Burton Hospitals NHS
NHS Foundation Trust

Minutes of the Board of Directors Meeting held on 3 March 2016
in the Archie Gentles Room at the Medical Education Centre at Burton Hospitals

Present:	Mr C Wood, Chairman (CW) Dr J Davies, Non Executive Director (JD) Dr S Goode, Non Executive Director (SG) Mr A Hughes, Non Executive Director (AH) Mr D Heywood, Non Executive Director (DH) Mr J Bale, Non Executive Director (JB) Mr P Doona, Non Executive Director (PD) Mr B Brown, Acting Chief Executive (BB) Dr M Harrison, Medical Director (MH) Mr J Sargeant, Director of Finance, IT & Performance (JS) Mrs T Fairchild, Director of Governance (TF) (non voting) Ms A Wynne, Director of Strategy (AW) Mrs P Gardner, Interim Director of Nursing & Quality (PG) Ms M McManus, Interim Director of Operations (MM) (non voting)
In attendance:	Mrs K Carpenter, Corporate Affairs Officer (KC)
In attendance to present:	Dr L Boulstridge, Consultant in Palliative Medicine (LB) (for BOD/16/64) Mrs K Pape, (KP) (for BOD/16/64) Mrs S Wallis, Head of Midwifery (SW) (for BOD/16/61)

JD noted that this would be Chris Wood's last Board meeting as the Chair. He thanked CW, from both a collective and a personal point of view, for his efforts on behalf of the Trust during his time at the Trust. He thanked CW for his immense contribution to the Trust and added that his lasting legacy would be the Trust emerging from special measures.

BOD/16/56 Apologies for Absence

There were no apologies for absence received.

BOD/16/57 Declaration of Interests

There were no declarations of interest raised.

BOD/16/58 Minutes of the Board Meeting held on 7 January 2016

The minutes of the Board Meeting held on 7 January 2016 were approved as an accurate record.

BOD/16/59 Matters Arising not covered by the rest of the Agenda

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

BOD/16/60 Monitoring of Actions

16/09 – Board Assurance Framework
b) CW confirmed that the draft 2016/17 BAF would be considered in April.

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

16/08 – Chief Executive's Update
16/09 – Board Assurance Framework
16/11 – Summary of Quality Committee Meetings held in 18 November and 16 December 2015
16/12 – Consolidated Action Plan
16/21 – Questions from the Public

BOD/16/61 Patient Story - Maternity

The patient story was provided by Sharon Wallis, Head of Midwifery, with regard to the Fear of Childbirth.

BOD/16/62 Chief Executive's Update including the Integrated Performance Report

BB reported that further junior doctor industrial action had been planned for March and April and each of the three planned strikes would last 48 hours.

BB referred to the Annual Reporting timeline and advised that last year the Board had delegated approval to the Audit Committee, however, the proposal was that approval was delegated on a permanent basis. TF added that, if agreed, the Scheme of Delegation and Audit Committee Terms of Reference would be amended accordingly.

The Board agreed to delegate approval of the Annual Report and Accounts to the Audit Committee on a permanent basis, and approved the amendment to the Scheme of Reservation and Delegation to this effect.

Action: TF

BB referred to operational performance and advised that there were four Alerts relating to A&E 4 hour target, ambulance turnaround rime, RGN vacancies and medical staff vacancies. There were also three Assures which related to the achievement of the stroke targets, RTT for incomplete pathways met at Trust level, and the achievement of ward assurance.

SG referred to the attitude towards the junior doctors strikes as portrayed in the media. BB advised that there was an action plan to respond to the strikes. MM added that an increased number of cancellations were expected, however, she felt that this would be the national picture. SG queried if this would have financial implications. MM confirmed that it would as there would not be an opportunity to recover in this financial year.

DH queried when it would be known how many junior doctors would take part in the strike. BB advised that the Trust would know how many junior doctors should be on duty and where they should be deployed, however, exact numbers would not be

known until the morning of the strike.

DH highlighted that the report stated that there had been 24 operations cancelled due to the junior doctors strike. MM explained that this was due to sickness and cover that had to be provided by consultants as the junior doctors were taking part in the strike.

SG referred to penalties and queried if there was a recognition from the commissioners that the Trust was not responsible for the strikes. JS confirmed that the Trust would not be penalised this year.

CW queried how these patients would fit into the 18 week backlog. MM confirmed that they would be prioritised in time order as this was how the backlog worked. BB added that operations would not be cancelled until the day before and that there was communication with regard to this.

PG reported that there had been nine Grade 3 Hospital Acquired Pressure Ulcers reported in January. Improvements had been made with regard to validation of the incidents and documentation in the wards. Accountability had been reiterated to nursing staff. There had been no local avoidable events. There had been 25 CDiff cases against a target of 20. Seven were avoidable and four were due to antibiotic prescribing. The VTE risk assessment and ward assurance targets were achieved.

