

**TRUST BOARD MEETING  
MINUTES  
Open Session  
31<sup>st</sup> March 2011**

|                 |                     |   |
|-----------------|---------------------|---|
| <b>PRESENT:</b> | Ms Aileen McLeish   | Chairman  |
|                 | Mr Andrew Liles     | Chief Executive                                       |
|                 | Mr Clive Goodwin    | Non-Executive Director                                |
|                 | Mr Jim Gollan       | Non-Executive Director                                |
|                 | 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<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                                |
|                 | <b>SECRETARY:</b>   | Ms Jane Gear  |

The Chairman welcomed Jim Gollan and Clive Goodwin to their first meeting of the Trust Board. They had been appointed as Non-Executive Directors with effect from 31 March 2011.

| <b>Minute</b>  |   | <b>Action</b> |
|----------------|---|---------------|
| <b>O-42/11</b> | <b>MINUTES</b>  |               |
|                | The minutes of the meeting held on 24 February 2011 were agreed as a correct record.  |               |
|                | <b>MATTERS ARISING</b>  |               |
|                | 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. |               |
| <b>O-43/11</b> | <b>Annual General Meeting</b> (minutes O-216/10 refers):  |               |
|                | The Annual General Meeting would be scheduled for September 2011.   | <b>JG</b>     |

## Minute

**REPORTS****O-44/11 Chairman's Report**

The Chairman highlighted the work recently undertaken by the Council of Governors in contributing to the Trust's draft Corporate Plan, work on the Quality Account and the establishment of the Membership and Community Engagement Group. Representatives of the Council had also attended the Staff Awards ceremony which had been a very successful event celebrating the major contribution of staff and teams across the Trust.

It was noted that the chairman of LINKs, Graeme Carmen, was stepping down, and he was thanked for his contribution to improving services at the hospitals.

The Chairman also highlighted the recent Good to Great event which had featured Fred Lee, an international expert on guest experience. This had been a very stimulating event which would be taken forward through the Trust's 'Living Our Values' Programme.

The Board NOTED the report.

**O-45/11 Chief Executive's Report**

The Chief Executive highlighted the successful staff survey results which showed a significant improvement on the previous year, with staff rating the Trust amongst the top 20% of hospitals which they would recommend both as a place to work and to receive treatment.

The Trust had recently launched the 'Living Our Values' Programme which was being designed to motivate staff to build on the Trust's organisational values and behaviours and to make sure services were focused on the individual needs of patients.

The Chief Executive had been elected as the new chair of the Surrey and Sussex Research Network.

The Board NOTED the report.

**QUALITY AND SAFETY****O-46/11 Quality Report**

The Medical Director and Chief Nurse introduced the quality report. This pulled together the dashboard, with associated commentary on exceptions, and the ward metrics.

The following points in the report were highlighted:-

- The SMR had increased to 107.3. This was a retrospective indicator and the Board was assured that the CMR had returned to the previously low value of 1.5%.
- The Trust had now recorded 247 days without an MRSA infection which was a really outstanding performance which the Trust was committed to maintaining.
- The rate of hip fracture repair within 36 hours continued to exceed

## Minute

90% which represented excellent performance.

- The Department of Health had updated the list of *Never Events*, extending it from 9 to 25. A range of actions was being taken to ensure identification of any events, which it was noted would attract financial penalties if they occurred. The Board noted that events on the list would previously have been identified through the SUI process.
- The Trust had been successful in achieving level 2 CNST in respect of risk management.
- The report identified priorities to be included in the Trust's Quality Account for 2011/12. These have been developed in discussion with key stakeholders including Governors, and following Board approval detailed metrics would be finalised. The Board was reminded that the priorities in the Quality Account did not define the totality of the Trust's overall approach to quality.
- It was noted that an initial assessment of a complaint within Acute and Emergency Medicine had been referred to the Ombudsman, but following an initial review by the Ombudsman the Trust had been asked to continue with local resolution.
- A trend analysis was now being undertaken on the WQI. Improving trends were emerging generally across the medical wards with declining trends in surgical wards. This was being analysed but there could be a link to the number of medical patients who were placed on outlying wards. The Board welcomed the introduction of the trend analysis.
- The Board discussed the WQI on blood traceability. The indicator monitored compliance with the monitoring system and did not reflect any negative impact on the patient's care. An IT solution was being sought and it was agreed to review whether the measure on the WQI was appropriate.
- It was noted that work was ongoing in developing the clinical quality predictor dashboard; this would be informative when Broad members undertook ward visits.

SR

The Board NOTED the report.

