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

TRUST BOARD MEETING
MINUTES
Open Session
24th February 2011

PRESENT:	Ms Aileen McLeish	Chairman
	Mr Andrew Liles	Chief Executive
	Mr John Headley	Director of Finance & Information
	Dr Mike Baxter	Medical Director
	Mr Peter Taylor	Non-Executive Director
	Prof Philip Beesley	Non-Executive Director
	Ms Raj Bhamber	Director of Workforce & Organisational Development
	Ms Sue Ells	Non-Executive Director
	Ms Suzanne Rankin	Chief Nurse
	Ms Valerie Bartlett	Deputy Chief Executive
APOLOGIES	Mr Terry Price	Non-Executive Director
SECRETARY:	Ms Jane Gear	Board Secretary/Head of Corporate Affairs
IN ATTENDANCE	Ms Donna Marie Jarrett	Associate Director of Health Informatics (Minute O-32/11)

Minute		**Action**
O-22/11	**MINUTES**	
	The minutes of the meeting held on 27 January 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.	
O-23/11	**Car Parking – St Peter's Hospital (Minute O-12/11 refers)**	
	The report summarised the programme of works underway at St Peter's Hospital which would result in 80 new patient and visitor car parking spaces being created by July 2011 with additional allocated staff spaces becoming available in December 2011 once the lower ramp had been demolished.	
	It was agreed to confirm that there was no change proposed to the current arrangements whereby volunteers could park in staff or patient spaces and also to ensure that lessons were learnt from neighbouring trusts in respect of flow management associated with the introduction of barriered visitor car parking.	**VB**

The Board NOTED the report.

REPORTS

O-24/11 Chairman's Report

It was noted that the Health and Social Care Bill was now progressing through Parliament. When introduced, this would bring significant changes to the role of the Council of Governors.

The Board NOTED the report.

O-25/11 Chief Executive's Report

The Chief Executive highlighted that the Trust remained under considerable pressure in terms of capacity and admissions through A&E.

The Parliamentary and Health Service Ombudsman's Report *Care and Compassion?* featured a complaint made to Ashford and St Peter's Hospitals Trust by the daughter of an elderly patient with dementia who had been admitted in 2007. In reviewing the Report, the Trust was undertaking fundamental discussions regarding the essential quality of care.

The Board's attention was drawn to the Future Model of Care project which was bringing clinicians from across acute, primary and community care, mental health and social services together in order to design better and more joined up health services across Northwest Surrey. The intention was to agree three-year strategies at a conference to be held in March.

The Board NOTED the report.

QUALITY AND SAFETY

O-26/11 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 in the report were highlighted: –

- Although the standardised mortality ratio had increased, this was a retrospective aggregate and reflected the information previously provided to the Trust Board on increases in mortality in December.
- The Trust was challenging a report from South Central which had suggested that ASPH had an higher emergency aortic aneurysm mortality. Data from the Trust confirmed that emergency mortality of 38.6% compared well with the national/international mean.
- The clinical strategy dashboard tracked red in respect of reducing mortality in VTE diagnostic categories. However, the Trust was performing extremely well in terms of VTE assessment and it was anticipated this would be reflected in future mortality statistics.
- It was agreed that it would not be appropriate to include the number of news stories in the local press as an indicator on the dashboard.
- The Trust had not closed the NPSA alert on early identification and failure to act on radiological imaging reports. A "three loop fix" using

less sophisticated technology had been identified and would be implemented whilst the Trust continued to move towards an IT solution.

- The number of complaints had risen in January with the highest level being received in medicine and emergency care. The rise needed to be considered in the context of the additional activity being experienced by the Trust. The majority of complaints related to attitude and care. The results of 'Your Feedback' from inpatients showed a number of improvements in aspects including layout of the ward being explained and having someone to talk to about worries and fears.

