Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD

Minutes of the Trust Board meeting
held on Thursday 26 March 2009
1400-1600
in the Education Centre, Ashford Hospital

Part 1

Present:	Ms Aileen McLeish	Chair
	Dr Mike Baxter	Medical Director
	Mr Philip Beesley	Non-Executive Director
	Mr Paul Bentley	Director of Strategy
	Dr Paul Crawshaw	Acting Medical Director
	Mr Norman Critchlow	Non-Executive Director
	Ms Petra Cunningham	Acting Director of Workforce and Organisational Development
	Ms Sue Ells	Non-Executive Director
	Mr John Headley	Acting Director of Finance
	Ms Valerie Howell	Chief Operating Officer
	Mrs Ruth Lallmahomed	Acting Director of Nursing and Performance
	Mr Andrew Liles	Chief Executive
	Mr Terry Price	Non-Executive Director
	Mr Peter Taylor	Non-Executive Director
	Mr Jez Tozer	Interim Director of Delivery
In attendance:	Dr Maurice Cohen	Patient Panel Member
	Mrs Cath Jago	Head of Information
	Mrs Gail Soliman	PA to Chief Executive and Chairman Board Secretary

		Action
	Aileen McLeish welcomed, Sue Ells Non-Executive Director, Valerie Howell (newly appointed as Chief Operating Officer and John Headley (Acting Director of Finance to their first public board meeting.	
1	**Apologies for Absence** Dr Jonathan Morgan had given his apologies.	
2	**Minutes of the Trust Board Meeting** The minutes of the Trust Board meetings Part 1 held on 22 January and 26 February 2009 were agreed as a correct record.	
3	**Matters Arising** -1 Estates Strategy The Estates Strategy was formally recorded as having been approved at the Trust Board meeting in February.	
4	**Reports**	

-1 Chair
The report was taken as read.

-2 Chief Executive
The report was taken as read.

Dr Cohen referred to the 360 degree appraisal asking for clarification. Dr Baxter explained that this is a process by which you receive feedback on your performance from a variety of sources. The appraisee identified a selection of colleagues to receive a questionnaire regarding his/her performance. The enhanced appraisals required for validation and accreditation of consultants will include a 360 degree and the Trust has purchased a tool to allow physicians to complete their own report. This forms one element of the appraisal process.

5 QUALITY AND SAFETY

-1 Quality and Safety Report
Mrs Lallmahomed highlighted some elements of the report. The submission of Standards for Better Health to the Care Quality Commission, made up of individual domains, would indicate 3 Standards as not being met. As the HealthCare Commission had served notice under the Hygiene Code, we would not be compliant with the relevant Standard, even though the HealthCare Commission had removed the notice. Another two standards would not be met as the Trust had identified issues around mixed sex accommodation, which were being addressed through the bed remodelling programme and planned investments in 2009/10

Mrs Lallmahomed also advised the Board that the Trust were looking to implement a new patient information system for consent.

With regard to the Sudden Untoward Incident referring to a death of a patient with C.difficile, she asked that the Board noted that the patient was already extremely ill when admitted. To aid communication between teams, particularly at night, a tool was being brought in which would provide a concise record of why a doctor was being asked to attend. This should help to reduce error and ensure that the sickest patients were seen in a timely manner.

Mrs Lallmahomed advised the Board that the CNST requirements for Maternity had recently been changed. Mrs Eileen Nolan, Associate Director Maternity, will be completing a gap analysis between levels 2 and 3.

The PALS, Incidents and Complaints report is for quarter 3. It provides a breakdown of incidents and lessons learned. Through work undertaken at the SHA and the nursing matrix, it will be possible to benchmark against some of the categories.

The Falls Group will be reporting to the Trust Board at a future meeting. A study day has been arranged. More work is

required as the level of reporting is good but effort must be made to reduce the number of incidents.

The national process for complaints changes from 1 April, affecting the timescale and encouraging more face-to-face meetings. This approach is already taken by Ashford and St Peter's Hospitals. The PALS service remains very busy but is managed by an excellent PALS Manager.

Mr Liles said that, with regard to delayed discharge, he chaired a group looking at this issue across the health economy and the aim was to have no more than 22 patients waiting for discharge.

Mr Price asked that the graphs, particularly the months are identified correctly. Ms McLeish asked if there were any concerns with the higher level of incidents recorded as 3. Mrs Lallmahomed said that the Trust currently grades 1-4 whereas nationally this was now 1-5 so direct comparison was not possible. The review of incident reporting would increase Trust grades to 1-5. However the overall level of reporting remains good.

Mr Critchlow said that there was a wealth of information and he asked how this was taken forward and lessons learned. Mrs Lallmahomed said that the Complaints Monitoring Group look at complaints in detail advising a change in practice where necessary. The 6-monthly business centre clinical governance report also identifies learning through local clinical governance.

-2 <u>Infection Control Quarterly Report</u>

Mrs Lallmahomed introduced the Infection Control Quarterly Report on behalf of Dr Angela Shaw, who would attend to present the annual report in May.

