

**TRUST BOARD MEETING
MINUTES
Open Session
30th January 2014**

PRESENT:	Valerie Bartlett	Deputy Chief Executive
	Philip Beesley	Non-Executive Director
	Sue Ells	Non-Executive Director
	David Fluck	Medical Director
	Jim Gollan	Non-Executive Director
	Andrew Liles	Chief Executive
	Simon Marshall	Director of Finance & Information
	Louise McKenzie	Director of Workforce Transformation
	Terry Price	Non-Executive Director
	Aileen McLeish	Chairman
	Suzanne Rankin	Chief Nurse
	Carolyn Simons	Non-Executive Director

SECRETARY: George Roe Head of Corporate Affairs

APOLOGIES: Clive Goodwin Non-Executive Director

Minute

Action

Declaration of Interests

There were no declarations of interests in the proceedings.

O-1/2014 MINUTES

The Minutes of the meeting held on 28th November were AGREED as a correct record subject to the correction of 'once' to 'one in minute 176/2013.

MATTERS ARISING

None.

REPORTS

O-2/2014 Chairman's Report

The Chairman highlighted a number of matters from her report including:

- The low mortality figures and infection control rates within the Trust;
- Continuing positive feedback from patients; and
- The priority for the Trust in achieving the emergency care waiting time target.

The Board RECEIVED the report.

O-3/2014 Chief Executive's Report

The Chief Executive presented his report highlighting a number of matters, including:

- The corporate business plan which was currently being developed. Early indications identified a £14m saving required for 2014/15 with a forecast surplus of £1.5m.
- The continuing Partnership with Royal Surrey County Hospital and the potential options and benefits for future collaboration.

The Board RECEIVED the report.

QUALITY AND SAFETY

O-4/2014 Integrated Governance and Assurance Committee Minutes

Philip Beesley, Non-Executive Director and Chair of the Integrated Governance and Assurance Committee (IGAC) presented the minutes of the meetings held on 19th November and 12th December 2013 highlighting:

- The QEWS dashboard which was a major focus at IGAC meeting and a useful predictive tool;
- The mortality reviews; and
- Serious Incidents Requiring Investigation with actions in place to reduce the incidence of falls of pressure ulcers.

Sue Ells requested an update on the current backlog on patient letters. The Deputy Chief Executive noted that there was now a stable workforce in place with a plan in place to work towards the 7 day turnaround by the end of March.

The Board RECEIVED the minutes.

O-5/2014 Quality Report

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

- The strong mortality and infection controls rates;
- An increase in in-hospital deaths in December. The Trust was now close to the CQUIN target for this indicator;
- The increase in Serious Incidents Requiring Investigation which was predominantly due to hospital acquired pressure ulcers. A root cause analysis on each pressure ulcer was being conducted to ascertain reasons and actions for improvement.

The Chairman questioned the 'time of discharge' which was at 46%. The Chief Nurse responded that the target set had been extremely challenging although it was right to aspire to this level.

The Board NOTED the report.

O-6/2014 Control of Infection and Cleanliness Agreement

The Chief Nurse introduced the Trust's Control of Infection and Cleanliness Agreement which required Board endorsement. The Trust currently had extremely low infection rates and the team responsible were becoming national recognised for their work they had done.

The Board thanked the infection control and anti-biotic team for their hard work and ENDORSED the agreement.

PERFORMANCE**O-7/2014 Balanced Scorecard**

The four quadrants of the Balance Scorecard were considered.

Patient Safety and Quality: This quadrant was addressed in the Quality report.

Workforce: The Director of Workforce Transformation highlighted the key aspects from the scorecard including the:

- Vacancy rate which was now under 10%. The increased use of exit interviews had enabled an increased understanding of the reasons for staff departures;
- Current recruitment campaigns;
- New controls in place in relation to temporary workforce;
- The new vacancy control process with appointment for more than a week needing to be approved by the control panel;
- New approved nursing agency rates;
- Mandatory training rates had not improved with decision now needed as to ways to improve this with the possibility of linking this to pay and rewards; and
- Sickness rate which in November had risen to 3.5% with this expected to rise again in December.

The Chief Nurse confirmed that the Portuguese nurses had settled in well.

Clinical Strategy: The Medical Director highlighted the following indicators from the scorecard:

- the four hour waiting time target which had been achieved in December despite the hospital being extremely busy. The planning for the Christmas period had gone well. January was currently proving more challenging although the Deputy Chief Executive confirmed that the quarter four position to date, although not at the required 95% level, was 2% higher than the previous year;
- the Ambulatory Care pathway which was not as good as planned;
- the Re-admission rate remained a challenge with significant effort needed in the final quarter to achieve the CQUIN target;
- Stroke which continued to be a concern with the performance affected by the operational pressures within the hospital;
- The Elective activity at Ashford which was not as high as the Trust wanted; and
- The emergency activity which was just below plan.

