

**TRUST BOARD MEETING
MINUTES
Open Session
28th June 2012**

PRESENT:	Ms Aileen McLeish	Chairman
	Mr Andrew Liles	Chief Executive
	Mr Clive Goodwin	Non-Executive Director
	Dr David Fluck	Interim Medical Director
	Mr Jim Gollan	Non-Executive Director
	Mr Peter Taylor	Non-Executive Director
	Prof Philip Beesley	Non-Executive Director
	Ms Raj Bhamber	Director of Workforce & Organisational Development
	Mr Simon Marshall	Director of Finance & Information
	Ms Sue Ells	Non-Executive Director
	Ms Suzanne Rankin	Chief Nurse
	Mr Terry Price	Non-Executive Director
	Ms Valerie Bartlett	Deputy Chief Executive
SECRETARY:	Ms Jane Gear	Board Secretary/Head of Corporate Affairs

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

There were no declarations of interests in the proceedings.

O-61/2012 MINUTES

The minutes of the meeting held on 28 May 2012 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:

O-62/2012 Quality Report – Best Care Dashboard (O-30/12 Refers):

Work had been undertaken on developing a six-month stock take showing performance in relation to the Best Care Dashboard elements. Presentation of the data in a meaningful way was proving a challenge and a further update would be provided to the next Trust Board.

SR

O-63/2012 Information Governance Toolkit (Minute O-33/2012 Refers):

Information Governance was part of the Trust's mandatory training programme which was monitored on the Balanced Scorecard. It was a personal responsibility for all staff members, including the Board, to complete their information governance training on an annual basis. It was noted that the Information Commissioner was becoming increasingly interested in the information governance compliance in the NHS.

REPORTS**O-64/2012 Chairman's Report**

The Chairman highlighted the overriding priority on operational performance. Improving the emergency care pathway was essential in terms of patient experience and outcome.

The Board NOTED the report.

O-65/2012 Chief Executive's Report

The Chief Executive drew attention to the Council of Governor's decision to re-appoint Aileen McLeish as Chairman for a further term of office. Board members congratulated the Chairman.

Volunteers from Ashford and St Peter's Hospital had won The Queen's Award for Voluntary Service which was a significant National Award. The Chief Executive highlighted the valuable contribution the volunteers provided to the hospital.

Following the Trust's announcement as preferred partner in the Epsom transaction, a meeting of the Trust's Strategy Committee had taken place earlier that day.

Although there was some delay in the Department of Health issuing the regulations underpinning elements of the Health and Social Care Act, the Trust was setting up a small working group of Governors and Board members to consider changes to the constitution. Although the regulations were delayed, it was understood that the timetable outlined with the Act would still be maintained including the abolition of PCTs and the establishment of Clinical Commissioning Groups from April 2013.

It was noted that the Chairman and Chief Executive had been involved in the process of appointing the Accountable Officer for the local Commissioning Group.

The Board NOTED the report

QUALITY AND SAFETY**O-66/2012 Quality Report**

The Medical Director and Chief Nurse introduced the Quality Report. This pulled together the dashboard with associated commentary on exceptions and the best care dashboard.

The following points in the report were highlighted:

- HSMR tracked performance of 104. The other two mortality

indicators, SHMI and crude mortality, both tracked green. A review of the mortality data and coding was underway and a full analysis would be available for the July Trust Board. It was noted there was a lag between audits and re-coding being completed and external reports being updated.

DF

- Bed occupancy was recorded at 87%: The data measure was being checked as the Trust had been very busy operationally which suggested a higher occupancy rate.
- The Trust had recorded one case of MRSA year to date and six cases of C difficile year to date (May 2012). The C difficile was on a similar trajectory to 2011/12 and it was noted that there had been one case of C difficile in June up to the date of the Board meeting.
- The report provided further clarification of the NHS Safety Thermometer, which was a National CQUIN. The Trust was on trajectory to achieve the 100% submission of data required by Q4.

DF

One of the aims of the Thermometer was to look at harm caused to patients across organisations. The report showed that one patient had had three episodes of hospital acquired harm. The Trust was considering how best to report and investigate as the priority was to prevent avoidable harm. The Trust was considering how the tool could be adapted and the steps needed to ensure learning was implemented. If patients were admitted with a harm, this could pre-dispose them to further harm and it was important that the Trust managed this potential.