The Trust needed to maintain its current full compliance with CQC registration. There was a robust process for gathering evidence of compliance with each of the essential standards being owned by an Executive Director, being overseen by a governance sub-committee, and scrutiny through IGAC. The Divisions were also required to present their assurance for each standard as part of their six monthly reviews to the Clinical Governance Committee. The Board report demonstrated that actions were undertaken by Divisions in respect of any concerns identified.

The CQC issued a QRP on a monthly basis. This was a developing tool, often utilising historic data, but which provided the CQC and also the Board with an indicator of potential areas of focus and enabled the Trust to challenge its own self-assessment.

The Quality Report summarised both the Trust's internal assessment and the QRP rating across the 16 essential standards for quality and safety. This had been robustly discussed by IGAC. Two particular areas were drawn to the Board's attention: –

Nutrition: The Trust had good methodologies for measuring process, e.g. MUST and weight recording. However consideration was being given to defining a good outcome measure.

Supporting workers: the training needs analysis was under review as part of the work required to achieve NHSLA level 2.

In discussing the report, it was noted that Wordsworth was one of the lowest scoring wards in respect of the net promoter score. This was being investigated by the Chief Nurse. **SR**

Board NOTED the report.

O-27/11 Board Assurance Framework

The Board Assurance Framework (BAF) had been reviewed by IGAC prior to its presentation to the Trust Board.

There were a number of changes in the risk ratings including the risk to meeting national priorities, the risk on reducing emergency admissions and the risk caused by unexpected changes in patterns of demand and admission. Seen together, these reflected the pressure being experienced by the Trust and regularly discussed by the Board.

The report proposed the addition of a new strategic risk in respect of the

potential impact which rationalisation of specialised services in organisations around the Trust could have on the Trust. It was agreed this was a potential risk but should not be added to the register until the outcome of current discussions on services including Vascular Services were known. **MB**

The Board AGREED the Board Assurance Framework and the removal of the risk relating to Renal Services.

O-28/11 Corporate Risk Register

The report highlighted three additional risks added since December 2010, four existing risks where the risk level had changed, and two risks with a changed treatment plan.

The Board's attention was drawn to CRR 1088 on possible non-compliance with the Information Governance tool kit submission. Achievement of level 2 compliance was a requirement of the Trust's authorisation as a Foundation Trust. The tool kit required 95% staff to have undertaken mandatory training using an electronic tool. In common with most Trusts, the Trust was unlikely to have achieved this level of compliance by year end, although it was noted that the national deadline had now been extended to June 2011. Every effort was being made to support staff in undertaking the training and the intention was to set up internally validated face-to-face training in the new financial year. Non achievement of the target would impact on the Information Governance Toolkit assessment; achievement of Level 2 formed part of annual self certification by the Board.

All Board members needed to undertake the training and details would be sent to the Non-Executive Directors. **JH**

It was also agreed that the risk rating on staff recruitment and retention (CRR 768) should be reviewed in the light of the difficulties reported by some Divisions at performance reviews. **VB/SR**

The Board NOTED the Corporate Risk Register.

O-29/11 Parliamentary and Health Service Ombudsman Report: *Care and Compassion?*

The Parliamentary and Health Service Ombudsman (PHSO) had upheld a complaint brought by Mr W's daughter regarding the care and treatment of her father during his admission to the Trust in 2007.

This was a really tragic case which had been explored by the Board as the complaint evolved, and it was clear that the care provided was not that which the Trust would expect to have been given. The case had been included in the national report by the PHSO as an example of systemic failures across the NHS. The PHSO had agreed that the Trust's revised action plan was appropriate in terms of both content and delivery focus.

The report for the Board identified a range key achievements and actions including improving the way the Trust discharged patients and communicated between the teams.

A number of steps had been taken following publication of the PHSO report in order to provide assurance to patients and relatives currently receiving

care in the Trust. The Report had been circulated to every staff member in order that they could read, reflect and use the Report to provide motivation and support to their own improvement approach. In addition, unannounced "essential care spot checks" had been introduced within wards and clinical areas. These augmented checks already routinely undertaken by the Executive Team, Chief Nurse and, on a daily basis, by the matrons.

