

MINUTES/ACTION NOTES

Name Of Meeting	TRUST BOARD – PART 1		
Date of Meeting	Thursday 26 March 2009		
Venue	Room B1, Education Centre, Royal Surrey County Hospital		
Present	Mr A Howarth (Chair) Mrs M Poole Mr J Denning Mr N Moberly Dr C Tibbs	Mr P Biddle Mrs S Lewis Mr M Pantlin Mrs S Wood	Mr S Caswell Mrs D McKenzie
In Attendance	Mrs J Green	Mr R Boyce (SHA observer)	

DISCUSSION		ACTION WHO/WHEN
TBM 1 21/09	<p>MINUTES OF THE LAST MEETING – 26 February 2009</p> <p>The minutes of the meeting held on 26 February 2009 were discussed and approved.</p>	
TBM 1 22/09	<p>MATTERS ARISING</p> <p>(a) CHKS</p> <p>A presentation on CHKS would be made to the April Board meeting.</p> <p>(b) PEAT report</p> <p>The PEAT outcomes were discussed. The Trust was still awaiting a report from LINKs. Once submitted a report would be made to the Board on their findings.</p> <p>(c) Letter to all staff</p> <p>It was noted that a letter would be circulated to all staff at the end of 2008/09 thanking everyone for all their hard work during the year, in particular during the bad weather in relay February.</p> <p>(d) Outstanding actions</p> <p>These would be clearly identified for future meetings.</p>	<p>JG (pres arranged)</p> <p>SL</p> <p>JG</p>
TBM 23/09	<p>CHAIR’S REPORT</p> <p>The Chair informed the Board that the hospital continued to be extremely busy and had had to close its doors to ambulance attendees (except life threatening conditions) between 5.30 and 7.30pm on 25 March 2009. The Foundation Trust application work continued apace and the first potential governors’ workshop held on 25 March had attracted 60 attendees, which was considered very promising. Work on Board development was also continuing. The Chair had also held meetings with the Chairs of neighboring</p>	

acute Trusts.

**TBM 1
24/09**

STRATEGY AND EXTERNAL RELATIONS

Chief Executive's Report

In common with other local acute Trusts, the Trusts' "Any Willing Provider" bid for ophthalmology and dermatology had been unsuccessful. We have yet to hear whether the PCT Provider Arm's bid for MSK has been accepted.

Details would be sought from Surrey PCT on which organisations had had bids accepted and the Trust's position would be kept under review.

Work was continuing with the Guildford and Haslemere based ICO pilot (involving GPs from those areas and a private sector entity (IHP)) on opportunities for improving the handling of emergency attendances and admissions. It was anticipated that the specification for the provision of renal services in Surrey would be released shortly and the Trust would submit a bid to be a provider.

The Foundation Trust application continued apace with the Strategic Health Authority supporting the Trust's application. Subject to refinement of the Integrated Business Plan to reflect the increasingly difficult national economic environment, the Department of Health Applications Committee would consider the application at its meeting in April 2009. Subject to approval by the committee, the application would be forwarded to Monitor for the assessment phase which was likely to commence in early May with a target licensing date of 1 August 2009.

The Trust remained on track to deliver a planned surplus of £2.9m for 2008/09. Negotiations with Surrey PCT had also been successfully concluded on the 2009/10 contract. There had been some give and take on both sides of the negotiations with a conclusion reached whereby the needs and priorities of both organisations had been met.

**TBM1
25/09**

PERFORMANCE MANAGEMENT

Trust performance report – February 2009

It was noted that emergency activity was 3% above plan in February in spite of the shorter month and 9% above plan for 2008/09. Day cases were on target while elective inpatients were down 8% on plan in month due to cancellations caused by the severe weather. In the year to date new outpatient appointments were 5% ahead of plan and overall the new follow up ratio continued to move closer to the PCT's target and was 1.95 in month, down from a peak of 2.12 in May 2008.

Activity

It was noted that activity levels in February remained high in spite of the bad weather. It was also noted that the Trust would be required to monitor all outpatient procedures in 2009/10 although payments on a cost per case basis would continue for the 8 procedures funded separately in 2008/09.

Finance

Income, although below January level, had remained above plan and

benefited from the release of provisions held against disputes with non Surrey PCTs. The full year forecast surplus remained on plan at £2.9m.

