

**TRUST BOARD MEETING
MINUTES
Open Session
26th January 2012**

PRESENT:	Ms Aileen McLeish	Chairman
	Mr Andrew Liles	Chief Executive
	Mr Jim Gollan	Non-Executive Director
	Mr Clive Goodwin	Non-Executive Director
	Dr David Fluck	Interim Medical Director
	Mr John Headley	Director of Finance & Information
	Dr Mike Baxter	Medical Director
	Prof Philip Beesley	Non-Executive Director
	Mr Peter Taylor	Non-Executive Director
	Ms Raj Bhamber	Director of Workforce & Organisational Development
	Ms Sue Ells	Non-Executive Director
	Ms Suzanne Rankin	Chief Nurse
	Mr Terry Price	Non-Executive Director
	Ms Valerie Bartlett	Deputy Chief Executive
SECRETARY:	Ms Jane Gear	Board Secretary/Head of Corporate Affairs

Dr David Fluck was welcomed to the meeting having been appointed as Interim Medical Director.

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

There were no declarations of interests in the proceedings.

O-1/2012 MINUTES

The minutes of the meeting held on 24 November 2011 were agreed as a correct record.

MATTERS ARISING

The Trust Board reviewed all of the actions from the previous meeting and the action log which provided a commentary on progress. The nominated leads confirmed that all respective actions had been completed, appeared as agenda items for the meeting or were on track within the agreed timescales.

The following points were noted:

O-2/2012 Quality Report (Minute O-187/11 refers):

The Medical Director confirmed that the NPSA alert on newborn babies with the history of MCADD related to a rare genetic condition and was primarily about raising awareness. Actions had

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now been put in place accordingly.

O-3/2012 Work Force Report (Minute O-145/11 refers):

The Audit Commission had been requested by the Trust to undertake a review of Ward Nursing Staff levels. This has been conducted between May and June 2011. The report provided benchmark comparison information to the Trust and identified that:

- The Trust had a high number of nursing staff per bed with a high proportion of registered to unregistered staff.
- Low usage of agency staff.
- High usage of bank staff.

Overall, the nursing staff ratios were equal to, or better than, the Royal College of Nursing recommendations.

The report included a number of recommendations which were endorsed by the Trust Board. Overall, the intention was to maintain or improve the level of quality provided to patients and it was confirmed that the Trust would be assured of this via the Best Care Dashboard.

The Board APPROVED the recommendations.

O-4/2012 Patient Appointment Telephone Bookings (Minute O-159/11 refers):

The report had been initiated in response to a question raised by a member of the public and identified that patients experienced inconsistent response times when making telephone calls to the Trust to book appointments.

A number of short-term improvements were identified in the report, and in the medium term the Trust would consider whether it was appropriate to move to a completely centralised system.

Board members highlighted the importance of patients having a good experience when they contacted the Trust and asked that:

- Clear quality KPI /metrics were developed.
- There was a focus on the quality of interaction with the patient when the call was answered. Consideration should be given to other systems, e.g. online booking where appropriate.
- Training in call handling was essential to achieving good service levels
- The Trust examine why so many people had to call the Trust in the first instance.

A second phase of the review would need to look at other areas which patient/visitors have to contact the Trust frequently, e.g. ward areas.

It was suggested that the Patient's Panel could usefully be involved in considering improvements.

The Board NOTED the report and asked that a further report be provided in six months.

VB

REPORTS**O-5/2012 Chairman's Report**

The Chairman highlighted the recent publication of the Care Quality Commission (CQC) un-announced inspection which had occurred at the beginning of December 2011. The CQC had reviewed six outcomes and identified three areas where the Trust was non-compliant. The Board had been aware that improvements were needed in these areas but had not identified the level of concern which had been attributed to them by the CQC. An action plan had been produced and would be submitted to the CQC by the end of the week. The Board would be reviewing progress against the action plan at the next meeting.

The formal response from the Transaction Board in respect of Epsom was awaited. It appeared that the Trust had met the relevant criteria. Financial support was an essential condition of the Trust's bid as Epsom Hospital was losing money and transitional funding and investment was required to turn the situation around.

The Chairman highlighted the Board's decision to award preferred bidder status to OCS for the catering contract. The Trust was still committed to working with the Friends but it was essential that the transition to the new higher catering specification was implemented smoothly for the benefit of patients.

The Chairman highlighted the changes underway on the St Peter's Hospital site, in particular the demolition of The Ramp.

The Board NOTED that the report.

O-6/2012 Chief Executive's Report

The Chief Executive highlighted the following aspects of his report:-

The Trust had experienced several weeks of significant pressures leading up to Christmas, particularly in terms of emergency admissions and pressure on beds.

