

**TRUST BOARD MEETING
MINUTES**

**Open Session
27th November 2014**

PRESENT:	Nadeem Aziz	Non-Executive Director
	Valerie Bartlett	Deputy Chief Executive
	Philip Beesley	Non-Executive Director
	Heather Caudle	Chief Nurse
	Sue Ells	Non-Executive Director
	David Fluck	Medical Director
	Clive Goodwin	Non-Executive Director
	Simon Marshall	Director of Finance & Information
	Aileen McLeish	Chairman
	Terry Price	Non-Executive Director
	Suzanne Rankin	Chief Executive
	Carolyn Simons	Non-Executive Director
	Peter Taylor	Non-Executive Director
SECRETARY:	George Roe	Head of Corporate Affairs
APOLOGIES:	Louise McKenzie	Director of Workforce Transformation
IN ATTENDANCE:	Danny Hariram	Acting Director of Human Resources

Minute

Action

Declaration of Interests

None

O-148/2014 MINUTES

The minutes of the meeting held on 30th October were AGREED as a correct record.

MATTERS ARISING

The action log identified that all items were up to date in accordance with agreed time scales and complete with several items to be covered later on in the meeting.

O-149/2014 Q2 Strategic Objectives: the Q2 report would be presented alongside the Q3 report at the January Board.

REPORTS

O-150/2014 Chairman's Report

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

- The pressure on performance which was leading to a projected deficit position for the year;

- Winter funding which had been received from the government of £1.45m;
- The impending CQC inspection; and
- The recent sad passing of three trust colleagues.

The Board RECEIVED the report.

O-151/2014 Chief Executive's Report

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

- Recent national recognition in the WOW awards with the trust receiving the best NHS Trust award and Maple Ward being highly commended in the team award. Radcliff Lisk has also been nominated for the prestigious award for Emerging Leader at the NHS Kent, Surrey & Sussex Leadership Collaborative Recognition Awards which were being held that day;
- The re-launch of the WHO (World Health Organisation) Surgical Safety checklist;
- The CQC inspection which was scheduled to start the following week. A huge amount of preparation work had gone into this visit with the Chief Executive extending her thanks to the team for their hard work to date;
- The recent A&E patient survey which had shown improvement in 2014. The Board congratulated the team for this improvement;
- The third cohort of the new Consultant programme which had been launched in mid-November, with 22 doctors, mainly new consultants having been recruited in the last six months;
- The continuing challenge with meeting the A&E waiting time target;
- The recent Outpatient workshop which had been held in mid-November with attendees including a broad range of stakeholders and staff. Once the measures and metrics to be assessed had been quantified a report to the Board would be prepared; and
- A recent study tour to Denmark which the Chief Executive had attended to look at innovation and technology in their health sector.

VB

The Board RECEIVED the report.

QUALITY AND SAFETY

O-152/2014 Integrated Governance and Assurance Committee (IGAC) Minutes

Philip Beesley, Non-executive Director and Chair of IGAC, presented the minutes of the IGAC meeting which took place on 21st October 2014 noting discussion on:

- A recent external review of Paediatrics in relation to the still birth rate. The full report had been scrutinised at IGAC with the conclusion from the report that the service provided was a safe one but with some recommendations to improve. An action plan had been developed to implement these recommendations and this would be monitored by IGAC;
- The Board Assurance Framework;
- Two serious incidents within Urology which had been fully investigated with some issues raised in relation to loss-to-follow-up. The Trust had completed a further review of historic patient notes which had provided assurance that these issues were not systematic; and
- Aspen ward with a recent change in leadership leading to

improvements.

The minutes were RECEIVED by the Board.

