

**TRUST BOARD MEETING
MINUTES
Open Session
25th September 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
	Louise McKenzie	Director of Workforce Transformation
	Terry Price	Non-Executive Director
	Aileen McLeish	Chairman
	Suzanne Rankin	Chief Executive
	Carolyn Simons	Non-Executive Director
	Peter Taylor	Non-Executive Director
SECRETARY:	George Roe	Head of Corporate Affairs
IN ATTENDANCE:	Sarah Burton	Macmillan Lead Nurse Cancer & Palliative Care (for minute O-124/2014)
	Susan Dargan	Senior Special Nurse, Palliative Care (for minute O-124/2014)
	Mick Imrie	Chief of Patient Safety / Deputy Medical Director

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

None

O-109/2014 MINUTES

The minutes of the meeting held on 31st July were AGREED as a correct record.

MATTERS ARISING

- O-110/2014 Medical Appraisal and Revalidation (refers minute O-93/2014)** The Chief of Patient Safety provided an update to the Board on the status of the outstanding medical appraisals at 31st March 2014 following the report to the Board in July. Of those 88 which had not been completed, 17 members of staff had left the organisation, 26 appraisals had now been completed, 19 were new starters and hence they needed to have an appraisal within 15 months of their last appraisal and 27 were overdue with applicable staff members having received letter reminding them of their obligation to have an appraisal.

REPORTS**O-111/2014 Chairman's Report**

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

- Welcoming and congratulating Suzanne Rankin and Heather Caudle as this was their first Board meetings as Chief Executive and Chief Nurse;
- Welcoming Peter Taylor and Nadeem Aziz back to the Trust Board;
- Congratulating Danny Sparkes who had been elected as a public Governor for Runnymede; and
- Acknowledging Elliott Chisholm, Consultant General Surgeon, who was retiring from the Trust at the end of the week.

The Board RECEIVED the report.

O-112/2014 Chief Executive's Report

The Chief Executive presented her report noting:

- The opening of the Ashford Chemotherapy unit;
- The impending CQC visit which in December 2014; and
- The continuing pressure in the health service which had been highlighted in Monitor's recent quarter one report.

Terry Price, Non-executive Director requested an update on the situation with the woodland car-parks. The Chairman confirmed that the Trust was waiting for a decision from the Council in relation to whether the current rental agreement the Trust had with the Council would be terminated.

The Chairman asked whether there were any lessons from the recent tree which had fallen down in the night and caused surrounding damage. Terry Price confirmed that the Trust conducted regular inspections of all its trees and that this particular tree had been inspected only a few weeks beforehand. The Health And Safety Committee were asked to look into the level of inspections undertaken and whether these were appropriate.

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The Board RECEIVED the report.

QUALITY AND SAFETY

O-113/2014 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 22nd July 2014 noting discussion on serious incidents, pressure ulcers, with a reduction in the number of grade three ulcers and the urology cancer pathway.

The Chief of Patient Safety assured the Board that a significant amount of work was being conducted on the urology pathway to improve performance.

The minutes were RECEIVED by the Board.

O-114/2014 Quality Report

The Chief of Patient Safety/Deputy Medical Director and Chief Nurse introduced the Quality Report. This presented the quality dashboards with associated commentary on exceptions and the best care dashboard. The following points in the report were highlighted:

- Mortality reviews which were lower than plan with actions in place to improve this;
- C-difficile with three cases in August taking the year to date figure to seven. The Trust had a target of nine which was one of the lowest in the country;
- Falls with harm which was below target which was positive;
- Pressure ulcers with the increased focus on this area now producing the required results;
- Re-admission rates which were still higher than planned;
- Three current patient safety alerts which were open with actions being worked on to resolve these;
- Aspen ward which continued to be on an improvement trajectory but was not yet at the best care level expected although four indicators were now green with no red indicators. Clive Goodwin, Non-executive Director questioned the length of time it had taken to improve Aspen ward with the Chief Nurse confirming that the issues were multi-factorial but predominantly related to staffing levels, leadership and staff morale. Clive questioned whether a radical approach would be more effective such as replacing all staff on a ward to provide fresh challenge and scrutiny to the issues. The Chief Executive emphasised that a nine month improvement trajectory was not acceptable but in this situation the Trust were constrained by the number of options available. All options had been considered including closing the ward and this had been discussed at the initial risk summit. The first question asked at a risk summit of this nature would always be whether patient were in danger. In this instance the answer was assessed as no and therefore the ward had remained open;
- The recently published national cancer patient experience survey which 153 trusts had responded to. Of those the Trust was in the bottom 10 with a report due to be submitted to the October meeting;
- Philip Beesley noted that it would be useful for Board to see

