

**TRUST BOARD MEETING
MINUTES
Open Session
26th September 2013**

PRESENT:	Ms Valerie Bartlett	Deputy Chief Executive
	Ms Sue Ells	Non-Executive Director
	Dr David Fluck	Medical Director
	Mr Jim Gollan	Non-Executive Director
	Mr Andrew Liles	Chief Executive
	Mr Simon Marshall	Director of Finance & Information
	Ms Louise McKenzie	Director of Workforce Transformation
	Ms Aileen McLeish	Chairman
	Mr Terry Price	Non-Executive Director
	Ms Suzanne Rankin	Chief Nurse
	Mr Peter Taylor	Non-Executive Director
APOLOGIES:	Mr Philip Beesley	Non-Executive Director
	Mr Clive Goodwin	Non-Executive Director
SECRETARY:	Mr George Roe	Head of Corporate Affairs

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

There were no declarations of interests in the proceedings.

O-132/2013 MINUTES

The Minutes of the Meeting held on 25th July were AGREED as a correct record following revision to Sue Ells' declaration of interest.

MATTERS ARISING**REPORTS****O-133/2013 Chairman's Report**

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

- The recent recruitment of Carolyn Simons to replace Peter Taylor as Non-executive Director following Peter's retirement on 31st October.
- The Governor elections which would be taking place in October and come into effect from 1st December.

The Board RECEIVED the report.

O-134/2013 Chief Executive's Report

The Chief Executive presented his report highlighting a number of

matters:

- The re-refresh of the Trust strategy;
- The partnership with Royal Surrey County Hospital;
- The Trust being shortlisted for two national WOW awards;
- The recent capital investments the Trust had made with the new outpatients department at Ashford opening that evening.

The Board RECEIVED the report.

QUALITY AND SAFETY

O-135/2013 Integrated Governance and Assurance Committee Minutes

Terry Price, Non-Executive Director and Member of the Integrated Governance and Assurance Committee (IGAC) presented the minutes of the meeting held on 16th July 2013. A subsequent meeting had been held on 17th September which had discussed:

- The Paediatric and Maternity Service Invited Review and the resultant action plan;
- The Trust's response to the Francis Report with on-going monitoring of the action plan being conducted by IGAC and a further report to Board in November; and
- The Quality, Experience, Workforce and Safety (QEWS) dashboard and triggers for intervention which had been highlighted on Swan and Fielding wards In July. The Chief Nurse assured the Board that further 'compliance in practice' checks on these wards in September had identified significant improvement with Swan at 91% which was a credit to the team involved. From review of the dashboard in September a further analysis of certain indicators on Cedar and Wordsworth ward would be undertaken and reported to the next IGAC.

The Board RECEIVED the minutes.

O-136/2013 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:

- The scorecard was relatively green which was a positive message;
- The actual deaths indicator in the scorecard was now aligned to the CQUIN target;
- The Friends and Family indicator (F&F) in A&E was red although the actual score was good when benchmarked to peer organisations.
- There was still work to do to reduce the level of falls in the trust although sustained improvement had been evidenced. The safety thermometer identified the Trust as being below the national average and the current in-patient F&F score was 74 which was a good score.
- Complaints in the Trust centred on a consistent theme of poor communication and decision making. The Chief Nurse highlighted that of two recent national surveys looking at patient experience the A&E survey had been the best ever performance

for the Trust with no questions in the bottom category, whilst the Cancer Patient Experience Programme National Survey had identified similar performance to the previous year demonstrating work was still needed. Jim Gollan, Non-Executive Director questioned whether the results of the Cancer survey highlighted that the trust were in fact lagging behind others with the Trust being in the bottom 20% of trusts for 40% of the questions. The Chief Nurse confirmed that whilst the Trust needed to continue to look to improve the spread of trusts was small and hence there were small variations in terms of trusts in the bottom 20% and those above. The Chief Executive thanks the Cancer team for their work and assured the Board that a significant amount of work has been undertaken by the team which at present had not been reflected in these survey results.

- The Chief Nurse confirmed that since the publication of the Francis Report the criteria for the review of Ombudsmen cases had changed with all cases now being reviewed. This had led to slower response times.

The Board NOTED the report.

O-137/2013 Responding to the More Care less Pathway - Liverpool Care Pathway Review 2013

The Chief Nurse introduced the paper which followed the paper to Board in July and provided assurance to the Board on ASPH's progress and planning in relation to the acute hospital specific actions identified within the 44 actions outlined by the national review of the Liverpool Care Pathway. The plan would be monitored through the end of life steering group.

The Chief Nurse confirmed to the Board that despite the national coverage of the pathway and the recent review ASPH had never received a complaint about its use of the Liverpool Care Pathway.

Sue Ells, Non-Executive Director, informed the Board that she attended the end of life care group twice a year and was re-assured by the discussions held at this meeting.

The Board NOTED and obtained ASSURANCE from the report.

