

**TRUST BOARD MEETING
MINUTES
Open Session
26 January 2017**

PRESENT	Valerie Bartlett	Deputy Chief Executive/Director of Strategy and Transformation
	Mike Baxter	Non-Executive Director
	Heather Caudle	Chief Nurse
	David Fluck	Medical Director
	Neil Hayward	Non-Executive Director
	Chris Ketley	Non-Executive Director
	Keith Malcouronne	Non-Executive Director
	Simon Marshall	Director of Finance & Information
	Hilary McCallion	Non-Executive Director
	Aileen McLeish	Chairman
	Louise McKenzie	Director of Workforce Transformation & OD
	Terry Price	Non-Executive Director
	Suzanne Rankin	Chief Executive
	Tom Smerdon	Director of Operations – unplanned care
	James A Thomas	Director of Operations – planned care
	Meyrick Vevers	Non-Executive Director
SECRETARY:	Liz Davies	Acting Company Secretary
APOLOGIES:	Nadeem Aziz	Non-Executive Director
IN ATTENDANCE:	Michael Imrie	Chief of Patient Safety/Deputy Medical Director
	Keshav Nambiar	Leadership Fellow, PMO
Minute		Action
	Declaration of Interests	
	There was no declaration of interests.	
O-01/2017	MINUTES	
	The Chairman welcomed Keshav Nambiar who had been invited to observe the Board in his capacity as Leadership Fellow which is a new role working in the PMO on quality improvement in conjunction with the Deanery. The minutes of the meeting held on 24 November were AGREED as a correct record.	
O-02/2017	MATTERS ARISING and ACTION LOG	
	The Trust Board reviewed all of the actions contained within the	

	minutes of the previous meeting. Nominated leads confirmed that all the respective actions had been completed, appeared as agenda items for the meeting or were on track within the agreed timescales.	
	REPORTS	
O-03/2017	Chairman's Report	
	<p>The Chairman highlighted the following from the report:</p> <ul style="list-style-type: none"> • Congratulations to Consultants Mark Williams, Jacob Addo, and Viran Gunasekera for being recognised and receiving “excellence in teaching” awards from Imperial College; and to Annette Stanley who received an award for student support. • During the festive season there was good spirit around the Trust despite the hospitals being very busy, Christmas sweaters and other costumes were much in evidence and the <i>Decorate a Door</i> competition had a record seventy entries. • Congratulations to Consultants Senthyl Sellaturay and Kumaran Ratnasingham who were respectively winner and runner up in the ASPH Surgical Tutor of the Year award. • Congratulations to Sue Harris, Clinical Site Nurse Practitioner who retires after 36 years NHS service. Sue did her training here and has worked here ever since. • With sadness report the death of healthcare assistant Maureen Bush. Maureen had worked in Ashford Outpatients for thirty years. <p>The Board RECEIVED the report.</p>	
O-04/2017	Chief Executive's Report	
	<p>The Chief Executive drew attention to the following matters in the report:</p> <ul style="list-style-type: none"> • Earlier last week the Trust moved to OPEL 4 Black (business continuity) for a short period and we wish to record thanks for the positive camaraderie and a real sense of team spirit across our hospitals in working together and committing to making a difference. • The Trust has been shortlisted for two National Patient Experience Network Awards: <ul style="list-style-type: none"> - Breast Care mobile app which provides essential information about breast care for patients, and - Adopt a Grandparent' scheme which brings non clinical 	

