Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

TRUST BOARD MEETING
MINUTES
Open Session
26th July 2012

PRESENT:	Ms Aileen McLeish	Chairman
	Mr Andrew Liles	Chief Executive
	Mr Clive Goodwin	Non-Executive Director
	Dr David Fluck	Interim Medical Director
	Mr Jim Gollan	Non-Executive Director
	Mr Peter Taylor	Non-Executive Director
	Prof Philip Beesley	Non-Executive Director
	Ms Raj Bhamber	Director of Workforce & Organisational Development
	Mr Simon Marshall	Director of Finance & Information
	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

Minute **Action**

Declaration of Interests

There were no declarations of interests in the proceedings.

O-80/2012 MINUTES

The Minutes of the Meeting held on 28 June 2012 were AGREED as a correct record subject to extending the first paragraph of O-65//2012 to include the re-appointment of Philip Beesley, Terry Price and Peter Taylor as Non-Executive Directors.

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-81/2012 Quality Report (minute 0-87/11 refers)

It was confirmed that the open NPSA alert on 'The adult patients' passport to safer use of insulin' did not include reference to glucose. However, a new specialist nurse had now been appointed, and the Team would also be focusing on glucose as part of their work plan.

O-82/2012 Team ASPH: *Beyond Good To Great* (Minute O-69/2012 Refers):

The paper set out a structured approach to delivering the Trust's strategic objective: *To recruit, retain and develop a high performing workforce to deliver high quality care and the wider strategy* through *Team ASPH: Beyond Good to Great.* The programme had been designed to create higher performing middle management functional teams. The Trust was building from the solid foundation of the *Good to Great Programme* and the next step would be to shape a programme whereby individual and team development was transparently linked to performance priorities and business planning.

Team ASPH: Beyond Good to Great would provide a team-based approach to continuous improvement and had been launched by Adrian Moorhouse OBE on 24 July 2012. Phase 1 of the programme included 14 teams from across the organisation. Performance and behavioural based coaches would work with functional clinical teams to focus on six key performance indicators. Participants would also benefit from five master classes and a Dragon's Den event to be incorporated as part of the business planning process. The second phase of the programme would commence in September with 24 additional teams.

The success of the programme would be measured against six high-level KPIs. Other feedback would be gained from the staff survey, general performance improvements and a sense of cultural change. It was noted that the Team ASPH programme formed part of the wider co-ordinated organisational development programme which contributed to KPI targets.

It was agreed that the high-level KPI on mortality should be extended to include 'reducing harm'. The Trust would have ongoing evidence of improvements becoming embedded through the quality review processes established with the divisions. **RB**

During the discussion, it was confirmed that the underpinning themes from the staff survey together with the outcome of the Aston Team Performance Inventory NHS Study on Quality and Safety had all identified issues in the way teams functioned and the understanding was that this directly contributed to poor staff satisfaction.

It was agreed to circulate Adrian Moorhouse's presentation which included an interesting slide linking process, performance and outcome and highlighting the importance of addressing process.

It was agreed that Board members had a leadership role to role-model the good team working and other working practices being covered in Team ASPH. It was agreed that the Director of Workforce and OD would consider this and recommend to the Board how best this could be achieved **RB**

The Board NOTED the report and welcomed the launch of the Team ASPH. **RB**

REPORTS

O-83/2012 Chairman's Report

The Chairman highlighted the launch of the Trust's Shared Decision Making Project. This was an important process in which patients would be able to

review the treatment options available to them and take a treatment route which best suited their needs and expectations. The launch event had been attended by Dr Stephen Laitner, the National Lead for the initiative. The event had been very well attended and generated considerable interest.

The Chairman had attended the funeral of Tony Mercer who had recently stepped down as Chairman of Surrey Community Health.

The Board NOTED the report.

O-84/2012 Chief Executive's Report

The Chief Executive drew attention to the improvements achieved in meeting the four-hour waiting target for the Trust and being more effective in the way the Trust managed its emergency patients.

The Trust was continuing to work on the Epsom transaction, planning for a potential go-live date for the proposed expanded Foundation Trust of 1st April 2013. Eight key work streams were facilitating and delivering the detailed actions. The Transaction Steering Group, which oversaw the overall project plan, had met the preceding day and was pleased with progress. The Chief Executive confirmed that a website for staff members and external stakeholders was being set up covering Epsom and Ashford and St Peter's Hospitals so that information could be shared.