#### O-47/11 **Eliminating Mixed Sex Accommodation**

The Trust had met the first phase of national requirements on eliminating mixed sex accommodation, having made significant capital investment to reconfigure the inpatient wards on its two hospital sites. However, the revised Operating Framework for 2010/11, published in June 2010, had made it explicit that NHS organisations were expected to eliminate all mixed sex accommodation, except when it was in the overall best interests of the patient or reflected their personal choice.

The Trust had completed a self-assessment exercise and undertaken a series of actions to ensure that it met the requirements of the enhanced national guidance, which was accompanied by significant financial penalties if breaches occurred.

The Board was advised that there robust internal systems to track and report any potential issues. This was a particular challenge when the wards were busy, but it was confirmed that there had been no breaches under the existing guidance.

**Minute****Action**

Compliance was welcomed by the Board as privacy and dignity was an important priority for the Trust. It was agreed to ensure that patient literature highlighted the Trust's commitment to this standard.

**VB**

The Board APPROVED the declaration on compliance.

**O-48/11 Trust Annual Safeguarding Children Report**

The Board received the Annual Report for 2010-11 (a correction to the year in paragraph 1 of the Report's introduction was noted.)

The Chief Nurse as the Trust Executive Lead for Safeguarding highlighted various aspects of the Report, which assured the Board that statutory requirements were met, and also identified a forward plan of work.

The Board had previously been advised of the lack of hospital paediatric social worker which was also a problem experienced by other acute trusts in Surrey. The Trust had an allocated linked social worker and work had been undertaken to clarify the roles and responsibilities of that post. The action plan (item 10B) highlighted the lack of social worker as 'red'; this should be updated to reflect the previously agreed actions.

**SR**

It was noted that the Trust operated a low threshold for reporting concerns and it was agreed that whilst this created a high level of referrals it was preferable that front line clinicians maintained a low tolerance to any concerns relating to children's health, well being and safety. The Chief Nurse would continue to work with the Designated Professionals and Social Care to identify appropriate referral management and escalation processes.

In considering the action plan, it was noted that the Team had a significant agenda and associated workload and it was confirmed that the Chief Nurse should continue to work with the Safeguarding Team and partner agencies to identify how to best manage the demand into the future for regulatory and statutory functions, training, supervision and performance review.

**SR**

The terms of reference for the Safeguarding Children's Steering Group proposed the inclusion of a Non-Executive Director; it was agreed to further scope this and confirm whether this was appropriate.

**SR**

The Board NOTED the Report and APPROVED the objectives for 2011-12 but agreed that the forward plan, associated workload management and progress against it should be reviewed again following publication of the Munro Report and consequent Trust assessment of it and subsequent implementation.

**PERFORMANCE****O-49/11 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

Work Force: The following sections from the Work Force quadrant were highlighted:

- The number of staff recorded as having participated in an appraisal by 28 February 2011 stood at 88.2%. The level of medical appraisals completed stood at 95%. This remained an important area of focus and managers continued to be proactively notified of appraisals becoming due.
- The overall level of agency usage increased to 41 WTE for February, which was in the target for the month. Trajectories were being developed to reduce the level of usage. 13% of bookings were to cope with activity pressures and escalation.
- Staff Satisfaction: The target was to increase the number of key findings in the top 20% which had been achieved and formed a separate report at the Board meeting. The number of findings in the top 20% was 18.
- Staff Leadership Programme: The Trust was on target to deliver leadership programmes to 600 staff by 31 March 2011. The Good to Great application process for 2011 had commenced with very positive results.

### Clinical Strategy

There had been a significant drop in emergency admissions in February. This was early evidence that the new ways of working introduced in month were starting to impact. It was confirmed that metrics were in place to enable tracking of the impact over the coming weeks in order to confirm if there was a direct causal link.

The number of GP referrals had improved in February and market share data indicated a slight improvement for Woking and West Byfleet. The Board also noted the significant increase in market share in East Berkshire, which would be tracked in the 2011/12 balanced scorecard.

### Finance and Efficiency

Finance and Efficiency: The FRR at month 11 and forecast full year FRR both continued at 3.6 (rounding to a rating of 4).

EBITDA had fallen £1.8m short of budget primarily due to the NHS Surrey cap on Income plus additional staff costs relating to the escalation beds. Length of stay was slightly over target and would be a focus of attention for Divisions in 2011-12.

It was noted that Monitor had recently produced their Quarter 3 report which showed a strong position for Ashford and St Peter's. The Trust's current FRR was 4.0, higher than the average for foundation trusts at 3.6.