	<p>staff into contact with older aged patients to provide them with social interaction and communication.</p> <ul style="list-style-type: none"> The Trust is taking the opportunity to energise staff and get Fit and Lean in 2017. Our Health and Wellbeing Steering Group has set its first challenge and the group is promoting a fun six week weight management challenge for teams and individuals across the Trust coupled with weekly nutritional sessions. The group is also supporting the Dry January initiative, working closely with our Alcohol Liaison Nurse. <p>The following matters were also noted:</p> <ul style="list-style-type: none"> Our Employee Partnership Forum has taken part in a good discussion on “vaping” and the team are to follow up with some detailed work for patients and staff. Our Staff Achievement Awards event is to be held in April. A new Head of Patient Experience and Involvement has been appointed The Trust’s End of Life Steering Group has now been refreshed and ensures that there are robust lines of governance and reporting. We also plan to submit an application at the end of February to the Point of Care Foundation, as part of their “Living well to the very end” programme. The project must demonstrate the aim of improving how patients are cared for at the end of life. <p>The Board RECEIVED the Report.</p>	
	QUALITY AND SAFETY	
O-05/2017	Quality and Performance Committee Minutes (QPC)	
	<p>Attention was drawn to the following matters recorded in the Minutes:</p> <ul style="list-style-type: none"> <i>Maternity Deep Dive.</i> A full report detailing the four areas and the progress made will be submitted to the March QPC meeting. <i>Swan ward</i> had been discussed and continues to show small improvements, however the fragility of the staffing levels was highlighted and safe staffing remains a concern. <i>Referral To Treatment times</i> – the process of transferring to a new system has brought to light two 52 week breaches and these patients will be reviewed and a report submitted 	

	<p>to Board in due course.</p> <ul style="list-style-type: none"> The <i>QEWS triangulated dashboard</i> was reviewed and a new prototype document for reporting Quality outcomes was discussed. Comments on the prototype were requested for further development <p>The Board RECEIVED the Minutes.</p>	
<p>O-06/2017</p>	<p>Quality Report</p>	
	<p>It was accepted that the report had been read, and the following matters were highlighted:</p> <ul style="list-style-type: none"> There has been a spike in mortality in December. The crude mortality rate for December is 144; an unprecedented level and data from our peers is not yet available for comparison. There appears to be no clear correlation between this rise and operational pressures and we are currently investigating to identify any underlying themes. <p>The Chief Executive said that we will be triangulating the data with the Palliative Care Team; and it was noted that the Sam Beare hospice has closed short term pending its relocation to new premises in Woking and that we are talking to the Clinical Commissioning Group about this issue.</p> <p>Hilary McCallion, Non-Executive Director and Chair of the Quality and Performance Committee (QPC) added that this matter had been discussed in depth at QPC and it will help to understand what's happening in the wider community.</p> <p>The Chief Executive reflected that the deaths have felt inevitable and we will be sense checking this with clinicians, and all deaths will undergo formal investigation and an update will come to next Board.</p> <p>The Chief Executive referred to the readmission rates. It was noted that the significant areas by volume remain similar to previously and it was suggested we provide a chart to understand the trend showing a breakdown per specialty of readmissions.</p> <p>The Director of Finance and Information drew attention to the breaches in stroke performance which were mainly due to a lack of ring fenced beds. It was noted that the Stroke and A&E teams have met to discuss providing a detailed breach analysis.</p> <p>The Friends and Family Test satisfaction score in A&E is maintaining its increase and it was noted that the department's executive team continue to discuss how to improve response rates and are using the responses to improve performance.</p> <p>The Board NOTED and obtained ASSURANCE from the report.</p>	

O-07/2017	Safer Staffing Report	
	<p>This paper provides a review of the safer staffing levels within inpatient areas in the Trust in accordance with the national reporting requirements and guidelines. The Trust continues to follow its policy on safer staffing escalation, thus supporting the delivery of safe, high quality care.</p> <p>The Chief Nurse detailed that the revision to the Divisional narrative now provides a commentary that includes new issues and time sensitive completion dates for any actions. A six monthly review took place earlier this month and will be formally reported to Board in March.</p> <p>Monitoring of Paediatrics acuity and dependency continues using the Paediatric Acuity and Dependency Assessment tool (PANDA). It was noted that the skill mix in the paediatric team has been adjusted and includes registered mental health nurses to help manage patients' behavioural issues.</p> <p>The Board NOTED and obtained ASSURANCE from the Report.</p>	
O-08/2017	Trust Risk Register	
	<p>This report summarises the Trust Risk Register as at 19 January 2017. There are currently six risks on the Trust Risk Register. Three risks have been downgraded and one has been closed.</p> <p>Board discussed the risks associated with poor compliance of Mandatory Medicines Management Training and whether persistent non-compliance should incur a more draconian approach. It was noted that the data doesn't support the level of compliance achieved and that the levels of training has been increased. It was confirmed that the following actions are in progress:</p> <ul style="list-style-type: none"> • The Assistant Director Regulation and Improvement is managing the trust-wide issue as part of the CQC action plan • An annual review of the mandatory training matrix is submitted to the Trust Executive Committee for approval each year • This training will form part of the doctors' revalidation process • If there is a link to prescribing errors, a consequence should be considered <p>The Board NOTED and obtained ASSURANCE from the report.</p>	
O-9/2017	Board Assurance Framework	
	<p>The Board Assurance Framework (BAF) is a key assurance tool that ensures the Board has been properly informed about the risks to achieving the Trust's Strategic Objectives.</p>	

