

**TRUST BOARD MEETING
MINUTES
Open Session
30 July 2015**

PRESENT	Nadeem Aziz Valerie Bartlett Heather Caudle Sue Ells Clive Goodwin Lorraine Knight Simon Marshall Louise McKenzie Aileen McLeish Terry Price Suzanne Rankin Peter Taylor	Non-Executive Director Deputy Chief Executive 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 Chief Executive Non-Executive Director
SECRETARY:	Liz Davies	Acting Company Secretary
APOLOGIES:	Philip Beesley David Fluck Robert Peet	Non-Executive Director Medical Director Director of Strategic Development
IN ATTENDANCE:	Michael Imrie	Deputy Medical Director & Chief of Patient Safety

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

There were no declarations of interest in the proceedings.

O-75/2015 MINUTES

The minutes of the meeting held on 25 June were AGREED as a correct record, with the following exceptions, on p.4 change two instances of "Director of Transformation to read "Director of Workforce Transformation". On p.6 change (a tool used in primary care)" to "(a tool normally used in primary care)": Change "closing the gap" to "reduce the gap".

O-76/2015 MATTERS ARISING

The action log identified that all items were up to date in accordance with agreed time scales and complete with updates for each action noted on the Action log.

REPORTS

O-77/2015 Chairman's Report

The Chairman highlighted the following matters from her report:

- Carolyn Simon's contribution to the board and her decision to step down from her role as Non-Executive Director. A farewell dinner will be arranged in due course.
- Keynote speech given at the King's Fund by the Secretary of State emphasising transparency, choice, empowered patients, and local decision making.
- Recommend reading the Rose Report which makes good observations on the state of management in the NHS. Jeremy Hunt has reinforced this message, and has also placed significant emphasis on CQC reporting.
- Introduction of an international buddying programme – Surrey & Sussex Healthcare NHS Trust (SASH) are taking part. The Chief Executive plans to make contact with their Medical Director to talk about their experience.
- The Annual Members' meeting went very well.
- Well done to our Chief Nurse on the Patients as People Exhibition. The Chief Nurse noted that the exhibition had been a catalyst to reviving the Trust's art club.

The Board RECEIVED the report.

O-78/2015 Chief Executive's Report

The Chief Executive highlighted a number of matters from her report including:

- *#Right Culture*- the Q1 Friends and Family Staff test results show positive feedback, indicating that the cultural refresh programme is having an impact.
- *Best outcomes* – the national laparotomy audit is an important piece of work which looked at over 190 hospital Trusts nationally, and shows that we are performing very well in emergency bowel surgery. We have also recently joined the Kent, Surrey and Sussex laparotomy collaborative network.
- *Excellent Experience* – We continue to do remarkably well in the WOW awards and have reached the national finals for outstanding customer service in five of the fifteen categories. The Multi-disciplinary team on Wordsworth ward at Ashford Hospital have been nominated for the "WOW! What a Team" award which is fantastic news.
- It's great to see VitalPAC, the award-winning software system for

recording patients' observations and viewing pathology results, is now up and running on four of the medical wards. We will be monitoring the impact and added value of this project.

The Chairman asked about the new initiative "one small thing" and is it going to continue?

The Director of Workforce Transformation explained that this initiative is led by junior doctors. The lead is Keefai Yeong, Clinical Lead for the Doctors Advancing Patient Safety (DAPS) and the project is about the small acts of compassion that make a difference to patient care. Leaflets and postcards are available on the wards for staff and patients to write down the one small thing they have experienced that day that has made a difference. A special logo and a short video launched the campaign, and the video is available to view on our YouTube channel.

The winner of our project last year, "*be the change*", was a simple signage solution designed by the porters - different coloured dots placed strategically in the hospital to help patients find their way around; and this project is in the process of being implemented now.

The "one small thing" initiative will continue and the boxes and postcards are still in place to encourage ward managers and leaders to continue to think about ideas for frontline service improvement.

The Chief Nurse added that the team on Aspen Ward had been inspired to use "one small thing" to bring Christmas to a patient who was dying.

Nadeem, Aziz, Non-Executive Director asked if we could link this initiative to the staff recognition awards (WOW).

