Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD MEETING
MINUTES
Open Session
26th August 2010

PRESENT:	Ms Aileen McLeish	Chairman
	Mr Andrew Liles	Chief Executive
	Mr Nadeem Aziz	Non-Executive Director
	Dr Mike Baxter	Medical Director
	Prof 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
	Ms Valerie Howell	Deputy Chief Executive
	Ms Susan Osborne	Interim Chief Nurse
	Mr Terry Price	Non-Executive Director
	Mr Peter Taylor	Non-Executive Director
IN ATTENDANCE:	Mr. John Kelly	Non-Executive Director designate
	Mr Maurice Cohen	Patient Representative
	Mr Graham Hanson	NHS Surrey
SECRETARY:	Ms. Jane Gear	Board Secretary/Head of Corporate Affairs
APOLOGIES:	None	

The Chairman welcomed Graham Hanson as the new observer from NHS Surrey.

Minute **Action**

O-154/10 MINUTES

The minutes of the meeting held on 29th July 2010 were agreed as a correct record, subject to noting in minute O-145/10 Trust Governance Arrangements, that Nadeem Aziz was invited to attend the Remuneration Committee.

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. The nominated leads confirmed that all of the respective actions had been completed, appeared as agenda items for the meeting, or were on track within the agreed time scales.

O-155/10 Child Protection (Minute O-83/10 Refers)

It was confirmed that a meeting had been arranged with the Chief Executive of Surrey County Council to escalate the resolution of the vacant hospital social worker post.

O-156/10 Compact (Minute O-138/10 refers):

It had been confirmed that there were no financial obligations arising from becoming a signatory to the compact. The Board AGREED the previous recommendation to become a signatory.

REPORTS

O-157/10 Chairman's Report

The Board had had its initial meeting with Monitor as part of progressing the final stage of the Foundation Trust application.

It was pleasing to note that the former West Wing of Ashford Hospital was being demolished.

The Board NOTED the Chairman's report:

O-158/10 Chief Executive's Report

Following publication of The White Paper, a review had been undertaken of the Trust's Corporate Objectives which had confirmed that the Trust's general strategy remained aligned to the intentions of The White Paper but needed to continue with the focus on patient experience and choice. As a result, a refresh of the 2010/11 Corporate Objectives would be reported back to the Trust Board in October. The Business Planning process for 2011/12 would commence in October, and would also pay attention to the implications of The White Paper. **VH**

The Trust has now formally commenced the process of elections to establish the Council of Governors, and the formal Notice of Election had been published and was attached to the report.

It was noted that new national guidelines had been issued in respect of single sex accommodation. The Trust had had no breaches since April 2010 and on reviewing the new guidance had identified only minor issues in terms of compliance in ICU and the observation area of A&E which could be addressed through small changes. Therefore, the Trust was well within both the spirit and the law of the guidance issued.

The Board NOTED the Chief Executive's Report.

QUALITY AND SAFETY

O-15910 Board Assurance Framework (BAF)

The August meeting of IGAC had reviewed the current iteration of the BAF prior to its presentation at the August Board meeting.

This version of the BAF incorporated two changes to risk rating; one in respect of assurance on the Monitor assessment on quality and the second on the Trust's alignment with the recently published White Paper.

BAF risk 2.7 related to the knowledge level of junior doctors. It was noted that there were twice yearly routine intakes of junior medical staff at which point there was a potentially greater risk, but that this was managed

effectively through increased emphasis on controls. It was, however, agreed that this should be reflected in the biannual cycle of the BAF. **RB**

It was agreed to ensure that actions in the BAF were clearly recorded as such. **JG**

The Board AGREED the Board Assurance Framework.

O-160/10 Corporate Risk Register

The Board was pleased to note the considerable efforts which had been put into strengthening the Corporate Risk Register.

The Corporate Risk Register presented identified three new risks added since 17th June 2010, three existing risks where the risk level had changed, five risks having been closed.

CRR 763 identified the risk of healthcare acquired infection. The Trust had put in place a number of additional measures to reduce the risk including a requirement for the phlebotomy service to take blood cultures with effect from 31 August.

The Board NOTED the Corporate Risk Register.

O-161/10 Quality Report

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

The dashboard included one new case of MRSA bringing the year to date total to 5. The number of cases of C Difficile remained low, and it was pleasing to note that there had been no outbreaks. The Board were apprised of additional steps being taken in respect of MRSA; these included a 24/7 dedicated phlebotomy service for taking blood cultures

The number of falls resulting in significant injury was zero and reflected a significant improvement.

