

**Minutes of the Board of Directors Meeting held on 7 September 2016
In the Seminar Room at Samuel Johnson Community Hospital, Lichfield**

Present: Mr J Rivers, Chairman (JR)
Dr S Goode, Non Executive Director (SG)
Mr D Heywood, Non Executive Director (DH)
Mr J Bale, Non Executive Director (JB)
Ms H Scott-South, Chief Executive (HSS)
Dr M Harrison, Medical Director (MH)
Mr D Bedford, Chief Operating Officer (DB)
Mr J Sargeant, Director of Finance, Information, Performance & Estates (JS)
Ms A Wynne, Director of Strategy & Partnerships (AW)
Mrs T Fairchild, Director of Governance (TF)
Mr R Smith, Director of HR (RS) (non voting)
Mrs L Thompson, Director of Communications (LT) (non voting)

In attendance: Mrs F Bayliss, Assistant Director of Nursing & Quality (FB)
Mrs K Carpenter, Acting Compliance & Corporate Affairs Manager (KC)

Governors in attendance: Mr J Carr (JC)
Mrs E Day (EJD)
Mrs S Jackson (SJ)
Mr R Lewis (RL)
Mr M Pearson (MP)
Mrs C Brown (CB)
Mr B Peters (BP)

BOD/16/222 Apologies for Absence

Apologies were received from John Davies, Andrew Hughes, Paul Doona and Paula Gardner.

BOD/16/223 Declaration of Interests

There were no declarations of interest raised.

BOD/16/224 Minutes of the Board Meeting held on 7 July 2016

JC suggested that the Governors who had attended the meeting were noted in the minutes as in attendance. JR agreed and suggested that this was undertaken going forward.

The minutes of the Board Meeting held on 7 July 2016 were approved as an accurate record subject to the above amendment.

BOD/16/225 Matters Arising not covered by the rest of the Agenda

There were no matters arising not covered by the rest of the agenda.

BOD/16/226 Monitoring of Actions

16/62 – Chief Executive Update – Feedback on the Implementation of Medworxx

DB advised that the feedback related specifically to the implementation of a new system, Medworxx, which would assist with decisions regarding length of stay and discharge. The system would “go live” on 5 October 2016.

16/193 – Director of Governance Report – Publicity for Governor Elections

LT advised that Governors were being involved in further work with the local press to highlight their roles. TF added that, following the elections, there would be a full complement of Governors.

The following actions were complete and would be removed from the Action Monitoring Schedule:

- 16/62 – Chief Executive Update – Feedback on the Implementation of Medworxx
- 16/189 – Director of Finance Report – Meditech v6 – part a
- 16/191 – Chief Nurse Report
- 16/193 – Director of Governance Report
- 16/194 – Director of HR Report
- 16/195 – Director of Communications Report

BOD/16/227 Chairman’s Update

JR advised that items to be discussed were the ongoing work with regard to the Staffordshire Sustainability and Transformation Plan and the collaborative work with Derby Teaching Hospitals NHS Foundation Trust (DTHFT).

BOD/16/228 Chief Executive Report

The Board received a report on the following issues:-

- August Performance and Activity
- Monitor Update
- Recruitment of Director of Finance, Information, Performance & Estates
- Derby Collaboration
- Nurse Training – University of Derby
- Contract Requirements
- GEM Awards

August Performance and Activity

HSS reported that August had been an incredibly busy month, both from an operational and from a Board point of view. The Trust had been overwhelmed by the number of people attending the hospital, although this was a national issue. She wished to publicly thank the staff for their hard work and dedication.

HSS referred to A&E and advised that, nationally, there were concerns with regard to the number of people attending hospital and the regional governance arrangements. There were two areas - an expectation that single organisations would take action to

improve the A&E performance, and an expectation with regard to how organisations worked with partners. Previously this had been managed through the Systems Resilience Group (SRG), however, it was felt that local leadership structures were required to focus specifically on A&E and, therefore, the SRG had been transformed into Local A&E Delivery Boards. HSS would chair the East Staffordshire Board.

HSS explained that the local A&E Delivery Board would focus on ambulatory care; one telephone number; ambulance services treating people at home; and a discharge to assess model. These all focused on how the Trust could become more resilient as an organisation.