Progress on implementation of the action plan would be monitored in a number of forms detailed in the report and external peer review was being sought to review the effectiveness of the action plan. **SR**

In discussing the report, the Board highlighted the need to be responsive to patient concerns, and the value of managing complaints effectively. It was noted that consideration was being given to introducing patient diaries which could provide non-attributable feedback. In addition, the Trust continued to offer to meet Mr W's daughter.

The Board NOTED the report and that an update would be provided in April.

PERFORMANCE

O-30/11 Balanced Scorecard

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

Patient Safety and Quality

This aspect had been addressed earlier on the agenda.

Workforce

The following sections from the workforce quadrant were highlighted:

- The year-end target for the establishment was 3270 based on the Long-Term Financial Model. However the Trust's establishment at the end of December was 3290 WTE which matched exactly the financial establishment.

- The sickness absence rate was 3.93% in December and exceeded the Trust target of 3.5% for the first time in the financial year. The main reason had been a significant increase in absence due to infections and this was a seasonal increase expected at this time of year.

- Staff Appraisals: The number of staff recorded on ESR as having participated in an appraisal during the last year had decreased slightly to 89.7% at the end of January. This was an important area of focus and managers were proactively notified of appraisals becoming due.

- Stability was high at 93.1%. However, beneath this aggregate figure there were pockets of higher levels of turnover some of which could be seen within the Ward indicator report. Higher levels of turnover for administrative and clerical staff also reflected the Trust's approach of appointing on fixed-term contracts.

Clinical Strategy

The level of emergency admissions remained high for the month. GP referrals were slightly down on expected levels for January. The Trust was continuing to build relationships and collaborative working with Commissioning consortia as a result of which there had been a change in the ownership of some elements of outpatient activity, so the actual position was complex.

The Trust had been very successful in maximising the utilisation of the day surgery unit at Ashford with a number of specialties converting work to day case or 23-hour surgery.

The score card now included the average number of escalation beds opened at St. Peter's: this was shown as 34 although the Trust was also commissioning 18 additional Community beds, resulting in a total of 50 escalation beds.

Finance and Efficiency

The YTD and forecast FRR continued as 4. The Board's attention was drawn to the forecast FRR of 4 which was actually a rounding up of 3.6.

EBITDA was currently behind plan due to revenue dilution. The Trust's income had been hit by the impact of the non-elective cap and the subsequent overall 'block contract' agreed with NHS Surrey for the 2010/11. The Trust was likely to undershoot its capital expenditure but significant large building projects were underway so the anticipated undershoot was £0.8 million.

The level of outpatient DNA continued to exceed the stretch target for the year and would be the subject of focus within the Ambulatory Care Division in 2011/12.

The Board NOTED the Report.

O-31/11 Compliance Framework

The Trust continued to score green against the Monitor Compliance Framework. However, January 2011 had been a challenging month with winter creating pressure in the A&E Department and the cancellation of significant numbers of elective patients in order to care for emergency patients. This challenge was continuing through February.

It was noted that A&E attendances had risen by 5%. This was consistent with other trusts, and modelling by the ambulance service confirmed that activity was within expected rates. There had not been a significant increase in admissions or change in presenting illnesses, but there had been a slowing of discharges. Overall there was an increase in the number of very elderly patients with complex co-morbidities.

There were a number of factors underpinning the challenges experienced. These included the case mix, ambulance flow, impact of primary care arrangements and the ability to discharge patients.

The Trust was working closely with partners through the Northwest Surrey Transformation Board and on the Future Models of Care work. This would be important for longer term solutions. The Trust was also undertaking modernisation of its own emergency care pathways.

Staff had worked extremely hard over several months to keep the hospital running as smoothly as possible and were commended for the professional way they continued to rise to the challenge. The Board was advised on the high level of focus on maintaining the quality of services and the steps in place to assure the level of service. The executive and senior management team were maintaining a high level of visibility and Board members were also encouraged to undertake visits.