There had been a dramatic improvement in performance on the hip fracture surgery rates within 36 hours. July figures reported were 86% which was in excess of the graded trajectory of 70%. It was understood that this improved performance was sustainable.

There had also been a significant improvement in respect of VTE assessment. Although the automated process had not been rolled out across the whole Trust, discussions were ongoing with the PCT looking at the application of the definitions, for example in respect of low-risk procedures. The summated adverse report index (SARI) had been in abeyance until VTE could be incorporated. This indicator would recommence shortly.

The Trust was performing well on the indicator relating to re-admissions within 14 days. In the light of the signaled intention to make Trusts responsible for re-admissions within a period of 30 days post discharge, work had been undertaken to understand the possible implications at the Trust. Overall, the Trust was a good performer in relation to 30-day re-

admissions compared with other Trusts. A Re-admissions Group had been assembled and would coordinate with the Discharge Group. It was noted that it would be important to consider length of stay in the analysis of re-admission rates.

The crude mortality for July was 1.4%. The highest HRG for the Trust remained pneumonia and the Board was advised that the respiratory physicians had been asked to look at the specific cases to assess if there were any consistent themes or new learning. However, the Board was reminded that the Trust's pneumonia mortality compared very favourably with the rest of the SHA.

MB

Good progress had been made in respect of the national patient safety alerts, although it was agreed to confirm the deadline for closing the alert on reducing harm from omitted and delayed medicines in hospital.

It was noted that the ward quality indicator report had been refreshed. The indicator on blood traceability related to administrative process and was being pursued actively. The number of complaints had fallen. The Health Service Ombudsman had issued a report into a complaint relating to treatment in 2007. This had identified service failures with regard to discharge planning and as a result, it had been agreed to identify this as an issue on the Corporate Risk Register.

Real time patient feedback was now actively being sought from all wards and was routinely available to ward teams and managers.

The Quality Report included information on actions taken by the Trust in respect of the Airedale and Colin Norris Independent Inquiries. The required action plan would be submitted to the PCT accountable officer for controlled drugs by 30 September 2010.

The Board NOTED the report.

O-162/10 Annual Complaints Report

The Report examined formal complaints and contacts raised through the Patient Advice and Liaison Service (PALS) during the period April 2009 to March 2010.

During 2009/2010, the Trust had received 401 formal complaints which was the same number of complaints received as in the previous year. While the Trust aspired to improve its services and reduce the number of complaints, this was a reasonable position when seen in the national context of increasing levels of complaints about the NHS.

It was confirmed that information on complaints and concerns was regularly reviewed by the Directorates. Complaints and concerns were grouped into nationally set categories and it was noted that the grouping "communication" included eight sub-categories covering aspects of service such as failure to notify patients fully, timeliness, accuracy and completeness of information.

The Report included some information on overall activity of the Trust but it was agreed that future annual reports should include greater detail on activity by specialty compared with number of complaints received, and **SO**

wherever possible also include benchmark information.

The Board NOTED the report.

PERFORMANCE

O-163/10 Balanced Scorecard

The balanced score card comprised four areas aligned to the Trust's four key Strategic Objectives.

(i) Patient Safety and Quality

This aspect had been addressed earlier on the agenda.

(ii) Workforce

Overall the quadrant was predominantly green indicating a strong performance. The following sections from the workforce quadrant were highlighted:

Use of temporary staff had decreased significantly during July. This was primarily due to a reduction in use of agency staff in nursing and was the result of implementation of a decision tree by the Chief Nurse.

- The Trust's sickness absence rate had fallen to 2.8%. The level of sickness experienced across the Trust over the previous four years had been examined and was below the national average and lower than the average reported across the South East Coast Region.

  Whilst there had been an increase in recorded sickness absence between April 2009 to March 2010, this was attributable to an increase in longer-term sickness and the introduction of the 'self-service' Electronic Staff Record which recorded of sickness levels on a real time basis. A full report and analysis of sickness levels would be examined by the Workforce Strategy Steering Group.

- Appraisal rates had also increased during the last month and the Trust was on target to achieve the annual stretch target of 95% by 31st March 2011.