A new film for the Trust had been launched at the Annual General Meeting. The aim of the film was to engage and inform the Trust's patients, carers, stakeholders and the wider community about the care provided in the Trust's hospitals. The film was based on three real patient stories. Board members welcomed the film and urged that it was used in a wide variety of activities and other opportunities. Examples included at induction, membership health events and junior doctor training events.

The Chief Executive's report identified that there were 47 people locally who were awaiting a transplant. Four Trust patients had donated eight organs which had benefited six new patients.

Promoting organ donation was an important issue nationally and locally. To be effective, there needed to be strong messaging with a local twist. It was agreed to invite Pardeep Gill to present to the Board on the outcomes of the national report. It was also suggested that an article should be prepared for the next edition of Members' Matters. **JG**

The Board NOTED the report

QUALITY AND SAFETY

O-85/2012 Board Assurance Framework

The June Board meeting had agreed the risks and format for the refreshed Board Assurance Framework. The report presented to the July Board demonstrated that the Framework was now being actively populated.

Board members welcomed the progress being made, noting that the next version would be presented to the September IGAC and would then come to the Board for approval.

It was agreed to highlight the top five risks within the BAF report.

The Board NOTED the BAF.

JG

O-86/2012 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 Summary Hospital Level Mortality Indicator (SHMI) stood at 95.7 YTD.

  Mortality associated with two specific conditions, UTI and hip fractures, were currently expressed as a SHMI. As the SHMI was three months in arrears, consideration was being given to moving these conditions to the HSMR measure.

- It was confirmed that the target set for crude mortality would help achieve the Trust's aspiration of being one of the best healthcare trusts. There were a number of measures of mortality and the ambition was to perform well on all measures. The Trust wished to benchmark well compared with other trusts, but it was also important that there was an internal improvement trajectory.

  The Medical Director confirmed that a re-benchmarking process was underway and that it was hoped that the September Board would have the up-to-date data for the period ending September 2011.

  DF

  The report indicated that there was a high level of mortality associated with urinary tract infections. This was caused by the attribution of mortality to the primary diagnosis on admission. The Medical Director assured the Board that considerable work was being undertaken to improve the way data was recorded so an accurate representation was provided to the Board.

- Bed occupancy was green at 89% YTD, but the number of patient moves was still higher than target. The target on bed occupancy moves was challenging as staff had to balance case-mix, acuity and gender. It was noted that the first stage of bed moves underpinning the agreed capacity plan had been completed. There were two further stages of re-configuration still to come.

  In discussing the indicator, the Board noted the importance of seeking to reduce patient moves for non-clinical reasons. It was suggested that the Trust undertake a snapshot audit to see if improvements that were being made in the bed configuration impacted on the number of non-clinical patient moves.

  SR

- The number of Serious Incidents Requiring Investigation as a proportion of the total number of SIRIs was red at 17%. This was a

key safety indicator, but could be caused by under-reporting of serious incidents, so further investigation was underway.

- It was confirmed that the formal complaints year to date stood at 120.

  It was agreed that the regression lines from the complaints graphs should be removed. **SR**

  It was noted there was considerable soft intelligence which indicated improvements in care received by patients. The Board was advised of both positive and more negative feedback received via the Patient Panel. One aspect raised by the Patient Panel was a feeling that patients were concerned about the impact feedback could have on their current or future care. The Chief Nurse advised the Board that she had attended the national launch of 'Friends and Family' (Net Promoter Scores). It had been suggested that the national approach would not embrace patient anonymity, which could only enhance patient anxiety in this respect.

- The report showed there the number of PALS concerns which went on to become formal complaints had increased slightly in the month. It was felt this was a one-off dip.

- The Quality Account Dashboard indicated that the Trust was not meeting the targets on completion of risk assessments for VTE or reducing the total number of patient falls, albeit the Trust was managing to keep serious falls resulting in harm as very low.

  The Chief Nurse updated the Board to confirm that VTE target had been met at the end of the month. Whilst the increase in the number of falls was disappointing, this was set against a major improvement achieved last year and a more challenging target in 2012/13.

- The Trust was performing well in respect of the Enhancing Quality programme. It was encouraging to note that improvements were evident across all pathways. It was confirmed that the issue on the heart failure pathway was in respect of capturing data confirming that the patient had received the discharge leaflet. The full implementation of RealTime would make this easier to record.

  Overall, the Trust was on track to achieve the Enhancing Quality income target.

