

**TRUST BOARD MEETING  
 MINUTES  
 Open Session  
 25 June 2015**

<b>PRESENT</b>	Nadeem Aziz Valerie Bartlett Philip Beesley Heather Caudle Sue Ells Clive Goodwin Lorraine Knight Simon Marshall Louise McKenzie Aileen McLeish Terry Price Carolyn Simons Suzanne Rankin Peter Taylor	Non-Executive Director Deputy Chief Executive Non-Executive Director Chief Nurse Non-Executive Director Non-Executive Director Interim Chief Operating Officer Director of Finance & Information Director of Workforce Transformation & OD Chairman Non-Executive Director Non-Executive Director Chief Executive Non-Executive Director
<b>SECRETARY:</b>	Liz Davies	Acting Company Secretary
<b>APOLOGIES:</b>	David Fluck	Medical Director
<b>IN ATTENDANCE:</b>	Michael Imrie Robert Peet	Deputy Medical Director & Chief of Patient Safety Director of Strategic Development
<b>Minute</b>		<b>Action</b>

**Declaration of Interests**

None

**O-59/2015 MINUTES**

The minutes of the meeting held on 28 May were AGREED as a correct record, with the following exception, on p.8 "cancer event" to read "colorectal event":

**O-60/2015 MATTERS ARISING**

None

**REPORTS**

**O-61/2015 Chairman's Report**

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

- National developments, such as the focus on the vanguard sites for the New Care Models Programme, one of the first steps towards delivering the Five Year Forward View;
- Lord Carter's report on procurement and savings more details of which are due in September;
- Health and Social Care integration and how we balance quality and the Carter challenge;
- Ashford hospital and the press reaction to closure of wards, and the comments on privatisation of the health service on twitter.
- The Council of Governors approved changes to the constitution to increase the terms that an elected governor can serve, from two to three years. These changes will be presented to the Annual Members' meeting scheduled for 21<sup>st</sup> July;
- Congratulations to Philip Beesley on reappointment as a Non-Executive Director.

The Board RECEIVED the report.

**O-62/2015 Chief Executive's Report**

The Chief Executive presented her report highlighting a number of matters including:

- Our work on culture continues to progress. The Friends and Family Test is demonstrating significant improvement quarter on quarter. This time 84% of respondents said they would recommend the Trust as a place to receive care (an increase of 2% since last time) and 73% as a place to work (compared to 69% last time). Against our local hospitals this puts us into third place, out of a total of eight local Trusts.
- Two wards are now closed at Ashford. This is not a reflection on the quality of care; the rehabilitation care provided on these wards is now being commissioned from the community. We have repatriated the nurses across both sites.
- The 2014 National Inpatient Survey results are fantastic and the level of improvement shown is a real step-change.
- We continue to promote the benefits of working at Ashford & St Peter's to our staff as part of our wider recruitment and retention strategy – and we are doing a really good job on publicising staff benefits this week.

The Director of Workforce Transformation added that reaction from staff has been very positive. We spent a lot of time negotiating these deals on behalf of ASPH and have obtained some very good discounts for staff.

The Chief Executive said this is a really good initiative – and to formally thank Colleen Sherlock, Head of Workforce Planning & Resourcing for all the hard work in putting this together.

The Director of Strategic Development reported on progress with the merger. The CMA main party hearings took place last Wednesday, and teams from both RSCH/ASPH were present. It was a good meeting and the CMA is expected to publish their interim findings later this month.

The Chief Executive gave a brief account of the time spent at the NHS Confederation, and said it was a good opportunity to meet with other leaders and to hear the speakers on stage – one of the key themes from NHS top leaders is that there will be no new money within the system and that we must realise savings by being more efficient.

The Board RECEIVED the report.

## **PERFORMANCE**

### **O-63/2015 Performance Report**

The Interim Chief Operating Officer introduced the new-style performance report which had been reviewed at the Finance & Performance Committee. The report provides a deeper insight on performance and a better understanding of where to concentrate efforts. It still requires some refinement and Non-Executive Directors, Nadeem Aziz, Clive Goodwin and Peter Taylor are working with the interim COO on further development.

There are improvements across all metrics this month. We narrowly missed the A&E target with performance recorded at 94.25%.

An extensive Urgent Care Improvement Programme is underway and we should begin to see a significant improvement in A+E compliance as we embed the improvement plan.

We are participating in a monthly telephone call with Monitor to review our improvement plan for A&E and to discuss what priority action we are taking in areas not meeting standards. We are also holding monthly meetings with Divisions to track accountability on performance.