- It was encouraging to note that the staff satisfaction indicator was on trajectory. This measure tracked the key staff survey indicators where the Trust benchmarked within the top quartile of all acute hospitals in England.

(iii) Clinical Strategy

The Trust continued to over-perform in July on non-elective activity. The Trust had embarked on a range of improvement initiatives to address this issue, which was also the subject of

detail scrutiny by the Finance Committee.

The Audit Commission had identified 25 operations or admissions which could be carried out as day cases nationally. A recent national report has identified that Ashford and St Peter's Hospitals were above the national average at 88.66% and were now ranked 7th in the country as well as having the best day case rates for acute Trusts in NHS South East Coast.

The move to GP commissioning was unlikely to impact on the ability of commissioners to pay for activity above the non-elective cap.

(iv) Finance and Efficiency

The July surplus was £0.2 m below budget due to non-pay costs. The year to date surplus of £1.3 m was £0.4 m ahead of target. The financial risk rating (FRR) had increased to 4 in line with plan. The strong income line was driving the rise in profit levels. The capital resource limit was currently under-committed; but plans were in place to ensure the programme was delivered. It was noted that this was an area of significant change once the Trust became a Foundation Trust as funding could be carried forward with no threat of it being lost.

The underperformance on CIPs was an area of concern. However, the Board was assured that significant improvements in the governance arrangements and processes supporting delivery of CIPs have been put in place. The major issue was the length of stay CIP which had been affected by the high levels of activity meaning the Trust had not been able to reduce the number of beds. The Board was assured that whilst there was an underperformance on CIPs, the majority of the Directorates were managing their programmes effectively, and that part of the issue was an over-reliance on corporate CIPs which would be taken into consideration in planning 2011/12.

The level of Did Not Attends (DNA) remained high. An analysis of causative factors was required, which should include a comparison between new and follow-up appointments. However, it was felt that basic improvements and management focus could help address the issue. **VH**

The Board NOTED scorecard.

O-164/10 Compliance Framework

The Trust continued to score amber/green against the Monitor compliance framework as at July 2010. The year to date total of five MRSA bacteraemia contributed to a score of 1, and the 98.44% achievement on screening of all elective inpatients for MRSA contributed a score of 0.5. The Trust was extremely diligent in reporting on elective screening and this was an area which would be discussed with Monitor to ensure it was consistent with the approach adopted by other Foundation Trusts.

The emergency length of stay was currently 4.8 days. It was agreed to provide benchmarked length of stay information for the Trust Board. It was pleasing to note that the caesarean section rate was reducing, but it was agreed to confirm the position in respect of emergency caesarean rates. **VH** **MB**

The number of outliers shown as a local indicator was rising. This was being kept under active review as it impacted on the quality of care.

The Board NOTED the report.

O-165/10 Summer Staff Survey - Results

The Director of Workforce and OD gave a presentation to the Board on the Trust's staff satisfaction survey journey from 2007-2010, with detailed information on the results of the local summer survey conducted between June and July 2010.

Overall, the report and the results demonstrated positive improvement for 13/16 key areas where the Trust had previously been performing below average in the 2009 national survey.

The recent local survey showed the significant benefits and impact from a focused approach on actions , both corporately and through the individual directorate action plans and the Trust was now performing at average and above for 37 of the 40 key areas. In addition, the Trust was now performing in the top 20% for 7 of the key areas.

However, three key scores remained below national average:

- Availability of hand washing materials.
- Perception of equal opportunities in regard to career progression.
- Staff receiving health and safety training (not reporting of errors, near misses and incidents as recorded in the Board report).

The Director of Workforce and OD presented a 10 point action plan to address these areas. A wide range of health and safety training was already available and taken up by staff, but practical steps would be taken to ensure that staff were aware that particular types of training were classified as health and safety. Further improvements to hand washing had already been implemented, but addressing the perception of equal opportunities would be more complex to tackle and would be addressed with both the Employee Partnership Forum and Workforce Strategy Steering Group.

The next national staff survey would be conducted between September 2010 and December 2010.

The Board NOTED the report and stated they were very pleased with the continuing good progress in this area.

STRATEGY AND PLANNING

No matters for consideration.

REGULATORY

O-167/10 Register of Interests

The Register had been fully reviewed earlier in the year and presented to the Trust Board. A number of additions had been made by members and the updated register was presented for information.

The Board NOTED the report.