HC

the last six months of ratings, per ward, under the 'quality, experience, workforce and safety' dashboard to enable recent trends to be identified; and

- Terry Price noted the number of Ombudsmen cases highlighted in the report requesting more detail in future reports.

The Board NOTED and obtained ASURANCE from the report.

O-115/2014 Safer Staffing Levels

The Chief Nurse presented the safer staffing levels report noting that the calculation of the NICU data remained incorrect and therefore misrepresented this data. ITU was also a problem in this regard as this was a unit which was staffed for 100% level three occupancy. The unit was rarely at this level and usually at 50% and therefore staffed accordingly. The data presented did not reflect this flexibility.

The Chief Executive expressed concern regarding the number of wards highlighted as at risk. The Chief Nurse confirmed that the report to Board next month would include a triangulation with near miss incidents.

Peter Taylor, Non-executive Director, queried the level of assurance that this report provided. The Chief Executive emphasised that this report assured the Board that the Trust knew the areas of concern and where to focus action. The October report would include a more detailed summary of the actions being undertaken to resolve the concerns identified.

The Board NOTED and obtained ASSURANCE from the report.

PERFORMANCE

O-116/2014 Performance Report

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

The Trust had achieved the four hour waiting time target in quarter one and were expecting to deliver this in quarter two however it was emphasised that the Trust had never worked as hard before to deliver this target. It was clear that there was now a sustained rise in acuity and this was however significant knock on effects on flow and discharge throughout the hospital. An internal major incident had been declared this week and the Deputy Chief Executive wanted to publically thank each member of the team for their hard work to manage the situation. The winter escalation plan was now in operation three months early.

The Deputy Chief Executive stressed that actions were being in put in place with a focus on complex discharges, schemes for winter and rehabilitation re-ablement funding.

The Chairman added her thanks for the hard work of all the teams involved.

Philip Beesley sought assurance that the actions in the command of the Clinical Commissioning Group (CCG) would be delivered. The Deputy Chief Executive stressed that this assurance could not be provided with

the Chief Executive noting that the CCG were also operating under challenging and difficult constraints which meant it was hard for the CCG to mobilise quickly. Potential winter resilience funding of c£2m was an opportunity for the Trust to lead the system in some of the improvement actions needed.

In terms of the RTT position nationally the NHS was not expecting to achieve the admitted target until December. The Trust had improved significantly over the last few months with the non-admitted, diagnostic and incomplete targets being met in August. As well as in aggregate the incomplete target had been achieved in all specialities in the month of August which was a strong sign that the improvements made across all aspects of the target were sustainable.

The Board NOTED and obtained ASSURANCE from the report.

O-117/2014 RTT JSI Report

The Deputy Chief Executive introduced the report which detailed the RTT joint service improvement action plan. The plan had been discussed at the Finance Committee the previous week with monitoring intervals agreed. It was confirmed that the CCG were assured by the findings from the report and therefore it was deemed a useful exercise to have been undertaken.

The Board NOTED and obtained ASSURANCE from the report.

O-118/2014 Staff Experience and Culture Programme update

The Director of Workforce Transformation introduced the report which set out progress during the last quarter in relation to the broad programme themes of citizenship, values-based behaviours, leadership, empowered front-line teams, and career/people development; alongside a summary of some of the joint activities being undertaken with Royal Surrey.

Significant progress had been made with the programme of manager development with Team ASPH continuing and the Coaching programme now in place with a Coaching Summit arranged for October.

