

**Minutes of the Trust Board Meeting
held on Thursday 26 February 2009
in the Education Centre, Ashford Hospital**

Part 1

Present:	Ms Aileen McLeish	Chairman
	Dr Mike Baxter	Medical Director
	Mr Paul Bentley	Director of Strategy
	Mr Norman Critchlow	Non-executive Director
	Mr Paul Doyle	Deputy Director of Finance
	Mrs Ruth Lallmahomed	Acting Director of Nursing and Governance
	Mr Andrew Liles	Chief Executive
	Mr Terry Price	Non-executive Director
	Mr Peter Taylor	Non-executive Director
	Mr Jeremy Tozer	Interim Director of Delivery

In attendance:	Mrs Gail Soliman	Personal Assistant to Chairman and Chief Executive – Board Secretary
	Ms Giselle Rothwell	Head of Communications

1	<p>Ms McLeish began by formally welcoming Ms Sue Ells, Non-Executive, to her first meeting. She also advised that the agenda had been restructured with four main sections, where Quality and Safety would be discussed first. The new cover sheet was being used on a trial basis.</p> <p>Apologies for Absence Apologies had been received from Professor Philip Beesley and Ms Petra Cunningham.</p>	Action
2	<p>Minutes of the Trust Board Meeting held on 22 January 2009 The minutes of the Trust Board meeting Part 1 held on 22 January 2009 will be brought to the meeting in March.</p>	
3	<p>Matters Arising There were no matters arising.</p>	
4	<p>Reports</p> <p>-1 <u>Chair</u> Ms McLeish advised that she had met with the Muslim Chaplain of Surrey and Borders Partnership Foundation Trust and will be continuing to improve community links.</p> <p>She will be meeting with Colin Tomson, Interim Chair South East Coast SHA, in advance of the Board to Board meeting with the SHA within the Foundation Trust application process.</p> <p>-2 <u>Chief Executive</u> Mr Liles confirmed that Mrs Valerie Howell had been appointed Chief Operating Officer and will be joining the Trust on 27 April 2009. There had been a good response for the Director of Workforce and Organisational Development with a strong field. Interviews are scheduled for 11 March. Applications had begun to</p>	

be received for the Chief Nurse.

The report was noted.

- 3 Mr Price advised that he had attended a Patient Environment Action Team (PEAT) walkabout at St Peter's Hospital. Although there were some environmental issues, generally the hospital had scored well.

Mr Liles confirmed that these inspections will be scheduled quarterly and an action plan prepared. Involvement of Non-Executive Directors is encouraged.

5 QUALITY AND SAFETY

- 1 Quality and Safety Report – proposed format

Mrs Lallmahomed confirmed that the paper proposed the format for future Quality and Safety reports. She would welcome comments and suggestions on the format and content.

Dr Baxter advised that the quality and safety agenda both nationally and locally is significant with a number of metrics. The SHA will be using five which the PCT will be encouraged to support. The PCT will also reward on quality metrics. Arrangements were being made to measure Trust performance using metrics, however these were likely to change once SHA and PCT requirements were known.

Mrs Lallmahomed responded to a question by confirming that benchmarking already occurs in falls, drug administration errors, pressure ulcers and complaints.

Mr Liles said that the aim of the report was to enable the Board to discuss Quality and Safety on the same level as Finance. It would increase scrutiny although it was difficult to pick out metrics and 'SMART' objectives. The aim was to identify 10-20 clinical metrics, for example fracture neck of femur and mortality, and track these through the year. The data should include avoidable harm and use information from Dr Foster. Dr Baxter confirmed that Dr Foster reported individual consultant performance.

Mr Taylor said that the management of quality should be an element of the 'lean' programme and costs should come down. It was important to develop a positive culture about how it could be better.

Mr Liles said that this was 'work in progress' but was a distinct improvement even though not a final product.

Mr Doyle advised that there would be annual quality payment (CQUIN) amounting to 0.5% in money terms. Dr Baxter said that this was to improve the quality of the patient journey with the money available for improvement of services. There would be an internal open competitive tender for the money.

- 2 Mixed Sex Accommodation

Mrs Lallmahomed provided the Board with an update. Following

recent announcement by the Secretary of State, the issues of mixed sex accommodation have been given high priority. Each Trust is required to provide the PCT with an action plan to identify how this would be addressed. This involves ensuring that patients do not have to walk past a patient of the other sex to access toilet or bathing facilities. This is currently difficult in the wards in Duchess of Kent Wing. From 2010 any instance of mixed sex accommodation will have a financial penalty.

Together with Mr Bentley and Mr Tozer, she had met with a team from the SHA and PCT to discuss the issues for this Trust which included a walkround. This visit had been very helpful. Of the £100million available nationally for work specifically to eradicate mixed sex accommodation, Surrey would receive about £1.2million. For this Trust there would need to be a combination of improvements that include some remodelling work but will also include establishing single sex wards. The Trust bid for £873,512 had been submitted and it should be noted that work has to be completed by June 2009. Mr Bentley said that he was optimistic that the Trust would receive a significant proportion of the funds available as Ashford and St Peter's Hospitals is recognised as a priority within the SHA.

Mr Taylor asked if this affected the plan on capacity. Mr Bentley confirmed that although the end result would be neutral, some capacity would be lost while the work was undertaken.

Mrs Lallmahomed said that although not part of the work schedule, the adolescent area in Paediatrics would need to have separate accommodation as 16-18 year olds can have a choice as to whether they are placed on the children's ward or in an adult area under recommendations in the National Service Framework.

Mr Liles said that these proposed changes would make it more difficult operationally. However the Trust needed to make these changes regardless. Any monies received would be a help but are unlikely to cover all costs. He also added that single sex accommodation would be reported to the Board from March in the Quality report, on action plans and incident reports.

Acting Head
of Nursing

- 3 Board Assurance Framework
The Board noted the Board Assurance Framework.
- 4 Risk Register
The Board noted the Risk Register.

6 PERFORMANCE

- 1 Activity
The report was noted by exception.
- 2 Finance
The report was noted.

7 STRATEGY AND PLANNING

	<p>-1 <u>Foundation Trust Application</u> Dr Baxter provided an update on the application. There had been a significant rewrite of the Integrated Business Plan (IBP) taking account of the feedback from the SHA. The draft version is due to be submitted 27 February. The timeline for the next draft required an extraordinary Board meeting which will be called prior to 30 April.</p> <p>There being no substantial changes, the Board approved the IBP for submission to the SHA. Board members were asked to submit any detailed comments for incorporation in the next draft.</p> <p>-2 <u>Integrated Governance and Risk Management Committee Structure</u> The Board agreed the revised structure which had been discussed at the Board workshop prior to the meeting.</p>	
8	<p>REGULATORY</p> <p>There were no agenda items.</p>	
9	<p>FOR INFORMATION</p> <p>-1 <u>Minutes of the Finance Committee - 21 January 2009</u> To be noted at the March meeting.</p> <p>-2 <u>Minutes of the Audit Committee – 21 January 2009</u> To be noted at the March meeting.</p>	
10	<p>ANY OTHER BUSINESS</p> <p>There was no other business.</p>	
11	<p>Date of Next Meeting 26 March 2009</p>	