Good progress was being made in improving ambulance turnaround times in A&E.

In addition to the urgent measures and improvements identified in report, the Trust had also closed the Day Surgery Unit as an escalation area following the publication of the CQC report.

The National Operating Framework for 2012/2013 had now been issued and heralded another tough financial year for the Trust with a 1.8% reduction in the national tariff.

The Trust had been successful in being approved to implement and run a programme on Abdominal Aortic Aneurysm screening for West Surrey.

The Prime Minister had recently emphasised the importance of NHS care going back to basics. The Trust had introduced care rounding on its own initiative during 2011 and it was clear that this was significantly enhancing patient care.

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The Board NOTED the report.

QUALITY AND SAFETY

O-7/2012 Board Assurance Framework:

The Board Assurance Framework (BAF) had been reviewed by IGAC and subsequently updated prior to presentation to the Trust Board.

In addition, a Board seminar had taken place in December 2011 and had examined the purpose of a BAF, options for presentation and had initiated a review of key risks to be included.

It was essential that key risks to the Trust's Strategic Objectives have been identified and it was agreed that the draft proposal should be reviewed by the Corporate Coordinating Group/Executive Team prior to a small working group taking the proposals for a refresh of the BAF forward.

JG/AL

The Board APPROVED the current iteration of the BAF.

O-8/2012 Quality Report

The Medical Director and Chief Nurse introduced the Quality Report. This pulled together the dashboard, with associated commentary on exceptions, and the best care dashboard. The following points in the report were highlighted:

- The Trust continued to perform well in respect of healthcare acquired infection. However the targets for 2012/2013 are expected to become increasingly challenging.
- The CMR had increased to 1.9% and the SMR had also increased in December. This appeared to reflect an increase in crude mortality in August from medicine. The Interim Medical Director tabled two reports which supported a conclusion that the changes could be attributable to seasonal variation.
- Robust systems of reviewing mortality were important and it was confirmed that the divisions were reviewing the 111 deaths which had occurred in December 2011. The importance of all appropriate patients being cared for on the best end-of-life care pathway was emphasised. Overall, the data was reassuring taking into consideration the historical analysis and also the SHMI data.
- Performance against the Quality Account dashboard showed that performance was better than trajectory overall. Although the Net Promoter Score was off plan, it was pleasing to note there had been a significant improvement between November and December 2011.
- It was disappointing to note that the performance for re-admission within 28 days following an elective admission was significantly off plan at 58.8% as shown in the Quality Account dashboard. It was intended to align the data that was provided in the Balanced Score Card with the Quality Account.
- The Trust would be producing its next Quality Account during 2012. The Board APPROVED the selection of the C. difficile as the mandatory indicator for external assurance.
- The National Audit of Dementia care in general hospitals had been

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released in December 2012. It was noted that an increased focus on dementia care within the Trust was expected and that this would be expanded to include older peoples' care.

- The report provided data on pressure ulcers as requested by the Trust Board. There were two existing methods of pressure ulcer data collection, the ward quality indicators and also via the Trust risk management data collection system. The intention was to align the two recording methods.
- The Chief Nurse was developing a corporate action plan in respect to pressure ulcer care and the Board would be kept advised.
- The number of complaints received was rising. A pilot telephone survey of complainants had confirmed that the lack of early intervention to resolve patients' concerns during their hospital stay often led to a formal complaint being made.

It appeared that PALS remained an effective method of resolving concerns.

Performance in responding to complaints was improving but remained a challenge. It was agreed that future reports to the Board should identify the extent of the backlog on complaint response.

SR

- The best care dashboard had not been completed by medicine in December as this had been suspended due to operational pressures. However, the Chief Nurse assured the Board that medicine had undertaken an early audit in January.

The dashboard identified that further work was required on aspects of care within surgery, particularly in the light of the recent CQC report. However, performance improvement was evident between October and December 2011.

Key priorities for 2012/13 would include a focus of nursing documentation, and patient monitoring and failure to rescue.

It was agreed that in future edition of the best care dashboard should be presented over two pages for easy viewing.

The Board NOTED the report.

O-9/2012 Corporate Risk Register

The Corporate Risk Register included one risk opened and subsequently closed, three risks with an increased risk score and two risks with a reduced risk score.

It was suggested that the CRR should include a review process to see if risk level targets remained appropriate.

SR

The Board NOTED the report.

O-10/2012 Health and Safety Report:

The quarterly report provided more detail, as previously requested by the Trust Board, in relation to violence and regression against staff.

