

**TRUST BOARD MEETING
MINUTES
Open Session
31st October 2013**

PRESENT:	Mr Philip Beesley	Non-Executive Director
	Ms Sue Ells	Non-Executive Director
	Dr David Fluck	Medical Director
	Mr Jim Gollan	Non-Executive Director
	Mr Clive Goodwin	Non-Executive Director
	Mr Andrew Liles	Chief Executive
	Mr Simon Marshall	Director of Finance & Information
	Ms Louise McKenzie	Director of Workforce Transformation
	Ms Aileen McLeish	Chairman
Mr Peter Taylor	Non-Executive Director	

APOLOGIES:	Ms Valerie Bartlett	Deputy Chief Executive
	Mr Terry Price	Non-Executive Director
	Ms Suzanne Rankin	Chief Nurse

SECRETARY:	Mr George Roe	Head of Corporate Affairs
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IN ATTENDANCE:	Ms Heather Caudle	Associate Director of Quality
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Minute

Action

Declaration of Interests

There were no declarations of interests in the proceedings.

O-146/2013 MINUTES

The Minutes of the Meeting held on 26th September were AGREED as a correct record.

MATTERS ARISING

O-147/2013 PALS and Complaints: lessons learnt (refers minute 122/2013): The Associate Director of Quality confirmed that this action was in progress.

O-148/2013 Trust Risk Register (refers minute 116/2013): The Associate Director of Quality confirmed that the Board seminar on risk had been deferred to the end of November.

REPORTS

O-149/2013 Chairman's Report

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

- Thanking Peter Taylor for his contribution to the Trust as a Non-Executive Director with this being his last Board meeting;
- The recent visit of Chris Hopson, the Chief Executive of the Foundation Trust Network; and

- The recent visit of Deborah DiSanzo, CEO of Philips Healthcare Worldwide, to mark the installation of the first equipment under the Managed Equipment Service contract between ASPH and Phillips.

The Board RECEIVED the report.

O-150/2013 Chief Executive's Report

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

- The progress made with infection control highlighted by the Trust recently going 365 days without a case of MRSA. Five years ago the Trust would have had six to seven cases of MRSA a year and 50-60 cases of C-Difficile. The Trust had had four cases of C-Difficile to date which was believed to be one of the best performances in the country. It was now key that this performance was not taken for granted;
- The recent CQC risk banding with the Trust having been given a risk banding of six against 86 indicators which was the lowest banding. This rating was a prelude to the new style CQC inspections which had been commenced a few months earlier;
- The recent Consultant Conference held in October. The Medical Director confirmed that 50 of the Consultant workforce, a third, had attended the Conference which had focussed on issues affecting the NHS. External speakers had included Nigel Acheson the Regional Medical Director of the South of England, Beverley Harden the Associate Director for Workforce and Deputy to the Chief Nurse and Dr Howard Simpson Associate Medical Director for Workforce from Hampshire Hospitals NHS FT and Paul Robinson, Head of Market Intelligence at CHKS. It had been agreed that a conference such as this would be held every six months.

The Board RECEIVED the report.

QUALITY AND SAFETY

O-151/2013 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 meeting held on 16th September 2013. A subsequent meeting had been held on 22nd October which had discussed:

- Serious Incidents Requiring Investigation – Falls with the total number of falls and those leading to patient harm having reduced;
- Patient Involvement in Quality assurance and improvement with a commitment to more formally include patients in the Trust's activities to continuously improve quality; and
- The QEWS dashboard – Risk Summits with Internal risk summits being held on two wards (Fielding Ward and Labour wards) during September. Both summits were productive and resulted in immediate and effective interventions with Fielding ward now a level 3 Best Care ward. The Associate Director of Quality confirmed that a change of leadership had resulted in the improved performance in Fielding Ward.

The Board RECEIVED the minutes.

O-152/2013 Quality Report

The Medical Director and Associate Director of Quality 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 continuing improvements in infection control;
- The reduction in in hospital deaths and in-hospital mortality with a mortality indicator of 0.94 which was the lowest it had ever been;
- The safety thermometer which highlighted that catheter acquired UTIs were below trajectory as where hospital acquired pressure ulcers;
- The Friends and Family indicator was flagging as red against the internal target set of 70. When benchmarked to other trusts our score remained consistent with peer organisations;
- Two recent surveys which the Trust had taken part in, the National Paediatric Diabetes Audit and the Maternity Service Survey, which had both produced positive results;
- Complaints which although improving the Trust still had work to improve on.

Philip Beesley sought further clarification as to why the A&E Friends and Family score was not as good as it could be. The Associate Director of Quality confirmed that the Trust had had an increase in the number of detractors in the previous month which was linked to increased operational pressures in capacity and flow. Continued focus on the individual issues being raised would, in time, lead to an improvement in this score.

