

**TRUST BOARD MEETING  
MINUTES  
Open Session  
24th November 2011**

|                           |                     |  |
|---------------------------|---------------------|--|
| <b>PRESENT:</b>           | Ms Aileen McLeish   | Chairman   |
|                           | Mr Clive Goodwin    | Non-Executive Director   |
|                           | Mr John Headley     | Director of Finance & Information                                  |
|                           | Dr Mike Baxter      | Medical Director   |
|                           | Prof Philip Beesley | Non-Executive Director   |
|                           | Mr Peter Taylor     | Non-Executive Director   |
|                           | Ms Raj Bhamber      | Director of Workforce & Organisational<br>Development              |
|                           | Ms Sue Ells         | Non-Executive Director   |
|                           | Ms Suzanne Rankin   | Chief Nurse  |
|                           | Mr Terry Price      | Non-Executive Director   |
|                           | Ms Valerie Bartlett | Deputy Chief Executive   |
| <br><b>APOLOGIES</b>      | Mr Andrew Liles     | Chief Executive  |
|                           | Mr Jim Gollan       | Non-Executive Director   |
| <br><b>IN ATTENDANCE:</b> | Dr Angela Shaw      | Director Infection Prevention and Control<br>(minute 188 & 9/2011) |
| <br><b>SECRETARY:</b>     | Ms Jane Gear        | Board Secretary/Head of Corporate Affairs                          |

It was noted that the Chief Executive was attending a national meeting organised by the Chief Executive of the NHS on the new Operating Framework for 2012/13.

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

There were no declarations of interests in the proceedings.

**O-182/11 MINUTES**

The minutes of the meeting held on 27 October 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.

The following points were noted:

## Minute

## Action

**O-183/11 Quality Report - Ombudsman (Minute O-66/11):**

It was noted that Professor Oliver, Consultant in Elderly Care at the Royal Berkshire FT and National Clinical Director of Care of the Elderly and Julie Smith, Director of Nursing from Sheffield Teaching Hospital, had visited the hospital the preceding day to undertake an independent view of the Trust's care of the elderly and vulnerable patients. Verbal feedback was positive and a number of suggestions had been made to aid future planning.

**O-184/11 Q1 Financial Reconciliation (Minute O-161/11 Refers):**

Q1 had still not been finalised but progress was being made. The national contract for 2011/12 had introduced substantial changes including the re-admissions penalty which it was taking time for the PCT to work through. However, the principles had now been agreed with PCT and the data was available. The Board was assured that preliminary numbers indicated that the agreed position would be similar to that currently reported to the Trust Board.

The Board expressed its concern that settlement had still not been reached and urged that pressure be maintained with the PCT to resolve this at the earliest opportunity.

JH

**REPORTS****O-185/11 Chairman's Report**

The Chairman highlighted attendance at the South East Coast Chairs and Chief Executives Forum which had been the first meeting with the new Board for NHS South of England. The SHA would be taking a major focus on performance across the sector.

The Chairman also highlighted the retirement of Professor Mark Britton, a former Medical Director of the Trust.

The Board NOTED the report.

**O-186/11 Chief Executive's Report**

The Deputy Chief Executive introduced the report.

The Trust was in a formal procurement process in respect of the renewal of its Catering Contract. The process had involved a stakeholder panel with broad membership and demonstrated a strong level of engagement. The quality of the bids remaining seemed strong and the Board would make a final decision on the award of contract in December 2011 with the new contract expected to start on 1 April 2012.

The Trust's Cardiology Department had won a Silver Award for being the first centre in the UK to register over 100 active users on the Biotronik Home Monitoring System for pacemaker and ICD patients. This was an excellent example of the use and benefits of telemedicine.

Chertsey House has now opened at St Peter's Hospital which would allow the demolition of the lower portion of The Ramp to commence.

The BOARD NOTED the report.

