

**TRUST BOARD MEETING
MINUTES
Open Session
1st May 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
	Clive Goodwin	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

IN ATTENDANCE: Mick Imrie Chief of Patient Safety

Minute

Action

Declaration of Interests

There were no declarations of interests in the proceedings.

O-39/2014 MINUTES

The Minutes of the meeting held on 27th March were AGREED as a correct record.

MATTERS ARISING

None.

REPORTS

O-40/2014 Chairman's Report

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

- The announcement that Andrew Liles would be stepping down as Chief Executive from the end of August 2014;
- The major incident in the car park at St. Peter's Hospital; and
- Recent Consultant appointments with strong candidates having been recruited.

The Board RECEIVED the report.

O-41/2014 Chief Executive's Report

The Chief Executive presented his report highlighting a number of matters including the recent trauma unit accreditation inspection in February with a very positive report having been received.

The Board RECEIVED the report.

QUALITY AND SAFETY**O-42/2014 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 meeting held on 25th March 2014 with the discussion on the third year of the Quality, Safety and Risk Management strategy and the Care Quality Commission – Compliance in Practice audit being highlighted.

The Board RECEIVED the minutes.

O-43/2014 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:

- Infection control rates which continued to be positive;
- An increase in VTE rates with a recent trend of increased rates. This was due to better reporting mechanism now in place;
- The friends and family results which had reduced although the inpatient year to date score remained above target;
- The total number of falls and pressure ulcers which was amber for the year to date.

Terry Price noted that the Trust was responding to all complaints within the prescribed timeframe which was important.

The Board NOTED and obtained ASURANCE from the report.

O-44/2014 Annual Patient Experience Report

The Chief Nurse introduced the report which sought to assure the Trust Board that formal complaints made to the Trust during the period April 2013 to March 2014 were being considered in accordance with the NHS and Social Care Complaints Handling Regulations (England) 2009. The Chief Nurse stressed the context of the post Francis Report environment with an increasing emphasis on organisations capturing the learning from complaints. This report highlighted that similar issues were being raised year on year which was something that needed to be tackled. Specific reference from the report was made to:

- The increase in PALS contacts in the year which was positive;
- The devolvment of complaints handing which had taken place over the last two to three years and the challenge to achieve 100% of complaints being responded within the prescribed timeframe. Follow up complaints had increased and therefore it was important to continue to strive to improve the quality of initial responses.

The Chief Nurse planned to commission a strategic review of all national guidance to assess where the Trust stood with the possibility of organisational change in how complaints are handled.

The Board discussed the possibility of hiring additional personnel to improve the quality of letters to complainants with the strategic review to look at this possibility.

The Board NOTED and obtained ASURANCE from the report.

O-45/2014 Trust Risk Register

The Chief of Patient Safety presented the Register which detailed the extreme risks within the organisation which at the time of circulation of the paper totalled eight. The Trust Executive Committee had elevated a further risk relating to 'one stop clinics in Urology' which had previously been downgraded. The Board agreed that in future broad risks covering a number of specific or Divisional risks would be split out with only those deemed extreme incorporated on the Register to the presented to Board and IGAC. This would impact risks in particular around performance and cost improvements plans.

The Board agreed that the Register would be discussed again at IGAC with an assessment of each risk being made. **MI**

The Board NOTED and obtained ASURANCE from the report.

O-46/2014 Health and Safety Report

The Deputy Chief Executive introduced the report which sought to provide assurance to the Trust Board that it is managing its health and safety risks and thereby complying with its statutory duties. Key matters highlighted from the report included the seven RIDDOR reportable incidents in the last six months which was within the parameters of other trusts and the mandatory training rates which at 97.2% compliance was extremely good.

The Board NOTED and obtained ASURANCE from the report.

PERFORMANCE

O-47/2014 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 experienced strong A&E performance since the Spring to Green initiative in mid-March. Despite this the quarter had not been achieved although year on year the percentage of patients seen within four hours had improved by c.2%. The Trust had set a trajectory of achieving the waiting time target at St Peter's by June with performance ahead of this trajectory for April with performance at 95.06%. This in spite of April being a busy month with the Easter holidays in the middle. It was intended that the winter escalation ward would be closed on 2nd May closing 20 beds.

Concern remained about the lack of engagement from the local health economy with the system wide trajectory for improvement including only actions for the Trust rather than other parties.

The Trust continued to work through the RTT action plan with good signs of recovery present. A number of specialities were now achieving the admitted target although two, general surgery and trauma and orthopaedics (T&O), would not be met until July/August.

The Chairman highlighted the T&O RTT performance was questioned why this was currently so low. The Deputy Chief Executive confirmed that while the backlog was being treated performance levels were as expected.

The Trust had previously highlighted risk to the 62 day cancer target although all cancer targets had been met in quarter four. Risk however remained over the continuing achievement due to capacity constraints within the Urology pathway.

The Deputy Chief Executive noted that a Spring-to-Green review was being compiled and would be presented at the next Board meeting. All departments had been requested to assess the initiative and the actions which had worked well and therefore consideration should be made as to whether those were continued. Consideration was also being made as to whether to hold the initiative again. The Director of Workforce Transformation emphasised that the impact on 'supporting professional activities' and training needed to be considered due to the impact of the recent flooding and previous Spring-to-Green initiative on available time for training and non-clinical work.