O-138/2013 Paediatric and Maternity Service Invited Review

The Chief Nurse introduced the paper which was a summary of the approach taken and recommendations made from a recently commissioned invited review from the Royal College of Paediatrics and Child Health. The review had been commissioned to assure the Board and external stakeholders over a number of matters including: the perinatal mortality rate, child safeguarding, the Trust's caesarean section rate, culture and governance and our approach to pathway development.

The Chief Nurse assured the Board that the review had not identified any areas of major practice concern but some improvement actions had been recommended. Key findings included:

- The perinatal mortality rate was below the national average but this was something which the trust would keep a close eye on;
- Improved joint working was necessary to deliver a better safeguarding service. The safeguarding service in maternity was found to be 'excellent';
- The caesarean section rate, and particularly the elective rate for first time mothers, is higher than the national average but is reducing;
- A 'can do' approach was observed from senior management with an overall impression that staff are committed to delivering high quality patient care.
- The size of the Paediatric Emergency Department was not sufficient and this was leading to pressure. The Chief Nurse confirmed that a temporary increase in capacity was to be in place by the end of the year with two new Paediatric A&E Consultants also now recruited.
- The high dependency service requires specialist commissioning with the Trust currently not funded for this work.

The Board agreed that this was a useful and positive review and that the findings and actions would be monitored through the Children's and Young People's Group which was Chaired by the Chief Executive. This Group would report by exception to IGAC.

The Board NOTED and obtained ASSURANCE from the report.

O-139/2013 Clinical Quality Assurance in the New World

The Chief Nurse introduced the paper which sought to update the Board on recent reports such as Francis, Keogh and Berwick and the Cavendish Review, their impact on the Trust and the key recommendations moving forward.

The Board discussed the Trust's junior doctors and the Chief Executive highlighted that a new Sounding Board, led by the Chief Nurse and Medical Director had been established to listen and understand the concerns which had been raised in previous junior doctor surveys. The latest survey would be brought to a future meeting of the Board with attendance by some of the junior doctors. **DF**

The Board NOTED the report.

PERFORMANCE

O-140/2013 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 rates with medical agency spend particularly high. The trust was currently not accessing the most cost effective temporary workforce with a number of actions now in place to reduce this. These included:
 - o weekly meetings to review agency spend;
 - o additional negotiation of agency rates;
 - o drive to increase bank usage;
 - o a reduction of agency suppliers;
 - o an increase in the established workforce number; and
 - o review of the approval process for Consultant business cases which at present was too slow.

The recent actions to reduce agency spend in nursing were outlined for the Board. These included:

- o use of a single bank provider;
- o a campaign to increase the bank staff and those staff who work extra shifts;
- o recent recruitment of more starters than leavers with 117 nurses starting in September, October and November.

Exit interviews were now being conducted and 130 surveys had been sent to staff who had left the Trust in the last six months but had not been interviewed prior to departure. To date, 16 responses had been received with these indicating that 5 or 6 staff members could have been prevented from leaving if appropriate action had been taken at the time.

In terms of recruitment, a review of the processes currently undertaken indicated that these were streamlined with Capita not being able to conduct this quicker than at present.

The Director of Finance and Information confirmed that the Trust were paying extremely high agency rates to 20 to 25 medical posts which was costing the Trust significant money.

- The Staff Engagement indicator reflected the score from the staff survey last year whilst the intention had been to forecast this score for the purposes of the scorecard. With the recent Pulse staff survey having asked different questions to the staff survey this was not possible and the use of this metric would be considered for the scorecard next year.
- Appraisals and mandatory training needed to be improved but consideration was also required to ensure that mandatory training became more insightful rather than procedural.

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

- the four hour waiting time target which had been met but was coming under increasing pressure in September;
- the re-admissions indicator which was currently above trajectory;
- the stroke indicator which was reflective of the operational pressure in the hospital;
- the research and development indicator with timely figures for this target not being available;
- long length of stay had been reduced but at present the 7-14 day performance was not being improved.

Finance and Efficiency: The Director of Finance and Information confirmed that August had been a tough month although the Trust was reporting a lower than expected deficit with a surplus of £0.7m below plan. This was being impacted by the operational pressures in the hospital and high agency spend with only 80% delivery of the cost improvement programme to reduce this spend. The Finance Committee would discuss and debate the half year financial report at their next meeting with a report to the next Board meeting. Jim Gollan informed the Board of discussions at September's Finance Committee. At this point the Trust's full year surplus target would not be revised although this would be watched carefully over the coming months. Whilst patient care was clearly first priority it was important that the right balance was struck.

SM

The Board NOTED and obtained ASSURANCE from the Scorecard.

O-141/2013 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's A&E waiting time performance had been strong in August at 97.7% although September had to date been more challenging. The quarter two to date figure was 96.5% with forecast achievement of the 95% target for the quarter as a whole. To meet these challenges a number of new schemes were due to commence in the next few months including the Ambulatory Care Unit and the establishment of the Older Persons Assessment and Liaison Team (OPAL). The Trust was also working with partner organisations to define and implement an OPAL-Plus service to deliver the on-going care for patients post-discharge and into the community which was needed in order for the OPAL model to achieve maximum benefits.