## QUALITY AND SAFETY

### O-187/11 Quality Report

The Medical Director and Chief Nurse introduced the Quality Report. This pulled together the dashboard, with associated commentary on exceptions, and the new best care dashboard. The following points in the report were highlighted:

- The SMR and CMR had both shown a small increase. However, this reflected a relatively small change in the absolute number of events recorded within the Trust (89 versus 83).
- The Trust had no cases of MRSA and only two cases of hospital-acquired C difficile. It was noted that the MRSA target for 2012/13 would reduce to 1 and the C difficile target would reduce to 20.
- There had been a small increase in mortality for patients receiving hip fracture surgery. This represented three deaths in a cohort of 33 patients receiving treatment in October. The cases had been reviewed and the deaths were due to co-morbidities. No concerns had been identified in the cases.
- Bed occupancy was high. The Trust had bed capacity, over and above its core bed stock, open. Managing capacity was a balancing act between emergency admissions and achieving referral to treatment times.
- The Board was advised that both overdue NPSA alerts should be closed by the next Board meeting.

It was agreed to report back on the significance to the Trust on the new National Patient Safety Alert on newborn babies with the history of MCADD.

**MD**

The Trust had received the initial results from the Outpatient Department Survey 2011. This provided a year-on-year analysis of the Trust's historical performance and an analysis compared with other Trusts using Picker to carry out the survey. The full Care Quality Commission report for England would be issued in early 2012.

The report demonstrated that the Trust continued to make internal improvement but it was disappointing to note that the Trust was worse than average on a number of questions when compared to other Trusts in the Picker survey.

Whilst discussing the results, it was highlighted that some issues might be relatively simple to address, e.g. keeping patients informed on clinic waiting times. The major refurbishment of Ashford Outpatient Department was a real sign of the Trust's commitment to improve the patient experience. Work was underway linking the job planning process to clinic templates. The Trust was also working through the implications of the reduction in DNAs on clinic management on a specialty-by-specialty basis.

- The number of complaints continued to rise; however, the complaint response time was improving and there was a clear

## Minute

trajectory to clear all outstanding complaint responses by mid December.

The Board noted that the number of complaints overall was small and therefore it was agreed it was important to look at trends rather than focus in individual numbers. The Board was advised that a new system had been implemented with Divisions phoning complainants and that this appeared to be working well. A telephone survey was being designed to discuss complainants' experience and gain a greater understanding of what caused patients to complain formally as the Trust was keen to develop systems to pre-empt the need for formal complaints. The earlier issues were resolved, the better for the patient.

- It was noted that Trust had received two notifications of complaints referred to the Ombudsman.
- The report included the first publication of a new ward quality dashboard – the Best Care Dashboard. This was based on a rigorous set of audits and observations and aimed to identify with a high degree of accuracy the key areas for improvement. The dashboard measured both process and associated outcome. Where there were no currently agreed outcome measures, the Trust would be developing these. The Best Care Dashboard would replace the WQIs.

Underpinning the Trust level dashboard, there were divisional dashboards. The approach was already demonstrating the importance of measurement as a comparison of the August dashboard and September dashboard indicated a significant move from red to green indicators.

The concerns highlighted from the Best Care Dashboard related to documentation and the performance on surgical wards. It was pleasing to note that the medical wards were demonstrating all round improvement.

The Board congratulated the Chief Nurse on the development of the approach and urged a move towards an electronic solution to simplify and streamline the process.

The Board NOTED the report.

### **O-188/11 Director of Infection Prevention and Control – Six-Month Update**

Dr Angela Shaw was welcomed to the Board and presented her report which covered the period April to September 2011.

It was noted that the introduction of a phlebotomy-led service for blood cultures had been successful in reducing contamination rates in general. There had been a new mandatory requirement to report MSSA bacteraemia since January 2011. Of the 19 cases, only four had been hospital acquired.

