

**TRUST BOARD MEETING  
 MINUTES  
 Open Session  
 29<sup>th</sup> July 2010**

|                       |                     |  |
|-----------------------|---------------------|--|
| <b>PRESENT:</b>       | Ms Aileen McLeish   | Chairman   |
|                       | Mr Andrew Liles     | Chief Executive                                      |
|                       | Mr Nadeem Aziz      | Non-Executive Director                               |
|                       | Dr Mike Baxter      | Medical Director                                     |
|                       | Ms Caroline Becher  | Chief Nurse  |
|                       | 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                               |
|                       | Mr Terry Price      | Non-Executive Director                               |
|                       | Mr Peter Taylor     | Non-Executive Director                               |
| <br>                  |                     |  |
| <b>IN ATTENDANCE:</b> | Mr. John Kelly      | Non-Executive Director designate                     |
|                       | Mr Maurice Cohen    | Patient Representative                               |
| <br>                  |                     |  |
| <b>SECRETARY:</b>     | Ms. Jane Gear       | Board Secretary/Head of Corporate Affairs            |
| <b>APOLOGIES:</b>     | Dr J Morgan         | NHS Surrey   |

**Minute**

**Action**

**O-130/10 MINUTES**

The minutes of the meeting held on 24 June 2010 were agreed as a correct record.

**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-131/10 Child Protection (Minute O-83/10 Refers)**

It was noted that a letter from the Chief Executive of Surrey County Council have now been received and a meeting was to be arranged in respect of the vacant hospital social worker post. In addition, the matter would be raised at a forthcoming meeting with Overview and Scrutiny Committee representatives.

It was noted that further training courses on child protection continued to be

**Minute**

held internally.

**REPORTS**

**O-132/10 Chairman's Report**

The Chairman had attended the Annual General Meeting of Hashim Welfare Hospital; this had been a very successful event marking 10 years of association between the Trust and the Hospital.

The Board NOTED the Chairman's report.

**O-133/10 Chief Executive's Report**

The Board recorded their sincere thanks to Caroline Becher for her contribution as Chief Nurse to Ashford and St Peter's Hospitals. Caroline Becher was taking retirement after 37 years in nursing throughout which she had been passionate about putting patients first.

Susan Osborne was introduced as interim Chief Nurse pending the recruitment of a permanent appointment.

The White Paper: Equity and Excellence, Liberating the NHS, had been published in early July. This represented major structural changes to the NHS and how it would operate.

Ashford and St Peter's Hospitals' existing strategy appeared well aligned with the direction set in the White Paper, particularly in terms of quality and patient choice, empowering clinicians and becoming a Foundation Trust.

The government was publishing consultation documents on aspects of implementation of the White Paper and the Executive Team would be reviewing these together with the Trust's corporate objectives and 6 Programmes to see if any realignment was required.

South East Coast SHA Board had agreed a SHA wide information sharing protocol. This had been reviewed by the Information Governance Steering Group, and the Chief Executive would be signing it on behalf of the Trust.

The Board NOTED the Chief Executive's report.

**QUALITY AND SAFETY**

**O-134/10 Quality Report**

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

During June 2010, there had only been one case of C. difficile. This represented both a dramatic reduction in the level of cases over recent years, and also indicated the effectiveness of the Trust's procedures as the infection had not been allowed to spread.

It was noted that the number of falls resulting in significant injury had been significantly reduced on Maple ward and the initiative was now being rolled out across other wards to accelerate improvement.

Minute

The Trust's performance on treating hip fractures within the 36-hour target remained below target. Additional theatre capacity had now been allocated, and the Directorate was clear that this was an absolute priority to achieve.

Automated data on VTE assessment had not yet been incorporated into the dashboard; this should be achieved shortly. However, the new system was working well and compliance was now around 75%.