We are undertaking two pieces of work to turnaround A&E performance. The trial of an Urgent Care Centre which will be operational by October, and we are in the process of completing the specification bid to run this service and a decision will be made by the end of July.

Local health and social care providers, led by the NWS Clinical Commissioning Group, have engaged Alamac Consultancy, who specialise in improving system healthcare performance and provide change management support. Alamac are behavioural change experts and work with teams at all levels in an organisation(s) and support them to make incremental changes and assess the impact of change. An initial meeting has already taken place with a group of clinicians.

The interim Chief Operating Officer added that she has invited Alamac to meet with the Director of Transformation to discuss their approach and to ensure that current Trust initiatives are joined up.

Clive Goodwin, Non-Executive Director, offered support with the business case for the Urgent Care Centre and in fast tracking a paper to the Finance Committee.

The Board discussed the rationale for the Urgent Care Centre and concluded that addressing the culture and ways of working within and between teams will be critical to the success of the initiative. The Deputy Chief Executive added that NERA Economic Consulting is currently undertaking research and analysis of new models of care in North-West Surrey which will help inform the design.

The interim Chief Operating Officer reported that we are compliant with all RTT targets and have achieved all cancer targets.

The Trust commenced its programme of additional endoscopy activity during June and is now beginning to see a reduction in overdue endoscopy procedures in line with backlog reduction plans. Prospective endoscopy capacity now matches anticipated demand, inclusive of the required capacity to reduce the existing backlog over the next 10-12 weeks.

The Board NOTED and obtained ASSURANCE from the report.

**O-64/2015      **Balanced Scorecard****

*Skilled, motivated workforce:*

The Director of Transformation and OD highlighted the recent recruitment campaigns with the trajectory to recruit 250 nurses this financial year; and noted that we have more than 100 nurses in the recruitment pipeline at the present time. We are currently focusing on retention and gathering detailed analysis on why people are leaving and staying, and as part of this initiative we will be giving consideration to changing the substantive contract to offer more flexible terms. We will also be encouraging debate on this subject on the "comments wall" to be launched over the next few weeks.

Discussion took place on some of the underlying reasons staff leave the organisation, such as lack of a social network for employees living on site, and supporting employees to consider different ways of working when contemplating early retirement. It was noted that there are longer term plans to address these issues, and to note the recently launched staff benefits programme.

Monitor has published the temporary staffing toolkit and we are in the process of making a self-assessment against the toolkit and have found we already meet good practice in some areas, and will be improving our processes in respect of control and approval of our temporary workforce. The Trust has implemented the first of two new free software systems for medical locums, the HMRC VAT savings model has been implemented and is delivering savings as planned. The bookings and timesheets system

will go live in July. Bank expenditure decreased to 5.7% of the pay bill, which is within target.

Nadeem Aziz, Non-Executive Director posed a question in respect of Lord Carter's interim report on operational productivity which includes review of non-productive time, e.g. annual leave. The Director of Workforce Transformation responded that no specific action has been taken as a result of the Carter review (pending further information expected in the autumn), however annual leave at peak times will be reviewed and the new annual leave policy for doctors will help address this issue and will be reinforced this year.

The Director of Finance & Information added that the recent focused work on rostering nurses is proving to be of benefit.

*Top Productivity*

The Director of Finance & Information summarised that in month 2 we are slightly behind plan and £800,000 YTD in deficit. We have done well on CIPs, just £100,000 behind YTD which is a good start to the year.

The closing of beds at Ashford and redeployment of staff will help, and length of stay is improving. Theatre efficiency is still cause for concern and there are a number of actions in progress to help recover the position which are described in the scorecard.

Terry Price, Non-Executive Director queried the statement on no future investments (business cases) until the Trust finances are back on track;"

The Director of Finance & Information responded that we have planned for certain investments to achieve safer staffing, which would not be sufficient if these result in an increase in our agency numbers. Hence work is required to define the transition plan to secure permanent staffing while implementing additional agency/specialising controls.

Although we have a reasonable amount of reserves at this stage, we are being as cautious as possible over releasing these. At the moment our income remains particularly difficult to forecast given the biggest variable being the QIPP programmes and the extent to which this will be fully delivered. It was noted the Capital programme is being slowed down slightly but not materially at this stage to protect our cash balances."

The Board NOTED and obtained ASSURANCE from the scorecard.