O-153/2014 Quality Report

The Chief Nurse and Medical Director presented the quality report highlighting the:

- Stroke indicator which had improved;
- Mortality reviews with a disappointing number being completed. This had been discussed with the Divisions at recent performance reviews;
- New hospital associated harms which had decreased to 1.13% and was lower than the national average but the catheter associated urinary tract infections rate was 0.38% which was slightly higher than the national average of 0.36%; and
- Low compliance with responding to complaints within an agreed timescale at 38%. The Chief Nurse assured the Board that the quality of these responses had improved which was evidenced through the reduction in follow up complaints, but that this was being achieved through the Chief Executive and Chief Nurse reading all responses which was not a sustainable solution. Assurance was also provided that responding to complaints was now tracked on a weekly basis with performance of 90% in the first two weeks of November. A weekly complaints panel was also now being held which was chaired by either the Chief Nurse or one of the Associate Directors of Nursing. Sue Ells, Non-executive Director, sought assurance that the quality of letters being sent was high. The Chief Executive assured the Board that unless a letter was of sufficient quality it was not being sent regardless of the deadline for responding stressing that the quality of the response was of paramount importance. The Chief Nurse noted that the Trust would be looking at how training could be improved to ensure initial responses were of sufficient quality.

The Board NOTED and obtained ASSURANCE from the report.

O-154/2014 Safer Staffing Levels

The Chief Nurse presented the safer staffing levels report noting that an acuity and dependency review was being undertaken. The Chief Nurse referred to the latest Quality, Experience, Workforce and Safety (QEWS) dashboard with performance around quality predominantly green and the QEWS levels for each ward green or amber. This dashboard was a predictive tool looking at the sustainability of quality and performance and therefore the lack of red indicators was positive.

The Chief Nurse noted that since a new ward manager had been installed into Aspen Ward significant improvements had been noted in the last three weeks.

Philip Beesley queried where the hot-spots were in the hospital which the Executives were concerned about. The Chief Nurse noted that ITU had seen a reduction in substantive staff and that staff in this department had requested to speak with senior management to raise their concerns. The Deputy Chief Executive noted that these staff shortages in ITU were replicated across the country with 50-60% of staff within these departments being from agencies.

Philip Beesley questioned whether the continued operational pressure was having an impact on the resilience of staff. The Acting Director of Human Resources noted an increase in sickness rates but confirmed that this was marginal at this stage with an increase from 2.8% to 2.9% which was still within target. The Director of Finance and Information noted that the financial cost pressure of this agency usage within ITU cost the Trust c.£0.8m per annum.

The Board NOTED and obtained ASSURANCE from the report.

PERFORMANCE

O-155/2014 Performance Report

The Deputy Chief Executive introduced the report which detailed performance within the Trust for the month of October.

The Trust had marginally missed the 18 week referral to treatment time (RTT) target in October. Within this performance Trauma and Orthopaedics continued to show improvements and would be achieving the target by November. General Surgery was now in a compliant position. The Chief Executive stressed that the demand for elective services continued to rise with a re-working of the demand and capacity model for general surgery being undertaken. An additional two more general surgeons had been recruited in recent months but this was still not believed to be enough to meet demand.

The Trust was making good progress with Cancer services although the targets for 62 day Urgent GP referral for suspected cancer and the two week wait for All urgent referrals had not been achieved in October 2014. The trust had recruited a new Cancer Manager and the compliance rate was improving. Concerns were highlighted about the demands on the Endoscopy service with a reminder to the Board that three years ago the Trust had invested heavily in this service with additional staff and a new area to work from. The department now operated seven days a week with three session days however this was not enough to meet demand. A business case was being developed to resolve this.

The Deputy Chief Executive emphasised that the team had implemented their business plan following the increased investment but demand had now outstripped their capacity.

Nadeem Aziz, Non-executive Director, noted concern that the position within Endoscopy was now urgent and questioned why this had not been flagged and acted upon earlier. The Deputy Chief Executive noted that the team had tried to alleviate capacity concerns at an early stage but these had not come to fruition but stressed that escalation of these concerns further up the organisation had not occurred as they should have done. More robust processes were now being put in place to enable a better forward look of demand and capacity in-balances.

In relation to the waiting time target the Deputy Chief Executive provided the Board with some context which had impacted performance in the month of October. This included a 5% increase in A&E attendances, a 10% increase in emergency admissions and a rise in complex discharges. Operational pressure was particularly prevalent within Paediatrics with at present this cohort of patients comprising half of all attendances whereas historically this had been a third.

The Board sought further understanding for the reasons for these rises in demand. The Deputy Chief Executive noted environmental factors such as the older and frailer population but also cuts to the social care budget in recent years which had had a significant impact.