She advised the Board that the Trust had now recorded 19 cases of MRSA against a target of 18. Eight of these were hospital acquired, one a contaminate, the remaining 10 were community acquired. She confirmed that the Trust was working with Surrey PCT health protection unit and the community. The cases were individual with no obvious connections. This Trust did however have a larger number of nursing and residential homes within its catchment compared to the other West Surrey acute hospitals. The Trust study days were open to outside carers.

Mr Beesley asked about admissions from homes. Dr Baxter confirmed that he had initiated an audit on nursing home admission to ensure that the correct procedure was followed and that patients should be reviewed by a GP before readmission.

Mr Tozer advised that because these infections were such low numbers, guidance had been produced for standard deviation This indicates the Trust would have a tolerance of 4 over target. However it remained to be confirmed by the Care Quality Commission how this would be viewed when judging

whether the target had been met

Mrs Lallmahomed drew the Board's attention to the very low levels of C.difficile and Norovirus which Dr Baxter said provided assurance of general infection control.

-3 Matrons Cleanliness Report

Mrs Lallmahomed advised the Board that housekeeping leaders would not be included in the work rosters in order to enable them to perform their supervisor duties.

There were issues with recruitment and the length of time taken by the Department of Work and Pensions to switch work permits.

Mr Liles said that this was a good report with no gaps in data. However a standard format of tables would be more acceptable.

-4 Mixed Sex Accommodation

Mrs Lallmahomed confirmed that a high level of work was being undertaken through the bed remodelling programme. The Trust had not yet been notified what monies would be available through the PCT. Mr Bentley said that although the Trust had entered a bid for extra funding, the Trust were already committed to carrying out the work.

Dr Cohen said that these problems had been around for a long time and that extra beds would help to prevent the mixing. Mr Tozer said that as part of the bed remodelling programme, the Trust was looking at the number of elective and non-elective bed requirement and that more beds were being put in. However it was necessary to look at the whole package and ensure the right percentage of beds.

Mr Price said that the programme showed a high level of work commencing on 1 April. Mr Tozer confirmed that it would be operationally and logistically difficult to complete but the work was not an option. Mr Liles said that it might be necessary to come back to the Board should there be phasing or capital issues.

Mr Liles asked for Board approval for the work included in appendix 4 dependant on the funding being received.

The Board approved the work.

-5 Productive Ward

Mr Edmund Cartwright, programme manager of the Productive Ward, presented to the Board. He provided an overview of the programme, indicating which wards were participating. He gave examples of what was measured, providing baseline information, and what savings could be made. Progress was measured by key performance indicators (KPIs), both Trust-wide and local. The results were impacting on both patient and staff experience, an example of which was that staff were able to spend more time with patients.

Mr Taylor asked what was driving staff morale up. Mr Cartwright said that several factors were responsible, being part of a team and a feeling of control. Although the programme was facilitated and supported, the ward staff made the decisions. Mr Taylor then asked about building patient response to which Mr Cartwright responded that there were 13 modules and at each stage the team gathered patient feedback both verbal and written, and the patients were also involved in the photography. He also added that there were events where staff could share information although what might work in one area may not be transferable to another. Dr Baxter said that it was about patient perception, confirmed by Mr Cartwright who gave examples of disposable curtains, tidy uniforms, appropriate items always available, storage areas neat.

Dr Crawshaw said that he recently visited a ward where only the ward clerk was at the desk – all other staff were with patients.

Dr Baxter said that the organisational and transformation plan, the lean ward, will support the productive ward programme.

The Board thanked Edmund Cartwright for his presentation.

-6 Quality Accounts

It was agreed that this was a good update for the Board. The full proposal will be brought back when completed.

-7 HealthCare Commission Report on Mid Staffordshire Foundation Trust

Dr Baxter advised the Board that he had analysed data from the Mid Staffordshire Foundation Trust and compared it with data from Ashford and St Peter's Hospitals. The two Trusts were very similar in size of operation.

Standardised mortality rates (SMR) at Mid Staffs were running at 126 with a high of 160 against a theoretical norm of 100. Dr Baxter said that Ashford and St Peter's Hospitals currently showed an SMR of 73, the best performing acute Trust in Surrey. He confirmed that mortality was to be included in performance quality data produced for the Board and the Trust had invested in Dr Foster data supply to gain a breakdown of SMR by speciality. This was also germane to re-validation of consultants.

He said that delivery 24hours/7days a week was part of the IBP, together with 12 hour consultant cover in the emergency unit. Other areas that required addressing were increasing thrombolysis where the Trust had an appropriate policy and comprehensive documentation but where compliance was poor. This would be taken up with directorates.

Another area was the speed of intervention in fracture neck of femur where the Trust were showed 72%, improved to 87% over the last three months but where the target was 100% within 48 hours where clinically appropriate.