	<p>The Chief Executive reported that the Well Led Review has recommended some improvements to the BAF and we will engage the Board in a refreshed approach to using the BAF.</p> <p>The Trust's Quality and Risk Management Strategy is due to be refreshed this year, which will provide an opportunity to discuss and agree the Board's appetite for risk as part of this refresh and to ensure there is a shared understanding of the BAF.</p> <p>The Board NOTED and obtained ASSURANCE from the report.</p>	
O-10/2017	Assurance in Pressure Ulcer Prevention	
	<p>The Chief Nurse said the report had been brought to Board for assurance following the discussion on the presence of pressure ulcers during end of life care which took place in October.</p> <p>The Board has assurance that all stage 2 pressure ulcers are investigated locally and stages 3 and 4 ulcers are investigated under the Trust's Serious Incident Policy.</p> <p>The Board NOTED and obtained ASSURANCE from the report</p>	
O-11/2017	Quality Account Priorities	
	<p>This report contains the proposed draft Quality Account Priorities for the year ending 31 March 2018. There has been trust wide engagement on the priorities which are listed under ten broad headings. There are 29 areas of focus which reflects the work across the organisation.</p> <p>The Consultation exercise included discussion at our quarterly Quality Assurance Group with external stakeholders and staff, as well as providing the opportunity to feedback in writing.</p> <p>Board APPROVED the priorities in principle and it was agreed to look at the individual targets.</p>	
	PERFORMANCE	
O-12/2017	Performance Report	
	<p>The Directors of Operations reported on their respective areas:</p> <p><i>A&E Performance</i> The Trust missed the 4 hour A&E NHSI recovery target in December with NHSI performance recorded at 87.5%. This was a 4.4% decline on last month (91.9%) and 7.5% below the required 95% compliance. The over 75's age group account for 44% of all admissions, and the increase this year (in this age group) compared to last year is 6.0% (559).</p> <p>It was confirmed we have an urgent care improvement plan in</p>	

	<p>place.</p> <p><i>Cancer</i> We are compliant with all standards including the 62 day treatment standards, save for one failing standard at specialty level. However the Trust will report an aggregate Q3 compliance for all 7 of 7 Cancer standards.</p> <p><i>Stroke</i> Our performance in December for the proportion of patients admitted to a stroke ward within the 4 hour standard is recorded at 43%, a drop on previous months; this is primarily due to a significant number of emergency admissions in December, however, multi-disciplinary team (MDT) review of all breaches has been scheduled to understand root causes and improve performance.</p> <p><i>RTT</i> The Trust remained compliant for December, provisionally recorded at 93.1%, although we were non-compliant at specialty level.</p> <p>The Trust experienced a significant loss of surgical capacity and the postponement of procedures due to:</p> <ul style="list-style-type: none"> - non-elective bed pressures impacting elective scheduling, and - NHS Improvement's request to suspend non-urgent surgery at the St Peters Hospital site to make available additional bed stock for the non-elective winter demand. <p>The Deputy Chief Executive/Director of Strategy & Transformation raised a question on the status of patients which were identified with an underreported Patient Tracking List (PTL) wait. It was confirmed that all patients have been validated and the Clinical Commissioning Group has been informed.</p> <p>The Director of Finance & Information gave assurance that the new Qlikview system compels teams to look in detail at potential breaches and it is reassuring that we picked up patients. The point was made that the system is only as good as the "cash up" of clinics, and we are improving compliance in this area.</p> <p>The Board NOTED and obtained ASSURANCE from the report.</p>	
<p>O-13/2017</p>	<p>QUESTIONS FROM THE PUBLIC <i>(Taken early as members of the public had to leave to attend a stakeholder meeting)</i></p>	
	<p>A question was put about readmissions to hospital and if we have information on readmissions which were unavoidable?</p> <p>It was confirmed that we are carrying out a detailed piece of work in this area and will submit a report to both the Quality & Performance Committee and governors.</p>	