SR

- Further investigation had taken place in respect of the open NPSA alert on spinal, epidural and regional devices. The NPSA had confirmed that all actions had to be undertaken before an organisation could close the alert. Information on alerts was published on NHS Choices and the Trust was checking their data source.

It was confirmed that the Trust had mitigated the risk. The advice of the Trust's lead clinician was that the Trust should await a national solution, but the Trust was evaluating any risk this might cause locally.

- The number of complaints continued to rise. However, it was noted that the rate of complaints closed within the agreed time scale had improved to 78% in June. Achieving this target was a particular challenge for the division of medicine, but they were being actively supported by the Chief Nurse. The data identified that verbal communication remained a significant issue.
- The Trust's inpatient Net Promoter Score had increased to 63% during the reporting period. Use of the Net Promoter Score was being mandated across the NHS, but it was noted that the Picker Institute Europe and the Care Quality Commission had recently issued a report questioning the validity of the tool.

During the discussion, it was highlighted that there was no one single indicator of patient satisfaction and as a result, the Trust was currently developing a patient feedback dashboard, an initial version had been attached to the Board report.

- The Best Care Dashboard identified the continuing need to improve patient documentation. It also highlighted the increasing number of falls recorded, but it was encouraging to note that none had resulted in severe harm.

The Board NOTED the report.

O-67/2012 Board Assurance Framework

A thorough review of the risks in the Board Assurance Framework had been undertaken and a template based on a proposal agreed at the December 2011 Board seminar had been part populated to demonstrate its presentation.

The template and draft risks had been discussed at the Integrated Governance and Assurance Committee (IGAC) and, in accordance with the discussion at the Committee, there had been some reduction in the number of risks identified in the report before the Board.

It was confirmed that discussions had taken place with the Internal Auditors regarding the proposed changes.

The Board discussed the relationship between the Board Assurance Framework and the Corporate Risk Register. It was noted that IGAC had identified that a review of the Corporate Risk Register and its presentation should be scheduled.

It was noted there would be some consistency checking across all the risks for wording and style. This would include the wording of BAF risk 1.1 (a failure in quality and timeliness of information leading to false assurance, failure to intervene and delivered targeted improvement). It was also agreed that consideration should be given to whether risk 2.5 (if levels of turnover and sickness increased) or another risk, should refer to 'vacancies'.

SR

RB

The Board welcomed the refreshed presentation of the BAF and AGREED its introduction.

O-68/2012 Corporate Risk Register:

The Register included one new risk opened, two risks with an increase in risk level, three risks with a decrease in risk level and two risks which had closed. The new risk related to under performance on the CIP programme where the Trust was currently underachieving against its target.

CRR 763 related to healthcare acquired infection and it was agreed that the current risk level needed review as the Trust was currently on trajectory.

SR

Risk CRR 1147 and 1128 (1147) were interrelated. It was agreed these should be reviewed to see whether they could be combined and fully reflect the risk from the emergency care pathway.

VB

CRR 1110 related to possible loss of NHS income arising from damaged property and currently had a high risk rating. It was agreed this risk should be reviewed.

SM

The Board NOTED the Corporate Risk Register.

O-69/2012 Quality, Safety and Risk Management Strategy

The draft Quality, Safety and Risk Management Strategy had been considered at the May Trust Board meeting. Following this, there had been further discussion at the Integrated Governance and Assurance Committee and an updated version was presented to the Board for approval.

The Strategy included a number of key performance indicators; it was noted that these were an extensive list and might need reviewing and reducing.

During the discussion on the draft Strategy, it was noted that capability and capacity were key elements to delivering the desired improvements. Developing leadership throughout the Trust was a key priority and it was noted that the Board would be updated on the approach at the next Board meeting.

RB

The Board AGREED the Quality, Safety and Risk Management Strategy and asked for a progress report in one year.

SR**PERFORMANCE****O-70/2012 Balanced Scorecard**

The Balanced Scorecard contained a set of performance measures relating to 2012/13. The scorecard was accompanied by an over-arching commentary aimed at drawing together conclusions from the four elements of the scorecard.

Patient Safety and Quality:

This had been addressed in the Quality report.