In summarising the position, it was noted that the Trust had a number of local and cross economy strategies which should start to create an impact. Nevertheless, this was in the context of a difficult national environment and it was therefore important to ensure good support for staff and to create a realistic expectation of the patient experience. It was also important that the change in the demography of the local population was built into the Trust's planning assumptions. The Board formally recorded their thanks to all staff for their continued efforts, and for the leadership evidenced by the Deputy Chief Executive.

The Board NOTED the report.

STRATEGY AND PLANNING

O-32/11 Health Informatics Strategy

The Associate Director of Health Informatics gave a brief presentation on the draft Health Informatics Strategy. This had been produced in the context of the diminishing role of the national programme for IT and the publication of *Liberating the NHS; the Information Revolution.*

The draft Strategy had been evolving over a period of time having been originally presented to TEC in September 2010. Subsequent to this, there had been considerable joint work with the Divisions.

The overall ethos of the Strategy was to build on the Trust's current clinical and corporate applications infrastructure in order to achieve maximum return on investments. Incorporated in the Strategy was a five-year roadmap for each Division and directorate. Over the next three years, the intention was to develop an integrated view of the Trust's patients through a programme of system integration. A clear objective was to increase the amount of real time and predictive information available.

During the discussion on the draft Strategy the following points were explored:

- It was important to have proactive discussions with GPs to ensure their priorities were identified and addressed as far as possible.
- It was important to consider how patients might wish to manage their contact with the hospital, e.g., self-service approaches.
- It was confirmed that the Informatics Department had the capability to deliver the Strategy but there was an issue of capacity within the IT Team. Outsourcing was not "off the table" but further work was

needed to improve the use of IT before outsourcing was likely to be cost effective.

An important part of delivery of the Strategy would be to ensure a high level of IT literary skills across all staff groups.

The Broad APPROVED the Health Informatics Strategy and asked for an update on implementation in six months' time. **JH**

O-33/11 Corporate Business Plan:

The draft Corporate Business Plan for 2011-12 reflected the second year of the five-year plan approved in January 2010. The Plan was underpinned by Divisional and directorate business plans.

The draft Plan included an update of the scorecard which was linked to refreshed objectives, the outlined capital plan and quarterly milestones by which progress could be monitored. When finalised, the Plan would include the outcome of the negotiations on the Service Level Agreement with NHS Surrey.

It was agreed that the Plan should include reference to the organisation preparing for the implementation of the Health and Social Care Bill, in particular the work which would be required in developing the Council for its extended role. It was also agreed to confirm that the objective to increase elective market share was fully articulated. The food service was being re-tendered during 2011-12 and it was agreed to identify this as a priority within the Plan. **VB**

It was noted that a business case was being developed highlighting the options and potential business benefits associated with a refurbishment of Ashford Outpatient's. It was agreed to confirm that sufficient funding was identified within the draft capital programme to allow a substantial start on the finally agreed works during 2011-12. **VB**

It was noted that following an initial overview briefing on the Plan at the full Council of Governors meeting on 15th February 2011, a special meeting had been arranged with representatives of the Council of Governors for Monday, 28th February, the results of which would be reported back to be March Board. **VB**

The Broad NOTED the draft Corporate Plan.

REGULATORY

O-34/11 Health and Social Care Bill 2011

The Board NOTED the briefing paper.

FOR INFORMATION

O-35/11 Trust Executive Committee Minutes

The Trust Executive Committee meeting held on 14 January 2011 had focused on "developing relationships with GPs, commissioners and other stakeholders." It was noted that 'April Consulting' were being commissioned to undertake a programme designed to create a significant cultural shift, thereby helping to revolutionise the patient experience.

(John Headley left the meeting).

NHS Surrey were no longer introducing *fast, steady, stop* as they had agreed other approaches to managing referrals. The Trust had now agreed local processes with GP Commissioners which were being introduced on a specialty-by-specialty basis. This approach was helping to improve relationships with GP Commissioners.

The Board NOTED the minutes of the Trust Executive Committee.