HSS added that the Trust had three targets that it had to achieve and these were the agency cap, the A&E target and the control total.

JR referred to emergency care and queried if it was felt that there would be a positive outcome from these discussions. HSS responded that the challenge was that this had not worked in the past and there was an opportunity to review it from Staffordshire's point of view which resulted in a review of the real issues being faced.

NHS Improvement (NHSi) Update

HSS advised that the Performance Review Meeting (PRM) was scheduled for 8 September 2016 and that key items for discussion were A&E performance, financial performance, operational performance regarding diagnostics and cancer and RTT reporting. The Trust had been due to report on RTT, however, there continued to be challenges and, therefore, the Trust would be advising NHSi that it would not report until there was confidence that the information being reported was correct. Therefore, the Trust would not report its position until December 2016.

JC commented that previously Governors had received copies of the PRM packs. TF agreed and stated that a PRM had not been held in August and, therefore, there was no gap in sharing the pack with the Governors. TF confirmed that she would continue to share the PRM pack with the Lead Governor.

Action: TF

Recruitment of Director of Finance, Information, Performance & Estates

HSS confirmed that the Director of Finance, Information, Performance & Estates, Jon Sargeant, had accepted an appointment at another Trust. She added that he had been a great support to the Trust and wished him well. JR thanked JS, on behalf of Board, for his support and hard work.

HSS advised that, therefore, the job description had been circulated to the Directors of Finance working within Staffordshire and two candidates had expressed an interest. Interviews would be held on 20 September 2016.

Derby Collaboration

HSS reported that the Strategic Collaboration Board (SCB) had met in August. JR advised that Non Executive Directors from both organisations had been invited. The extent to which both trusts could share common services had been reviewed, together with a joint clinical strategy. HSS added that the SCB meeting scheduled for 26 September 2016 would now be held on 3 October 2016.

Nurse Training – University of Derby

HSS advised that the Learning and Development team had been working with the University of Derby to build a closer working relationship. FB noted that the Trust was currently linked with the University of Wolverhampton.

Contract Requirements

HSS reported that there were six new requirements – local access policies; discharge summaries; clinic letters; onward referral of patients; medication on discharge; and results and treatment. These were all focused on improving quality and safety.

GEM Awards

HSS advised that the report also detailed GEM awards that had been presented to staff last quarter to thank them for “going the extra mile”. She congratulated all the winners.

The Board received the report.

BOD/16/229 Director of Strategy and Partnerships

The Board received a report on the following issues:-

- Staffordshire STP
- Burton/Derby Collaboration
- Virgin Care

Staffordshire Sustainability and Transformation Plan

AW reported that the Staffordshire plan was submitted at the end of June and that feedback received was broadly positive. The next iteration of the plan was due to be submitted on 21 October 2016 and this would be discussed at the October Board Information Session. HSS added that the most significant concern was the size of the financial challenge.

Virgin Care

AW explained that a governance structure had been agreed between the CCG, Virgin Care and the Trust. Work was currently being undertaken and, at the end of September, a meeting had been scheduled with Virgin Care to identify next steps moving forward. JR queried the work being undertaken and AW responded that discussions had begun with regard to each of the current workstreams – COPD, heart failure, diabetes, rapid response, ED re-design, discharge liaison, end of life and neurology.

JC referred to finances and Staffordshire being under-funded and queried if any action was being taken in terms of trying to redress the equality with Staffordshire and the remainder of the country. JS confirmed that East Staffordshire was now appropriately funded. He was unsure about North Staffordshire, although he thought that it had improved substantially.

JC queried how changes would be communicated to the public. LT advised that there would be significant engagement and communication over the next 3 months. AW added that, regardless of who was delivering the service, it would need to be ensured that it was as simple as possible to access and that it was a good service.

SJ referred to the ED re-design and frail elderly being signposted to the most appropriate care, however, there was no reference to Rheumatology. HSS advised that areas where there would be the most significant impact had been chosen.

Mr Lamb, a Governor elect, queried if there were any efficiencies in the finances that would be at risk if the Trust failed to deliver the IT system. JS confirmed that there was not.

The Board received the report.