The Chief Executive noted that the trust was currently completely full with no spare capacity anywhere in the hospital. In conversations with the Clinical Commissioning Group (CCG) they had agreed to source additional capacity in the community which they would fund. Whilst community hospitals often had capacity the acuity of the patients to be discharged often meant that this capacity could not be utilised. The CCG had also recently appointed a Clinical Director of Transformation who had extensive experience of emergency care both in the UK and internationally. This appointment and the recent constructive dialogue with the CCG was seen as extremely positive.

The Chief Executive noted that the awareness of the waiting time target performance at the Trust was increasing with an up-coming meeting with the Local Area Team and Monitor to interrogate the recovery plan having been scheduled for early December. It was the expectation of both these organisations that the Trust would be achieving the target at St. Peter's by the end of March 2015.

The Board NOTED and obtained ASSURANCE from the report.

O-156/2014 Balanced Scorecard

The Acting Director of Human Resources advised the Board that the recent operational pressures had led to an increase in agenda staff usage. Recruitment drives continued with an additional 35 nurses having recently been recruited from Portugal, who were due to start in January 2015, and a further 21 nurses who had been recruited following an open day held at the Trust the previous Saturday. A further 50-60 nurses were expected to be recruited from the Philippines in December. Staff retention had improved with less staff leaving the Trust in October versus that seen in previous months.

Appraisal rates continued to fall although 500 people had now been trained on the new policy. The current rate of appraised employees was 74%. If the number of appraisals conducted during the period May to September, when the policy was being developed, were discounted performance would be 84% versus the target of 90%.

Mandatory training levels were now at 84% against the Trust target of 90%. The national target was 85% and this would be met (with performance of 87%) if all those who were booked to attend training in December attended.

The results of the quarterly staff friends and family test had been received and these showed a dramatic improvement. In quarter one the Trust had ranked 7th or 8th out of the eight local comparator Trusts. In quarter two this had risen to 4th.

The Director of Finance and Information advised that the Trust reported a surplus of £0.6 million in October which although a good performance was below the £1m surplus planned. The year to date deficit was now £1.1m. Length of stay and expenditure had both risen during the month as had the percentage of elective inpatient activity taking place at Ashford.

The Board NOTED and obtained ASSURANCE from the scorecard.

O-157/2014 Finance Committee Minutes

Nadeem Aziz, Chair of the Finance Committee, presented the Committee minutes of the meeting held on 23rd October noting discussion on the current financial forecast and the key drivers to this. The Director of Finance and Information noted the recent foundation trust quarter two performance report from Monitor which had highlighted that 34 of the 38 medium sized acute foundation trusts were currently in deficit.

The minutes were RECEIVED by the Board.

O-158/2014 Workforce and OD Committee minutes

Sue Ells, Non-executive Director and Chair of the Workforce and OD Committee, presented the Committee minutes of the meeting held on the 9th September 2014 which was RECEIVED by the Board.

STRATEGY AND PLANNING

O-159/2014 Sustainable Development Report

The Deputy Chief Executive introduced the report which provided an interim progress report of the Sustainable Development Group Action plan.

Particular items highlighted from the report included:

- The £1.6m Department of Health capital grant-funded project which was completed in August. The funding supported works required to deliver improved safe, sanitary, cost-effect heating, ventilation and lighting;
- The additional work needed on the Trust generators;
- The improvements in spend on gas and electricity; and
- Some improvements to be made with the waste contract

Terry Price, Non-executive Director, questioned whether despite the reduced spend the Trust was actually using less energy. The Director of Finance and Information noted that whilst usage was up this was due to the increased demand on our services and in particular MRI and CT scanner usage.

The Board NOTED the report.

O-160/2014 Car Parking Disability Access Review

The Deputy Chief Executive introduced the report which briefed the Trust Board on the options considered and actions taken to improve disability access to Ashford and St Peters hospital public car parks.

Significant improvements had been made to disability access in the last two years at both sites but there were now conflicting views on the most appropriate next steps. The recommendation was for a more detailed survey to be undertaken to obtain and assess the views of more people and groups who would be impacted by any decisions made.