  The report identified that for the dementia pathway within Enhancing Quality, there were issues with GPs not reviewing medications for patients who are on anti-psychotic drugs within three months of their discharge from hospital. Ideally, less patients should be initiated on anti-psychotic medication whilst an inpatient. Meetings with GPs were being arranged to agree the way forward.

- The Trust had previously requested a deep-dive analysis of the Best Care Indicators. The Chief Nurse confirmed that the deep-dive analysis on every indicator on every ward had now been concluded. Presentation of the huge amount of detail was complex and an example poster was available at Board meeting for assurance purposes on both the approach and findings.

- Non-Executive Directors suggested that interpretation of the Quality quadrant of the performance dashboard would be enhanced if there could be a differentiation between targets which were aspirational, those where zero tolerance should be applied, or where they referred to national benchmarks etc.. In addition, the Board needed to be clear on the metrics which tripped identified indicators to become red/amber/green. The Chief Nurse and Medical Director agreed to consider how this could be addressed. **SR/DF**

The Board NOTED the report.

PERFORMANCE

O-87/2012 Balanced Scorecard

The Balanced Scorecard contained a set of performance measures relating to the Annual Plan 2012/13. The scorecard was accompanied by an over-arching commentary aimed at drawing together conclusions from the four elements of the scorecard.

Patient Safety and Quality:

This had been addressed in the Quality report.

Finance and Efficiency:

The Trust had again been busy in June with activity and income continuing to track significantly above plan. This raised affordability concerns for the PCT and consequently recoverability issues for the Trust. However the expected contractual mechanisms were being followed with month one payments expected to be closed out in August. It was noted that these trends had continued to drive additional pay and non-pay costs.

The Trust was slightly behind its year to date plan for delivering CIP savings with a current year-end forecast of £10.6 million against a target of £12 million. This therefore remained an area of considerable focus for the Executive Team. The Trust continued to show month on month improvements and the Executive Team expected to be able to reaffirm the £12m target by October.

The forecasts continue to show a prudent assessment over the achievement on CQUIN objectives as significant elements of the CQUIN Programme were still to be delivered from Q2 onwards.

The Trust's Monitor Financial Risk Rating stood at 4.

Workforce:

The Director of Workforce & Organisational Development introduced the workforce quadrant of the balanced scorecard which was also reviewed at the Finance Committee during the previous week. She confirmed that the RAG rating for indicator 2.02 establishments (pay) should be amber not red as it exceeded the target by less than 10%.

The levels of agency usage were reducing and the trajectory was encouraging, albeit above plan.

The Board was pleased to note that the compliance on statutory and

mandatory staff training had now reached 96%. It was noted that this had required an enormous amount of support by the corporate workforce and mandatory training teams which was not sustainable in the longer term and required a significant cultural change to ensure personal responsibility by individual staff members and line managers.

The level of staff appraisals had dipped slightly to 89.6% and would receive additional focus during the coming period.

In discussing the workforce quadrant, the Board noted that much of the reductions associated with the workforce would be delivered through Corporate, Middle and Administrative Office Review Work Stream 4. The Trust had invested significantly in the number of midwives recruited and the nursing and healthcare assistant establishments had increased in line with changes to the bed complement.

Overall, turnover was at 13.5% against a target of 13% which was set slightly higher than the target in 2011/12. This was to account for planned turnover linked to the target to reduce establishment. The Board was assured that the Trust actively monitored this indicator and detailed reports were provided to the Finance Committee, including benchmarks and relativities. The monthly performance review meetings provide an effective forum for executive directors and divisional management teams to highlight areas of particular concern and plans and agree action plans. It was noted that there were national challenges across the NHS to recruit and retain specialist staff in the more demanding specialities such as Paediatrics, Acute and Emergency medicine.

The Board highlighted the importance of this indicator for continued Board review given the importance of retaining high calibre staff during a period of significant organisational change and increased performance management. The Director Workforce & Organisational Development described a range of interventions to enable and support staff retention including recognition and reward schemes; individual, team and leadership development programmes (to enhance personal resilience and create high performing teams); and a talent management system.

Clinical Strategy:

The report identified that the Trust was not achieving the re-admission targets for elective and emergency patients. The national contract rules on reducing re-admissions had changed in 2012/13 and this year an independent audit of re-admissions would take place, ultimately leading to a potential adjustment in contract value. It was therefore important that the Trust continued to focus on these areas.

Overall, the Trust's market share remained stable. Vascular Service market share was measured in respect of the whole of Surrey. Although this was identified as amber, there had been a significant increase in activity compared with the previous year.