The commonest possible causative factor for the 12 hospital-acquired cases of *Clostridium difficile* was antibiotic use, particularly the use of Tazocin. A new treatment was being introduced in the Trust for pneumonia effective from November which it was hoped would reduce the rate.

## Minute

## Action

The antibiotic audit compliance rates were noted. These demonstrated improvements in completion of the stop/review dates filled in and completion of the instruction box. A further audit would be undertaken in November 2011.

The report demonstrated 98% to 100% compliance across all divisions in respect of hand hygiene audits covering the period. These were currently conducted through a process of ward-based self audit, and inclusion of peer review would be considered.

The report noted progress in respect of the peripheral cannular audit, although there was still room for improvement. One factor might be that documentation was not being fully completed

The latest colorectal surgical site infection survey had commenced on 1 October 2011 and the results were awaited.

Five women had developed infections with PVL positive MRSA who had all had caesarean sections in June or July 2011. The Board noted the extensive screening exercise to try and find a start source for the organism, although no source had been found to date. An outbreak meeting was to be held in the following week and an action plan produced.

The Chief Nurse highlighted that there was a move towards matrons leading the audits in order to ensure objectivity. Consideration was also being given to introducing six-monthly peer review processes.

The Board NOTED the report.

#### **O-189/11 Board of Directors Agreement – Control of Infection and Cleanliness**

The Board APPROVED the statement.

#### **PERFORMANCE**

#### **O-190/11 Balanced Scorecard**

The Balanced 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 points from the quadrant were highlighted.

- 90 WTE posts had been removed from the establishment supporting CIPs in the year-to-date. However, the financial saving achieved was less than planned. Discussions were taking part with divisions as part of the half year review process.
- The three indicators on turnover, appraisal and EQUIP were all amber, but demonstrated in-month improvement.
- The mandatory training compliance rate continued to rise. There was currently no annual target defined for 2011/12. It was agreed that a realistic target should be set for 2011/12, but the long-term ambition should be a target over 90% in 2012/13.

## Minute

The Board noted that the Trust was entering a period of winter pressures which could impact on the ability of staff to attend training. It was confirmed that IGAC would be updated on performance against the mandatory training plan.

Clinical Strategy:

It was noted that, in line with previous discussions, a number of the targets had now been reset and represented national or generally recognised target values. As a result, the quadrant recorded a significant number of red indicators.

The current in-month performance on unscheduled activity showed a decrease in admissions and the annual projection was to be within the required target. This reflected the Trust's work on re-admissions and admission avoidance.

It was reported that discussions with Divisional Directors recognised the importance of increasing usage of Ashford Hospital.

It was noted that the nursing home project had been written up and was now being published nationally.

Finance and Efficiency:

EBITDA was £1.5m which was £0.2m adverse to target. The surplus was £45k behind plan. To deliver the forecast surplus of £2.1m required additional income of £1.2m over the remaining five months. This would be stretching over the busy winter period and the nature of the contract with NHS Surrey.

The Trust Board NOTED the report

**O-191/11 Compliance Framework**

The Trust was forecasting an overall performance rating of green for Quarter 3 although ensuring that 95% of patients spent less than four hours in the A&E Department was emerging as a significant risk.

The Trust was performing well on the 18-week referral to treatment pathway for 90% of patients requiring admitted patient care.

Appendix 1 of the report (tabled) summarised the position across all providers in Surrey in September and showed that the Trust performed well. The Board was reminded that slowing down elective activity, as had taken place in the previous year, would result in significant time being needed to achieve the required performance. It was therefore encouraging to note that the Trust was sustaining the position on elective admissions.

The Trust's A&E performance showed a deterioration in Quarter 3. The previous winter had been difficult and the aims for 2011/12 were to ensure better quality of care for patients with more patients treated in the correct location.

The report indicated that attendances in A&E were rising, but admissions were down and length of stay was being maintained. The Trust currently had 38 fewer beds open than at the same time in the previous year.