The Board NOTED the Report.

## Minute

**O-49/11 Compliance Framework**

The Trust continued to score green against the Monitor Compliance Framework. This benchmarked well with the FT sector including a comparison on the cancer targets.

Sustaining performance had been a challenge in February 2011 as the Trust continued to experience significant winter pressures.

In discussing the report, the Board noted that there would be work to do to achieve the reduced caesarean section rate of 23% in 2011-12. It was confirmed that it was the Trust's intention to achieve 85% theatre utilisation in 2011-12 and this would be included in the balanced scorecard.

The Board NOTED the report.

**STRATEGY AND PLANNING****O-50/11 National 2010 Staff Attitude Survey**

The report and latest results demonstrated significant progress compared to 2009, and a continuation of the trend of improvement from 2007. The Trust was regarded as in the top (best) 20% of acute Trusts in 18 of the 38 key factor areas, compared with 3 in 2009.

The results represented the commitment to improvement across the Trust, and indicated a rapid turnaround in performance. The challenge would be to achieve sustainability and ongoing improvement. It was encouraging to note that there were no downward trends in respect of any of the key findings since 2009. The Board also discussed the interrelationship between staff and patient satisfaction, noting that the results of the national inpatient survey were due shortly.

The Board NOTED the report.

**O-51/11 Corporate Business Plan:**

The Board had previously considered early drafts of the Corporate Business Plan 2011/12. In developing the final draft, an initial presentation to the Council of Governors meeting had taken place on 15 February and a further open meeting had been held for Council members.

The draft Plan incorporated the budget for 2011-12 and it was noted that the Trust was still in negotiation with NHS Surrey as Lead Commissioner on its Service Level Agreement. The Trust's Corporate Plan and budgets were therefore based on an assumption of zero growth in 2011/12, and would be updated at the April Board meeting. The draft budget included a saving target of £12m (5%). Following agreement of the Plan, a public version would be produced in part aimed at enabling the Council of Governors and other external readers to understand and interpret the Trust's intentions for the coming year.

The Board APPROVED the Plan and budget.

## Minute

**REGULATORY****O-51/11 Liberating the NHS, Developing the Healthcare Workforce – A Consultation**

Following the reforms published in the White Paper *Equity And Excellence; liberating the NHS*, the top-down infrastructure for workforce planning, education and training commissioning within many health authorities would cease to exist on 31 March 2012. The proposal was to create local health (professional) skills networks to take on many of the functions currently discharged by health authorities.

The principles underpinning the changes included that healthcare employers and their staff would agree plans and funding for workforce development, training, education and commissioning plans. It was anticipated that all healthcare providers would pay to meet the costs of education and training. This would require transparent funding flows in order to support a level playing field between providers. It was noted that the Trust had a significant income stream of c. £10m.

Following discussion the Board AGREED:

- To support the proposed FTN view detailed in the paper.
- To support the establishment of one Local Skills Network within the region, coterminous with the deanery, but to identify a longer term flexible approach enabling membership of more than one Skills Network.
- That the Chief Executive of Ashford and St Peter's NHS Foundation Trust should be a member of the local skills health network.

**O-52/11 Use Of Seal**

The Board NOTED the report on the application of the seal

**O-53/11 NHS Constitution**

The NHS constitution had come into force in January 2010. There was a legal requirement for all NHS organisations to comply, and the Board would need to self certify as part of its Annual Plan submission to Monitor that due regard was paid to the Constitution.

Throughout the year, the Board received both direct and indirect reports relating to compliance with the NHS Constitution. The report summarised how the Board could be assured on an ongoing basis.

The Board NOTED the report.

**O-54/11 Scheduling Of Board Meetings**

A review had taken place of the frequency of Board meetings in the light of the Foundation Trust Monitor Compliance Framework and the statutory reporting cycle. Following discussion, the Board supported the move to nine meetings held in public, agreeing to review the position in one year's time, including a review of the necessity for a June board meeting.

**Minute**

The paper also proposed a move to quarterly meetings of IGAC and a review of the synchronicity of audit and IGAC meeting cycle. The Board agreed to undertake this on a pilot basis.

The Board APPROVED the change to Board meeting cycle with a review in one year

**JG****FOR INFORMATION****O-55/11 Trust Executive Committee Minutes**

The Trust Executive Committee meeting held on 11<sup>th</sup> February had focused on the Future Model of Care Project. The TEC meeting on 25 February 2011 had noted the generous donation of £800K by Macmillan Cancer Support. It was confirmed that this would be subject to Trust business case approval processes and would be subject to Board approval under the Scheme of Delegation.

