

**TRUST BOARD MEETING  
MINUTES  
Open Session  
25th October 2012**

<b>PRESENT:</b>	Ms Valerie Bartlett	Deputy Chief Executive
	Prof Philip Beesley	Non-Executive Director
	Ms Raj Bhamber	Director of Workforce & Organisational Development
	Ms Sue Ells	Non-Executive Director
	Dr David Fluck	Interim 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 Aileen McLeish	Chairman
	Mr Terry Price	Non-Executive Director
	Ms Suzanne Rankin	Chief Nurse
	Mr Peter Taylor	Non-Executive Director
<b>SECRETARY:</b>	Mr George Roe	Board Secretary/Head of Corporate Affairs
<b>IN ATTENDANCE:</b>	Pardeep Gill	Clinical Lead (minute O-131/12 )
	Jessica Gregory	Specialist Nurse (minute O-131/12 )

**Minute****Action****Declaration of Interests**

There were no declarations of interests in the proceedings.

**O-127/2012 MINUTES**

The Minutes of the Meeting held on 27 September 2012 were AGREED as a correct record.

**O-128/2012 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 timescales.

**Net Promoter Score:** Further analysis had been undertaken of the Net Promoter Score. It was clear that there was still work to be done but this would help triangulate with the Friends and Family test which is due to come into force in April 2013.

**Research and Development figures:** The Medical Director confirmed that the figures presented in the Balanced Scorecard were correct.

**REPORTS****O-129/2012 Chairman's Report**

The Chairman highlighted the emergency care pathway changes which had taken place earlier in the month and paid recognition to the work of the Deputy Chief Executive in ensuring implementation of these changes went smoothly.

The Archbishop The Most Reverend Desmond Tutu had visited the Trust on 22 October and this had been a fantastic experience for the Trust.

Zoe Smith, Team GB Olympic Weightlifter, also visited the Trust in the month to help open the new Infusion Unit at Ashford Hospital.

The Board NOTED the report.

**O-130/2012 Chief Executive's Report**

The Chief Executive reiterated the Chairman's praise of the Deputy Chief Executive in the smooth implementation of the emergency pathway changes.

The Chief Executive's report noted that the CQC's final report has been received in the month following their visit on 11 September 2011 and this meant that the Trust was now fully compliant with all 16 quality standards. The CQC subsequently visited Ashford Hospital in October looking at five standards. Verbal feedback following this visit highlighted no concerns had been noted.

Following NHS London's Board meeting that morning it had been announced that the Epsom transaction had been halted. This followed recommendations made by the Transaction Board following their meeting on 22 October. Urgent discussions between a number of stakeholders would now commence. The decision had been taken due to concern over the financial sustainability of Epsom with four key issues becoming evident:

- The accounting firm, Deloitte, had completed its financial due diligence and this identified the deficit apportioned to the Epsom site as being £13.8m;
- The synergies which ASPH believe are deliverable have reduced to c£10m which still exceed what other mergers have achieved;
- The financial pressures on the new Surrey Downs CCG; and
- The 'Better Services Better Value' review and the risks in relation to the proposed flow of services from Epsom to the rebuilt St Helier.

The Chief Executive expressed his disappointment that the transaction had been halted as there were tangible benefits for the Trust, for Epsom and for wider Surrey.

The Chief Executive confirmed that all costs surrounding the transaction were being funded centrally rather than by ASPH.

The Board NOTED the report.

**QUALITY AND SAFETY****O-131/2012 Organ donation**

Pardeep Gill, Clinical Lead, and Jessica Gregory, Specialist Nurse, presented to the Board on the Trust's Organ Donation programme.

Pardeep explained to the Board that organ donation was the 'miracle of modern medicine' with currently three patients every day dying waiting for a donation. A 2008 report had made 14 recommendations into how organ donation in the UK could be improved and in response to this report Pardeep had been appointed the Clinical Lead for Organ Donation in 2009, and Jessica as Specialist Nurse in January 2010.

Since 2008 significant improvements had been made with a donation rate of 11% increasing to 60% by 2011 in ICU. The Trust were now the first in the South East Coast region to monitor donation quality metrics and Pardeep was now the Lead for the South East Coast. Whilst improvements had been noted in neo-natal and intensive care the emergency department still had some way to go.