BOD/16/230 Director of Communications Report

The Board received a report on the following issues:-

- Corporate communications, reputation management and stakeholder engagement
- Engagement programmes: staff, stakeholders, community
- Marketing activity to support clinical staff recruitment

Corporate Communications

LT reported that, in March, a prostate cancer awareness screening campaign had been undertaken, and through this event eight gentlemen had been diagnosed. The BBC One "One Show" would now broadcast the follow up screening event scheduled for October. Sepsis training and awareness was also being focused upon.

LT advised that with regard to stakeholder engagement, going forward the Board would receive a report, on a quarterly basis, regarding the Trust's reputation and the media sentiment relating to the Trust.

LT referred to staff engagement and advised that, over the course of May to the end of August staff had been encouraged to participate in various walking activities as part of the "THRIVE" health and wellbeing campaign.

LT reported that the department had been trialling new marketing techniques and activities to attract clinical staff to the Trust, for example digital marketing, Facebook. The test case was the nurse open day in August. The initial results were encouraging. The marketing for senior clinical staff, however, would need to be different.

HSS queried what the response had been with regard to medical staff. LT advised that an advertisement had been placed in the BMJ for senior consultant vacancies. It was, however, difficult to track the returns. RS added that the advertisement had not achieved the number of applications it was hoped for.

SG queried if there were any activities that the Trust should be undertaking more of. LT responded that the Trust was actively engaged in several activities, however, none were quite at fruition. Over the next few months the focus would need to be stakeholder engagement and how the Trust would move forward, the positive activities within the hospital, and recruiting good staff.

MH commented that internal engagement was vitally important as happy staff cared well for patients. LT advised that a report with regard to "THRIVE" would be received by the People Committee at the next meeting.

Action: LT

The Board received the report.

BOD/16/231 Director of Finance, Information, Performance & Estates Report

The Board received a report on the following issue:-

- Month 4 Finance Report

Month 4 Finance Report

JS reported that, at the end of July, the Trust had marginally underspent by £14k against the plan to deliver a £10m loss. The revenue position was strong and there was £5.4m in the bank. In terms of CIP the Trust was slightly ahead of target. A detailed forecast would be received at the next Finance & Performance Committee meeting.

Action: JS

SG queried if the Radiology position was recurring. DB advised that some of the cost related to agency spend and the Trust had recruited assistance to resolve the issues. JS added that some of the cost relating to the hire of additional facilities would continue.

The Board received the report.

BOD/16/232 Chief Operating Officer Report

The Board received a report on the following issues:-

- Emergency Department Performance against the 95% Target
- Operational Updates
- Capacity & Demand

Emergency Department (ED) Performance against the 95% Target

DB reported that the summer months had been particularly demanding, with increased attendances, increased levels of acuity, and increased conveyances. The Trust achieved 91.92% against the 4 hour A&E target. It should be noted that 21 beds on Ward 44, and all additional beds within the Trust, had been closed.

DB advised that accurate RTT reporting remained a challenge and as there were a number of data quality issues the RTT position was not currently being reported. External assistance had been sought from the Intensive Support Team (IST) and NHS Elect. There was now a clearly defined action plan and a clear focus on developing a robust training plan.

DB reported that the Trust achieved all of the cancer targets with the exception of two. The breast two week wait target had not been achieved, however, this had improved month on month and was compliant for both July and August. The 62 day

target had also not been achieved, however, an action plan had been developed and early indications suggested that July performance was almost back on track.

AW noted that the A&E performance had been discussed by the F&P Committee and that it had been agreed that the action plan would be received at the next F&P meeting. DB commented that there was a need for one joint action plan. HSS added that it was clear what had to be undertaken to improve performance and partners would need to be held accountable. She had suggested that initially the Local A&E Delivery Board meetings were held fortnightly. There was a clear picture nationally that this was everyone's responsibility. HSS suggested that the action plan was received at the next Board meeting to demonstrate which actions were being undertaken by the Trust and which were being undertaken by partners.

Action: HSS

HSS added that the Board should also receive the Winter Plan.

Action: DB

SG commented that there had been actions plans for A&E previously that had not been successful. He queried if it was thought that the plan would allow the critical view to be addressed. DB responded that the cancer action plan detailed the effect that each action would have on performance and the same process would be used for the A&E plan.

JR queried what the "feel" was for the actual performance. DB responded that it was difficult to answer this question as the data behind the figures was unreliable. It was hoped that reporting would be re-commenced in December. HSS added that all of the patients were being reviewed to ensure that none of them had come to harm.