The Chief Executive reported that these initiatives had encouraged further creation of good ideas. One of the junior doctors has come up with the idea for a "Positive Day". On Monday anyone can register for a "posi breakfast" and collect five PosiTokens. At the end of the day the person who has the most tokens - which is linked to positive metrics in terms of quality – will be awarded an extra day off. This innovative event will reward and celebrate others' contribution and achievement.

Action: Consider WOW awards for "one small thing".

The Board RECEIVED the report.

QUALITY AND SAFETY

O-79/2015 IGAC Minutes

Terry Price, Non-Executive Director asked Board to note the Minutes of the meeting held on 29 June, and gave a brief update on the most recent IGAC meeting which was held on 21 July:

- Good progress has been made with the CQC action plan and IGAC was reassured that we can achieve the actions within the given timescale. It was noted that we may expect a follow up inspection in early 2016.

- Brendan Affley, Consultant Stroke Physician delivered a good presentation and report on stroke and gave assurance that there was an upward trend in meeting the 4 hour target.

The Chief of Patient Safety added we were on trajectory in meeting the improvement which is in line with action plan expectations, and performance is monitored daily.

Board was asked to note the position on recording patient consultations which was discussed at IGAC and recorded in the Minutes dated 29 June as part of the Quality Safety & Risk Management Strategy. There is an action (in the next 12 months) to bring a proposal to IGAC for the use of recording in the hospital in order to promote candour and patient safety as part of the patient experience strategy.

The Chief of Patient Safety added that when consultations are recorded then we should ask for a copy for the medical notes.

The Minutes were RECEIVED by the Board.

O-80/2015 Quality Report

The Chief Nurse and Chief of Patient Safety presented the Quality Report for June:

The In-hospital Summary Hospital Level Mortality Indicator (SHMI) rolling six month figure is falling and the out of hospital SHIMI is moving up. We are currently evaluating the data to see if we have experienced more deaths due to more patients, however, it should be noted that there is a time lag in reporting and the pressures over the Christmas period will have had an impact on the figures.

There ensued a general discussion on mortality and the Chief Executive suggested that mortality is discussed at the senior Cabinet and System Resilience Group meetings with the Clinical Commissioning Group (CCG) with a view to triangulating the data and monitoring performance system wide. This was agreed.

The Chief of Patient Safety wished to add that current performance is returning to normal levels.

Board was asked to note that the proportion of mortality reviews completed in June stands at 59%. A discussion had taken place at the Trust Executive Committee (TEC) on the shortfall completed in Medicine and an improvement programme is being implemented.

The Deputy Chief Executive posed a question on the mortality reviews for the non-elective group of patients aged 16 to 64. The Chief of Patient Safety responded that the analysis around the Christmas period showed a bigger percentage change in the under 75's. Every patient in this group is currently being reviewed, and the analysis and thematic review will be brought to TEC.

The Chief Nurse highlighted the following matters:

- Pressure ulcers are going down, although Holly Ward had its first hospital acquired stage 3 pressure ulcer (in a year). Note was made that to help staff remain focused “pop up” training is being carried out on the wards.
- Medication errors are below benchmark and could be an indication of low reporting. A culture promoting reporting errors along with multiple initiatives to tackle the safety of clinical practice is being used to address this issue.
- Due to a misunderstanding when designing the contract with the Clinical Commissioning Group (CCG) on complaint performance measures, our performance appears poor in month 3 as based on old practise. It has now been determined that timeliness is not an agreed target, and the CCG will be providing a contract variation on this point. From next month we will be concentrating on quality of response and not on the timing.

The report was RECEIVED by the Board.

O-81/2015 Safer Staffing Levels

The Chief Nurse highlighted the following key points from the monthly Safer Staffing Levels Report:

- More wards are green as a result of better planning, and fill rates are healthier and are having a good effect on staffing levels
- The spreadsheet for NICU staffing levels will be adjusted next month to accurately reflect what actually happens on the ground
- Closure of beds at Ashford have contributed to improved staffing levels
- We are using escalation beds less

Peter Taylor, Non-Executive Director, referred to the assurance he had been given at Finance Committee in June on the use of agency staff in light of the recent “new rules on the use of agency workers.

The Director of Finance responded that we budget for substantive posts and have a contingency held within the Divisions for agency. We are spending above the contingency as the fill rates are driving us ahead of budget, and we are spending at a higher level than budgeted due to a number of pressures points:

- A&E – unfunded shifts,
- ITU - high level of vacancies leading to high agency use
- Theatres

Peter asked if we build costs into the budget for using a given number of agency workers.

