

**TRUST BOARD MEETING
MINUTES****Open Session
30th June 2011**

PRESENT:	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
	Prof Philip Beesley	Non-Executive Director
	Mr Peter Taylor	Non-Executive Director
	Ms Sue Ells	Non-Executive Director
	Ms Suzanne Rankin	Chief Nurse
	Mr Terry Price	Non-Executive Director
	Ms Valerie Bartlett	Deputy Chief Executive
IN ATTENDANCE	Mr Jeremy Over	Deputy Director of Workforce
APOLOGIES	Ms Raj Bhamber	Director of Workforce & Organisational Development
SECRETARY:	Ms Jane Gear	Board Secretary/Head of Corporate Affairs

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O-101/11 MINUTES

The minutes of the meeting held on 26 May 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 time scales.

Following point was noted:

O-102/11 Scheduling of Board Meetings (Minute O-54/11 refers).

It was confirmed that a revised programme of dates for IGAC had been introduced.

O-103/11 Questions From The Public- patient discharge arrangements (Minute O-84/11 refers)

It had been intended to include information on the discharge destination for patients in the June Quality report. This would now be included in the July

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report.

REPORTS

O-104/11 Chairman's Report

The Chairman highlighted the following aspects of her report:-

The pause to the Health and Social Care Bill had ended and a response to the recommendations from the NHS Future Forum had been made by the Government. Further guidance and next steps were awaited.

The Trust was intending to deliver improvements to car parking for the public across both hospital sites. This had to be achieved in tandem with delivering against the obligation to reduce car traffic. The period of consultation with staff regarding proposals to introduce car parking charges was underway.

The Chairman and Sue Ells, Non-Executive Director, had attended the Annual Service of Remembrance at St Peter's Hospital for families who had lost children. It was pleasing to note that the families attending the Service have said the support from the Trust for bereaved families was excellent.

The Board NOTED the report.

O-105/11 Chief Executive's Report

The Chief Executive highlighted the following aspects of his report:-

Following an extremely busy period when the hospitals had been under continuing capacity pressures, the Trust had now managed to reduce the number of escalation beds open from around 70 to 14 at the current time. However, the hospitals still remained under pressure and were working on ways to continue to improve the flow of patients through the hospitals.

Consultation with pathology staff had commenced on proposals to reconfigure pathology services across West Surrey. The proposed new organisation would support the needs of three Trusts(Frimley Park Hospital, Royal Surrey County Hospital and Ashford and St Peter's Hospitals) as well as provide services to other parties.

A Transaction Board had been established by NHS Surrey to oversee the dissolution of Epsom and St Helier's NHS Trust. Ashford and St Peter's Hospitals had successfully submitted a Pre-Qualification Questionnaire and would be entering the competitive process in respect of Epsom Hospital. Work was underway to fully explore the potential benefits such a merger could bring to both patients and staff.

The Board NOTED the report.

QUALITY AND SAFETY

O-106/11 Presentation – the Experienced Patient Programme

Tracy Bradshaw (Sister CCU), Richard Docketty and Ray Jones were welcomed to the Trust Board and gave a presentation on the Cardiac Care Unit Volunteer

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Scheme. The presentation covered how HeartBeat had started and how the new supportive network for patients and their partners/carers allowed for integration and a cross organisational working partnership.

The presenters were thanked for their presentation which the Board NOTED.

O-107/11 Board Assurance Framework

It was noted that the current iteration of the Board Assurance Framework (BAF) had been thoroughly reviewed by IGAC on 8 June 2011 and then further updated prior to presentation to the Board. It was noted that in reviewing the BAF and Corporate Risk Register, IGAC had agreed that the immediate focus should be on continuing to develop the Corporate Risk Register.

In respect of BAF risk 1.4, poor standards of information governance, the Board was pleased to note that the Trust had now been successful in exceeding the national requirement on information governance training which has been completed by 96% of staff, including those traditionally hard to reach.

It was confirmed that the risk relating to business continuity would be addressed within the Corporate Risk Register rather than the BAF.