The Trust Mortality Review Group continued to meet and had agreed a re-focused approach feeding out to the whole consultant body which would increase the scale of the review and of clinical engagement. The Board was pleased to note the current month SMR was 55.

Of the four overdue NPSA alerts, three would be closed imminently. Implementation of the alert on using the NHS number was known to be an issue nationally.

A new alert on Safer Administration of Insulin had recently been received, but was an area where the Trust was already well advanced.

The ward quality indicators report was an excellent tool, which was continuing to evolve. One area for consistency was identifying those areas where indicators were 'not applicable' or 'not submitted'.

SO

One issue which had been identified in relation to compliance on blood traceability was the impact of increasing patient moves between wards; ways to improve tracking were being considered.

It was noted that the number of patient falls on the Medical Unit WQI reflected good reporting on near misses.

The Trust had recently been visited by Dartford and Gravesham NHS Trust who had undertaken a peer review in respect of privacy and dignity. The team had praised Ashford and St Peter's Hospitals on a number of areas of excellence, one of which was cleanliness.

It was noted that a replacement nutrition nurse was being recruited. This was in line with recommendations from NICE and would support the drive to incorporate the MUST (nutrition assessment) into the ward quality indicators.

The Board NOTED the report.

**O-135/10 Health and Safety**

The Quarter 1 Health and Safety Report was received by the Trust Board.

Incident reporting was an important issue, and the Board was pleased to learn that agreement had been reached on the introduction of an electronic incident reporting system.

The Board noted that the majority of the small number of physical assaults by patients mainly arose from frightened and confused patients with dementia. Correct placement of these patients was important and it was confirmed that there had been a significant improvement in reducing delays

Minute

to transfer of care, for example the Trust could now directly access Community beds. There was an ongoing programme to train staff in conflict resolution, but managing these patients often necessitated the use of 'specials'.

The Board NOTED the Report.

**O-136/10 MRSA Bacteraemia**

The Board was advised of all MRSA bacteraemia through the Serious Untoward Incident reporting system. The current report had been specifically requested by the Board drawing together the findings and actions taken from the four cases which had occurred in the current financial year.

Whilst noting that this was not a regular report, it was agreed that an addition of a column highlighting the conclusion of the incident analysis and thus leading to the actions taken would be beneficial. **MB**

It was noted that the Trust was now screening all patients, elective and emergency, for MRSA bacteraemia and that the new intake of junior doctors was being tested for competency in taking blood cultures. It was confirmed that blood cultures were only being taken where really clinically necessary.

The Board NOTED the Report.

**O-137/10 Safety for Boards**

Monitor had recently published a document *The Role of Boards in Improving Patient Safety*. The Chief Nurse summarised the key issues and recommendations identified in the publication.

Whilst the Board had a strong focus on safety, a number of aspects could be identified from the Monitor publication to enhance the Trust's approach. A report on areas for action would be included in the next monthly quality report. **SO**

The Board noted that John Kelly had taken on the role of non-executive safety champion, and that Board visibility was extremely important including unannounced visits.

The Board NOTED the report.

**O-138/10 Compact**

The Trust was considering signing the Surrey Compact giving a commitment on principles to help Surrey's public bodies, voluntary, community and faith organisations to work better together.

It was agreed to ascertain whether existing Surrey Compact signatories had identified any demonstrable differences through being a signatory and whether there were any financial implications, prior to the Board taking a formal decision on signing the Compact.

The Board DEFERRED their decision. **AL**

## PERFORMANCE

### O-139/10 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

The following sections from the workforce quadrant were highlighted:

The use of temporary staff had increased during June. Analysis showed that this was a consequence of the unusually high levels of emergency admissions requiring the opening of additional beds and also an increase in requirement for 'specialling'. Meetings had taken place with each Directorate to understand specific causes and agree actions.

The level of appraisal completed had improved significantly during the previous month, now standing at 83%. It was anticipated that further improvement would continue over the coming months and that the stretch target of 95% would be achieved.