The number of patients reported as participating in research and development was disappointingly low. This would be discussed with the clinical lead.

The Board NOTED the report.

O-88/2012 Compliance Framework and Trust Operational Performance:

The Trust had met all of the performance targets associated with the Monitor Compliance Framework in Quarter 1 with the exception of C. difficile where the Trust had reported six cases against a quarterly trajectory of five. As a result, the Trust would be rated amber/ green by Monitor for governance.

The Board was advised that the performance on C. difficile was against a very stretching target, but was still better in Quarter 1 2012/13 than the preceding year's first quarter. The Trust had only recorded one case of C. difficile in July 2012 and was therefore back on trajectory for Q2.

The improved performance against the four-hour target was highlighted as a great achievement. However, the ongoing delivery of this key indicator remained a challenge as it was only by delivering changes to the medical model that the Trust would deliver sustainable performance. The Board noted that re-design of the emergency care pathway and completing the implementation of the unscheduled care programme of work was underway, but during implementation the service could potentially be temporarily destabilised.

The Board supported the implementation of the changes as the intention was to improve the service for patients. The Board asked that the Executive Team were clear on how to deal with consequences of low levels of cooperation, and for the monthly briefings to continue.

It was agreed that the operational performance report should include the four additional A&E indicators in future. **VB**

The Board NOTED the report.

O-89/2012 Telephone Response Times for Patients:

The Board noted the update Report on improving telephone response times for patients. The Trust now had better technical capabilities for monitoring performance.

The Report identified a small overall reduction in the percentage of abandoned calls, but highlighted the need for significant improvement in telephone response times generally.

Work Stream 3 of the Corporate, Middle and Administrative Office Review project was tasked with reviewing the systems for clinical administration. This would facilitate redesign of clinical office and appointment booking functions and would also consider whether new technology could improve efficiency. The aim would be to achieve significant improvements in the telephone response times and appointment answering systems as part of this major project which was scheduled for completion later in the year.

In discussing the report, the Board expressed concern about the disappointing service received by patients. It was agreed that it was important for there to be clear targets in respect of response times and that in developing solutions, the Trust might wish to consider third-party services as a buffer for peak periods. The Board also questioned why individual departments were not raising this as an issue of concern and agreed this would be a good topic for inclusion in Team ASPH.

During the discussion, the Board noted that telephone response times was

not a major issue raised within complaints. The Trust had a number of soft sources of intelligence and it was important that the Trust listened to the views of the Patient Panel, Governors and other stakeholders.

The Board confirmed that the Trust's top priority was delivering a sustainable emergency care pathway and therefore the consequence was that the Board would not see substantial improvements in the service until towards the end of the financial year when a further report would be made to the Board.

VB

The Board NOTED the report.

O-90/2012 Health and Safety Report:

The Quarter 1 report identified a slight rise in the number of inoculation injuries. It was noted that most of the incidents were caused by staff not following accepted practice, and were therefore avoidable. These incidents were followed up by Occupational Health. The rise in number could also be attributable to staff being encouraged to report minor incidents.

The Board NOTED the report.

STRATEGY AND PLANNING

O-91/2012 Corporate Objectives 2012-13 Quarter 1 progress

The Trust's Annual Plan contained an extensive range of strategic actions. Of these, 93 were progressing well and had been rated as green or amber with mitigation plans in place. The Board noted that seven of the actions did not have planned start dates within the Quarter and were therefore recorded as being on hold.

The Q1 report identified two actions as rated red. These were both due to external factors delaying delivery; firstly the deployment of Patient Centre, the IT pathology system, which supported order communications for the new Surrey Pathology Service, and secondly the Epsom transaction gaining support from the Department of Health and the Competition and Cooperation Panel. The Board was assured that both items were recoverable.

In discussing the report, the Board noted that the Living Our Values Project was identified as achieved. It was noted that this was an ongoing programme throughout 2012/13. In this context, the Board asked for clarification in future reports as to how the rating assessments were made. It would also be helpful in the Q2 report to present a forecast for completion by year end. **SM**

The Board report was a snapshot on progress, and it was confirmed that subsumed within the actions was a wide variety relating to improving patient communications.

The Board NOTED the report.

O-92/2012 NHS Information Strategy

The Department of Health had published its new Information Strategy in May 2012. Implicit in the Strategy was a central theme of shifting to a presumption of sharing information within and between Health and Social Care providers and capturing data just once at the point of care.

The Board noted that the Strategy was essentially an enabling framework which gave the Trust the opportunity to trial developments, being mindful of a patient-centric approach.