A number of refusals from the Coroner had recently been made and request was made for the Board to engage with the Coroner to develop this relationship. The Board agreed that they would invite the Coroner to visit the hospital.

**AMcL**

The Organ Donation committee made a proposal to the Board for a memory tree to be created with the leaves of the tree engraved with individual donor names. The funds for this tree had already been found. The Board agreed that this was an excellent idea and something which should be supported.

The Board thanked Pardeep and Jessica for their informative presentation.

**O-132/2012 IGAC minutes**

The Chair of IGAC, Prof Philip Beasley, noted that feedback from the most recent IGAC had been discussed at the September Board meeting.

Board members noted that the 'go live' date of Datix, an electronic point of care incident reporting system, had been delayed from 1 October due to potential data protection issues which had come to light. The roll out of Datix would proceed in January.

Board members raised concern as to the nature of the top five risks identified and agreed by IGAC, with some of these of a more macro nature than others. The Board agreed that wider discussions would be held in conjunction with these risks.

**AL**

The Board NOTED the report.

**O-133/2012 Quality Report**

The Medical Director and Chief Nurse introduced the Quality Report. This pulled together the dashboard with associated commentary on exceptions and the best care dashboard.

The following points in the report were highlighted:

- The Trust had recently changed data provider from Dr Foster to CHKS;
- Year to date crude mortality is 1.5% which is a 10% improvement;
- The Summary Hospital Level Mortality Indicator (SHMI) is 46 for September measuring under CHKS. Looking back to August it is clear that Dr Foster and CHKS measure SHMI differently with an indicator of 99 under Dr Foster methodology versus 71 under CHKS;
- CHKS would be joining the Trust's Clinical Outcome Steering Group.
- September had been a good month for infection control with no cases of MRSA or C-Diff. The Trust was however currently undergoing a root cause analysis into a case of MRSA in October to establish whether it was acquired in the hospital;
- It was hoped that the patient moves would reduce with the changes implemented in emergency care in early October. Now that these changes were in place agreement would be made as to which wards would be audited in the patient moves audit. High patient moves on Aspen (27%) and Heron (50.7%) would need to be investigated further;
- Recognition that some areas of the dashboards did not reconcile. Falls data identified 355 in the Quality Account and 335 in the Best Care whilst the Net Promoter Score was 71 in the dashboard and 64 in the paper. The Board were advised that 64 was the correct figure. These would be investigated further; and
- There had been progress in some areas of the quality account but there was still improvement to be made.

DF

SR

On questioning of the performance against the 10 local targets, with six as red, three as amber and one as green, the Chief Nurse confirmed that getting the baseline target right was difficult as there was little to benchmark against. The Medical Director reiterated that there was no data available on the appropriate level of patient moves and hence the Trust had set itself a challenging target.

Board members were pleased to see the rate of complaints reducing.

There have been no new alerts reported by the NPSA since the last Board meeting in September 2012 with three alerts remaining overdue. The Deputy Medical Director had written to a number of local hospitals concerning the alert relating to 'Minimizing risks of mismatching spinal, epidural and regional devices'. The alert remained open in all but one Trust. In response the Deputy Medical Director is to set up a working group with local trusts who are meeting in November to resolve this issue.

Further discussion on falls highlighted that this data was not collected for the Emergency Department at present and this was something which would be reviewed. Analysis of falls data identified that the profile of these did not fit with other Trusts with more in the early morning. The Chief Nurse provided assurance to the Board that the processes in place were strong with the Falls Nurse reviewing every fall within 24 hours however there was clearly still more preventative work to be done.

SR

The Board NOTED the report.

The report summarised the new model for emergency medical care which had been implemented on 8th October 2012 and as the first significant change to be delivered as part of the unplanned care programme of work was a step towards the sustained delivery of the 4 hour standard for waiting times in the Emergency Department.

The Deputy Chief Executive highlighted the key changes, namely early consultant review, GP and medical referrals from A&E being directed to the Medical Assessment Unit (MAU) for assessment and the creation of a new MAU with 21 trolleys, and a new Short Stay Unit with 38 beds in the area previously used for medical assessment.

The Deputy Chief Executive praised all the clinical teams for their work in implementing these changes.