O-14/2017	Balanced Scorecard	
	<p><i>Skilled, motivated workforce</i></p> <p>The Director of Workforce Transformation & OD highlighted the following:</p> <ul style="list-style-type: none"> • Processes undertaken to reduce agency spend. This includes a medical staffing scrutiny group which is reviewing issues around planning, rostering and recording for medical staff and various options are being investigated in order to make improvement. • The staff group with the highest turnover is unregistered nursing at 20.6% and the stability rate for this group is 82.7% compared with 88.4% for the Trust as a whole. To support improved retention of staff, the Trust is developing a new on-boarding and buddy programme scheme to be piloted from March 2017. • The staff survey results are currently embargoed. However, of the 88 questions that we ask in the staff survey, 76 have improved from the position last year which is a fantastic achievement. <p><i>Top Productivity</i></p> <p>The Director of Finance and Information reported the trust had achieved financial targets for the nine months of the year and hit annual outputs. Cash balances were £4.9m higher than planned in December and we are in conversation with the Clinical Commissioning Group in regard to over-performance for 2016/17.</p> <p>The Chief Executive stated that the executive team is supporting governance of the financial recovery programme.</p> <p>The Board NOTED and obtained ASSURANCE from the scorecard.</p>	
O-15/20176	Financial Management Committee Minutes	
	The Board RECEIVED the Minutes.	
O-16/2017	Workforce & Organisational Development Committee Minutes	
	<p>It was noted that the Medical Workforce Strategy had been discussed in detail and that an update of the Leadership and OD Strategy will be diarised for a future meeting in 2017.</p> <p>Board RECEIVED the Minutes.</p>	

O-17/2017	REGULATORY	
	Trust Board Schedule of Business	
	The board APPROVED the Schedule of Business.	
O-18/2017	Annual Report and Accounts timetable	
	It was confirmed that the Annual Report and Accounts timetable had been approved by the Audit Committee at their meeting the previous week. It was noted that we plan to work on producing a shorter annual report. The Board RECEIVED the timetable.	
O-19/2017	Guardian of Safe Working Hours	
	<p>The new contract for junior doctors in training outlines the requirement for Trusts to appoint a Guardian of Safe Working Hours to oversee robust work schedule review process and address concerns relating to hours worked and access to training opportunities.</p> <p>We have appointed to the role of Guardian of Safe Working Hours following an appointment process which involved junior doctor representatives.</p> <p>This paper outlines the role of the Guardian and the appointment to the role within the Trust along with a recommendation for the future reporting processes for the Guardian's reports.</p> <p><i>Reporting arrangements recommendation</i></p> <p>Submit quarterly reports to the Workforce & OD Committee, as a formal sub-committee of the Trust Board, subsequently reported to the Board within the minutes of the meeting.</p> <p>A consolidated annual report on rota gaps and the plan for improvement to reduce these gaps shall be included in a statement in the Trust's Quality Account, which must be signed off by the Chief Executive.</p> <p>The recommendations were APPROVED by Board.</p>	
O-20/2017	ANY OTHER BUSINESS	
	None.	
	DATE OF NEXT MEETING	
	The next meeting of the Trust Board will take place on 30 March at Ashford Hospital.	

Signed:
Chairman

Date: 26 January 2017