The Board NOTED the draft minutes of the Trust Executive Committee held on 25<sup>th</sup> February 2011.

**O-56/11 Finance Committee Minutes**

A verbal update on the Finance Committee meeting held on 23rd March 2011 was given highlighting:-

- The Committee had noted that the Trust was on track to achieve its cash surplus.
- The Committee had discussed the risks inherent in the Business Plan.

The Board NOTED the minutes of the Finance Committee held on 16th February 2011.

**O-57/11 IGAC Committee Minutes**

The draft minutes of IGAC held on 9 February 2011 were NOTED.

**ANY OTHER BUSINESS**

**O-59/11** There was no other business.

**DATE OF NEXT MEETING**

**O-60/11** 28 April 2011 – the Education Centre, Ashford Hospital.

**O-61/11 QUESTIONS FROM THE PUBLIC**

The following points were discussed:

- The Board was congratulated on the excellent result of the staff survey.

**Minute**

**Action**

- A member of the public detailed difficulties he had experienced in contacting the Trust to discuss volunteering at Woking Community Hospital or Ashford and St Peter's Hospitals. Whilst noting that the Voluntary Services Manager was a standalone post, this was a disappointing response and it was agreed to confirm that adequate cover arrangements were in place.

**SR**

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

**Date:** 28<sup>th</sup> April 2011

## SUMMARY ACTION POINTS

| Board Date | Minute Ref | Topic   | Action   | Lead     | Due Date | Comment as at 23 April 2011  | Status    |
|------------|------------|---|--|----------|----------|--|-----------|
| 26/08/10   | O-162/10   | <b>Annual Complaints</b>                      | Future editions to provide greater detail on activity by specialty (to compare with levels of complaints) and also benchmarking  | SO       | Aug 2011 | Not due  | <b>ND</b> |
| 24/02/11   | O-27/11    | <b>BAF</b>                                    | Consider need to add risk on potential impact of rationalisation of specialist services  | MB       | 31/03/11 | See BAF paper  | ✓         |
| 24/02/11   | O-28/11    | <b>CRR- 768<br/>Recruitment and retention</b> | Review rating for this risk  | VH/RB/SR | 28/04/11 | Risk rating increased from 4 to 6  | ✓         |
| 24/02/11   | O-29/11    | <b>PHSO report</b>                            | External peer review of actions taken in response to report  | SR       | 28/04/11 | Addressed in Quality report  | ✓         |
| 24/02/11   | O-32/11    | <b>Informatics Strategy</b>                   | Receive update in 6 months   | JH       | 25/08/11 | Built into Board workplan  | ✓         |
| 31/03/11   | O-46/11    | <b>Quality report</b>                         | Review metric on blood traceability for suitability. Feedback to Board on IT solution on blood traceability  | SR       | 26/05/11 | Recommended to remove the indicator from the WQI and<br>1. Ensure this data goes monthly to the wards, matrons, heads of nursing etc.<br>2. Prepare a quarterly report for the public board: for end of Quarter 1 - July Board | ✓         |
| 31/03/11   | O-47/11    | <b>Eliminating Mixed Sex Accommodation</b>    | Ensure Trust commitment to privacy and dignity is built into patient literature  | VH       | 25/08/11 |  | <b>ND</b> |
| 31/03/11   | O-48/11    | <b>Annual Safeguarding Report</b>             | <ul style="list-style-type: none"> <li>▪ Update action plan regarding lack of social worker</li> <li>▪ Clarify role and need for a NED on Committee</li> <li>▪ Review progress and action</li> </ul> | SR       | 26/06/11 |  | <b>ND</b> |

| Board Date | Minute Ref | Topic                               | Action  | Lead | Due Date | Comment as at 23 April 2011 | Status    |
|------------|------------|-------------------------------------|---|------|----------|-----------------------------|-----------|
|            |            |                                     | plan in the light of the forthcoming Munro report   |      |          |                             |           |
| 31/03/11   | O-54/11    | <b>Scheduling of Board meetings</b> | Review timing of Audit Committee and IGAC meetings.<br>Review frequency of Board meetings and IGAC. | JG   | 26/05/11 |                             | <b>ND</b> |
| 31/03/11   | O612/11    | <b>Questions from public</b>        | Review cover arrangements for Voluntary Services Manager  | SR   | 28/04/11 | Verbal update to be given   |           |

## Key

|     |                                  |
|-----|----------------------------------|
| --- | On Track according to timetable  |
| ✓   | Completed according to timetable |
| ND  | Not due yet                      |
| TE  | Timetable extended               |