The Director of Finance & Information responded that currently we are £300,000 ahead of our budget. There is over-performance which is helping us fund the high levels of agency staff, and inevitably there is a difference in what was put in the budget as we are spending at a higher level than anticipated. The planning was inaccurate to the extent that we had an assumption that we would drive agency costs down.

Clive Goodwin, Non-Executive Director stated that this had been discussed at Finance Committee and had requested the Workforce Committee data be fed into Finance Committee to keep the focus on this expenditure.

The Board NOTED and obtained ASSURANCE from the report.

O-82/2015 Six month safer staffing implementation review

The Chief Nurse presented the paper asking the Board to approve the affordability plan and governance framework for the investment which was approved at June's Open Board meeting.

The Table illustrates the projected phased investment in the high investment wards and shows the 6 month implementation plan starting from 1 October.

We have considered not only the financial cost but the legitimate pressure of safer staffing levels on ward managers to fill vacancies with agency staff, the impact this has on the morale of teams, and the subsequent detrimental effect on retention.

There are three main controls in place:

- Planned phased implementation supported by stringent control measures
- Conduct workforce planning and modelling, aligning the corporate and local recruitment drives.
- Cultural changes to improve sense of professional control

We have agreed to add planned leave as an extra control.

It was noted that the governance framework is in place and the weekly meetings with senior nurses and human resource professionals focusing on behaviours and controls will continue. The progress on implementation will be reported to the Workforce and Organisational Development Committee (WOD).

A brief discussion ensued on the anticipated spend on temporary workforce and on the difference in reported figures between Finance and Workforce Planning. It was agreed that a status report showing the aligned figures would go to both the WOD and Finance Committees in September.

The Director of Finance & Information stated that we have a good roster

system for nursing and is confident that the nursing reporting is accurate. The data is reviewed on a daily basis providing assurance. There is less confidence on the medical side which needs improvement.

The Chief Nurse reported that a meeting has been scheduled with the Directors of Nursing at both Frimley and Royal Surrey to discuss staffing issues on pay and employment.

The Director of Workforce Transformation added that we also plan to invite other local Chief Executives to join the discussion at our Workforce Alliance meeting.

The Board APPROVED the implementation and affordability plan.

O-83/2015 Board Assurance Framework

The Board Assurance Framework (BAF) is an assurance tool to ensure that the Board is properly informed about the risks to achieving the Strategic Objectives as detailed in the Corporate Business Plan.

The Chief Executive reported that the framework had been reviewed by the key Executive Directors. It was noted that although none of the risks had moved, the actions plans associated with each risk had been refreshed.

The Chief Executive continued that we are keen to establish if the document truly represents our top risks and issues in driving behaviour, responses and actions, and to gain a view on whether we should carry out a dedicated piece of work at Board level on our risk profile to determine the key organisational risks to feed into our business planning.

Terry Price, Non-Executive Director, added that the Trust Risk Register (TRR) had not been presented to IGAC this month. It was noted that the TRR requires review and reset and this is scheduled for September. Terry suggested we review the BAF at the same time.

Clive Goodwin, Non-Executive Director agreed that this was a good idea as we are yet to separate out the inherent risks and to know at any one time the Trust's key risks.

The Chairman referred to Risk 2.4 "Administrative delays and cancellations to appointments leading to poor patient experience", and commented that the governors were reassured by the presentation given on the Outpatient Project yesterday and wished to formally record thanks to the team.

Action: HC/MI/LD

Conduct executive review of both registers prior to business planning cycle. Provide facilitator options by September.

O-84/2015 Patient Panel

Sue Ells, Non-Executive Director and Chair of the Workforce & OD Committee introduced the new Patient Panel written report to Board and made reference to the following:

- Feedback from GP's - Trust to improve communication
- Outpatient Project – volunteer to be invited to sit on the Steering Group
- The Trust has introduced a yellow socks and blanket scheme which is a new initiative to help staff identify patients that require extra support to prevent risk of falling.
- Good conversation following the presentation by Annette Arnold, Chief Pharmacist, on new Pharmacy initiatives.

The Board RECEIVED the report.