MP queried how it would be reported once the system was operating correctly. DB advised that the system would allow the data to be reported in different ways, for example, how many patients had been treated in 4 weeks, or 8 weeks.

JC raised his concerns with regard to the report and stated that he was not assured. He queried if the Board felt assured with regard to the performance of the hospital. BP added that he was also concerned with regard to the validation of the RTT data and the inability to report until December.

HSS stated that this was a serious concern for the Board, it had been discussed by the Board and would be discussed again with the Regulator at the Performance Review Meeting. The Board was assured that no patient was suffering harm or had come to harm due to delays in receiving treatment and this was the priority. However, the Trust would not report inaccurate information. Significant resource had been allocated to this issue with two executive leads, the IST, an external consultant and validating teams. The Trust needed to ensure that there was strong governance, a patient access document, and training, and that Meditech v6 was fit for purpose.

The Board received the report.

BOD/16/233 Chief Nurse Report

The Board received a report on the following issues:-

- Safe Care
- Effective Care
- Positive
- Good News

Safe Care

FB reported that the ward assurance had achieved a green rating for the 27th consecutive month, however, to avoid complacency this was being reviewed with a view to stretching the targets. The Safety Thermometer had achieved 95.49% and it was expected that this would improve further. The Whole Health Economy report from the CQC for Children's Safeguarding had been received and forwarded to the CCG. Their comments were awaited.

Positive

FB confirmed that the Quality Improvement Strategy launch was scheduled for 16 September 2016.

Good News

FB advised that Dr Emma Salt, Consultant Physiotherapist, had published papers in a peer review open access journal with regard to a neck and arm pain study.

The Board received the report.

BOD/16/234 Medical Director Report

The Board received a report on the following issues:-

- Junior Doctors Strike
- Medical Revalidation
- Medical Appraisal
- Medical Workforce
- Mortality & Morbidity
- Research and Development
- Clinical Audit
- NICE
- Clinical Coding
- Medical Records

Junior Doctors Strike

MH reported that the industrial action scheduled for September had now been cancelled, however, the action scheduled for October, November and December would continue. Meetings had been held to discuss cover for the industrial action.

Medical Revalidation and Appraisal

MH reported that there was a process in place to escalate doctors who were not fulfilling their obligations.

Job Planning

MH confirmed that this was undertaken on a continual basis and that there were only five consultants without a job plan. It had been a challenge to recruit to the role of Guardian of Safe Working Hours, however, this had been filled on a temporary basis.

Mortality and Morbidity

MH advised that there had been media coverage with regard to the Trust being a breast cancer outlier, however, this was due to one single case. The Mortality Assurance Group were sighted on AKI, stomach cancer, fractured neck of femur, and breast cancer.

Medical Records

MH explained that a decision was required with regard to where Medical Records should be moved to. JR queried the timeframe and MH advised that the decision would need to be made within the next two months. JR queried if electronic records would assist and MH advised that the Trust had not made a paper copy of medical records for 18 months.

The Board received the report.

BOD/16/235 Director of HR Report

The Board received a report on the following issues:-

- Key Performance Indicators
- Junior Doctors
- ESR Data Quality
- Delivery of NVQ Qualifications
- Sickness Absence
- Re-structure of Divisions and Corporate Functions

Key Performance Indicators

RS reported that there were approximately 90 registered nursing vacancies at the end of July. In the Staffordshire health economy, consisting of 5 organisations, there were over 800 vacancies. The Trust had 33 medical staffing vacancies and there was recruitment activity for each of these although some of the roles were difficult to recruit to.

ESR Data Quality

RS advised that there had been a focus on the improvement of the quality of electronic staff records and the Trust had improved its position. It was hoped that the Trust would move to within the top 100 by the end of September.

Delivery of NVQ Qualifications

RS advised that the Trust had again received an "A" grade for the delivery of NVQ qualifications.

Sickness Absence

RS confirmed that the cumulative sickness absence position was 3.86%. Short term sickness was on an improving trend. There was a higher incidence of long term sickness, however, there was an action plan for each case.

Re-structure of Divisions and Corporate Functions

RS advised that the divisional re-structure had been implemented and that further work was being undertaken with regard to staff that had been displaced.