The Chairman asked Jonathan Fisher, member of the Runnymede Access Group and the Surrey Coalition of Disabled People, to comment on this

item. Jonathan noted that at present people with mobility issues found it difficult to park at St. Peter's due to the unreliability of the touch screen, the need to present blue badges at the main reception desk and lack of sufficient access for those in a wheel chair. Jonathan emphasised the hope that the recommendation of a survey was not an opportunity to defer any decision on how to better improve access.

The Board NOTED the report.

REGULATORY

O-160/2014 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The Acting Director of Human Resources introduced the paper which sought to provide assurance to the Board on the new CQC standards pertaining to 'duty of candour' and 'fit and proper test' which came into effect from 27th November 2014. The 'fit and proper test' related to all Board Directors and section six of the paper detailed the criteria for a person to be deemed 'fit and proper' and section seven for a person to be deemed unfit.

The Acting Director of Human Resources outlined that further work was needed to be undertaken to provide assurance that all Directors were 'fit and proper' and these included a bankruptcy check, DRB checks, possible amendment to Board contracts and request for Directors to sign a declaration in conjunction with the criteria.

The Board NOTED the report.

O-161/2014 Charitable Funds Annual Report and Accounts 2013/14

The Director of Finance and Information presented the Charitable Funds Annual Report and Accounts for 2013/14 noting less donations in the year but with over £2m still held on account.

The Board APPROVED the 2013/14 Annual Report and Accounts of the Ashford and St. Peter's Hospitals Charitable Fund and APPROVED the signing of the management representations letter by the Director of Finance and Information.

O-162/2014 Trust Executive Committee Annual Report

The Head of Corporate Affairs introduced the report which detailed the workings of the Committee for the period August 2013 to August 2014 and presented the terms of reference which had been revised to reflect increased membership.

The Board NOTED the report and APPROVED the terms of reference.

O-163/2014 Trust Seal

The use of the Trust seal was NOTED by the Board.

ANY OTHER BUSINESS

O-164/2014 Patient Panel: Sue Ells reported to the Board on the recent Patient Panel

meeting which had discussed: the provision of mental health care in A&E, appointment letters, complaints response, identification of Consultant in charge of care, late cancellations, the recent outpatient workshop, patient experience, Ashford Hospital outpatients, patient transport and the request for a Consultant to attend a future patient panel meeting.

QUESTIONS FROM THE PUBLIC

O-165/2014 In response to questions from the public posed to the Board:

The Medical Director noted that a named Consultant for every patient was not a simple task due to the 24 hour, seven day a week need for care. Not one single Consultant can cover this period. The Board would be appraised of progress with meeting this requirement at a future meeting.

DF

The Chief Nurse agreed that a patient passport indicating special needs would be helpful as had recently been produced by Sight for Surrey.

DATE OF NEXT MEETING

The next open meeting of the Trust Board would take place on 29th January 2015, Ashford Hospital

Signed:
Chairman

Date: 29th January 2015

SUMMARY ACTION POINTS

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment	Status
31/07/14	O-103/2014	Nursing & Midwifery Strategy	The implementation plan for this strategy would be reviewed and monitored at the WOD.	SR/ DH	Sept '14	To be reviewed at the next WOD (March).	
31/07/14	O-102/2014	Progress with Strategic Objectives: Q1	The reflection of outcomes, alongside progress, would be considered for the Q2 report.	SM	Oct '14	Q3 report on the agenda..	✓
30/10/14	O-138/2014	Health and Safety Report	Seek an independent review on process to check trees.	VB	Dec '14	Verbal update	
30/10/14	O-141/2014	Finance Committee Minutes	Conversation to share information on areas of overlap.	SE/NA	Dec '14	Completed	✓
Actions due at a future meeting							
27/11/14	O-151/2014	Outpatient Metrics	Report to Board on metrics to be used to monitor outpatient performance.	VB	Mar '15	Not Due	✓
27/11/14	O-165/2014	Named Consultant	Board to be appraised of progress with meeting this requirement at a future meeting.	DF	Mar '15	Not Due	✓
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
29/05/14	O-66/2014	Blue badge holder car parking	Review of policy to be presented to Board.	VB	May '15	Not due	ND