Clinical Governance

It was reported that the mortality rate had dropped. Hand washing for the period had reached 95% which was the highest ever achieved. The number of near misses reported had increased, which was good as this allowed the Trust to learn and improve upon its procedures where necessary. Responses to complaints would be reviewed in 2009/10 as part of the changes to procedures for handling complaints within the NHS. The Board was pleased to note that the Trust had achieved level 2 Risk Management Standard which gave assurance as to high performance in all areas of risk management, particularly those linked to clinical risk. The Board were reminded that a report detailing any claims made against the Trust was considered every 6 months.

Operational Efficiency

It was noted that bed occupancy remained high together with the risks involved. Day surgery utilisation had improved following a review of processes between admissions and the Day Surgery Unit.

Patient Experience

The performance in A&E was noted and that the Trust was on target to achieve the year end target of over 98%. A&E performance was of concern throughout Surrey. A report on a full review of the A&E operation would be submitted to the next Board meeting. It was noted that the figures for cancer waiting targets were compared to previous targets, which it was anticipated would be changed, with the final quarter being measured against the revised targets.

SL

Staff Capacity and Capability

An update on the areas where vacancies were hard to fill was received and noted. The Board noted that the long term aim of replacing temporary staff with permanent staff was progressing as a priority.

The results of the staff survey had recently been received and it was pleasing to note that the Trust had performed well against other Trusts. It was planned to submit a detailed report to the April meeting.

Report to next mtg - MPn

Heat Map and Compliance Framework

The Board considered the Heat map and compliance framework.

TBM1
26/09

ANNUAL HEALTH CHECK

The Board considered an update report on the Annual Health Check for 2008/09 which also set out how the check would operate from 2009/10. It was noted that an "excellent" or "good" rating was anticipated for 2008/09 together with the reasons for the uncertainty which related to patient experience, maternity hospital episodes and cancer waits. A request for a report on the Trust's compliance against the core standards had been submitted to LINK .

The concerns surrounding the children's service review in 2006/07 were noted together with future plans for providing training in child protection for clinical staff.

RISK MANAGEMENT

**TBM 1
27/09**

Trust Risk Register

The primary Risk Register for the Trust, which included all risks scoring 8 or above using the Trusts' risk matrix, was reviewed and updated.

Arising from their consideration, the Board AGREED the various capacity issues being experienced by the Trust should be discussed at Integrated Governance.

Assurance Framework 2008/09

Subject to review of the wording in item 3, the Assurance Framework for 2008/09, which linked with the Trust's risk register, was considered and APPROVED.

Infection Control Monthly Report – March 2009

The Board were informed that, since their last meeting there had been one further community acquired MRSA case and C.diff rates remained below trajectory. The Trust had almost completed the action plan issued following the Health Care Commission's visit in September 2008. This included training over 1,000 staff and following difficulty experienced in resourcing an infection control nurse, consideration was being given to a staff secondment from a clinical area for a temporary period. A business case for appointing 2 Infection Control nurses would also be submitted in due course. Future planned action and developments were also noted.

It was noted that a proposed policy on dealing with MRSA screening would be submitted to the next meeting.

**Policy to next
mtg - CT**

In February 2009, 11 cases of C.diff, 4 of which were community acquired had been reported. Current figures showed the Trust well below both national and strategic targets.

ORGANISATIONAL DEVELOPMENT

**TBM 1
28/09**

Patients First monthly update

The project status and the programme achieved to date were received and noted. It was felt that the project had now reached the stage where the benefits realised from it should be assessed and considered by the Board. It was therefore AGREED that a report on the outcomes and benefits achieved by the Patients First Programme be submitted to the Board in due course.

The Board were advised that a report on the Trust's draft values and behaviors would be submitted to the April meeting.

NM

STATUTORY REPORTS AND COMMITTEE MINUTES

200910 Plan/Budgets

The Board had before them the 2009/10 and 2010/11 Trust plan which had been submitted to the Strategic Health Authority (SHA) on 13 March 2009. It was noted that the plan matched the Integrated Business Plan/Long Term Financial Model submitted in support of the February Board to Board meeting with the SHA.

The plan submitted showed the Trust delivering a £6m surplus in 2009/10 and £6.3m in 2010/11. This would in turn produce the 9% EBITDA and 3% retained surplus required for Foundation Trust status. Copies of the detailed schedules within the plan were also submitted to the Board, together with information about the assumptions made concerning inflation, in line with SHA and Monitor guidelines. Additional uplifts had also been included for European Working Time Directive, NICE/Development drugs and incremental drift.