The Board were advised that whilst it was still early days the changes would ensure a better experience for patients. Initial feedback from staff had been positive with a feeling that their skills were now being used more appropriately. The Trust had seen a 5-6% improvement in performance against the four hour waiting time standard in October 2012 compared with the same month last year.

The Board were advised that the changes had highlighted that there was still work to be done with the surgical and orthopaedic emergency pathways with clinical quality and the recruitment and retention of middle grades a particular area of focus. Work on the Surgical emergency pathways were due to be commenced the following week.

It was confirmed that the front loading of the pathway, with more therapists and assessment nurses in MAU, enabled patients to be seen sooner rather than staff being expected to be doing things more quickly. There had been a slight increase in the resources, with a resultant investment of £150k within the Emergency Department but the main change was in MAU. The key thrust of these changes was to use people more effectively while improving the care for patients.

The Board formally thanked all those involved in the emergency care pathway changes.

The Board NOTED the report.

## **PERFORMANCE**

### **O-135/2012 Balanced Scorecard**

The four quadrants of the Balance Scorecard were considered.

#### Patient Safety and Quality:

This had been addressed in the Quality report.

#### Workforce:

The Director of Workforce & Organisational Development highlighted number of areas of focus:

- Agency staff were higher than planned and particular attention would be paid to this;
- Vacancy rates and sickness absence were the lowest they had

been for three years and the lowest in the South East coast region;

- Training rates were down slightly which was due to child protection training which had been due in September. A catch up programme was now in place; and
- Pay had increased in the month which was to be expected due to agenda for change increments.

1,000 people had responded to date to the staff survey which was a response rate of 36.2%.

Sue Ells relayed to the Board the attention the Patient Panel paid to the balance between clinical and administrative staff to ensure the optimisation of trust expenditure was correct. The Director of Workforce & Organisational Development agreed that this is something that would be highlighted in the next report.

RB

#### Clinical Strategy:

The Medical Director highlighted the key points of the scorecard and noted that:

- It was important that the Trust kept an eye on: the admissions from nursing homes as this pilot project had now finished, the emergency conversion rate and the ambulatory care pathways;
- Re-admissions within 30 days had increased and this was something that would need to be investigated further;
- Discharge at weekends, at 21%, was extremely good and this was a credit to the Trust;
- The Research and Development figures are correct;
- Emergency activity was up by 5.8% year on year when it was planned to be 3% down at this point;
- Average length of stay was 6.7% down which was a good sign; and
- The market share information with CHKS was not sufficient and therefore the Trust would use Dr Foster data to measure this indicator from now on.

DF

#### Finance and Efficiency:

The Trust had maintained its Monitor Financial Risk Rating of '4'. Income and activity continued to increase with the Trust's expected year to date surplus £100k below plan. CQUIN income remained a risk as these targets became harder to achieve later in the year. Cash was below plan as the PCT had yet to pay for over-performance. This had been mitigated slightly by a slippage on the capital programme.

The increase in Vascular activity had contributed to the lack of improvement in outpatient DNA's. The Board raised concern that there was an increasing trend of a lack of conforming to processes and believed that the engagement of staff was key to improving this.

The Board NOTED the report.

#### **O-136/2012 Compliance Framework:**

The Trust met all of the performance targets associated with the Monitor Compliance Framework for quarter two with achievement of the referral to treatment time, cancer and 4 hour standard for waiting times. The

quarter to date position for the 4 hour standard was 96.6% which was an improvement of 5% on last year.

Board members requested slight revisions to be made to the graphs depicted in figures 3 and 4 on the report to provide better clarity, and to clarify whether the Cardiology admitted patient care performance of 0% was correct.

VB

The direct link between DNAs and unanswered calls was highlighted and this was something which should be monitored.

VB

The Board NOTED the report.

#### **O-137/2012 Finance Committee Minutes**

The Board NOTED the draft minutes of the Finance Committee meeting held on 19<sup>th</sup> September 2012.

The Charitable Funds quarter one report had identified that donations were down and expenditure had exceeded income. This was being looked at with a targeted appeal due to be held in the near future to raise funds. The Charitable accounts would be on the agenda for the January Audit Committee.

The Board were advised that a Workforce Committee was to be set up.

The Board NOTED the report.

#### **STRATEGY AND PLANNING**

#### **O-138/2012 Corporate Objectives Q2**

The Board were made aware that this was a revised report to quarter one with good progress being evidenced across the objectives with 13 actions marked as achieved and, outside of those actions attributed to the Epsom Transaction, only three attracting a red risk rating.