## Minute

The introduction of RealTime, which went live in the current week, would help provide lead time indicators. It was confirmed that the Trust had developed an escalation plan, although the ability to physically open more beds was limited.

The Board NOTED the report.

**STRATEGY AND PLANNING****O-192/11 Epsom Hospital Transaction**

The Trust had submitted its response to the invitation to tender (ITT) ahead of the 11th November submission deadline. The Trust had now entered the bidders' evaluation phase and could respond to questions from the Transaction Team, but was no longer able to communicate during this phase with staff at Epsom Hospital. A mobilisation plan had been developed, and at the appropriate point the Trust would hold a members event.

RB/JG

The Board NOTED the report.

**REGULATORY****O-193/11 Constitution, Standing Orders and Reservation of Powers**

During 2012 there would be a requirement for a thorough review of the Constitution, Standing Orders and Reservation of Powers derived from Standing Orders as a result of the enactment of the Health and Social Care Bill, and in the light of an Epsom transaction.

The Board AGREED the roll forward of the current documents which had been scrutinised by the Board Secretary.

**O-194/11 Charitable Funds Annual Report and Accounts 2011**

The Annual Report and Accounts were APPROVED subject to:

- Adding John Kelly, Non-Executive Director to the list of trustees
- confirming the position on the Stephanie Marks Fund and its subsequent closure

JH

**FOR INFORMATION****O-195/11 Trust Executive Committee Minutes**

The Board NOTED the minutes of the Trust Executive Committee meeting held on 26 October 2011.

**O-196/11 Finance Committee Minutes**

The Board NOTED the minutes of the Finance Committee meeting held on 19 October 2011.

It was noted that the Committee would be reviewing the Treasury Management Policy in December 2011.

Minute

Action

**O-197/11 Audit Minutes**

It was noted that Monitor would be undertaking a routine visit to the Trust in December. This would include the Chairs of the Audit Committee and Integrated Governance and Assurance Committee.

The Audit Committee was assured that the Trust was sighted on information governance incidents.

It was agreed that the Board should receive a report on the Trust position on Reference Costs.

**JH**

The Board NOTED the minutes.

**ANY OTHER BUSINESS**

**O-198/11 Public Sector Industrial Action**

A national day of action had been called for 30<sup>th</sup> November in respect of pensions. It was confirmed that the Trust had robust plans in place to ensure continuity of service and it was agreed that clear messaging for the public should be arranged. The Trust would be business as usual in most areas.

**RB/GR**

**O-199/11 Patient Experience:**

.A Non-Executive Director advised that a recent personal experience of patient had demonstrated a very high quality of care.

**O-200/11 QUESTIONS FROM THE PUBLIC**

- It was confirmed that the two cases of MRSA (one patient) did not impact adversely on the Trust’s limit of four MRSA cases.
- The members of public was reassured that the Trust did not have concerns relating to infection rates arising from a peripheral line care.
- The Trust was achieving the 90% RTT target. It was confirmed that regular audits and checks were in place to ensure that patients not treated within the 90% target did not wait unduly.