In October the Trusts appraisal policy would be re-launched following wide ranging consultation throughout the organisation. Under the new system staff under the agenda for change pay structure would only receive their increment if they meet certain performance requirements.

The staff Friends and Family results for quarter one had now been published. This survey was being conducted quarterly, but quarter three when the national staff survey was conducted, and asked staff whether they would recommend the organisation as a place to be treated and a place to work. Terry Price noted that only 280 staff members completed the survey in quarter one which was disappointing. The Director of Workforce Transformation agreed that 8%, as this equated to, was lower than the Trust would expect or like but compared with Frimley Park who also obtained an 8% response rate but less favourable with Royal Surrey who obtained 16%. There remained pockets of the organisation who did not complete surveys such as this and a different approach would need to be adopted.

Sue Ells, Non-executive Director noted that the results were relatively

similar to previous surveys and that considering the operational pressures on the hospital and the demands and uncertainty surrounding the merger this was a good result.

The Board NOTED and obtained ASSURANCE from the report.

O-119/2014 Balanced Scorecard

The four quadrants of the Balance Scorecard were considered.

Best Outcomes and Excellent Experience: These quadrants were addressed in the Quality report.

Skilled, motivated workforce: The Director of Workforce Transformation highlighted the key aspects from the scorecard including:

- The continuing actions to increase recruitment including weekend open days which were proving successful. Despite this staff turnover remained high and there was increased focus on retention;
- The use of bank staff was increasing but agency staff usage was not yet reducing as the reliance on temporary staff was increasing; and
- Appraisal rates remained poor although appraisals had been paused while the new policy had been introduced. 100 line managers had now been trained on impact of this new policy with a further 200 to be trained imminently.

Finance and Efficiency: The Director of Finance and Information noted that the financial position in August had improved with on plan performance. However the Trust remained in a cumulative deficit position which would need to be caught up by the winter months. Looking at the productivity indicators the outpatient first-to-follow-up backlog work was being recovered, the Ashford elective inpatient activity had held firm in August, non-elective length of stay was performing well. The theatre utilisation indicator was currently green at 77% with a significant level of work being completed.

The Board NOTED and obtained ASSURANCE from the Scorecard.

O-120/2014 Finance Committee Minutes

The Director of Finance and Information presented the Committee minutes of the meeting held on 25th July 2014 which were RECEIVED by the Board.

O-121/2014 Workforce and Organisational Development Committee minutes

Sue Ells, chair of the Workforce and Organisational Development Committee (WOD) presented the minutes of the meeting held on 8th July 2014 which were RECEIVED by the Board.

O-122/2014 Workforce and Organisational Development Committee Annual Report

Sue Ells, chair of the WOD presented the annual report which was RECEIVED by the Board with the revised terms of reference being APPROVED.

STRATEGY AND PLANNING

O-123/2014 Patient led assessment of the care environment (PLACE)

The Deputy Chief Executive presented the report which updated the Trust Board on this year's PLACE results. Key positives from the assessment were around the quality of food and the cleanliness of the Trust. The food was rated highly with no complaints received. The Trust had a good working relationship with OCS and the Board gave thanks to the Trust team in charge of catering for the service provided throughout the Trust.

Areas to pay attention to included the condition and appearance of the Trust with the Deputy Chief Executive highlighting that the inability to vacate wards areas to refurbish them hindered the Trust in this regard. The Trust had a c£13m annual budget for maintenance and re-build work and this had to be prioritised to the areas of greatest need. Maintenance, IT and other equipment often needed to be prioritised over refurbishment.

The Board NOTED and obtained ASSURANCE from the report.

O-124/2014 End Of Life Care Strategy

The Board welcomed Sarah Burton and Sue Dargan to the meeting.

Sarah presented the strategy which aimed to address the 2014 publication 'One Chance to get it Right' with the aim of supporting and developing existing examples of best possible end of life care services and highlight actions for care improvement based on recent audits and strategies. The approach focuses on achieving five priorities of care which make the dying person the focus of care in the last few days and hours of life. These priorities are:

- to recognise the possibility that a person may die within the next few days or hours;
- to communicate effectively with staff and the dying person;
- to involve the dying person, and those identified as important to them, in decisions;
- to support the needs of families and others; and
- to 'plan and do' an individual plan of care.