O-36/11 Finance Committee Minutes

A verbal update on the Finance Committee meeting held on 16 February 2011 was given. The meeting had considered:

- The risk to EBITDA.
- Early loan repayment.
- Improving the commerciality of the Trust's contact management arrangements.

The Broad NOTED the minutes of the Finance Committee meeting held on 19 January 2011.

O-37/11 Audit Committee Minutes

The draft minutes of the Audit Committee meeting held on 19 January 2011 were NOTED.

O-38/11 IGAC Bi annual report

The Board NOTED receipt of the biannual report from IGAC.

ANY OTHER BUSINESS

O-39/11 There was no other business.

DATE OF NEXT MEETING

O-40/11 31st March 2011 - The Education Centre, Ashford Hospital

Minute **Action**

O-41/11 QUESTIONS FROM THE PUBLIC

The following points were discussed:

- It was agreed to confirm the precise number of disabled car parking spaces to be made available at the St Peter's site. **VB**
- An explanation of the operation of the 'virtual ward' was given. This would use community matrons to visit appropriate patients in their normal residential environment.
- The importance that technology used at the bedside (e.g. workplace on wheels) should not be allowed to detract from personal and individualised contact between the patient and member of staff was stressed.
- It was confirmed that staff turnover amongst the consultant group was low; the Director of Workforce and OD to supply the precise figures to the Governor requesting them. **RB**

Signed: ……
Chairman

Date: 31st March 2011

SUMMARY ACTION POINTS

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at 23 March 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	---
25/10/10	O-216/10	**Board Work Plan**	Discuss timing of AGM with Council post authorisation	JG	16/12/10	Still to be agreed	---
25/11/10	O-220/10	**Length of Stay**	Review risk rating on Single sex accommodation	VH	27/01/11	Agenda item	✔
16/12/10	O-237/10	**Authorisation**	Explore need for top up D&O insurance	JH	24/02/11	Recommendation made to. March Finance Committee	✔
27/01/11	O-8/11	**Quality Report**	Develop the Quality Dashboard in line with the outcomes framework	MB/SR	31/03/11	Under way including working with Divisions	✔
27/01/11	O10/11	**Quality Accounts 2010/11**	Bring draft text to March meeting	SR	31/03/11	Agenda item	✔
27/01/11	O-19/11	**Liberating the NHS**	Review draft response to employer led arrangements for workforce and education	RB	31/03/11	Agenda item	✔
24/02/11	O-23/11	**Car parking**	Confirm arrangements for Volunteer car parking at St Peter's	VB	31/03/11	Car parking policy is being reviewed. This may include volunteers parking in staff areas only but is subject to consultation	✔
24/02/11	O-27/11	**BAF**	Consider need to add risk on potential impact of rationalisation of specialist services	MB	31/03/11		
24/02/11	O-28/11	**CRR- information Governance Training**	Arrange for NEDs to access on line training tool	JH	31/03/11	Access arranged	✔

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at 23 March 2011	Status
24/02/11	O-28/11	**CRR- 768 Recruitment and retention**	Review rating for this risk	VH/RB/SR	28/04/11	Not due	**ND**
24/02/11	O-29/11	**PHSO report**	External peer review of actions taken in response to report	SR	28/04/11	Not due	**ND**
24/02/11	O-32/11	**Informatics Strategy**	Receive update in 6 months	JH	25/08/11	Built into Board workplan	✔
24/02/11	O-33/11	**Corporate Business Plan**	Confirm funding for major start on Ashford OPD in 2011/12 Report back on discussions with Council of Governors.	VB	31/03/11	Capital plan included with funding to commence OPD at Ashford. Meeting held with Governors. See Board paper on Annual plan	✔
24/02/11	O-41/11	**Car parking**	Confirm precise number of disabled car parking spaces at St Peter's post development	VB	31/03/11	Disabled car parking after the current works will be 71 visitor spaces and 11 staff spaces total 82	✔
24/02/11	O-41/11	**Consultant turnover**	Supply detail to interested attendee	RB	31/03/11	Completed	✔

Key

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