Finance and Efficiency: The Director of Finance and Information confirmed that the month of December was always the most difficult

month of the year with the December results close to plan with a cumulative surplus of £0.3m. The revised year end surplus of £1.5m was still expected to be achieved but this depended on continuing discussions with the CCG. Day case rates were close to plan and theatre utilisation, although not on plan, was demonstrating small elements of improvement. The Trust had £7.5m of cash in the bank and were still owed significant sums from the CCG. Current capital expenditure was via borrowings through the Managed Equipment Scheme and hence not impacting on the cash balance. Planned margins were being eroded by an increase in medical workforce, higher than planned agency usage and the current failure to meet cost improvement plans.

The Board NOTED and obtained ASSURANCE from the Scorecard.

O-8/2014 Finance Committee Minutes

Jim Gollan, Non-Executive Director and Chair of the Finance Committee presented the minutes of the meetings held on 20th November 2013 and 18th December 2013. The review of operational performance issues within the Trust had not yet been incorporated within the remit of the Finance Committee and other way to incorporate these matters would be considered.

The minutes were RECEIVED by the Board.

O-9/2014 Performance Report

The Deputy Chief Executive introduced the report which focused on the A&E waiting time target and the referral to treatment time target (RTT).

The Trust had achieved the A&E waiting time target in December and had achieved the target for quarter three. A recent visit by the Emergency Care Intensive Support Team (ECIST) had rated the Trust at Amber similar to a number of other trusts nationwide. Whilst significant improvement had not yet been seen the Trust had stabilised its performance in extremely challenged circumstances. Significant change had been implemented, including:

- The Surgical Assessment Unit with length of stay having been reduced by a day;
- The recruitment of two specialist Paediatric Consultants and the temporary expansion of Paediatric A&E;
- Additional infrastructure including the Older People's Liaison Service and the Ambulatory Care Unit.

Following the visit of ECIST the Trust had revised its emergency care action plan and had planned for a 'spring into action' week in mid-March where the trust would act under major incident conditions for the entire week. This would entail the cancelling of routine meetings and require support from across the hospital.

The Trust was also working with the Planned Care Intensive Support Team to improve the referral to treatment time (RTT) pathways. Following the failure to achieve the admitted target in quarter three it was planned that this would be stabilised in quarter four.

The Healthcare intelligence company CHKS had recently undertaken a benchmarking exercise on behalf of the Trust to review several key measures of performance. The Trust had favoured extremely well in this

peer comparison.

The Board NOTED and obtained ASSURANCE from the report.

O-10/2014 Ashford Hospital Elective Activity

The Deputy Chief Executive introduced the report which focussed on Ashford Hospital. For some time the Trust had been considering how the range of services provided at Ashford Hospital could be increased, and how any increase in service provision at Ashford Hospital could also help reduce pressure on the very busy St Peter's site. In particular, the Trust has been keen to increase the amount of day case and simple elective work taking place on the site. Ashford Hospital hosts a dedicated day surgery unit with two dedicated operating theatres, a further theatre that was recently upgraded with innovation fund finance to become a pain suite, and a further treatment room. As such the Trust planned to move day surgical work from the St Peter's site and as much elective surgical work as possible to the Ashford site.

This would facilitate the creation of a Urology one-stop area within the current day surgery unit at St Peter's Hospital and enable the department to develop its flexible cystoscopy service, and to develop the one stop clinics required by NICE and BAUS for the assessment of urological cancers.

It was planned that this change would be in place by April with engagement with commissioners due to commence shortly.

The Board NOTED the report.

STRATEGY AND PLANNING

O-11/2014 Q3 Strategic Objectives Report

The Director of Finance and Information presented the report which provided an update on progress against the strategic objectives for 2013/14.

Philip Beesley questioned whether there were any outstanding concerns for quarter four with complaints, A&E, Theatre Utilisation and Cost Improvements Programmes identified as those requiring a high level of focus within the last quarter. The key performance targets were A&E and RTT.

The Deputy Chief Executive confirmed that progress was on-going to improve Theatre Utilisation with a stable workforce key. A new substantive theatre manager had been appointed two weeks ago which would help.

The Chairman highlighted the significant level of work achieved with staff satisfaction, mortality, infection control and patient feedback and congratulated the Executive Directors on what had been an extremely large agenda for 2013/14.

The Board NOTED the report.

REGULATORY

O-12/2014 Monitor Q3 2013/14 submission

The Deputy Chief Executive introduced the report noting that the respective finance and governance declarations had been discussed and approved at the Finance Committee and Integrated Governance and Assurance Committee the previous week.