It was noted that there had been a realignment of a number of risks following the move of executive leadership for programme 3, Clinical Strategy, from the Deputy Chief Executive to the Medical Director, and the Business Development Team moving to the Director of Finance and Information.

The Board AGREED the BAF including the addition of a risk relating to statutory and mandatory training.

O-108/11 Corporate Risk Register

The Corporate Risk Register included two risks which had now received Trust Executive Committee approval and also identified that two risks had been closed.

CRR 1112 – ‘failure to act on radiological imaging reports resulting in misdiagnosis’ – the electronic system to track action on code-5 alerts was due to be implemented at the beginning of July. During the interim period, a manual system had been in operation.

The Board NOTED the Corporate Risk Register.

O-109/11 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 matrix. The following points in the report were highlighted:

- The Trust’s mortality review was now taking place in month, as

requested by the Trust Board. The hospital SMR remained above 90 which, while higher than previously reported, remained better than the national benchmark of 100.

Three of the 56 diagnostic categories showed a higher than expected figure but related to low volume conditions. These categories were being investigated and would be reported back via the Clinical Governance Committee. The Trust's crude mortality rate in May was 1.6%, a significant improvement on the previous month. It was also pleasing to note that the CMR for medicine remained low despite the intense workload.

- The Trust had recorded nil MRSA cases, year to date. This represented nearly a whole year without a case of MRSA which was a great credit to the clinical teams and infection-control staff.
- The annual target for the C. difficile was 33 although under the Monitor Compliance Framework Trust could fail in any one quarter. The number of cases in May was 6.
- The analysis of neonatal deaths over the last two months had shown a rate of 6.9-9% although very small numbers of patients were involved. Paediatrics had been asked to audit these cases and report back to the Clinical Governance Committee.
- The number of formal complaints received was above target but a revised process to improve the response quality and timeliness was under development.

Ward Quality Indicators

- The WQI tracked VTE assessment compliance. This recorded a relatively low level for maternity however it was understood the correct level was 90%, but there was poor data input which was being addressed.
- The low level of *Your Feedback* returns from Chaucer Ward was being investigated
- An extensive programme of training for clinical staff in relation to discharge planning had been undertaken since production of the report.
- A review of the scope and nature of the WQI was underway and a Best Care business case was to be presented to the Programme Management Office. The aim was to move to a position where both process and outcomes were reviewed.

The National Quality Board had recently issued two papers on quality governance. These would be reviewed and presented to the Trust Board in September.

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A self-assessment against the CQC performance indicators relating to learning disabilities had been carried out. These indicators formed part of the Monitor Compliance Framework. The Trust's position was that it was compliant in meeting the six criteria and it was noted the Trust had benchmarked its approach as this was not an absolute process.

The Board NOTED the report.

PERFORMANCE**O-110/11 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 majority of the workforce indicators were green.

The vacancy rate had reduced slightly from last month to 8.6% and remained within target. Agency usage had also decreased in May, although both nursing and medical agency usage remained high due to the need to provide staffing for escalation beds.

The Trust's summer survey had now been issued to staff.

During discussion, it was noted that the annual target reduction of 40 agency staff WTE was a flat target, and was not flexed to reflect the change in escalation bed levels. The target would, however, be reviewed after six months. The level of staff undertaking EQUIP training was below target but the frequency of training opportunities was being increased and the length of training sessions reduced, both actions should result in an increase in staff being trained.

Clinical Strategy

Emergency activity had increased by 8% compared with a targeted 17% reduction. Elective activity had decreased by 16% but was an area where the Trust was planning to increase activity. The level of GP referrals had reduced in month. This appeared to be a common trend across Surrey.

It was pleasing to note that the nursing home project appeared to be delivering a sustained reduction in re-admissions.

Finance and Efficiency

The ongoing capacity pressures had meant the Trust started the current financial year with an unplanned overspend across the first two months. Therefore, the majority of the indicators were red or amber in month, although the annual forecast was to maintain the Monitor Financial Risk Rating of 3.

The Trust's financial performance in May had shown an improvement although still adverse to target and a number of external and internal factors impacted on the performance.

At month 2 the Trust's Financial Risk Rating was 1 versus a planned step up to 2. The Trust was forecasting to get back to a rating of 3 in June and for successive months.