The Chairman congratulated the Medical Director and Associate Director of Quality and their teams on what was a very positive quality report.

The Board NOTED the report.

O-153/2013 Junior Doctor GMC survey

The Medical Director introduced paper which provided detail of the Junior Doctor GMC survey for 2013 highlighting improvement made by the Trust in comparison to 2012. In 2013 the survey was undertaken by surveying one particular day in March and ASPH had a 100% compliance rate of all of its 193 training posts.

The Trust had fewer red outliers this year than last, 29 versus 11, which was lower than neighbouring Trusts although the Trust also had fewer green flags. Board members stressed the importance of listening to the junior doctors to understand their views, concerns and issues. Some junior doctors would be invited to attend Board in November.

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The Medical Director confirmed that the next Consultant Conference would focus on education, training and research and that the date for the newly established Junior Doctor Sounding Board with the Medical Director and Chief Nurse was being arranged.

The Board NOTED the report.

PERFORMANCE**O-154/2013 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:

- Strong recruitment pipeline which was now in place and agreement from Divisions that recruitment should be on-going where full establishment of staff was not in place;
- High staff turnover with a detailed report to the Workforce and Organisational Development Committee due the following week. Analysis of these figures had highlighted that a large proportion of those Health Care Assistant leavers were moving into further education which was a development path clearly supported by the Trust;
- Agency and bank spend remained too high with a number of actions in place which included:
 - o The newly established in-house bank which had been in operation for three months with new rates negotiated and a campaign to attract agency nurses onto the bank;
 - o Development of the Rostering system;
 - o A significant recruitment of new nurses in October; and
 - o Newly re-negotiated rates for medical agency staff.
- Mandatory training figure which remained lower than planned. A letter had been written to the 50 worst offenders.

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

- the four hour waiting time target which was expected to be achieved in September but had been failed in September with performance of 94.2%;
- the conversion rate remained good and the re-admissions

indicator was improving evidencing traction with this workstream;

- Research and development was showing improved signs for the first time in the current scorecard;
- The indicator looking at the percentage of elective inpatient activity at Ashford remained red and this would be looked into in more detail and reported to a future Board meeting.
- The 'discharge rate to a normal place of residence' indicator would also be looked into.

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Finance and Efficiency: The Director of Finance and Information confirmed that the Trust continued to experience significant expenditure pressures. Predominantly through the use of increased agency. In September the Trust had broke even when a £0.4m surplus had been planned. Day case rates were holding up well and there was a £0.8m reduction in excess bed days. Utilisation at Ashford Hospital remained poor and Board members discussed the bigger project which was required to assess and understand the utilisation levels at Ashford versus St. Peter's.

The Board NOTED and obtained ASSURANCE from the Scorecard.

O-155/2013 Finance Committee Minutes

Jim Gollan, Non-Executive Director and Chair of the Finance Committee presented the minutes of the meeting held on 18th September 2013. At the recent meeting on 23rd October the Committee had discussed the financial report which was on the current meeting agenda, the issues and financial implications of the pressures on the emergency pathway, signed off the business case for the Ambulatory Emergency Care Unit and discussed the financial implications of the annual claims report. The Committee had agreed that it was not appropriate for the Trust to be self-assured and that CNST was currently the only viable scheme to be part of.

The Committee had also discussed the recent Ashford Outpatients Project and the lessons that could be learnt from this which included a reappraisal of the estimation for expenditure, a plea for more Consultant input in major projects and improved communication with contractors and clinical staff.

The Committee also thanked Peter Taylor for his contribution to the Committee which had been invaluable.

The Board RECEIVED the minutes.

O-156/2013 Half Year Finance Report

The Director of Finance and Information introduced the half year financial report which set out the financial position of the Trust at the half way point of the 2013/14 financial year reviewing the six month results, the forecast for the year and the Monitor compliance finance projections in the context of the strategic issues facing the Trust and the NHS generally.

The Finance Committee had recently approved the re-forecasting of the year end surplus from £3m to £1.5m due to the operational and financial pressures on the Trust which were highlighted through the under delivery of cost improvement programmes in the year to date.

Some of the key elements of the reports were highlighted:

- Emergency department pressures with an increase in attendances, income and costs;
- The continued high usage of temporary staff with £2.2m of vacancies being filled by £2.8m of temporary staff;
- The year to date cash figure did not yet include £4m of over-performance which had yet to be paid;
- The full £17m capital expenditure plan would be spent in the year;
- The risk of full receipt of CQUIN funding with particularly stretching targets over mortality and re-admissions which may lead to additional investment being needed to achieve these targets; and
- The continuing challenge to balance operational and financial targets now and in the future.

Philip Beesley questioned the confidence in the revised £1.5m surplus forecast with the Director of Finance and Information confirming that possible scenarios could lead to a year-end break even position although some up-side risks were also present.

