both the nursing agency caps and the safer staffing on the wards has been strengthened.

It was noted that operational pressures during April were significant, and during this time the staffing of escalation areas was discussed daily and the nurses based within corporate teams were used to support these escalation areas.

The Chief Nurse reported a change to the agreed methodology for reviewing nurse staffing levels on the inpatient wards which begins at the start of May 2016. The new methodology implementation narrative from NHS Improvement (NHSi) is included at Appendix 4.

The Board NOTED and obtained ASSURANCE from the report.

**REGULATORY**

**O-68/2016 NHS Improvement self-certification 2016/17**

As part of the Annual Plan Review process 2016/17 the Board is required

to submit two self-certification documents to NHS Improvement and is a fundamental principle of the Trust's Licence. The Board needs to be confident that the certifications are accurate and underpinned by robust evidence. This paper details the first of these certifications which is due by 26 May.

The Board APPROVED the Self-Certification.

**O-69/2016      Audit Committee Annual Report**

The report was approved at the Audit Committee meeting held on 19 May 2016 and summarises the key areas of activities over the last year in discharging its duties under the approved Terms of Reference.

The Head of Internal Audit opinion for 2015/16 initially gave Reasonable Assurance that there is a generally sound system of internal control within the Trust. As this is a change from last years' opinion of Substantial Assurance the Committee had asked TIAA to review this and provide further information on its assessment.

Terry Price, Non-Executive Director and Chair of the Audit Committee was pleased to confirm that the Auditor's opinion had been reviewed and revised to one of Substantial Assurance, confirming a sound system of internal control which is designed to meet the organisation's objectives and that controls are being consistently applied in all the areas reviewed.

The Audit Committee Annual Report was RECEIVED by the Board.

**O-70/2016      Quality & Performance Committee Annual Report**

The Board NOTED the Report.

**O-71/2016      Trust Seal**

Board NOTED the use of the Trust Seal.

**ANY OTHER BUSINESS**

- O-72/2016**
- The Director of Workforce Transformation & OD was pleased to confirm that in relation to The Workforce Race Equality Standard (WRES) the Trust was found not to have an issue around equal opportunities training and harassment and bullying. It was noted that the Workforce Race Equality Standard (WRES) document would be circulated to Board members.
  - It was noted that the Friends and Family Test for Quarter 4 compared well with acute trusts, we sit at the top of the league table in position 3 which is a good improvement.

**QUESTIONS FROM THE PUBLIC**

- O-73/2016**
- In response to a question on medication errors and the impact this may have on deaths the Chief of Patient Safety responded that there was no evidence to link prescribing errors to deaths, albeit that there is some evidence of technical inaccuracies in regard to antibiotic and diabetic

prescribing.

It was confirmed that in part mitigation the Chief Pharmacist is working on the development of plans to implement a service redesign by Q4 2016 and provide Medicines Reconciliation at the Weekend and Seven Day Working in Pharmacy. The Chief Executive stated that the issue would be discussed at the next Council of Governors meeting on 15 June.

A question was posed if we might undertake telephone surveys as part of the Friends and Family Test. It was confirmed that in order to maintain confidentiality we no longer undertake telephone and text surveys. It was noted that in response to the Quarter 1 Survey just launched more than one hundred people have already completed a survey.

**DATE OF NEXT MEETING**

The next open meeting of the Trust Board will take place on 30 June at St Peter's Hospital.

**Signed:** .....  
Chairman  
**Date:** 26 May 2016