DH queried if the Trust was still actively pursuing the recruitment of overseas nurses. RS advised that the Trust had recruited 12 nurses from the most recent process, with further skype interviews scheduled with the aim of increasing the cohort to 20. However, some of the original overseas nurses were beginning to leave the Trust.

EJD commented that she was a regular volunteer at the SIM Centre and queried if any thought had been given to where they would move to. RS advised that this was included in the work currently being undertaken by STRIDE.

BP queried if there had been an increase in attendances by patients with mental health conditions. FB responded that, nationally, there was an increase in patients with dementia. There were also a number of attendances at A&E by young people with mental health issues and if they were admitted they required the skills of a mental health nurse which had to be obtained via agency staff.

JC commented that there had been a reference to divisional re-structure, however, he had been unaware of this. HSS responded that the details would be circulated.

Action: TF

The Board received the report.

BOD/16/236 Director of Governance Report

The Board received a report on the following issues:-

- 2016/17 Board Assurance Framework (BAF)
- Consolidated Action Plan (CAP)
- Policies
- Whistleblowing Policy
- End of Life – Lay Member
- Council of Governor Elections
- Declarations of Interest

2016/17 Board Assurance Framework

TF reported that the BAF had been discussed at the relevant Committees.

Consolidated Action Plan

TF presented the CAP and advised that this had also been discussed by the Committees.

Policies

TF explained that work had been undertaken to identify which policies should be approved by the Board and Committees. JR requested that the Board review the list of policies.

Action: All/TF

Whistleblowing Policy

TF advised that the Policy had been revised to include the Freedom to Speak Up Guardian. An advertisement for this role was due to be issued imminently.

The Board approved the Whistleblowing Policy.

End of Life – Lay Member

TF advised that it was a recommendation of the National Care of the Dying Audit that all trusts should have a designated Board member and lay member with specific responsibility for care of the dying. JD had accepted this role.

The Board approved John Davies as the lay member with responsibility for end of life care.

Council of Governor Elections

TF confirmed that the election process had now ended and, as a result, the Trust would have a full complement of Governors. Information with regard to the new Governors would be issued in due course.

Action: TF

The Board received the report.

BOD/16/237 Quality Committee Summary Report for meeting on 20 July and 17 August 2016

SG highlighted that the CCG had undertaken a review of the Trust's response to serious incidents and that this report was awaited. The Committee had concerns with regard to how this had been developed. The Trust did have its own internal vigilance and this had not been highlighted by the CCG.

SG advised that the Committee had noted that the CQC would take an active interest in any service changes with any organisational changes.

HSS added that a meeting had been held with the Accountable Officer at East Staffordshire CCG and confirmed that any concerns from the Quality Committee would follow an escalation process. They were confident that the Trust had strengthened this process.

The Board received the report.

BOD/16/238 Audit Committee Summary Report for the meeting held on 28 July 2016

SG advised that reports had been received from Internal Audit and that these would be referred to Committees where appropriate. The CQC Follow Up Report had been received by the Quality Committee as well as the Audit Committee. The management process of overseeing recommendations had been tightened. The Internal Audit contract extension had been endorsed.

The Board received the report.

BOD/16/239 People Committee Summary Report for the meeting held on 21 July 2016

JB reported that the Committee had requested a plan to resolve the junior doctor mandatory training issues. The Committee would receive a presentation with regard to Workforce Race Equality Metrics from NHS England at the next meeting.

The Board received the report.

BOD/16/240 Finance & Performance Committee Summary Report for the meetings held on 27 July and 31 August 2016

DH reported that the Committee would interrogate and challenge the forecast at the next meeting. The Committee had discussed performance targets and how these reflected on the £6.2m that the Trust expected to received, however, if this was reduced the Trust would not achieve the control total. The report stated that the Trust was on track to achieve the CIP target at the end of July, however, there was a significantly challenging back end loaded target and he, therefore, expressed caution.

The Board received the report.

BOD/16/241 Any Other Business

There was no other business.

BOD/16/242 Questions from the Public relating to the Agenda

There were no questions from the public.

BOD/16/243 Date and Time of Next Meeting

The next meeting would be held at 2.00 pm on Thursday 3 November 2016 at Sir Robert Peel Community Hospital, Tamworth.

The meeting closed.

Signed.....
John Rivers

Date..... 23/11/2016