The Board APPROVED the declaration for submission to Monitor.

O-13/2014 Audit Committee Minutes

Terry Price, Non-Executive Director and Audit Committee Chair, presented the minutes of the meeting held on 23rd October 2013 highlighting:

- The Trust Internal Auditors, Parkhill, had merged with TIAA with effect from 1st October 2013 and were now providing their service under the TIAA name;
- An Internal audit report which had been received on the Bluespier benefits realisation action plan and raised concerns about theatre utilisation rates;
- Two Internal audit reports which had been finalised, one with Substantial assurance (Infection Prevention and Control) and one Limited assurance (Estates and Facilities Procurement); and
- Local Counter Fraud Services briefing which would be provided to the Board in March.

The minutes were RECEIVED by the Board.

O-14/2014 Charitable Funds Committee Minutes

The Chairman presented the minutes of the meeting held on 20th November 2013. The Board agreed that the agenda for the next Charitable Funds Committee meeting should include an item on how funds can be spent and how they can be accessed.

AMcL

The minutes were RECEIVED by the Board.

O-15/2014 Charitable Funds Annual Report and Accounts

The Chairman presented the Charitable Funds Annual Report and Accounts 2012/13 and the management representations letter required for signing by the Trust auditors.

The Board APPROVED the Charitable Funds Annual Report and Accounts 2012/13 and the signing of the management representation letter by the Director of Finance and Information.

O-16/2014 Council of Governors Code of Conduct

The Head of Corporate Affairs presented the Council of Governors Code of Conduct which had been approved at the Council of Governors meeting on 11th December 2013 and was due to be ratified by the Trust

Board prior to requirement for each Governor to sign the Code. The confidentiality clause regarding "information the Governors are exposed to as a result of their membership of the Council" was deemed to cover that of information received concerning another Trust so revision would not be required.

The Code of Conduct was APPROVED by the Board.

O-17/2014 Board Sub-Committee Membership

The Chairman presented the proposed Non-Executive membership of Trust Board Committees and the appointment of Clive Goodwin as Senior Independent Director.

The Board APPROVED the proposal and agreed to review the membership of Committees in January 2015.

AMcL

O-18/2014 Schedule of Business

The Head of Corporate Affairs presented the Schedule of Business which was APPROVED by the Board.

O-19/2014 Annual Report and Accounts timetable

The Head of Corporate Affairs presented the Annual Report and Accounts timetable which had been approved by the Audit Committee at their meeting the previous week and was APPROVED by the Board.

O-20/2014 Use of Trust Seal

None.

ANY OTHER BUSINESS

None

QUESTIONS FROM THE PUBLIC

In response to questions from members of the public the following points were made:

- The Chairman agreed that the Trust could raise more charitable funds and should seek new avenues of fund raising;
- The Chief Nurse confirmed that the Trust only used agency nurses from accredited Framework agencies and that these agencies should ensure that all appropriate employment checks had been made. A recent case had been highlighted where care had been provided by an agency nurse who had not had all checks made by the agency prior to commencing work at the Trust. The nurse had now been deported; and
- The Trust charge foreign patient wherever possible with the recent appointment of an Overseas and Private Patient Manager having improved the identification of such patients and subsequent recovery of funds. The Trust collected £150k last year and currently £300k this year from private and foreign patients.

DATE OF NEXT MEETING

The next open meeting of the Trust Board would take place on 27th March 2014 at Ashford Hospital.

Signed:
Chairman

Date: 27th March 2014

SUMMARY ACTION POINTS

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment	Status
27/06/13	O-96/2013	Staffing Framework	Board to receive update on the Framework.	SR	Oct '13	On the March Board agenda.	✓
28/11/13	O-176/2013	Board Assurance Framework	Structure of the BAF to be reviewed to ensure it encapsulates the appropriate elements.	AL / GR	Mar '14	Revised BAF on the agenda	✓
Action due at a future meeting							
29/11/12	O-152/2012	Medical Revalidation	Report to Board on the results of the first year re-validation.	DF	Apr '14	Not due	ND
28/11/13	O-176/2013	Board Assurance Framework	Consideration of additional risks in relation to allocation of acute funds to the Social Care sector and proposed Major Emergency Centres.	GR	Apr '14	Not due	ND
30/05/13	O-84/2013	Scheme of Delegation	Review the streamlining and content of the Scheme of Delegation requiring approval by the Board.	SM	May '14	Not due	ND
30/01/14	O-14/2014	Charitable Funds Committee	Item on how funds can be spent and how they can be accessed on the agenda at next meeting.	AMcL	TBC	Not due	ND
30/01/14	O-17/2014	Board Sub-Committee Membership	Review of Sub-Committee membership	AMcL	Jan '15	Not due	ND