MH advised that there were no concerns with regard to mortality. CW queried when this would be re-based and MH advised that there was there was a six month time delay.

TF reported that the Trust continued to have a downward trend in terms of the number of Serious Incidents (SIs) declared, however, an increasing number of Critical Incidents (CIs) were being declared due to the change in the SI framework. The Trust had been challenged by the CCG with regard to CIs that had been declared as SIs when the investigation had been completed and as a result of this the Trust had received a penalty notice. She had met with the CCG and agreed that going forward the Trust would inform the CCG of all CIs. For clarity, the process for both CIs and SIs was the same in terms of process, timescale and rigour.

AW commented that outcome of SIs and CIs was not discussed by the Board. CW explained that this would be discussed by the sub committees. JS added that the outcome would also be reflected on the Quality Committee scorecard.

AH stated that the Board had previously discussed committees having a role in setting targets for the following year. He queried if the Quality Committee had a view on any of the targets, for example CDiff, and organisations that appear to be more successful. BB suggested that this related to impact as well as outcome. JD responded that with regard to CDiff the target was irrelevant. The Trust's ambition should be to reduce the number of cases for this hospital to an absolute avoidable minimum. AH responded that, in this forum and others, the Trust measured itself against a number. JS added that there was also a point at which the Trust would be penalised if missing a target. SG suggested that the commentary could be improved to provide a judgement as to whether or not the Trust felt it was an acceptable figure. JD gave VTE as example and explained the process. He added that there were several process targets and a significant amount of internal outcome measures which were of more importance to the committees.

CW summarised that a level of detail and assurance was received from the Board committees. It was important to establish if the Trust was achieving or failing the target as there were contractual obligations, however, going forward there may be some context with regard to transparency around actual performance that was based on patient outcome.

MM reported that, with regard to performance, January was, as predicted, a difficult month. The 4 hour A&E target had not been achieved and the year was now at risk. There were ten internal actions that the Divisions had agreed to take to ensure that the Trust had the best performance it could during March.

AW queried if it would be possible to achieve year end if all of the actions were taken and MM responded that it was unlikely.

MM advised that the Trust had received a performance notice from the CCG and an action plan with regard to A&E performance would be produced. There had been three 12-hour trolley waits due to capacity. The Trust had achieved six of the cancer targets. The two week wait breast symptom cancer target had not been achieved and this was due to the SLA with University Hospitals of North Midlands NHS Trust. The 31 day cancer target had also not been achieved. The stroke targets had been achieved. The figure for cancelled elective operations was incorrect and this was being investigated further. There had been four mixed sex accommodation breaches.

CW referred to the A&E risk contained within the BAF and noted that a gap in control was "further engagement required to ensure ECIST recommendations were owned and embedded" and queried if this was correct. MM explained that a gap analysis between the ECIST recommendations and what the Trust was doing was currently being undertaken. CW commented that the Trust had agreed to ensure itself that, internally, it would undertake everything it could and then it would review the external factors. MM responded that the Trust was implementing a clinical utilisation review tool which would identify the internal delays and it was hoped that this information could be presented to the Board in the near future.

Action: MM

The Board received the report.

BOD/16/63 Board Assurance Framework (BAF)

TF presented the Board Assurance Framework and highlighted that the ratings for two risks had reduced and for one risk it had increased.

Risk 1 – failure to develop and equip existing staff or develop new roles to meet the changing needs of our services

BB confirmed that this would be referred to during the closed session of the Board meeting.

Risk 2 – failure to provide patients with a positive experience from our services, improvements in patient safety, protection from avoidable harm

PG confirmed that the risk rating remained the same. A "stock take" covering various aspects would be presented to the March Quality Committee meeting to provide further assurance. CW noted that there were several actions contained within Gaps in

Control and queried if these would move into Assurance and PG confirmed that they would.

Risk 3 – failure to embed the new national clinical governance framework
TF advised that the likelihood had been decreased as two of the gaps in control, relating to appointing to a full complement of staff within the clinical governance team, and the arrangements of mini quality summits to share learning, had been addressed.

Risk 4 – evolving relationships with commissioners of services who are themselves financially challenged on delivering a change programme
BB advised that confirmation of contract negotiations were awaited.

Risk 5 – failure to control budget and inability to achieve cost improvement programme/failure to deliver financial year 2015/16 of the 5 Year Plan
JS confirmed that this risk would be archived and a new risk opened for 2016/17.

Risk 6 – failure to sustain delivery of 4 hour access target
MM confirmed that this had been discussed and queried if the work to be undertaken with regard to the ECIST recommendations was a gap analysis rather than engagement and MM confirmed that this was correct.

Risk 7 – failure to produce acceptable strategic and financial recovery plans leads the Trust to be unsustainable
BB advised that further feedback from the Regulator was awaited.

Risk 8 – implementation of v6 of Meditech
JS confirmed that Meditech had gone live and that an update would be provided as a separate agenda item.