The Trust had undertaken its second internal staff survey during July. An excellent response rate of 56.6% had been achieved. This was an improvement on the previous year's survey, and results would be reported back to the August Trust Board.

RB

It was confirmed that the consultant and nurse WTE: Bed ratio targets reflected last year's outturn. It was planned to provide benchmark information as this became available.

#### (iii) Clinical Strategy

During June, the Trust had over-performed in relation to non-elective activity, thereby creating a cost pressure to the Trust.

A range of improvement initiatives to address the issue had been embarked upon and there was evidence of early progress including the trend over Quarter 1 continuing to be downwards. The July Finance Committee had considered a detailed paper on the subject.

The scorecard was also amber on a number of aspects relating to market share. A fundamental review of the Trust's marketing strategy would be undertaken over the summer and steps would be taken to increase the number of areas where outpatient clinics were held outside of Ashford and St Peter's Hospitals. It was confirmed that an important enabler to decentralisation of outpatient clinics was ensuring that premises were suitable and appropriate equipment was available.

In considering how to reduce the number of emergency admissions, it was noted that work was underway examining how patients arrived at the

Minute

hospital, including ambulance links, and processes once patients arrived in A&E in order to reduce actual admissions.

**(iv) Finance and Efficiency**

The Trust had a year to date (YTD) surplus of £0.6m which was also £0.6m positive to plan. The main driver was over-performance on PCT contracts despite the negative effect of the non-elective cap.

The FRR stood at 3 and was expected to reach 4 by year end.

There was a short fall on achieving CIPs which were approximately 10% behind target. This was a subject of regular scrutiny through the Executive Team and a thorough review of forecast was underway. It was confirmed that the ambition of the Trust was still to achieve £11m CIPs.

The scorecard showed the YTD position on capital spending as red. It was confirmed that the capital resource limit should be spent by year end.

The Board NOTED the report.

**O-140/10 Compliance Framework and Trust Operational Performance**

The overall position in respect of the Monitor Compliance Framework and other key service performance targets remained both strong and stable.

During the autumn, the Trust would be focusing on the emergency length of stay as part of its work streams on CIP and efficiency. A major specialty level benchmarking exercise was currently underway.

The Trust was in the middle of implementing its new theatre management system. The Trust was running a major programme of work on improving theatre utilisation, one intended outcome being the repatriation of outsourced theatre work within current expenditure levels.

The level of DNAs remained at around 13%. A new centralised booking structure was being introduced and was planned to address some of the causes.

The CQC indicator; thrombolysis call to needle, was consistently being delivered at 100%. This exceeded the 68% target which was set by the CQC. It was noted that one of the outcomes of *Liberating the NHS* was a move to fewer central performance targets and an increased focus on outcomes. The Trust would need to determine what process targets should still be tracked internally.

The Board NOTED the report.

**O-141/10 Performance Management Framework**

The Framework formally documented the performance management arrangements which had been in operation for some time within the Trust.

The Performance Management Review meetings with the Directorates were well established and looked at all aspects of Trust performance including quality, operational and financial performance. Safety was primarily

**Minute**

covered at Clinical Governance meetings. The Performance Management Review meetings were now being extended out to include the major central directorates.

The Board APPROVED the Trust's Performance Management Framework.

**STRATEGY AND PLANNING**

**O-142/10 Foundation Trust Application**

**(i) Project Director's Report**

The Trust had now been formally passed through to Monitor by the Secretary of State. An initial visit by the Monitor Team had taken place which would inform the batching decision and assessment timetable.

The duration of the assessment phase would be subject to the Trust's readiness for the assessment, particularly in relation to the new framework for quality governance. It was noted that considerable work had been ongoing in terms of gathering evidence and preparation for self-certification.

The Board NOTED the report.

**(ii) Constitution**

The Board had previously agreed the draft Constitution. A number of changes were now recommended by the Foundation Trust Project Board in response to the Monitor Code of Governance 2010.