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Overall, the data reassured the Board that the level of assaults was similar to those of neighbouring local Trusts. However, it was noted that Frimley Park Hospital reported a very low number of assaults per thousand staff and it would be helpful to see whether the Trust could learn anything from their approach.

VB

The Board NOTED the report.

PERFORMANCE**O-11/2012 Balanced Scorecard**

The Balanced Scorecard comprised four areas aligned to the Trust's four key Strategic Objectives.

Patient Safety and Quality:

This aspect had been addressed earlier on the agenda.

Work Force:

The following points from the quadrant were highlighted.

- Agency use had increased significantly in December, predominantly to provide nursing cover for escalation beds and the newly opened Clinical Decisions Unit.
- The number staff recorded as having an appraisal decreased at the end of December to 84.7%, which was below the target set for the year. It was felt that the target was over-ambitious and should be more appropriately set at 70%.
- The mandatory training compliance rate showed a continued improvement and now recorded compliance at 50%. In 2012-2013, the target would be set at 90% compliance and there was a commitment to achieve this in Q1 2012/13.

It was suggested that it might be helpful if appraisals were scheduled to exclude the three busiest months of the operational year. It was also noted that there was an increased emphasis on quality of the appraisal.

Clinical Strategy:

The quadrant highlighted an increase in bed occupancy rate, an increase in the re-admission rate and little change in the length of stay.

Overall, market share remained stable.

Finance and Efficiency:

Overall, 2011/12 remained a financially challenging year.

The Trust was now achieving a year-to-date surplus of £0.08m. However, the end of year forecast surplus remained at £1m, unchanged since month 8.

The end of year CIP forecast was now £10.7m and work was ongoing to increase this to £11 m. Overall, there was a net over-performance on the PCT contract.

It was pleasing to note a continued reduction in outpatient DNA rates.

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In discussion, it was noted that Realtime was now operational on most wards. The Trust would start to switch off old manual systems in the near future. Elective length of stay remained the same as in November 2011 but appeared to be reducing compared to previous months. It was confirmed that there was strong engagement with divisional directors in the implementation of Realtime.

The Trust Board NOTED the report

O-12/2012 Compliance Framework and Trust's Operational Performance:

The report identified that at quarter 2 the Trust was achieving the 18-week referral to treatment pathway for more than 90% of patients requiring admitted care.

However, the Trust had failed to deliver the target of a maximum wait of 4 hours in 95% of patients that attended A&E Department in quarter 3. Some improvement was recorded in January 2012, but there were still issues being addressed on systems and processes within A&E. It was highlighted that a new Clinical Decision Unit had opened recently which was expected to impact positively on the patient pathway. Two new consultants had been appointed to A&E which would strengthen the clinical leadership.

The Board NOTED the report.

STRATEGY AND PLANNING

O-13/2012 Corporate Plan 2011-12

The report provided a progress update at quarter 3 against the objectives included in the Corporate Business Plan. Overall, progress continued to be made across all the objectives, although some had been impacted on by operational pressures.

The Board considered progress on *Living Our Values*. It was noted that more than 1000 staff had attended or booked on a training session and the intention was for all staff to have participated by the end of March 2012. In order to achieve this objective, group sizes would need to be increased which could potentially diminish the impact of the programme. The Board supported a focus on the quality of the training and therefore the proposal to move to a larger group size would be re-assessed although it was noted this would extend the period for completing the programme.

The Board noted that a medical advisory group had been established which was championing clinical engagement. The focus in 2012/13 would be on implementation of action plans and learning with the goal of securing improvements by the time of the next national inpatient survey.

The programme had been put forward for a national award and had been commended. It was noted that any suggestions on ways to identify patients to participate in the programme were welcomed.

The Board NOTED the report.

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REGULATORY**O-14/2012 Information Governance:**

The Board RATIFIED the Information Governance Framework which was a core element defining how the Trust discharged its responsibilities in this important area.

The assessment against the Information Governance Tool Kit would be presented to the March Trust Board meeting, and the paper would identify how the Board discharged its responsibilities in respect of the guidance for NHS Boards issued by the Department of Health Informatics Directorate in August 2011.

It was noted that IGAC had implemented an increased focus on information governance.

The Board NOTED the report.

O-15/2012 Equality and Diversity: Annual Report 2011

The report provided reassurance to Board on the impact and effectiveness in terms of implementing the Trust's Single Equality Scheme and ensuring compliance with the legislative framework.

The Chief Executive drew attention to the recent BME AGM which had also included an awards event for Trust participants on its internal Road To Success programme.