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The two indicators on the non-elective cap and readmissions penalty were new for 2011/12 and confirmation was awaited from NHS Surrey on the final targets.

The Trust's average length of stay for non-elective patients was above target but considerable focus was being applied.

The Board NOTED that report.

O-111/11 Compliance Framework

In May 2011 the Trust had failed to achieve 2 of the key performance indicators (the 95th percentile standard for elective admissions and C difficile trajectory). Also at risk during the quarter was the A&E 4-hour wait. As a result, the Trust's performance against the Monitor governance indicators for the month of May was amber/red although forecast Q1 performance was amber/green.

The Trust had three specialties which had not delivered the RTT admitted (in patient) standard in Q1 with a number of the issues relating to small single handed specialties. Action had been taken to resolve the waiting list issues, although it was unlikely that Trauma and Orthopaedics would deliver the 23 week standard in July and August. The position of the other specialties was such, however, that the forecast overall Trust performance in Q2 was low risk of failure. In relation to the specialist Trauma and Orthopaedics work, it was noted that the Trust was taking steps to ensure that specialist work was properly commissioned and paid for.

The five new quality standards for A&E were to be introduced from Q2 and presented a substantial challenge, therefore they were the focus of considerable attention.

It was confirmed that the Trust was still collecting data and reviewing systems in respect of the A&E Clinical Quality Operating Framework targets.

The Board NOTED the report.

STRATEGY AND PLANNING**O-112/11 Contracts with Commissioners 2011/12**

A new one year acute contract had been introduced in 2011/12. Nationally, the contract had pushed the risk towards the provider sector as there were an increasing number of financial penalties in the contract.

The overall planned contact value for 2011/12 was a £3.5m reduction on income compared with out-turn for 2010/11. The Trust had agreed a 'cap and collar' arrangement with NHS Surrey which applied to Surrey activity only. Over performance up to £2m would not be paid. The contract with NHS Surrey continued to include a very comprehensive schedule of quality standards and a number of contract changes with financial penalties. The

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majority of these local challenges had been brought out for NHS Surrey. This was a positive approach to reducing bureaucracy.

The Board NOTED the report.

REGULATORY**O-113/11 Trust Seal**

Seal No.046 dated 3 June 2011 had been applied to a deed of novation and variation between Ashford and St Peter's and Lodestone Patient Care Ltd and Alliance Medical Limited.

The Board NOTED the application of the seal.

O-114/11 Finance Committee Terms of Reference

The Finance Committee had reviewed its Terms of Reference and was proposing a revised set of Terms of Reference for Board approval. It was noted that within the responsibilities was the intention to recommend future governance arrangements for Trust funds to the Board by March 2012.

The Board APPROVED the Terms of Reference.

FOR INFORMATION**O-115/11 Trust Executive Committee Minutes**

The Trust Executive Committee meeting held on 10 June 2011 had considered the current strategic context and opportunities for the Trust.

The Board NOTED the draft minutes of the Trust Executive Committee meeting held on 27 May 2011.

O-116/11 Finance Committee Minutes

The Board NOTED the minutes of the Finance Committee meeting held on 18 May 2011.

O-117/11 Audit Committee Minutes

It was pleasing to note that a strong significant control opinion had been issued by the Internal Auditors and the External Auditors had issued an unqualified audit opinion.

The Audit Committee minutes held on 2 June 2011 were NOTED.

O-118/11 Integrated Governance and Assurance Committee Minutes

The minutes of the meeting held on 6 April 2011 and the draft minutes from the meeting held on 8 June 2011 were NOTED.

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ANY OTHER BUSINESS

O-119/11 Living Our Values Workshop

Sue Ells reported that she had attended a 'Living Our Values' Workshop on Blanche Heriot. This has been very successful and engaging. It was noted that Non-Executive Directors were welcome to attend the workshops and the dates will be circulated.

JO

It was confirmed that it was the intention to have a corporate calendar accessible by Non-Executive Directors.