O-168/10 Audit Committee Terms of Reference

The Audit Committee had reviewed its Terms of Reference and proposed an updated version for adoption by the Trust Board. The key changes were:

1. A new section on the Local Counter Fraud Service.
2. An oversight of the timetables for the production of the Annual Accounts, Annual Report and Quality Accounts.
3. Removal of the review of financial aspects of the IBP.

The Board AGREED the revised Terms of Reference.

FOR INFORMATION

O-169/10 Trust Executive Committee Minutes

The Trust Executive Committee meeting on 9th July had been a developmental session focusing on emergency services.

The Board NOTED the Minutes of the Trust Executive Committee meeting held on 23rd July 2010. In respect of CRB clearance, it was noted this was a legal requirement for employers, but the Trust would usually accept a previous CRB clearance within the NHS within a six-month period of it being taken.

O-170/10 Finance Committee Minutes

The minutes of the Finance Committee Meeting held on 21st July 2010 were NOTED.

0-171/10 Audit Committee Minutes

The draft minutes of the Audit Committee Meeting held on 21st July 2010 were NOTED.

0-172/10 QUESTIONS FROM THE PUBLIC

The following matters were raised through questions from the public:

- The complaints report identified actions to improve access for patient's wishing to get their hearing aid checked and/or repaired. It was pointed out that people with hearing disabilities often found access the telephone difficult and it was suggested that texting or e-mails might be more appropriate. **SO**

- It was highlighted that some members of the public were not aware of the pilot and evaluation of feedback currently underway in respect to visiting hours at St Peters, nor of the ways of submitting general comments.

  The member of the public highlighted the benefit they had felt from wider visiting hours, and that this was generally viewed as a perceived right by patients. The Chief Executive assured the member of the public that considerable effort had gone into communicating the pilot through local media and other means and that the Trust was committed to a genuine pilot and receiving feedback. Further discussion would take place at the next Trust Board meeting when the pilot had concluded.

ANY OTHER BUSINESS

O-173/10 NEXT MEETING

30th September 2010 at the Education Centre, Ashford Hospital

Signed: ……
Chairman

Date: 30th September 2010

Summary Action Points

Board date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at 18 Sept 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 now installed at St Peter's.	**---**
25/03/10	O-47/10	**Child Protection**	Progress early resolution of vacant hospital social worker post	SO	29/04/10	Meeting scheduled with Stratgeic Director for Children Schools and Families for 16/09/10 was cancelled the day before by SCC.	**---**
27/05/10	O-83/10		Chief Executive to escalate to Surrey CC. Refer to OSC.	AL	24/06/10		
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	SO	24/06/10	Update to be given in September.	**---**
25/03/10	O-57/10	**Learning Disabilities**	Report back to Board	SO	28/10/10		Not due
24/06/10	O-116/10	**Infection Control**	Update Board on infection rates relating to colorectal surgery and an action plan had been implemented.	SO	25/08/10	Data collection completed. Awaiting results from NPSA	**---**
29/07/10	O-137/10	**Monitor- Patient Safety document**	Include actions into next Quality report	SO	25/08/10	Progress and approach included in September report	**---**
26/08/10	O-158/10	**Chief Executive Report- The White Paper**	Refresh the Corporate Objectives in the light of the White Paper	VH	28/10/10	On Board agenda September	**---**
26/08/10	O-159/10	**BAF**	Reflect increased risk regarding new Junior doctors with intakes	RB	27/01/11	Not due	Not due

Board date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at 18 Sept 2010	Status
26/08/10	O-159/10	**BAF**	Ensure actions are worded as such	JG	28/10/10	Actioned	✔
26/08/10	O-161/10	**Quality Report**	Confirm deadline for closing alert on reducing harm from omitted and delayed medicines	MB	30/09/10	Updated in Quality Report	✔
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	✔
26/08/10	O-164/10	**Compliance Framework**	Provide benchmarked information on length of stay	VH	28/10/10	Not due	Not due
			Confirm whether emergency caesarean rates were rising or falling (electives are falling)	MB	30/09/10	Addressed in Quality report	✔
			Confirm approach on elective screening for MRSA with Monitor	VH	30/09/10	Discussion planned	**---**
26/08/10	O172-10	**Public Questions – ENT service**	Introduce texting/emailing for patients with hearing disabilities wishing to get hearing aids repaired.	SO	16/12/10		Not due