The Trust continued to achieve the RTT target on an aggregate basis. Improvement was also being seen at a speciality level with Ophthalmology having cleared the backlog and now meeting the target on a speciality basis. Urology was making good progress and would be achieving the target from September. Issues however remained within general Surgery and specifically within Upper GI and Colorectal. This issues within this later sub-speciality were complex and multi-faceted and a review was being undertaken to look at the demand and capacity and ensure that current processes were appropriate.

In August, with the closure of PIMS, an additional 300 Trauma and Orthopaedic patient lists had been transferred to ASPH at short notice. Whilst this had increased the Trust's backlog, the taking on of this work had ensured the patient would be treated timely as well as being beneficial to the trust both financially and in terms of capturing previously lost market share.

The Board NOTED and obtained ASSURANCE from the report.

O-142/2013 Staff Experience and Culture Programme

The Director of Workforce Transformation introduced the paper which was the first progress update to the Board since the Staff Experience and Culture Programme had been presented at the April 2013 meeting.

Board members discussed:

- the recent Pulse survey which did not highlight significant improvement across the Trust but did show improvement in pathology, which was one of the five hot-spots areas identified in the 2012 staff survey, as well as estates. Morale appeared to remain low in Imaging with clear investment needed in improving this position;
- the investment made in the emergency department in 2012 was now needed within theatres and critical care to improve morale and working in these areas;
- concern that there was still little apparent improvement within radiology which had received investment in the working environment and new equipment;
- the need to continue discussions with the organisation with forums such as the Chief Executive's 'Sounding Board' and the 'Wall' for posting comments appearing to resonate well with staff;
- The sense that patient feedback was improving but staff feedback was lagging behind this;
- Staff health and wellbeing and resilience with an external provider close to being commissioned to provide help to the Trust. The middle management development programme was also to be progressed and developed further;
- Initiatives such as the Wellness Group which had been started by a staff group to assess and aim to improve staff wellbeing; and
- Swartz rounds which were due to commence next month within the Trust.

The Board NOTED and obtained ASSURANCE from the paper.

O-143/2013 Finance Committee Minutes

Jim Gollan, Non-Executive Director and Chair of the Finance Committee presented the minutes of the meeting held on 19th July. At the recent meeting on 18th September the Committee had discussed the full year financial forecast and the new Monitor continuity of service risk rating.

Jim alerted the Board to the impending departure of Peter Taylor from the Committee due to his retirement from the Trust and the need to ensure this position was replaced.

The Board RECEIVED the minutes.

ANY OTHER BUSINESS

O-144/2013 Patient Panel: Sue Ells reported from the recent Patient Panel which had been a good meeting with positive feedback of the hospital relayed by the Panel members. One negative experience relayed was that of an elderly patient who had been moved during the night.

O-145/2013 QUESTIONS FROM THE PUBLIC

The Trust was praised for the recent PLACE inspection including the organisation of the inspection by William Britton and the results with the wards appearing calm, organised and patients content.

DATE OF NEXT MEETING

The next open meeting of the Trust Board would take place on 31st October 2013 at Ashford Hospital.

Signed:
Chairman

Date: 31st October 2013

SUMMARY ACTION POINTS

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment	Status
25/07/13	O-111/2013	IGAC Minutes	QEWS to accompany the minutes at future meetings.	PB	Sept '13	Discussion at IGAC in September 2013. Agreement that as the QEWS dashboard is still being developed and assessed this will not accompany the minutes at this stage.	...
25/07/13	O-122/2013	PALS and Complaints: lessons learnt	The Chief Nurse and the Head of Communications would consider how the reporting of information on the Trust website could be enhanced.	SR	Sept '13	Being considered.	...
27/06/13	O-96/2013	Staffing Framework	Board to receive update on the Framework.	SR	Oct '13	On the agenda.	✓
25/07/13	O-114/2013	Quality, Safety and Risk Management Strategy: one year review	Scope of the new 24 hour helpline was being developed and would be presented to a future meeting of the Trust Executive Committee.	SR	Oct '13	To be presented at TCE in November.	...
25/07/13	O-116/2013	Trust Risk Register	Board seminar to be planned on the Trust's risk appetite.	SR	Oct '13	Board seminar held on 30 th October.	✓

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment	Status
26/09/13	O-140/2013	Financial Half Year Report	To be presented at Board in October 2013.	SM	Oct '13	On the agenda.	✓
Action due at a future meeting							
29/11/12	O-152/2012	Medical Revalidation	Report to Board on the results of the first year re-validation.	DF	Apr '14	Not due	ND
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	Not due	ND
25/07/13	O-115/2013	Board Assurance Framework	Review of risks 1.6 and 3.1 to ensure not duplicated. Risk 1.2 should encompass the risk in the variability of care provided.	GR	Nov '13	Not due	ND
26/09/13	O-139/2013	Junior doctor survey	Junior doctor survey to be presented at a future Board meeting.	DF	TBC	Not due	ND
26/09/13	O-139/2013	Junior Doctors	Junior doctor presentations to the Board.	DF	Nov '13	Not due	ND