O-85/2015 Trust Risk Register

As already reported the Trust Risk Register (TRR) had not been presented to IGAC and will be reviewed in September.

PERFORMANCE

Performance Report

O-86/2015 The Interim Chief Operating Officer asked the Board to note the Monitor Q1 position and addendum to cancer, and drew attention to the following exceptions in the report:

A&E is proving to be a challenge - June was slightly ahead of trajectory, and July is slightly under the 90.6% target, a control centre has been set up to help manage patients through A&E.

The Chief Executive observed that we are under close scrutiny from Monitor to meet our improvement plan and to remain credible we must keep ahead of the improvement trajectory. The interim Chief Operating Officer (COO) added we are aligned with our CCG colleagues to continue to deliver and hit the target in December.

The COO reported that it had been a challenging week, with A&E on black escalation with 10 ambulances queuing and 69 admissions on Monday. The whole system is still under a lot of pressure, and it is significant to note that we started to report the same pressures at this time last year and we are beginning to see the same patterns.

Board discussed the issue of capacity and provision within the Primary and Social Care sectors, and it was noted that when we have the results of the work undertaken by Alamac Consultancy we can use this to drive the Urgent Care Improvement Programme in improving system healthcare performance and change.

Urgent Care Centre

Tender bids are expected by 1 August and we will meet with prospective bidders and make a decision by end August.

Cancer

Performance for in June is reasonably good and is showing fragile in July due to a large number of lung cancers. Monitor has asked us to provide a gap analysis and recovery plan on our 62 day performance and this is due at the end of the month.

Endoscopy

We have a capacity issue in booking patients to bring down the 6+ week wait, and GPS locums are booked to the end of August to help bring down the volume. Monitor has also commissioned Inhealth Endoscopy to provide extra capacity and if the Trust is eligible we will make use of this provision.

Board was asked to note the performance data on the Outpatient project.

Peter Taylor, Non-Executive Director questioned if we should be recording the time senior staff spent in providing large amounts of data to Monitor. The Chairman responded that NHS Providers would be a good forum to raise this issue and confirmed there was a meeting in September.

The Board NOTED and obtained ASSURANCE from the report

O-87/2015 **Balanced Scorecard**

Skilled Motivated Workforce

The Director of Workforce Transformation reported that following a benchmarking exercise it was found that the Trust's vacancy rate was similar to that of the Royal Surrey County Hospital, smaller than Epsom & St Helier and consistent with Kingston Hospital. Frimley was the only Trust with a smaller vacancy rate. It was also confirmed that on examination, our turnover metrics also proved consistent with local trusts.

With reference to the Staff Friends & Family Test (FFT) the Pulse Survey we carried out in 2013 showed that only 35% of staff would recommend the Trust as a place to work. In 2013/14 the scores have improved considerably: Q1 55%, Q2 69%, Q3 73% and Q4 74.8%.

The Director of Workforce Transformation noted that these results are interesting in that they offset the perception revealed on "the wall" that we are not an employer of choice, and added that an analysis of the comments made on the wall is to be carried out in due course.

Sue Ells, Non-Executive Director observed that the comments were entirely predictable in times of uncertainty and it is good that staff are telling us how they feel and demonstrating a sense of control over their environment.

Action LM: Publicise the Improvement in FFT response.

Top productivity

The Director of Finance & Information gave a brief summary and reported

a strong month with the YTD position £300,000 ahead of plan. The Monitor Continuity of Service Risk Rating (CoSRR) is a 3 for the first quarter against a plan of 2 for the year to date. This is above forecast and reflects the hard work across the organisation. July will be another strong month, with the likelihood that August will be difficult.

Efficiency metrics

- Emergency length of stay to come down
- Theatres no change

Levels of activity

- Future quarters predicted to get more difficult
- Requirement to deliver on MSK

The Board NOTED and obtained ASSURANCE from the scorecard.

O-88/2015 Finance & Performance Committee Minutes

Nadeem Aziz, Non-Executive Director & Chair of the Finance Committee introduced the Minutes of the meeting dated 18 June noting no exceptions.

The Minutes were RECEIVED by the Board.

O-89/2015 Finance Committee Annual Report

Nadeem Aziz introduced the report summarising the key areas of activity to June 2015, including:

- Budget and control processes
- Business cases
- Merger

Nadeem also wished to formally record thanks for all the hard work of the Committee.