The Service Level Agreement with Surrey PCT had been signed on 13 March 2009 for a value of £134.9m and a summary of the plan was submitted to the Board. Further work would be necessary to finalise the contract and the reasons for that were noted by the Board. The SLA assumed growth of 1.5 % across all specialties and the Trust's income plan assumed market share growth above this level in a number of specialties, mainly elective medical episodes and oncology growth of 5%. Overall this would require over plan performance of approx 2% which was within the tolerance acceptable to Monitor. CQUIN of 0.5% had been included within the Trust clinical income plan.

The Board received and noted a summary analysis of the 2009/10 pay budget, totalling £120.2m, which matched the Integrated Business Plan assumptions, together with detail by each specialist Business Unit. The non pay budget, totalling £64.4m, had been built up from forecast outturn for 2008/09. A summary of the movements within the budget was before the Board.

The Cost Improvement Programme for 2009/10 had been identified as £6.9m and had been incorporated into the plan. The various actions identified to achieve the programme were provided to the Board.

The workforce plan supported the overall pay budget for 2009/10 and totalled £120.2m with £4m identified for agency staffing. It was planned to reduce the spending on agency staffing and increase permanent staffing levels where necessary.

The capital plans for 2009/10 (£13.3m) and 2010/11 (£15.3m) were identified to the Board and the planned programmes for the 2 years were also submitted for consideration. It was considered that the detailed programme should be considered by the soon to be created Finance and Investment Committee in due course.

The plans to increase cash flow over the 2 years were identified and arose from increases in planned surplus and improvements in working capital.

Finally, it was noted that work continued to finalise budgets with business units and functions and contribution margins would be finalised in early April to support the scorecard plans for 2009/10.

Having considered the report in detail, the Board AGREED that the 2009/10 and 2010/11 Trust plans be approved.

Statement of Internal Control

Having considered the 2008/09 Statement of Internal Control (SIC) which was required to be submitted annually, the Board AGREED that the SIC submitted be approved.

NM

Approval of various policies

The Board considered and RATIFIED the following policies which had been considered in detail by various committees of the Board:

- Legionella policy
- Policy for Infection Control Input into design, Construction and Renovations Projects
- Maintenance (Building and Plant)
- Estates Ventilation

Equality and Diversity Report

The Board received an update report on the Trust's current position with regard to meeting legislative and regulatory requirements for equality and diversity. It was noted that the Trust performed above average compared with other Trusts within the Strategic Health Authority area. It was noted that the Trust's steering group was undertaking a complete review of the organisational and regulatory requirements. An action plan was currently being drawn up and would be agreed for 2009/10.

PEAT – Update

The results of the 2009 inspection were submitted to the Board together with the future improvement and action plan for 2009/10 which had to be undertaken as a minimum requirement. Improvements made since 2008 were also identified. It was noted that the food service score would reduce from "excellent" to "good" and the reason for that.

Having considered the proposed action plan and noting that a report would be submitted to the Board at 6 monthly intervals, the Board NOTED the report.

Audit Committee – Minutes, Annual Report, Checklist and Membership

- (a) Minutes of meeting – 6 March 2009 – the Board APPROVED the minutes of the meeting as submitted.
- (b) Annual report – the Board NOTED the annual report for 2007/08
- (c) ALE Self-assessment checklist – the Board RATIFIED the checklist submitted.
- (d) Membership – In accordance with Standing Order 5, the Board

APPROVED the appointment of John Denning to serve on the Audit Committee with immediate effect.

Minutes of Committee Meetings

The Board considered and approved the minutes of the following Board committee meetings:

- (a) Integrated Governance Committee – 11 March 2009
- (b) Executive Management Committee – 4 March 2009

Estates Strategy

The Board considered an updated Estates Strategy which encompassed the 5 year Estates Plan and reviewed a backlog of maintenance. In view of the lateness of the hour, the Board AGREED that to give proper consideration to the detailed strategy, a report summarising the various actions to be taken be considered at the April meeting.

Report to next mtg - SL

**TBM 1
30/09**

FUTURE BOARD ITEMS

It was AGREED that a report should be submitted to a future meeting identifying any learning for this Trust from the Healthcare Commissions' report on Mid Staffordshire Foundation Trust

**TBM1
31/09**

ANY OTHER BUSINESS

M Poole was pleased to inform the Board that, on behalf of the Charitable Trustees, she would be visiting the Seafare fish and chip shop in Burpham, Guildford, to receive a cheque for £76,000 from the owners towards Trust funds. She had also been invited to observe the "Bolt around the Holt" fundraiser for the Da Vinci robot.

**TBM1
32/09**

DATE OF NEXT MEETING – Thursday 30 April 2009 at 11am in Room B1 Education Centre.

Meeting closed: 1.25pm