One of the requirements of the Code of Governance was a declaration by the Non-Executive Directors in respect of criteria determining independence. Self-assessment has been undertaken, reviewed by the Foundation trust project Board, and all Non-Executives complied fully with the criteria.

The Board APPROVED the changes to the Constitution and NOTED the declaration on independence.

**O-143/10 Corporate Objectives**

A progress report was presented to the Board showing progress against each of the deliverables in the Corporate Business Plan 2010/2011.

Overall, good progress was being made. It was confirmed that in respect of the patient experience, there was a much wider range of initiatives coordinated through Programme 1: Improving our patients' experience.

The Board NOTED the progress report.

Minute

**REGULATORY**

**O-144/10 Trust Seal**

The Board noted the application of the Seal in respect of:

Seal 043: Deed of surrender of nomination rights – A2 Dominion South Limited.

The Board NOTED the sealing.

**O-145/10 Trust Governance Arrangements**

The Trust had established four formal subcommittees as part of its Standing Orders:

1. Remuneration Committee.
2. Integrated Governance and Assurance Committee (IGAC).
3. Audit Committee.
4. Finance Committee.

The paper detailed the Non Executive Director membership of the committees and the Non Executive Director chair of each.

It was noted that John Kelly as Non Executive Director designate was invited to attend the Remuneration Committee and IGAC.

The Board APPROVED the Non Executive Director membership and chair arrangements.

**O-146/10 Confidential and Public Board Papers**

The Board affirmed its commitment to meeting in public and that the majority of its business would be transacted in open session with only limited exceptions. The framework previously adopted by the Trust Board and detailed in section 2 of the paper was agreed subject to clarifying the first point on potential damage to the reputation of the Trust.

The Board APPROVED the framework subject to refining the first bullet point. **JG**

**INFORMATION**

**O-147/10 Trust Executive Committee Minutes: 11<sup>th</sup> June and 25 June 2010.**

The meeting on 11 June 2010 had been developmental and related to observational audits as part of improving the patient experience.

The Board NOTED the minutes of Trust Executive Committee meeting held on 25 June 2010.

**O-148/10 IGAC Biannual Report**

The biannual report was NOTED; comments on future development of the style and content to the report would be welcomed.

Minute

**O-149/10 Finance Committee Annual Report**

The annual report from the Finance Committee was NOTED.

**ANY OTHER BUSINESS**

**O-150/10 Collin Norris Inquiry**

The findings from this national report had been presented to the Nursing and Midwifery Committee in May 2010. A review of the recommendations was underway and a report would revert to the Trust Board. **SO**

**O-151/10 Operational Management**

Discussions had taken place with the Trust Executive Committee on evolving the operational management arrangements within the Trust. There were currently 11 Clinical Directorates and the proposal was to move towards a divisional structure with seven Clinical Divisions.

The move was aligned to the intention in the White Paper to increase clinical engagement as the Divisions would be underpinned by strengthened specialty leadership. There had been good progress to date on agreeing implementation, although a number of aspects were continuing to develop, including aligning nursing leadership and defining the specialty role.

It was agreed to circulate the Trust Executive Committee briefing paper, and the Board NOTED the revised approach to the structure. **VH**

**O-152/10 Questions from the Public**

The following comments were made in respect to a number of questions from the public:

- Activity in Quarter 1 had been high. There was a link between the rising length of emergency stay and the number of outliers. However, it was pleasing to note that the Trust was maintaining its achievement on single sex accommodation compliance despite the pressure.
- In increasing the number of offsite outpatient facilities, the Trust would need to consider carefully the implications on services such as clinical records.
- The Trust was continuing to implement Choose and Book and had further work to complete in respect of slot availability. This could potentially impact on the level of DNAs.
- The importance of a comprehensive approach across all organisations in respect of care of individuals with dementia was highlighted.
- The LINK representative thanked Caroline Becher for her contribution to leading the nursing workforce at ASPH.