**O-65 /2015 Finance & Performance Committee Minutes**

Nadeem Aziz, Non-Executive Director & Chair of the Finance Committee noted the first month of the new report which showed evidence of improved reporting and thanked colleagues who had supported the process which had proved productive.

The Board NOTED the report

**QUALITY AND SAFETY**

**O-66/2015 Quality Report**

The Chief of Patient Safety and Chief Nurse presented the Quality Report drawing attention to the following issues:

The Scorecard composition and the measures have been refreshed for the current year to reflect our new improvement priorities. Falls is disclosed per 1000 bed days as a single measure which incorporates total falls in the numerator. Falls per the Safety Thermometer measure will continue to be presented.

The number of serious incidents will continue to be monitored via the Closed Board reporting process, and we are committed to improving the timeliness with which our SIRI reports are cleared with our Clinical Commissioning Group (CCG), and an action plan for recovery is in development.

Mortality indices show In-hospital deaths exceeds the limit of 86 but is an improvement against April 2015 with 113 deaths. Whilst higher deaths in both April and May 2015 are associated with ongoing operational pressures this cannot be deemed causal. The Summary Hospital Level Mortality Indicator (SHMI) is in line our target.

The significant rise in the Risk Adjusted Mortality Index (RAMI) from 56 in April to 71 in May reflects both the rise in crude mortality and the RAMI mortality subset. The April rise is fairly predictable and is also seen in our peer comparator group.

The Chief Nurse stated that we are focussing on an improvement plan to address the increase in Grade 2 pressure ulcers. Readmissions are above target and we intend to use LACE scores (a tool used in primary care) to help reduce inpatient readmission within 30 days.

Direct stroke admission is still a disappointment and whilst the ring-fenced bed policy has had some effect, further work is needed to address patient flow to optimise and protect use of these beds.

There has been a marginal increase in follow-up complaints reported in May which is a slight increase on previous months. We are using the Complaints Panel to review each of these complaints and we will report back on the analysis.

Reporting on the National Inpatient Survey results, the Chief Nurse commented that the Trust has moved to a national position of 77<sup>th</sup> out of 154 Trusts this year which is an improvement of 66 places upwards and a substantial achievement. In particular the score for doctors showed a significant improvement.

The Chairman stated that we should be celebrating the Inpatient Survey results.

The report was RECEIVED by the Board.

**O-67/2015 Safer Staffing Levels**

The Chief Nurse presented the Safer Staffing Levels Report and highlighted the following key points:

The Medical Division continues with its 4/6 weekly recruitment drive and we have recently recruited six nurses.

Historical working patterns on NICU continue to be challenged and the roster closely monitored. There is now senior cover on all shifts supporting clinical decision making and supervising junior staff, and a process for escalation has been developed.

Following the appointment of a new ward manager and clinical practice educator (CPE) on Swan Ward morale is improving, and we are also providing support and mentoring for staff.

There have been continued short term intervals of staff sickness and absences on Dickens Ward which continue to be managed effectively. All staffing vacancies for Dickens Ward have been filled.

There are still some issues of concern in regard to space and medical cover on surgical wards and it was agreed that the action plan will be reviewed in six months and focus will be given to surgical wards in September.

Staffing has continued to be challenging over this reporting period particularly for Kingfisher Ward due to vacancies.

The use of bank and agency staff to fill night and weekend shifts continues to be monitored.

The Board NOTED and obtained ASSURANCE from the report.

**O-68/2015 Six Monthly Acuity Review**

The Chief Nurse introduced the Safer Staffing Nursing Establishment Framework six month review paper.

The paper presents the results of the 6-month review that was conducted during February to March 2015 and describes the implementation of the 6-month review, the output of that acuity and dependency review and the application of professional judgement as well as senior executive challenge.

The Board is asked to make an informed decision on the two options which both present an opportunity for improved staffing skill mix, an increase in staff and an overall investment in staffing levels.

Option 1 offers an increase in 18.7WTE and an improvement in registered to unregistered staffing ratios totalling an investment of £865,510. The

variance between the calculated establishment from the acuity review compared with the proposed establishment is 0.92WTE less than what is calculated.

Option 2 offers an increase in 11.07WTE, an improvement in registered to unregistered staffing ratios and an overall investment of £527,381. The variance between the calculated establishments from the acuity review compared with the proposed establishment is 8.54WTE less than what is calculated.

Board participated in a wide-ranging discussion and considered in depth both options and the implications of implementation, and the following actions were agreed:

- Support Option 1
- Funding to be incorporated in the report and review as part of budget setting.
- Future establishment review to be conducted as part of business planning process.
- Conduct feasible study and output, standardised approach to supernumerary.
- Maintain compliance with twice a year acuity and dependent staffing review and reporting.