Concern was raised as to the ease of interpretation of this report and the standards which were being met. With the annual business planning cycle having now commenced for 2013/14 there was an opportunity to define and refine these strategic objectives to ensure these quarterly progress reports were of better value to the Board.

The Board were advised that the red risk around Pathology IT was being investigated. Work was underway but the pace was not sufficient as yet.

The Board NOTED the report.

#### **O-139/2012 Sustainable Development update**

The paper updated the progress made with the Trust's Management Action Plan to reduce the Trust's carbon footprint by 10% by 2015. The key focus to date had been on the technical aspects of the plan whilst now it was to move onto the engagement of staff.

The Deputy Chief Executive advised Board members that she was confident in the actions of the plan and the sense was that this would get most of the way to achieving the target set. Board members believed engagement with visitors and residents to also be key and requested a

VB

further update will be provided at the next Board meeting as to how engagement with these users would be sought.

The Board agreed that this was an item which should be included on the agenda of a future Team Brief.

VB

The Board requested that the next Sustainable Development report should highlight where the Trust is in relation to achieving the 10% target by 2015.

VB

**O-140/2012 Register of Interests**

The Register of Interests presented to the Board was NOTED.

**FOR INFORMATION**

**O-141/2012 Quest Open Day at Salford Royal**

Jim Golan introduced the paper which had been prepared following an invite to Salford Royal to attend an Open day where the Trust presented details of its Quality Improvement Strategy and the cultural change that has supported it.

The Board found the paper very useful and believed that consideration should be made to taking further time out to consider this and the philosophy within it.

AMcL

**ANY OTHER BUSINESS**

**O-142/2012** The Board were made aware that the Staff Awards were scheduled for 19th November.

**O-143/2012 QUESTIONS FROM THE PUBLIC**

The following questions and points were made:

The Medical Director and Chief Nurse confirmed that it was difficult to gauge the outcomes of emergency neck of femur procedures. Whilst Epsom had a good programme through their Elective Orthopaedic Centre there was not a set clinic to monitor at ASPH. The Chief Nurse suggesting that a meeting with the Clinical Director to discuss this matter further could be arranged.

The Chairman confirmed that the Bard were trying to get an appropriate balance in the presentation of the Board papers to ensure there was sufficient detail to enable the Board to be appraised of matters at hand but concise enough to be user friendly.

**O-144/2012 DATE OF NEXT MEETING**

The next open meeting of the Trust Board would take place on 29<sup>th</sup> November 2012 at Ashford Hospital.

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

**Date:** 29<sup>th</sup> November 2012

**SUMMARY ACTION POINTS**

<b>Board Date</b>	<b>Minute Ref</b>	<b>Topic</b>	<b>Action</b>	<b>Lead</b>	<b>Due Date</b>	<b>Comment as 22<sup>th</sup> November '12</b>	<b>Status</b>
28/06/12	O-69/2012	<b>Quality, Safety and Risk Management Strategy</b>	Review progress in one year	SR	July 2013	Not due	<b>ND</b>
26/07/12	O-82/2012		Develop Board actions on role modelling good team working / Board development	RB		Considered at Board development session on 18 September 2012.	✓
26/07/12	O-82/2012	<b>Quality report</b>	Snapshot audit on number of patient bed moves to see if new bed configuration is impacting positively	SR	25/10/12	Moved to January Board as new model only in place from 8 October.	<b>ND</b>
26/07/12	O-89/2012	<b>Telephone response times</b>	Further report to Board	VB	28/03/13	Not due.	<b>ND</b>
26/07/12	O-101/2012	<b>Patient engagement</b>	Develop the Patient Engagement Strategy	SR	31/01/12	Stakeholder engagement in progress. Report to be provided to January Board.	<b>ND</b>
26/07/12	O-102/2012	<b>Reflection</b>	Keep ensuring sufficient time for discussion on substantive issues	AMcL	29/11/12	Sufficient time available for discussion on substantive issues.	✓
27/09/12	O-110/2012	<b>Falls</b>	Analysis of falls data to ensure the correct data was being collected.	SR	29/11/12	Included within November Quality Report.	✓