The Chief Executive emphasised the struggle for many small to medium sized district general hospitals with the scale of these Trusts often not being big enough to withstand these financial pressures. CHKS had recently reviewed Trust information and had concluded that the Trust was broadly efficient with all measures reviewed being top quartile or decile, although these measures did not include theatre utilisation.

The Board NOTED and obtained ASSURANCE from the report.

O-157/2013 Workforce and Organisational Development Committee Minutes

Sue Ells, Non-Executive Director and Chair of the Committee presented the minutes of the meeting held on 3rd September 2013 which had reviewed workforce metrics and discussed the Trust actions to improve the recruitment and retention of staff. The trust were in the process of moving all bank staff onto weekly payment cycles rather than monthly if this was preferred.

A recent session with the Governors on workforce matters had been well received.

The Board RECEIVED the minutes.

O-158/2013 Performance Report

The 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 quarter two but had failed the month of September. The Trust was however achieving the target in October which was important in terms of hitting the CCG contractual target. Monitor monitored the target on a quarterly basis.

Recent Local Area Team information had highlighted the struggles across Surrey and Sussex in achieving the target with ASPH having missed six of 18 weeks, Brighton and Sussex University Hospitals (Brighton) 13 out of 18, East Sussex Hospitals six out of 18, Royal

Surrey County Hospital five out of 18 whilst Surrey and Sussex Healthcare (SASH) had not missed the target in this period. Looking further into the detail it was clear that when analysing the number of patients admitted ASPH had the lowest rate in the whole of Surrey and Sussex with 26% of patients being admitted versus 30% at Brighton and 37% at SASH.

The Trust continued to achieve the RTT target on an aggregate basis although developments in the chronological booking since the visit of the Intensive Support Team earlier in the year had led to dips in performance in some specialities. Recent concerns raised in Ophthalmology and Urology had now been resolved although concerns remained over performance in general surgery with the target not being met in September. It was likely that this under-performance would continue through to the end of the year with a slight risk that this underperformance could impact the aggregate level Monitor target for quarter three.

The Board NOTED and obtained ASSURANCE from the report.

O-159/2013 Winter Plan

The Chief Executive presented the winter plan for approval from the Board.

The Chief Executive highlighted a number of areas of importance from the plan, including:

- The increased Consultant cover within A&E with currently five Consultants covering 8am-8pm, Monday to Friday and 9am to 4pm, Saturday to Sunday. The Trust had recently appointed a further Consultant who would join in January with the aim of having eight Consultants within the department. In the upcoming winter Consultants would undertake ward rounds on a Saturday and Sunday;
- The Ambulatory Emergency care Unit which was due to open on the 6th November. This was a new service which would be staffed by acute physicians and A&E nursing staff. The model had been developed in conjunction with the Intensive Support Team (IST) with the aim of avoiding five to six admittances from the current 40-50 admittances a day;
- The temporary expansion of Paediatric A&E, due in December and the appointment of two new Paediatric Consultants to provide five day Paediatric cover;
- The establishment of the Older People's Liaison Team (OPAL) which aimed to reduce admissions by five a day. Currently, when working well, this team was reducing admissions by three to four patients. A suitable geriatrician had yet to be appointed to this service which was hampering progress;
- Plans to transfer activity from St Peter's to Ashford Hospital;
- Continuing strong working relationship with the BMI Hospital on the site;
- Plans to re-open Swift ward from 1st December as the escalation ward;
- The continued concern over the lack of recruitment from Virgin Care to OPAL + although this recruitment had now commenced;
- Social Care were due to open twenty beds at Brockhurst by the start of December for the assessment of patients;
- The improved psychiatric liaison service which had commenced that week and would now provide an evening and weekend

- service; and
- The weekly meetings with the CCG reviewing the entire local health system and attended by the Chief and Deputy Chief Executive.

Sue Ells questioned the impact of Realtime in A&E and how the impact of the winter plan would be monitored. The Director of Finance and Information confirmed that this system would not be in place before Christmas and would potentially be by the end of January 2014. The Chief Executive confirmed that operational metrics around A&E would be monitored daily with weekly reports to the Executive A&E meeting. The Chief Executive confirmed that it would take most of the winter for the majority of plans to take effect.

The Chief Executive highlighted that with the plans in place and the continuing progress with seven day working this would close all of the IST recommendations.

The Board APPROVED the winter plan.

O-160/2013 Q2 Strategic Objectives Report

The Director of Finance and Information introduced the strategic objectives report for quarter two noting that the vast majority of actions had been delivered. Work remained around mortality and re-admissions (SO 1), recruitment and retention of the workforce (SO 2), labour ward cover and paediatric surgery (SO 3) and CIPs and securing of re-ablement funds (SO 4).