The Board RECEIVED and obtained ASSURANCE from the Report.

## **REGULATORY**

### **O-69/2015 Monitor Self-certification**

The Director of Finance & Information presented the paper which sets out the self-certifications required against the requirements of General Condition 6 of the Licence.

The Trust is required to submit the following certifications as part of the Annual Planning process for 2015/16 the Trust is required to submit the following certifications to Monitor by 30<sup>th</sup> June:

- Corporate Governance Statement;
- Joint Ventures and Academic Health Science Centre; and
- Training of Governors.

The recommended certifications were APPROVED by the Board.

### **O-70/2015 Estate Backlog Maintenance Report**

The Deputy Chief Executive introduced the report which describes the findings of the recent major condition survey of the Trust's Estate – its building assets and engineering services. It is recommended that the Trust develops and funds a 5 year plan to mitigate all high and significant risks and raise the estate to an operationally acceptable standard.

The Board NOTED the report and APPROVED the development of the five year plan.

**O-71/2015 Annual Sustainable Development Report**

The Deputy Chief Executive presented the paper reporting annual progress against the Trust's Sustainable Development Action Plan and carbon footprint.

An annual action plan is developed each year by the Sustainable Development Group, and is focused on minimising environmental and cost impacts. Overall, the Trust reduced its carbon footprint by 8.1% against the NHS national target of 10% reduction by 2015.

National carbon reduction targets have influenced the Trust Transport Plan and contribute to reducing vehicle pollution and congestion. Procurement contributes to more than two-thirds of the Trust's carbon footprint, and this means that the Trust indirectly incurs emissions from the purchase of goods and services. The Sustainable Development Group is developing three streams of work to reduce carbon and cost impact from the sourcing of goods and services.

The Board NOTED the Report.

**O-72/2015 Charitable Funds Committee Minutes**

Carolyn Simons, Non-Executive Director and Chair of the Committee presented the minutes of the meeting held on 19 March 2015, wherein the main points under consideration were the Quarterly Accounts to 31st December 2014, Funds Framework, fundraising, and our investment portfolio.

The Board RECEIVED the Minutes.

**ANY OTHER BUSINESS**

**O-73/2015 Patient Panel:** Sue Ells, Non-Executive Director, reported to the Board on the recent Patient Panel meeting which had discussed the following issues:

Positives

- Mr Humphrey Scott's talk on the new Physician Associates roles, which was greatly appreciated and enjoyed. There is firm support for Physician Associates and a desire to hear more as these posts grow and their success is evaluated in the medium to long term.
- Sharing of information on ASPH patient food experiences seems to reveal almost universally positive feedback, particularly when compared with RSCH and Royal Berkshire. Need to stay vigilant though, as a couple of irregular comments, which are being checked out, about patients needing help with feeding still or being at the end of the serving line twice in a row and getting cold food.
- Delighted that Patient Panel now has a role in formally contributing to the Trust's understanding of the patient experience via report to the monthly open board meeting.

Concerns:

- Continue around meetings not being quorate (e.g. CENARG)
- Some PP members expressed surprised that the merger was still on. The Chief Executive responded that Friday's message would address this.
- Several reports of blood test results going missing/incorrect tests being done, is this within normal tolerance, or is it something that should be reviewed.
- Some PP members were being told by their GPs that ASPH offered patients poor food. Maybe an opportunity for ASPH staff to visit GPs in their surgeries and build engagement around our excellent services and patient experiences.
- The PP representative who volunteered to help with the Outpatient Project is still waiting to get involved.

The Chief Nurse gave news about an exhibition to be launched in mid-July. The exhibition will showcase portraits of patients that have been taken following their consultation over which they express their thoughts and feelings regarding their medical condition. The exhibition can be viewed along the Level 3 Corridor.

**O-74/2015 QUESTIONS FROM THE PUBLIC**

There was one question from the public on whether the staff benefits apply to governors.

The 'Red heart' local discounts labelled "ASPH ID" can be claimed by anyone with an ASPH ID badge.

The Green circle 'NHS discounts' is a national scheme and governors may be able to register on [www.healthservicediscounts.com](http://www.healthservicediscounts.com).

**DATE OF NEXT MEETING**

The next open meeting of the Trust Board will take place on 30 July 2015 at Ashford Hospital.

**Signed:** .....  
Chairman

**Date:** 26 June 2015