Sue Ells questioned what the most important priority was in this strategy. Sarah confirmed that communication was absolutely key. To be able to recognise that someone was dying but then to be able to communicate this to the patient and those important to them. The Chief Executive noted the patient story that had been relayed to the Board in the private session that morning and was reassured that this response correlated with the words of the patient and the views of the Board members.

On questioning from the Board members, Sarah confirmed that:

- additional support had been made available to enact this strategy and that the Trust had a good relationship with its community partners;
- the appointment of Specialist Palliative Care Consultants had been delayed while the model was agreed with the community and the job plans agreed by the Royal College.

The Board APPROVED the strategy.

REGULATORY

O-125/2014 Revision to Constitution

The Head of Corporate Affairs presented the paper which sought approval to the Constitution to increase the number of Non-executive Directors on the Board from six to seven. The proposed change had been approved by the Council of Governors at their Council meeting on the 9th September 2014.

The revision was APPROVED by the Board.

O-126/2014 Non-Executive Director Committee Membership

The Chairman presented the paper which sought approval for the revised Trust Board sub-committee and working group membership. This reflected Nadeem Aziz and Peter Taylor having been appointed with effect from 9th September 2014.

The revised membership was APPROVED by the Board.

O-127/2014 Audit Committee minutes

Terry Price, chair of the Audit Committee, presented the minutes of the meeting held on 9th July 2014 which were RECEIVED by the Board.

ANY OTHER BUSINESS

O-128/2014 Patient Panel: Sue Ells reported to the Board on the recent Patient Panel meeting which had discussed a number of clinical and administrative matters throughout the Trust including the accuracy of personal statements on governor election material, medication on discharge, physician assistants, clinician availability for committee meetings and appointments letters.

QUESTIONS FROM THE PUBLIC

- O-129/2014 In response to questions from the public the Board:
- emphasised that the car parking barriers at Ashford Hospital would be moved to ensure appropriate blue badge holder access;
 - agreed that the scheduling of the next meeting of the Disability Access Group would be looked into as this Group had not met for some time;
 - noted that whilst they had signed up to dementia friendly national guidance this was proving difficult to implement; and
 - noted that of the 10 recently reported serious incidents one related to a grade three pressure ulcer and one to a delayed diagnosis.

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DATE OF NEXT MEETING

The next open meeting of the Trust Board would take place on 27th November 2014 at Ashford Hospital.

Signed:
Chairman

Date: 30th October 2014

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	Not presented at WOD in September. Will be presented at November WOD following the Nursing & Midwifery Strategy meeting in late September.	
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	Q2 report deferred to November.	
25/09/14	O-112/2014	Tree inspections	The Health And Safety Committee to look into the level of inspections undertaken and whether these were appropriate.	VB	Oct '14	Completed at last Health and Safety Committee.	✓
25/09/14	O-114/2014	Cancer Patient Experience Survey	Detailed report to be presented to the October meeting.	HC	Oct '14	Within Quality Report.	✓
25/09/14	O-114/2014	QEWS Dashboard	The last six months of ratings, per ward, under the 'quality, experience, workforce and safety' dashboard would be provided to Board to enable recent trends to be identified.	HC	Oct '14	Included in Safer Staffing Report.	✓

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment	Status
25/09/14	O-114/2014	Ombudsmen reports	Further detail on the Ombudsmen cases would be provided in the Quality Report.	HC	Oct '14	No cases to report on in October report. Future reports will include further detail where appropriate.	
25/09/14	O-115/2014	Safer Staffing Levels	The October report would include a more detailed summary of the actions being undertaken to resolve any concerns identified.	HC	Oct '14	Further detail included in October report.	✓
25/09/14	O-129/2014	Disability Access Group	Next meeting of the Group to be looked into.	VB	Oct '14	Next meeting of the Group is on 31 st October, 11.30am	✓
31/07/14	O-86/2014	Blue badge charges	Access provisions review to be conducted.	VB	Oct '14	Deferred to November meeting as external technical solutions advice and options are not yet complete.	
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
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