Mr Liles said that mortality was the biggest indicator on how good a hospital is. Dr Cohen asked if the Trust would be moving to 24hour consultant cover in emergency services. Dr Baxter said that 12 hours was a huge step and that medical Specialist Registrars were extremely qualified to cover the rest of the day.

-8 Board Assurance Framework

Mr Liles said that a Board half-day workshop had focussed on governance and risk assurance. A workshop has been arranged for Clinical Directors, Business Centre Managers and other senior managers to be briefed on governance and risk management. He also said that the Board Assurance Framework together with the Corporate and Local Risk Registers will be tabled monthly at the Trust Executive Committee.

Dr Cohen commented that one of the gaps in control was the absence of written disaster recovery plans. Mrs Jago confirmed that the only gap was in relation to IT systems and that action was being taken.

6 PERFORMANCE

-1 Activity

The Board noted the report.

-2 Finance

Mr Headley advised the Board that the surplus to date in month 11 was £5.2million against a target of £5.5million. Although behind target, he said that indications were that the Trust would meet the required end figure.

-3 Workforce

Ms Cunningham presented the Workforce Report. She said that key performance indicators were being used to monitor turnover and sickness.

Mr Price asked if further analysis of sickness had been undertaken and asked that any trends are included in future reports. Ms Cunningham said that it had been agreed to share this information on a 6-monthly basis.

-4 IM&T Report

Ms McLeish invited Mrs Jago to present the IM&T Report. Mrs Jago highlighted the following points from the report. The Medical Director had been identified as the senior information risk owner on an interim basis until the substantive post of Director of Finance and Information had been filled.

The encryption of laptops was almost complete. With regard to the encryption of port controls, it had been decided not to use encrypted memory sticks but incorporate a programme that would automatically encrypt any memory stick used. The Trust

had submitted a 73% scoring in the self-assessment, where over 70% was deemed green.

She confirmed to the Board that the Trust had maintained a high level of clinical coding accuracy scoring an exceptionally high percentage in an external clinical coding audit. Training levels were high with staff encouraged to undertake a national qualification.

Dr Crawshaw commented that the coders code accurately on the information available to them and it was essential that this was correct.

7 STRATEGY AND PLANNING

-1 <u>2009/10 Budget and Capital Programme</u>

Mr Headley presented the 2009/10 Budget and Capital Programme for Board approval. The income increased by £1.5% against flat activity. Impairments of £1.5milion had been transferred to the SouthEast Coast SHA central budget. The SLA with Surrey PCT was the biggest driver and the latest position was reflected. Expense budgets had limited increase in revenue with many areas restrained.

Mr Price queried the rise in the budget for the Chief Executive. Mr Headley explained that this reflected the high rise of CNST costs.

Cost improvement plans totalled £6.6million and it was vital to achieving the budget. Business managers will be signing up to deliver on the individual plans.

Mr Beesley commented that the plan to reduce temporary staff looked challenging. Mr Headley said that it had been made more difficult to book temporary staff, and that HR was working with departments to ensure the sickness policy was followed.

With regard to the Capital Plan, Mr Headley said that the money available would mostly be used to assist in the mixed sex accommodation work, and in demolishing the ramp which would entail the relocation of staff. It was a tight budget with little available for development.

The key risks included income demand management schemes, contract challenges and not meeting the required level of cost improvements.

In recommending the Board's approval, Mr Liles advised the Board that the Budget and Capital Plan had been approved by the Trust Executive Committee.

Mr Critchlow said that controls over pay were most important and that cost improvements were more than the bottom line. He also commented that the allocation of capital towards backlog maintenance was token. Mr Headley said that the ramp forms a big part of the backlog and this would be

	demolished during the year. Mr Taylor said that some of the cost improvement plans would inevitably not be accomplished and that the Trust should continue to identify further plans. The Board approved the 2009/10 Budget and Capital Programme -2 Workforce Strategy The Workforce Strategy was deferred to a later meeting. -3 Foundation Trust Update The Foundation Trust update was taken as read. The Board approved the recommendations.	
8	**REGULATORY** There are no agenda items.	
9	**FOR INFORMATION** -1 Minutes of the Finance Committee The minutes of the Finance Committee meetings on 21 January and 18 February 2009 were noted. -2 Minutes of the Audit Committee The minutes of the Audit Committee meeting on 21 January 2009 were noted. -3 Minutes of the Integrated Governance Assurance Committee The minutes of the Integrated Governance Assurance Committee meeting on 14 February 2009 were noted. -4 Minutes of the Trust Executive Committee The minutes of the Trust Executive Committee meeting on13 March 2009 were noted. -5 Expenditure from Trust Funds The expenditure from Trust Funds was approved. -6 MRSA Screening Policy and Assurance Framework The MRSA Screening Policy and Assurance Framework was ratified.	
10	**ANY OTHER BUSINESS** There was no other business.	
11	**DATE OF NEXT MEETING** The next meeting of the Board is scheduled for 28 May 2009.	