**Minute**

**O-153/10 NEXT MEETING**

26<sup>th</sup> August 2010 at Ashford Hospital

Signed .....  
Chairman

Date: 29<sup>th</sup> July 2010

## Summary Action Points

| Board date | Minute Ref | Topic   | Action   | Lead | Due Date                 | Comment as at 18 Aug 2010   | Status  |
|------------|------------|---|--|------|--------------------------|---|---------|
| 24/09/09   | 1-09/67    | <b>Balance Scorecard &amp; Operational Performance Report</b> | Interim data on theatre utilization to be included in the next Board report.   | VH   | 26/11/09<br><br>30/09/10 | New Theatre system running at Ashford and partially installed at St Peter's full completion end August. | ---     |
| 25/03/10   | O-47/10    | <b>Child Protection</b>                                       | Progress early resolution of vacant hospital social worker post  | SO   | 29/04/10                 | Letter sent to Surrey CC Chief Executive  | ---     |
| 27/05/10   | O-83/10    |   | Chief Executive to escalate to Surrey CC.<br><br>Refer to OSC.   | AL   | 24/06/10                 |   |         |
| 25/03/10   | O-47/10    | <b>Child Protection</b>                                       | Progress completion of Child protection training to achieve 100%. Feedback in a general update report to Board in 3 months | SO   | 24/06/10                 | 81% of staff have received training. Further update to be given in September.                           | ---     |
| 25/03/10   | O-57/10    | <b>Learning Disabilities</b>                                  | Report back to Board   | SO   | 28/10/10                 |   | Not due |
| 24/06/10   | O-114/10   | <b>CRR</b>  | Update re ownership and status of risks and actions  | SO   | 25/08/10                 | Review of CRR has taken place.  | ✓       |
| 24/06/10   | O-116/10   | <b>Infection Control</b>                                      | Update Board on infection rates relating to colorectal surgery and an action plan had been implemented.                    | SO   | 25/08/10                 | To be included in September report  | ---     |
| 29/07/10   | O-134/10   | <b>Ward Quality Indicators</b>                                | Ensure consistency of terminology e.g. Not applicable /not submitted   | SO   | 25/08/10                 | Review of WQIs has been undertaken  | ✓       |

| Board date | Minute Ref | Topic                                   | Action  | Lead  | Due Date | Comment as at 18 Aug 2010  | Status |
|------------|------------|---|---|-------|----------|--|--------|
| 29/07/10   | O-136/10   | <b>MRSA</b>                             | Add additional column on causal factors into summary of 4 bacteraemia | SO/MB | 25/08/10 | Completed 4 <sup>th</sup> August   | ✓      |
| 29/07/10   | O-137/10   | <b>Monitor- Patient Safety document</b> | Include actions into next Quality report                              | SO    | 25/08/10 | To be included in September report   | ---    |
| 29/07/10   | O-138/10   | <b>Compact</b>                          | Clarify benefits and any additional costs                             | AL    | 25/08/10 | Verbal update to be given  |        |
| 29/07/10   | O-139/10   | <b>Balanced scorecard</b>               | Report back on the outcome of the internal Staff survey               | RB    | 25/08/10 | Included on August agenda  | ✓      |
| 29/07/10   | O-146/10   | <b>Board papers open/closed</b>         | Clarify use of 'reputation' in definitions.                           | JG    | 25/08/10 | Remove reference to reputation as effectively covered by restrictions on commercial information and personal information | ✓      |
| 29/07/10   | O-150/10   | <b>Colin Norris</b>                     | Inform the Board on actions taken                                     | SO    | 25/08/10 | Included in Quality Report   | ✓      |
| 29/07/10   | O-151/10   | <b>Operational management</b>           | Circulate TEC briefing paper  | VH    | 25/08/10 | Circulated   | ✓      |