Work Force:

The Director of Workforce drew attention to the following dimensions:

- The use of agency staff exceeded target. The Workforce Team were working very closely with managers and usage was declining in June.
- As of the date of the Board meeting compliance was 90% on mandatory training. The overall target was to achieve 100% compliance by the end of July 2012. Individual discussions would be taking place with the few members of staff who had not engaged at all in the process.

Clinical Strategy:

The top-half of the quadrant were indicators which gave evidence to the improvements in the emergency pathway. A&E compliance was 96.6% in May. The Board welcomed the improved performance.

It was agreed that the data on research and development should be included by the next Trust Board report.

DF

It was also agreed to amend the target for discharge rate at weekends to match the CQUIN.

DF

Finance and Efficiency:

The Trust had achieved the Monitor Financial Risk Rating 4 in May and year to date. However, the surplus achieved was supported by additional income and costs for both pay and non-pay remained above plan. There was also a significant risk associated with income recovery due to PCT affordability constraints. It was therefore critical that the Trust deliver its CIP target and secure the expected funding.

It was confirmed that there was good engagement across the Trust on identifying and delivering CIPs. The major areas being focused on currently included theatres, clinical administration and procurement.

It was confirmed that it was the Trust's intention to achieve the EBITDA target for 2012/13.

Whilst the Trust had set a challenging DNA rate, it was felt this was deliverable as there were still several individual specialties with a high DNA rate which were being focused on.

It was agreed to ensure that the annual forecast was treated in a similar fashion across all four quadrants. It was also noted that the intention had been to set stretching targets in 2012/13 and that any decision to amend targets would revert to the Trust Board.

SM

O-71/2012 Compliance Framework and Trust Operational Performance:

The Trust was currently rated amber/red on the Monitor Compliance Framework. This was driven by two factors; the A&E 4-hour standard target and the CQC Compliance Review report.

The improvement in waiting times in the Emergency Department had been evident in April and May and then continued through June. However, it was clear that the improvement in performance was not yet sustainable. The Trust would need to move from its current pathway to a new model in order to perform on a sustainable basis. Board members were advised that during the transition to a new model, there might be some difficulties in maintaining the improved performance. It was clear that the move to a new and sustainable model needed to be achieved prior to winter.

It was confirmed that there was a major focus on communication and engagement in the work on agreeing and introducing a new clinical model.

The Board was advised that a number of key individuals had worked extremely hard to deliver the improvement recorded. It was agreed that the Chief Executive and Chairman would give personal feedback to those individuals.

AMcL/
AL

The Board NOTED the report and supported implementation of a revised model as soon as possible.

STRATEGY AND PLANNING**O-72/2012 Informatics Report**

The report represented progress on year 2 of the 5 year Strategy, recognising that this was month two of the financial year.

The priorities included

- Making the most of existing assets through single sign on, full roll out and the better use of existing functionality
- Various new system implementations e.g. PACS, and e-prescribing
- Improving the use, accuracy and availability of management information
- Introducing various small changes with a big impact in the long run, e.g. introducing patient access to part of the wireless network and Bring Your Own Device
- Improving the robustness of the underlying network

It was important that the Board was able to track progress on the Strategy and it was agreed that future editions of the report should identify the stage the project had reached.

SM

During the discussion the Board identified the increasing importance of information, where not only data accuracy important but good interpretation was needed.

The Strategy provided excellent opportunities to enable innovation across the Trust. The Trust aimed to be an early adaptor and also needed to be able to scan the horizon.

It was agreed that the use of technology was a good opportunity to engage with junior doctors. It was also noted that the Trust Executive Committee had scheduled an innovations day for July.

The Board NOTED the report.

REGULATORY

O-73/2012 Seal

There were no applications of the seal to report.

FOR INFORMATION

O-74/2012 Trust Executive Committee Minutes

A presentation had been made to TEC on preparations for the Olympics. The Deputy Chief Executive advised that Board that detailed preparations for the Olympics had been made. The Trust was participating in a wide range of planning networks and the intention was to maintain the normal level of service although there would be some small scale down of services at particular points, for example coinciding with the cycle races where the route was near St Peter's Hospital.

Plans were also in place to manage anticipated peaks in A&E workload, facilitating staff travel to work and for temporary staff accommodation. It was agreed to ensure that the Trust was considering the potential impact caused by the plans of local GP surgeries.