The Board NOTED the report.

O-90/2015 Workforce and OD Committee minutes

Sue Eills, Non-Executive Director and Chair of WOD reported on a very engaging session she had attended with the Urology team this week at one of their regular team meetings. A large number of team members were present, including both experienced hands and new joiners.

Sue noted:

- There was a warm welcome and good evidence of strong rapport and team working/mutual support in the room
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- A passionate patient-centric approach described by some of the consultants

The issues raised by the Urology Team include:

- The Trust's recruitment process; how stronger clinical involvement would be welcomed and that greater transparency of the decision making would be welcomed
- ASPH/RSCH merger; if so many RSCH consultants were reportedly unsupportive, would it still go ahead?
- Divisional monthly meetings were seen as resource-hungry and an opportunity for development into something of greater shared benefit for all the parties involved

Issues raised by Sue included:

- The importance of appraisals for employee engagement, personal development and patient quality/safety
- Where we don't have job plans in place for consultants, where was the blockage and what could the Board do to free things up?

Actions from the meeting:

- Sue agreed to raise the issues discussed with the Urology team at the July Board meeting, and also to make available some more information about the ASPH/RSCH merger.

The Minutes were RECEIVED by the Board.

STRATEGY AND PLANNING

O-91/2015 Progress with Strategic Objectives: Q1

The Director of Finance & Information asked the Board to note the progress made to date in implementing the objectives, and added it is early days and we are tracking and monitoring the improvements to ensure delivery.

The Director of Workforce Transformation wished to note that Objective 3 in the report reflected the progress for the year and not Q1 and should read as follows:

Priority A – amber and Priorities B to D green.

There ensued round table discussion on the measurement of objectives and it was agreed to review this and for the Executive team to establish the universal measure for each objective.

The Chief Executive wished to thank colleagues for all their hard work.

The Board NOTED and obtained ASSURANCE from the report

O-92/2015 Energy Strategy

The Deputy Chief Executive introduced the document outlining the strategy for the next five years. It describes the plan to improve the

resilience of our heating and electrical supplies, how the Trust will reduce the cost of carbon emissions, and addresses the frequency and severity of summer indoor overheating attributed to climate change.

There are three key challenges which are summarised in the introduction to the report.

The general comment was that it was good that we were looking ahead.

The Board ENDORSED the Strategy.

REGULATORY

O-93/2015 Audit Committee minutes

The Committee Minutes were RECEIVED by the BOARD.

O-94/2015 Use of Trust Seal

The Board NOTED that there had been no requirement to use the Trust Seal in the last quarter.

O-95/2015 Monitor Q1 2015/16 submission

The Board RECEIVED the Monitor Q1 15/16 submission which is prepared in accordance with Monitor's *Risk Assessment Framework 2014/15*, and details the Trust's performance in both financial, quality and operational terms, including performance against various national targets and indicators.

O-96/2015 Revision to the Constitution

The Chairman introduced the paper seeking approval from the Board on revisions to the Trust Constitution which had been approved by the Governors at their Council meeting in June; namely to:

- Increase the number of terms an elected governor can serve; and
- Merge the constituencies of Richmond-upon-Thames with Hounslow and Windsor & Maidenhead with Runnymede.

The Board APPROVED the changes to the constitution.

O-97/2015 Equality & Diversity Annual Report

Sue Ells introduced the report which details information on the Trust's progress on equality and diversity matters and provides workforce data in line with the legislative framework.

The Chief Nurse referred to Item 7 on p. 2, of the report, "some form of bias within the recruitment process" and referenced Roger Kline's research on the NHS and BME workforce.

The Chief Executive stated this is not a workforce issue and at the E&D

Steering Group it had been agreed to review the priorities to ensure that there is also adequate focus on equality objectives in relation to health outcomes and patient experience. These issues will be reviewed in line with the overarching strategic objectives and in due course we will be asking members of the Board to own a strategic objective.

The Chief Nurse took away the action to look at other industries in relation to the BME workforce.

The Board RECEIVED the report.

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ANY OTHER BUSINESS

None.

O-982015 QUESTIONS FROM THE PUBLIC

None.

DATE OF NEXT MEETING

The next open meeting of the Trust Board will take place on 24 September at St Peter's Hospital

Signed:
Chairman

Date: 30 July 2015