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as 22 <sup>th</sup> November '12	Status
27/09/12	O-110/2012	<b>National Quality Board report</b>	Review of the National Quality Board's new report which provides a review of the Early Warning Systems paper in the NHS published in February 2010, in preparation for the changes to the NHS from April 2013.	AL/SR	29/11/12	Included within November Quality Report.	✓
27/09/12	O-111/2012	<b>Board Assurance Framework – financial risks</b>	Consideration of whether the three financial risks in the top five risks can be amalgamated. The Finance Committee would review these financial risks at their next meeting and report back to IGAC and to the Board.	SM	31/01/13	Not due	<b>ND</b>
27/09/12	O-111/2012	<b>Board Assurance Framework – Epsom risk</b>	Consideration as to whether the risks raised about Epsom suitably considered stakeholders. To be reviewed at the December IGAC meeting and the Board in January.	PB	31/01/13	Not due	<b>ND</b>
27/09/12	O-112/2012	<b>Corporate Risk Register</b>	Risk CRR 1214 (Data Issues) to be updated with an improved definition of the risk.	SR	Jan 13	Not due	<b>ND</b>
27/09/12	O-113/2012	<b>Re-admission rates</b>	Report to the Board as to whether sufficient granularity of data was available to understand what was causing high re-admission rates.	DF	29/11/12	Verbal update to be provided at November meeting.	✓

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as 22 <sup>th</sup> November '12	Status
25/10/12	O-131/2012	<b>Organ Donation</b>	Board to engage with the Coroner on organ donation.	AmcL	29/11/12	Letter sent to Coroner. Meeting to be arranged in January 2013.	✓
25/10/12	O-132/2012	<b>IGAC minutes</b>	Wider discussions to be held in relation to top five risks.	AL	Dec 12	Wider discussion on top five risks to be discussed at IGAC meeting in December.	ND
25/10/12	O-133/2012	<b>Quality report</b>	Investigation of high patient moves on Aspen and Heron ward.	DF	29/11/12	Verbal update to be provided at November meeting.	✓
25/10/12	O-133/2012	<b>Quality report</b>	Investigation of dashboards not reconciling.	SR	29/11/12	Verbal update to be provided at November meeting.	✓
25/10/12	O-133/2012	<b>Quality report</b>	Review of falls data within the Emergency Department.	SR	29/11/12	Included within November Quality Report.	✓
25/10/12	O-135/2012	<b>Balanced Scorecard</b>	Workforce balanced scorecard commentary to include split between clinical and administrative staff.	RB	29/11/12	Included within November Balanced Scorecard.	✓
25/10/12	O-135/2012	<b>Balanced Scorecard</b>	Investigation of the reasons for the increased re-admissions within 30 days.	DF	29/11/12	Verbal update to be provided at November meeting.	✓
25/10/12	O-136/2012	<b>Compliance Framework</b>	Revision to figure 3 (axis to 75% not 55%) and figure 4 (explanation of axis) of the report and clarification as to whether the Cardiology admitted patient care performance of 0%	VB	29/11/12	Revisions made. No Cardiology patients in previous month therefore 0%.	✓

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as 22 <sup>th</sup> November '12	Status
			was correct.				
25/10/12	O-136/2012	<b>Compliance Framework</b>	To monitor the number of unanswered calls and the link to DNA's.	VB	29/11/12	Workstream set up. To be reported to Board in January 2013 to enable actions to take effect.	<b>ND</b>
25/10/12	O-139/2012	<b>Sustainable Development</b>	Update to be provided on how engagement will be sought with other users of the Trust.	VB	29/11/12	Included as part of 'Matters Arising' on agenda.	✓
25/10/12	O-139/2012	<b>Sustainable Development</b>	Sustainable development to be included on team brief agenda.	VB	Dec 12	Presentation at November team brief.	✓
25/10/12	O-139/2012	<b>Sustainable Development</b>	Future Sustainable Development report to include update on where Trust is in relation to 10% target by 2015.	VB	Apr 13	Not due	<b>ND</b>
25/10/12	O-141/2012	<b>Quest Open Day</b>	Further time for the Board to consider the learnings from the Quest open day at Salford Royal.	AmcL	Jan 13	Not due	<b>ND</b>

**Key**

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✓	<b>Completed according to timetable</b>
<b>ND</b>	<b>Not due yet</b>