It is also encouraging to note that the Trust's workplace equality index 2012 on participation in the Stonewall Diversity Champion's Programme showed an improvement of 302nd to 205th in the ranking.

The Board APPROVED the report and objectives/forward plan for 2012.

O-16/2012 Use of Trust Seal:

Board noted the application of the Trust Seal in respect of a construction contract with BAM Construction Limited (seal number 047).

FOR INFORMATION**O-17/2012 Trust Executive Committee Minutes**

The Board NOTED the minutes of the Trust Executive Committee meetings held on 25 November 2011 and 16 December 2011.

O-18/2012 Finance Committee Minutes

The Board NOTED the minutes of the Finance Committee meetings held on 16 November 2011 and 21 November 2011.

It was confirmed that it was anticipated that the business case for a midwifery-led unit would be submitted to the March Board.

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O-19/2012 IGAC Minutes

The draft minutes of the IGAC meeting held on 7 December 2011 were NOTED.

It was highlighted that IGAC had had a wide ranging discussion on mandatory training, and had also considered the preliminary findings of the CQC visit.

ANY OTHER BUSINESS

O-20/2012 Organ Donations Committee

It was agreed that an update of the work of the Committee should be included in the Board Quality report.

SR/DF

O-21/2012 QUESTIONS FROM THE PUBLIC

- In response to a question it was reported that the Trust was working increasingly closely with other agencies to ensure timely and appropriate discharge of patients. An example of the work with the Red Cross was given.
- It was highlighted that the Trust received a significant number of compliments and it would be helpful if these were reported. It was also suggested that the Complaints report could usefully differentiate between out patients and inpatients and this would assist with a denominator of activity.
- It was agreed to confirm if the Trust used conciliators as part of the Complaints process.
- Dr Mike Baxter was thanked for his leadership and commitment on the occasion of his retirement from the Trust

SR

DATE OF NEXT MEETING

O-23/2012 29th March 2012 – Chertsey House, St Peter’s Hospital. (NB Change from normal venue)

Signed:
Chairman

Date: 29th March 2012

SUMMARY ACTION POINTS

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at 21 March	Status
26/05/11	O-87/11	Quality Report	Progress on the diabetes inpatient audit action plan to be reported back to the Trust Board at a future MDT presentation.	SR	24/11/11 28/06/12	New NPSA alert received. Presentation to Board will cover both and provisionally scheduled for June 2012	---
30/06/11	O-119/11	Corporate Calendar	Develop a corporate calendar for the NEDs	RB	29/09/11	Being progressed by Head of Organisational Development	---
29/09/11	O-145/11	Quality Report	Present revised Clinical strategy and update position re National Quality Board assessment	DF/SR	29/03/12 28/05/12	To be subsumed in revised Integrated Risk Management Strategy/ Quality, Risk and Safety strategy. Work in progress- to May Board	---
27/10/11	O-160/11	Quality Report- Mortality	Assess Trust position of national report on emergency surgery	DF	26/01/12	Presentation scheduled for Board	---
26/01/12	O-4/12	Patient Appointment Telephone Bookings	6 month update report on telephone response times	VB	26/07/12	Not due	ND
26/01/12	O-7/12	Board Assurance Framework	Refresh and update the BAF	AL/JG	26/04/12	Agreed at IGAC to set up small task force. Update to Board in May 2012	---

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at 21 March	Status
26/01/12	O-8/12	Quality Report-Complaints	Identify the extent of the backlog on complaint response.	SR	29/03/12	Verbal update to Board. Overall performance currently 87%	
26/01/12	O-9/12	Corporate Risk Register	Consider if the CRR should include a review process to see if risk level targets remained appropriate.	SR	29/03/12	Review completed	✓
26/01/12	O-10/12	Health and Safety Report:	Contact Frimley Park Hospital who report a very low number of assaults per thousand staff.	VB	26/04/12	Not due	---
26/01/12	O-20/12	Organ Donations Committee	Update of the work of the Committee in the Board Quality report.	DF	26/04/12	Not due	---
26/01/12	O-21/12	Questions From The Public	Confirm if the Trust used conciliators as part of the Complaints process	SR	29/03/12	The Trust's Complaints policy allows for cases amenable to conciliation to be referred to an Independent Conciliator. Conciliation is voluntary and, whether it is taken up or not, does not disqualify the complainant from seeking Independent Review by the Ombudsman. The conciliators providing this service are not employed by the NHS.	✓

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as at 21 March	Status
						Local authorities will take on responsibility for commissioning NHS complaints advocacy from April 2013.	

Key

---	On Track according to timetable
✓	Completed according to timetable
ND	Not due yet