At the appropriate time, the Board might need to identify a Chief Clinical Information Officer or equivalent.

In order to achieve the ambitions highlighted in the Strategy, it would be essential to ensure cultural change was achieved. The Trust would need to be mindful of engaging with stakeholders including staff and patients.

The Board NOTED the report

REGULATORY

O-93/2012 Standing Financial Instructions and Scheme of Delegation in 2012/13

The Standing Financial Instructions and Schemes of Delegation were reviewed annually. This had been completed and a number of changes had been reviewed and endorsed by the Audit Committee.

The one significant change in the Scheme of Delegation was in relation to the expenditure on contracts where it was proposed to change the level at which the Trust Board saw them to a cost of £1 million annually rather than a cost of £1 million over the life of the contract.

The Board APPROVED the Standing Financial Instructions and Scheme of Delegation 2012/13.

O-94/2012 Finance Committee – Terms of Reference

The Board APPROVED the revised Terms of Reference for the Finance Committee.

FOR INFORMATION

O-95/2012 Trust Executive Committee Minutes

The Board NOTED the Trust Executive Committee meeting minutes held on 22 June 2012.

O-96/2012 Finance Committee Annual Review

Jim Gollan, Chairman of the Finance Committee, introduced the Annual Report.

It was noted in 2012/13 that the Finance Committee would focus on remedial actions to deliver current year financial targets and on operational improvement projects. The Committee would also seek assurance on the substance supporting medium term financial plans and examine risks and uncertainties that surround their assumptions.

The Board NOTED the report.

O-97/2012 Annual Report of the Trust Executive Committee

The Board NOTED the Annual Report from the Trust Executive Committee.

The strong level of clinical engagement was welcomed.

O-98/2012 IGAC Minutes

The Board NOTED the draft minutes of the IGAC meeting held on 20 June 2012.
It was noted that IGAC was an essential source of assurance to the Board and individual Board members were welcome to attend on an ad hoc basis.

It was noted that IGAC had received the CQC reports on Termination of Pregnancy at both Ashford and St Peter's Hospitals and it was agreed that these should be included in a future Board Quality Report. **SR**

ANY OTHER BUSINESS

O-99/2012 CQC Review of Compliance report

The final CQC Report (July 2012) had just been published. The CQC had reviewed the areas of non-compliance found in December 2011:

Outcome 1 - involving patients
Outcome 4 - care and welfare
Outcome 14 - supporting staff

And in addition had taken the opportunity to review

Outcome 5 - nutritional management
Outcome 8 - infection prevention and control and hygiene.

The CQC had judged the Trust compliant on all Outcomes with the exception of one further Outcome; Outcome 21 records, where the CQC had judged the Trust non-compliant with a moderate impact. The Trust was now developing an action plan to address the shortfalls identified.

It was extremely pleasing to note the substantial progress made on implementing the initial action plan and delivering changes in a short timescale.

The Board NOTED the Briefing

O-100/2012 Olympics:

The Board and members of the public were reminded that the Olympic cycle races would impact on access to St Peter's Hospital:

O-101/2012 Patient Engagement :

The Patients' Panel provided valuable input into a number of Trust committees and activities. The Council of Governors' Patient Experience Group had now been operational for a year. It would be opportune to consider how patient engagement was secured going forward. One possibility was through the dialogue on developing a new patient engagement strategy. **SR**

O-102/2012 Reflection

It was agreed it was important that the Board meetings allowed sufficient discussion on the substantive issues.

O-103/2012 QUESTIONS FROM THE PUBLIC

The following questions and points were made:

- The Chief Nurse and Medical Director confirmed that they had a high degree of confidence that the use of anti-psychotic drugs within the Trust was appropriate. It was agreed to confirm whether the Enhancing Quality data provided any useful assurance. **SR/DF**

- It was also confirmed that the expectation was that the main carer would be involved in discussions about the appropriate use of anti-psychotic drugs.

- The Chief Nurse explained that Board monitored the number of falls resulting in significant harm to patients. 'Significant harm' would typically involve the patient suffering a long-term disability or level of harm such as a fracture. A fall resulting in a bruise was important to the patient, but the harm was not defined as significant.