The Medical Director informed the Board that the Trust had made a big step forward with their quality and safety agenda through the quality re-structure and the recent appointment of Mick Imrie, Deputy Medical Director as Chief of Patient Safety.

The Board NOTED the report.

O-161/2013 Patient Led Assessment of the Care Environment

The Chief Executive introduced the report which provided an update on the new environmental inspections that have now replaced PEAT.

Sue Ells confirmed that feedback of the process had been positive at Patient Panel.

The Board NOTED the report.

O-162/2013 Health and Safety Report

The Chief Executive introduced the report which provided assurance to the Trust Board that the Trust is managing its health and safety risks and thereby complying with its statutory duties.

Sue Ells noted the increase in inoculation injuries and the link between health and safety injuries and staff engagement. The Chief Executive confirmed that the Trust has a strong security team and that the police will be contacted where staff are assaulted by patients or members of the public.

The Board NOTED the report.

REGULATORY

O-163/2013 Monitor Q2 2013/14 submission

The Director of Finance and Information introduced the Monitor submission which sought approval for the declarations contained within the quarter two submission. These respective declarations had been discussed and approved at the meetings of the Finance Committee and Integrated Governance and Assurance Committee the previous week and were APPROVED by the Board.

O-164/2013 Audit Committee Minutes

Peter Taylor, Non-Executive Director and member of the Audit Committee presented the minutes of the meeting held on 17th July 2013 noting the improvement in the resolution of internal audit recommendations and the new Local Counter Fraud team which were now in place at the Trust.

The Board RECEIVED the minutes.

O-165/2013 Use of Trust Seal

None.

ANY OTHER BUSINESS

O-166/2013 Patient Panel: Sue Ells reported from the recent Patient Panel which had received assurance from the Associate Director of Quality around patient letters and follows ups and a presentation from the Director of Strategic Development on the Trust strategy re-fresh.

O-167/2013 Governor elections: The Chairman informed the Board of the recent election results for seats on the Council of Governors with results now available on our website.

O-168/2013 QUESTIONS FROM THE PUBLIC

In response to a question from a member of the public the Director of Workforce Transformation expressed agreement in the importance of management and that managers within the organisation ensured their staff had a positive work life balance and noted the significant amount of work being done on this matter.

DATE OF NEXT MEETING

The next open meeting of the Trust Board would take place on 28th November 2013 at Ashford Hospital.

Signed:
Chairman

Date: 28th November 2013

SUMMARY ACTION POINTS

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment	Status
25/07/13	O-111/2013	IGAC Minutes	QEWS to accompany the minutes at future meetings.	PB	Sept '13	Discussion at IGAC in September 2013. Agreement that as the QEWS dashboard is still being developed and assessed this will not accompany the minutes at this stage.	...
25/07/13	O-122/2013	PALS and Complaints: lessons learnt	The Chief Nurse and the Head of Communications would consider how the reporting of information on the Trust website could be enhanced.	SR	Sept '13	Being considered.	...
27/06/13	O-96/2013	Staffing Framework	Board to receive update on the Framework.	SR	Oct '13	This Framework will be presented at the Board in January following the Trust statement on 'responding to the Francis Report'.	
25/07/13	O-114/2013	Quality, Safety and Risk Management Strategy: one year review	Scope of the new 24 hour helpline was being developed and would be presented to a future meeting of the Trust Executive Committee.	SR	Oct '13	To be presented at TEC in November.	...
25/07/13	O-116/2013	Trust Risk Register	Board seminar to be planned on the Trust's risk appetite.	SR	Oct '13	Board seminar held on 27 th November.	✓

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment	Status
25/07/13	O-115/2013	Board Assurance Framework	Review of risks 1.6 and 3.1 to ensure not duplicated. Risk 1.2 should encompass the risk in the variability of care provided.	GR	Nov '13	Risks 1.6 and 3.1 reviewed. Not considered to be duplication as focused on different elements of risk within the emergency care pathway. Variability of care considered within risk 1.2.	✓
26/09/13	O-139/2013 O-153/2013	Junior Doctors	Junior doctor presentations to the Board.	DF	Nov '13	Junior doctors to attend the closed Board session.	✓
31/10/13	O-154/2013	Clinical Strategy indicator	'discharge rate to a normal place of residence' indicator would be looked into.	DF	Nov '13	This indicator measures the number of discharges discharged to normal place of residence as a rate of all discharges for stroke and Fractured Neck of Femur. The denominator can be quite small (around 60 to 80 patients), so percentages can fluctuate.	✓
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

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment	Status
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
31/10/13	O-154/2013	Elective in-patient activity	The indicator looking at the percentage of elective impatient activity at Ashford remained red and this would be looked into in more detail.	DF	Jan '14	Not due	ND
26/09/13	O-139/2013	Junior doctor survey	Junior doctor survey to be presented at a future Board meeting.	DF	TBC	Not due	ND