The Board NOTED the draft minutes of the TEC meeting held on 25 May 2012.

O-75/2012 Finance Committee Minutes

The Board NOTED the draft minutes of the Finance Committee meeting

held on 23 May 2012.

The Chair of the Finance Committee advised the Board that a stock take of the role of the Committee would be taken following the arrival of the new Finance Director.

It was noted that an issue had been raised at the Committee regarding the checking of agency staff qualifications. The Director of Workforce confirmed that managers were being reminded of the importance of pre employment checks being completed, although the use of PASA approved agencies obviated the need for this task.

It was confirmed the matter would be followed up at the Audit Committee

O-76/2012 Audit Committee

The Board NOTED the draft minutes of the Audit Committee meeting held on 23 May 2012.

ANY OTHER BUSINESS

O-77/2012 Shortages of Medicines

It was noted that this had been raised in the national media as as issue.

The Deputy Chief Executive confirmed that there were no issues in the Trust.

O-78/2012 QUESTIONS FROM THE PUBLIC

The following questions and points were made:

- It was confirmed that the National Patient Safety Thermometer did not consider the grade of pressure ulcer identified. The Thermometer focused on prevalence rather than severity. Nevertheless the Trust investigated all pressure ulcers identified, and full RCA was carried out on Serious Incidents.
- It was confirmed that mortality data was being analysed and a full report would be presented to the next Board
- Difficulties in manoeuvring the large, visitor-use wheel chairs was raised by a member of the public. It was agreed to find out whether there was any alternative available.

VB

O-79/2012 DATE OF NEXT MEETING

26th July 2012

Signed:
Chairman

Date: 26th July 2012

SUMMARY ACTION POINTS

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as 19 July 12	Status
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 28/07/12	Following the release of the NPSA Alert on 'The adult patients' passport to safer use of insulin' the Trust has taken the decision to use the generic passport generated by the NPSA/NHS diabetes. Plans have been put in place for the ordering of the passport with pharmacy. Due to the unexpected vacancy of the Diabetes Specialist Nurse it will now be challenging to meet the educational aspects of the alert.	---
26/01/12	O-4/12	Patient Appointment Telephone Bookings	6 month update report on telephone response times	VB	26/07/12	Agenda item	✓
29/03/12	O-35/2012	Sustainability	Report back on progress with action plan	VB	27/09/12	Not due	ND
28/06/12	O-62/2012	Quality Report – Best Care Dashboard (O-30/12 Refers):	Present a six month trend analysis	SR	26/07/12	Verbal update to meeting	✓
28/06/12	O-67/2012	BAF	Review wording of BAF risk 1.1 (a failure in quality and timeliness of information) Consider whether risk 2.5 (if levels of turnover and	SR RB	27/09/12	BAF update on agenda	✓

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as 19 July 12	Status	
			sickness increased) or another risk, should refer to 'vacancies'.					
28/06/12	O-68/2012	CRR	<p>Review risk rating on CRR 763 on healthcare acquired infection.</p> <p>Review Risk CRR 1147 and 1128 to see whether they could be combined and fully reflect the risk from the emergency care pathway.</p> <p>Review risk rating on CRR 110 relating to possible loss of NHS income arising from damaged property.</p>	<p>SR</p> <p>VB</p> <p>DF</p>	27/09/12	Not due	ND	
28/06/12	O-69/2012	Quality, Safety and Risk Management Strategy	Review progress in one year	SR	July 2013	27/09/12	ND	ND
28/06/12	O-69/2012	Quality, Safety and Risk Management Strategy	Update Board on approach to developing leadership	RB	26/07/12	Agenda item	✓	

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as 19 July 12	Status
28/06/12	O-70/2012	Balanced scorecard	Complete data on research and development Amend the target for discharge rate at weekends to match the CQUIN.	DF	26/07/12	Completed	✓
28/06/12	O-78/2012	QUESTIONS FROM THE PUBLIC	Find out whether there are any alternatives available to the large, visitor-use wheel chairs.	VB	26/07/12	Before introducing these wheelchairs, portering explored and trialled all the possible types and purposely chose these robust chairs for a range of reasons. Portering staff are available to assist if there any difficulties in manoeuvring, and can be accessed either through the help point telephones or via reception	✓

Key

---	On Track according to timetable
✓	Completed according to timetable
ND	Not due yet