- The Director of Workforce agreed to consider whether the Epsom transaction could potentially be impacting on the Trust's level of turnover. It was noted, however, that most of the Trust's turnover was currently amongst clinical groups whereas it would be expected that a higher risk arising from the Epsom transaction would be on increased turnover from management and support staff. **RB**

O-104/2012 DATE OF NEXT MEETING

27th September 2012

Signed: ……
Chairman

Date: 27th September 2012

SUMMARY ACTION POINTS

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as 19th September 12	Status
29/03/12	O-35/2012	**Sustainability**	Report back on progress with action plan	VB	27/10/12	Not due	**ND**
28/06/12	O-68/2012	**CRR**	Review risk rating on CRR 763 on healthcare acquired infection. Review Risk CRR 1147 and 1128 to see whether they could be combined and fully reflect the risk from the emergency care pathway. Review risk rating on CRR 110 relating to possible loss of NHS income arising from damaged property.	SR VB DF	27/09/12	Completed	✔
28/06/12	O-69/2012	**Quality, Safety and Risk Management Strategy**	Review progress in one year	SR	July 2013	Not due	**ND**
26/07/12	0-82/12	**Team ASPH**	Amend high level KPI in mortality to include 'reducing harm'	RB	28/09/12	Completed	✔
26/07/12	0-82/12		Circulate A Moorhouse persnation	RB	28/09/12	Circulated	✔

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as 19th September 12	Status
26/07/12	0-82/12		Develop Board actions on role modelling good team working / Board development	RB			
26/07/12	0-84/12	**Chief Executive Report-Organ Donation**	Invite Clinical Lead to Board. Include article in Members Matters	JG	25/10/12	Arranged for October meeting Article planned for autumn edition	✔
26/07/12	0-85/12	**BAF**	Highlight top 5 risks	JG	28/09/12	Incorporated	✔
26/07/12	0-86/12	**Quality report**	Mortality- include re benchmarked data	DF	28/09/12	Completed	✔
26/07/12	0-82/12	**Quality report**	Snapshot audit on number of patient bed moves to see if new bed configuration is impacting positively	SR	25/10/12	Not due	**ND**
26/07/12	0-82/12	**Quality report**	Remove regression lines from Complaint graphs	SR	28/09/12	Completed	✔
26/07/12	0-82/12	**Quality report**	Clarify or re-group quality indicators on dashboard quadrant	SR/DF	28/09/12	Completed	✔
26/07/12	0-87/12	**Balanced scorecard**	Discuss low level of clinical trials with lead	AL	28/09/12	Performance against trajectory now green	✔

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as 19th September 12	Status
26/07/12	0-88/12	**Compliance Framework**	Include the 4 national quality indicators in operational report	VB	28/09/12	Included	✔
26/07/12	0-89/12	**Telephone response times**	Further report to Board	VB	28/03/13	Not due	**ND**
26/07/12	0-91/12	**Corporate objectives**	Future Reports to clarify how RAG ratings were derived and provide a forecast out turn. All Board members to make suggestions to improve the reporting	SM ALL	25/10/12 28/09/12	Not due	**ND**
26/07/12	0-98/12	**IGAC minutes**	Include CQC reports on terminations of pregnancy in Quality Report	SR	28/09/12	Completed	✔
26/07/12	0-101/12	**Patient engagement**	Develop the Patient Engagement Strategy	SR	25/10/12	Not due	**ND**
26/07/12	0-102/2012	**Reflection**	Keep ensuring sufficient time for discussion on substantive issues	AMcL	29/11/12	Not due	**ND**
26/07/12	0-103/12	**Questions from public**	Confirm if Enhancing Quality data includes any assurance on the use of anti psychotic drugs	SR	28/09/12	The EQ monthly pharmacy data provides a list of all patients who are discharged on Antipsychotic drugs (APDs) and with coding for dementia. The notes of these (c3-10 patients per month) are audit them for that	✔

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment as 19th September 12	Status
						admission against the dementia EQ measures, which include whether or not we have asked GPs or arranged for a medication review of the APDs within 3 months of discharge.	
26/07/12	0-103/12	**Questions from public**	Consider if Epsom transaction is impacting on staff turnover	RB	28/09/12	The Director of Workforce & OD has reviewed turnover over the last year and confirmed that the slight rise reflects normal and expected factors such as end of fixed term contracts, retirements and TUPE rather than personal or career reasons which may be attributable to organisational change. The workforce indicators, including turnover, are regularly reviewed in detail at the Finance Committee. Indeed the turnover amongst Health Care Assistants had been of particular concern and a new dedicated role has been created to support the recruitment, development and retention of this staff group.	✔

Key

---	**On Track according to timetable**
✔	**Completed according to timetable**

ND	Not due yet