JG

O-120/11 QUESTIONS FROM THE PUBLIC

The following points were discussed:

- It was confirmed that the proposal to establish a Surrey-wide Pathology Services network/partnership had been clinically led.
- It was confirmed that the Trust monitored both VTE assessment and VTE prophylaxis, although both were not recorded on the Trust dashboard.
- The WQI report showed hospital-acquired pressure ulcers for all four grades. The Trust was using nationally agreed reporting measures.
- An example of a patient being ready for discharge but this was delayed four days due to timing of ward rounds was given. This was an area the Trust was actively addressing and in July would be introducing daily 8 am ward rounds.
- It was noted that the recent Patient Panel meeting had heard two glowing report about clinical treatment at the hospitals.

A member of the public raised a number of suggestions about inpatient care at St Peter's following an admission for an emergency scan. These included the non-availability of books or a library service, disturbance caused by mobile phones and the staff's ability to challenge patients about this and his visitors and relatives being misinformed about the patient's whereabouts in the hospital. These matters would be investigated by the Chief Nurse and response given to the individual.

SR

DATE OF NEXT MEETING

O-121/11 28th July 2011 – the Education Centre, Ashford Hospital.

Signed:
Chairman

Date: 28th July 2011

SUMMARY ACTION POINTS

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at June 2011	Status
26/08/10	O-162/10	Annual Complaints	Future editions to provide greater detail on activity by specialty (to compare with levels of complaints) and also benchmarking	SO	Aug 2011	Not due	ND
31/03/11	O-47/11	Eliminating Mixed Sex Accommodation	Ensure Trust commitment to privacy and dignity is built into patient literature	VH	25/08/11	Not due	ND
31/03/11	O-48/11	Annual Safeguarding Report	<ul style="list-style-type: none"> ▪ Update action plan regarding lack of social worker ▪ Clarify role and need for a NED on Committee ▪ Review progress and action plan in the light of the forthcoming Munro report 	SR	26/06/11 30/09/11	Action Plan updated. ToR reviewed – no need for NED-agreed at CGC. Munro report now published. Trust team reviewing implications. Further report in 3 months (ie Sept).	ND
28/04/11	O-66/11	Quality Report	Results of peer review following Ombudsmen case to revert to Board	SR	29/09/11	Not due	ND
28/04/11	O-72/11	Future Model of Care:	Update on Future Model of Care project	AL	28/07/11	Verbal report to be given	---
28/04/11	O-73/11	Corporate 2010/2011 Progress Report – Quarter 4	<p>It was agreed to confirm that the incomplete items from the 2010/11 objectives would be tracked as part of the 2011/12 Corporate Plan.</p> <p>Review position on improving outpatient appointment letters</p>	VB	26/06/11	Limited improvements have been made including in dermatology and ophthalmology. An approach to next steps is being developed and will be reported back to the Board in July	---
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	Not due	ND

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at June 2011	Status
26/05/11	O-87/11	Quality Report	Further update to the July Trust Board on CQC report on Children; this would include whether the surgeons had undertaken the "specific training" required	SR	28/07/11	See Quality Report	✓
26/05/11	O-88/11	Control of Infection	Terms of Reference to be updated-Divisional representatives and scope to include training	SR	29/09/11	Not due	ND
26/05/11	O-93/11	Governance	It was NED membership should be updated in Terms Of Reference for IGAC	JG	30/06/11	Initial discussion at June IGAC. Further discussion at September meeting	---
26/05/11	O-94/11	Internal Audit Plan	Include unscheduled care, and review of the PMO processes at the appropriate point.	JH	28/07/11	Completed	✓
30/06/11	O-109/11	Quality Report	Inform the Board against the National Quality board papers on Quality governance	SR	29/09/11		ND
30/06/11	O-119/11	Living Our values	Circulate details of workshops to NEDs	JO(RB)	28/07/11	Completed	✓
30/06/11	O-120/11	Questions from the public	Respond to concerns raised by patient who had been admitted for an emergency scan	SR	28/07/11	PALS have been in contact. The issues are now being responded to through the formal channels at the request of the individual	✓
30/06/11	O-119/11	Corporate Calendar	Develop a corporate calendar for the NEDs	JG	29/09/11		ND

Key

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