**DATE OF NEXT MEETING**

**O-201/11** 26th January 2012 – the Education Centre, Ashford Hospital.

**Signed:** .....  
Chairman

**Date:** 26th January 2012

## SUMMARY ACTION POINTS

| Board Date | Minute Ref | Topic   | Action  | Lead  | Due Date | Comment as at 18 January 2012  | Status    |
|------------|------------|---|---|-------|----------|--|-----------|
| 26/05/11   | O-87/11    | <b>Quality Report</b>                                   | 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 | New programme of presentations being scheduled for 2012                  | ---       |
| 30/06/11   | O-119/11   | <b>Corporate Calendar</b>                               | Develop a corporate calendar for the NEDs   | RB    | 29/09/11 | Being progressed by Head of Organisational Development                   | ---       |
| 29/09/11   | O-145/11   | <b>Quality Report</b>                                   | Present revised Clinical strategy and update position re National Quality Board assessment                                    | MB/SR | March 12 | Not due  | <b>ND</b> |
| 29/09/11   | O-145/11   | <b>Quality Report-workforce</b>                         | Provide workforce report following publication of data by Audit Commission  | RB/SR | 26/01/12 | Included on January Board agenda   | ✓         |
| 27/10/11   | O-159/11   | <b>Appointment System</b>                               | Provide report on response time in Appointments Centre and decentralised areas  | VB    | 26/01/12 | Included on January Board agenda   | ✓         |
| 27/10/11   | O-160/11   | <b>Quality Report-Mortality</b>                         | Assess Trust position of national report on emergency surgery   | MB    | 26/01/12 | Scheduled for March 2012.  | <b>ND</b> |
| 27/10/11   | O-164/11   | <b>Quality Report</b>                                   | Organise a programme of unannounced visits for NEDs   | SR    | 26/01/12 | Programme implemented  | ✓         |
| 27/10/11   | O-165/11   | <b>Health and safety report</b>                         | Provide further analysis on the nature, locations, seasonality impact an actions taken to reduce the number of staff assaults | VB    | 26/01/12 | Q3 report attached   | ✓         |
| 24/11/11   | O-187/11   | <b>Quality Report</b>                                   | Report back on significance of new NPSA alert on newborn babies with MCADD  | MB    | 26/01/12 | Actions now in place to address the alert to relates a genetic condition | ✓         |
| 24/11/11   | O-194/11   | <b>Charitable Funds Annual Report and Accounts 2011</b> | Amend Annual Report and publish   | JH    | 26/01/12 | Completed  | ✓         |

| Board Date | Minute Ref | Topic                  | Action                                  | Lead | Due Date | Comment as at 18 January 2012 | Status |
|------------|------------|------------------------|---|------|----------|-------------------------------|--------|
| 24/11/11   | O-197/11   | <b>Audit Committee</b> | Report back to Board on Reference Costs | JH   |          | See note attached             | ✓      |

**Key**

|     |   |
|-----|---|
| --- | <b>On Track according to timetable</b>  |
| ✓   | <b>Completed according to timetable</b> |
| ND  | <b>Not due yet</b>                      |
|     |   |

**Reference costs**

The 2010/11 reference costs were recently published.

Reference costs are detailed costings at HRG level which all NHS acute providers have to submit to the Department of Health each year. ASPH now bases the reference costs on our patient level costing database, and due to the effort invested in service line reporting and patient level costing, the quality of the data has improved in recent years.

The Reference cost index (RCI) shows the actual cost of an organisation’s case mix compared with the same case mix delivered at national average cost. An organisation with costs equal to the national average will score 100, with higher cost organisations scoring above 100 and lower cost organisations scoring below 100. For example, a score of 110 means that the costs are 10% above the average whilst a score of 90 shows costs are 10% below the average. The RCI is therefore a measure of relative efficiency.

Results as follows:

|       | ASPH | FPH | RSCH |
|-------|------|-----|------|
| 08/09 | 96   | 91  | 87   |
| 09/10 | 95   | 91  | 95   |
| 10/11 | 92   | 89  | 90   |

This would indicate that whilst ASPH has become efficient, our two neighbouring FTs are slightly more efficient. However, it remains questionable whether the RCI methodology is an “exact science”.

The most high profile use of reference costs is to underpin the calculation of the Payment by Results national tariff – in terms of the relative tariff assigned to each HRG. Payment by Results is the payment system in England under which NHS commissioners pay healthcare providers a national tariff for each patient seen or treated, taking into account the complexity of the patient’s healthcare needs.

NHS organisations use the data for reporting to executive teams, benchmarking, contract negotiations and local pricing of non-tariff areas. In ASPH we would tend to focus on the patient level costing data as this is more detailed and more useful than the basic reference cost data.