VB

The Board NOTED and obtained ASSURANCE from the report.

O-48/2014 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:

- Temporary workforce indicators. In 2013/14 a number of tightened controls had been introduced to improve temporary workforce usage. This included the introduction of the in-house bank service and the Temporary Staffing Board. Staff retention was key with the challenge to create jobs that people wanted to stay in, especially newly qualified nurses. New roles were being created with the Division of Theatres, Anaesthetics, Surgery and Critical Care recently advertising for physician assistants. A model which the Division of Medicine and Emergency Services may use in the future. Attempts to recruit to A&E were on-going with current recruitment in Spain for middle grade doctors and Portugal for nurses. As part of the 'safer staffing framework' which had been approved by the Board in April the Trust would be recruiting an extra 45 nurses and 12.5 consultants in 2014/15.

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

- Stroke with some improvements noted although still improvements to be made. Stroke was a key element of the trust vision to be a major emergency centre and hence ensuring a

strong service was vitally important. Additional information on the performance of the service would be shared with the Board. Philip Beesley confirmed that the stroke service was a major focus of the Clinical Commissioning Group Non-Executive Directors in their recent Board-2-Board meeting.

The Chairman questioned the reduction in the percentage of elective inpatient activity taking place at Ashford and why this had fallen. The Medical Director confirmed that changes had been made at St Peter's Hospital but recognised that more needed to be done at Ashford Hospital.

The Deputy Chief Executive highlighted the improving non-elective length of stay which was benefiting from the introduction of a number of winter schemes such as the OPAL team and the early supported discharge project.

Finance and Efficiency: The Director of Finance and Information confirmed that the Trust had delivered a £1.4m surplus for the year with a number of efficiency metrics improving year on year including the 'first to follow-up ratio' and the 're-admissions'. Whilst the Trust was an upper quartile trust in terms of efficiency the theatre utilisation still needed improvement.

The Board NOTED and obtained ASSURANCE from the Scorecard.

O-49/2014 Finance Committee Minutes

Jim Gollan, Non-Executive Director and Chair of the Finance Committee presented the minutes of the meeting held on 19th March 2014 noting a discussion about operational performance within the A&E department and the restriction that the Trust's estate was placing on this waiting time target. The Strategy Committee would be reviewing the Trust's estate and the possible options for expansion to certain areas.

The minutes were RECEIVED by the Board.

STRATEGY AND PLANNING

O-50/2014 Corporate Objectives: Q4 2013/14

The Director of Finance and Information introduced the report which presented the Trust's performance at Quarter 4 against the objectives set for 2013/14 highlighting the number of successes across all objectives with clear progress still to be made in some areas.

The Chairman noted that the largest area of underachievement was within workforce emphasising that this was not a surprise due to the national challenges in recruiting staff.

The Medical Director noted disappointment in the re-admissions figure in spite of the 1% year on year improvement. The previous month re-admissions had been 14% hence this project needed new focus.

The Board NOTED and obtained ASSURANCE from the report.

REGULATORY

O-51/2014 Register of Interests

The Register of Interests was RECEIVED by the Board.

O-52/2014 Use of Trust Seal

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

O-53/2014 Nominations Committee Terms of Reference

The terms of reference were APPROVED by the Board.

ANY OTHER BUSINESS

O-54/2014 Staffing reporting: The Chief Nurse noted that the shift by shift staffing reports would be reported to Workforce and OD Committee in May and then onto the Trust Board.

SR

QUESTIONS FROM THE PUBLIC

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

- Detail of the 14 Serious Incidents Requiring Investigation in March 2014.
- The Trust reported deterioration in pressure ulcers even when a pressure ulcer had been acquired in the community prior to admittance to hospital.

DATE OF NEXT MEETING

The next open meeting of the Trust Board would take place on 26th June 2014 at Ashford Hospital.

Signed:
Chairman

Date: 29th May 2014

SUMMARY ACTION POINTS

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment	Status
29/11/12	O-152/2012	Medical Revalidation	Report to Board on the results of the first year re-validation.	DF	Apr '14	Deferred to June 2014 meeting.	-
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	Changes presented to Board for approval rather than whole document.	✓
27/03/14	O-25/2014	Patient moves at night	Associate Director of Quality to attend a Patient Panel meeting to discuss this matter.	HC	May '14	Attended meeting in May 2014.	✓
1/05/14	O-47/2014	Spring-to-Green	Spring-to-Green review to be presented at the next Board meeting.	VB	May '14	On agenda.	✓
1/05/14	O-54/2014	Safer Staffing	Shift by shift staffing reports to be presented to Board.	SR	May '14	On agenda as part of Quality Report.	✓
Action due at a future meeting							
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
1/05/14	O-45/2014	Trust Risk Register	Further in-depth review of the TRR at IGAC.	MI	Jun '14	Not due	ND

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment	Status
1/05/14	O-48/2014	Stroke	Additional information on Stroke services to be presented to Board.	DF	Jun '14	Being presented to TEC in May '14.	ND