SG queried what the current situation was with regard to closing last years' BAF and establishing a new one. TF confirmed that the 2016/17 BAF would be presented at the next Board meeting.

The Board debated and agreed the BAF and risk appetite for each risk.

BOD/16/64 Service Line Review – End of Life

LB and KP presented the End of Life Service Line Review which covered the following areas:-

Where We've Come From
- Inconsistent medical input
- No strategic direction
- Operational group without focus
- Difficulty recruiting Clinical Nurse Specialists
- Lack of ownership in the Trust

Progress Made
- Appointment of a Lead Clinician for End of Life Care
- Establishment of the End of Life operational and strategic groups
- Implementation of the national transform programme
- Appointment of 2 consultants
- All Clinical Nurse Specialist posts filled

- Education and training

Questions and answers followed.

BOD/16/65 Meditech Post Implementation Update

JS confirmed that Meditech Version 6 had gone live. There were some teething problems, however, there were no major issues.

TF queried at what point the Board would be provided with assurance that those issues that the implementation of Meditech v6 was due to resolve, had been resolved. JS advised that a report with regard to lessons learned and the benefits realised would be provided for the next meeting.

Action: JS

BOD/16/66 Quarterly Quality Update

PG presented the quarterly quality update for Q3. She noted that there had been 31 Mixed Sex Accommodation breaches due to capacity. Staff sickness was 4.21%, however, this was an anticipated seasonal increase.

PG referred to Patient Experience and advised that question 4 "do doctors explain things to you in ways you understand" was amber and that this was mostly due to whether the patient understood the question. At the Community Hospitals in particular, the patients thought that the question related to their GP. With regard to question 9 "if you need help getting to the toilet or bathroom do you get it in time" a review of the buzzer audits was being undertaken.

PG reported that the Trust had received 73 formal complaints between October and December 2015. Complaints were discussed at the Quality Committee on a quarterly basis.

TF advised that statistics with regard to Duty of Candour would be included in the report going forward. The issue with this area was medical staff engagement.

CW commented that it was disappointing that there were 17 complaints with regard to values and behaviours. He queried if this was an area that required further focus. PG responded that this related to attitude across the professional groups.

BOD/16/67 Summary of the Quality Committee Meetings held on 20 January and 17 February 2016

JD referred to the meeting held on 20 January 2016 and highlighted the continuing assurance with regard to pressure ulcer management, progress made with regard to quality improvement and advised that the Committee had engaged with the quality aspects of seven day working.

JD referred to the meeting held on 17 February 2016 and advised that there were two issues that the Committee wished to highlight. The first related to clinical ownership of quality issues, for example, discharge summaries for renal failure patients were not up to standard and this was perhaps evident of a wider issue. The second issue related to the communication of high profile clinical cases where there was a

reputational risk to the Trust, and how it could be ensured that the organisation was aware of these. TF advised that in other trusts a report had been received by the Board with regard to litigation and Coroner cases. She suggested that this information was included in the Chief Executive's report in future. **This was agreed by the Board.**

Action: TF

The Board received the report.

BOD/16/68 Consolidated Action Plan (CAP)

TF presented the reduced version of the CAP. She advised that the Quality Committee had agreed that CQC40 and CQC47 should be moved to Delivered.

The Board noted the amendments in red and the amendments to the embedded dates and approved that CQC40 and CQC47 were moved to Delivered.

BOD/16/69 Summary of the Audit Committee Meeting held 11 February 2016

PD reported that the External Audit plan had been received. The key issues were Going Concern and Meditech. The Committee had been pleased with the improved governance in relation to the Recommendation Tracker. The Committee had received three reports relating to Job Planning, Review of Integrated Care Pathways and Key Financial Controls. The issues highlighted with regard to the sepsis pathway would be discussed further at the Quality Committee.

PD referred to Meditech and advised that the Committee wished to ensure that it had received the necessary assurance with regard to Meditech and this had been provided by KPMG.

The Board received the report.

BOD/16/70 Summary of the People Committee meetings held on 21 January and 18 February 2016

AH advised that two meetings were reflected in the report and that there were four areas to highlight. The Committee had received and discussed two briefings and both reflected on the clinical staff shortages within the NHS. A presentation with regard to medical revalidation and appraisal had been received and it had been suggested that this was received by the Board. There were several consultants who were deemed to have unreasonably postponed their appraisals and the Committee was entirely supportive of whatever action may be taken.

AH reported that the Committee received the staff survey results under Any Other Business and that these would be reflected upon in more detail at the meeting in March. The results were good and, for over half of the areas that were analysed, the Trust was in the top 20% of trusts in the country. The areas where the Trust did not perform as well related to physical violence, both staff on staff and staff on patients. The Committee was not aware of these issues and would, therefore, reflect on this further.

AH advised that there had been a query as to whether the Chief Executive should be a member of the Committee. BB commented that the Chief Executive had become a member of all committees in response to the Keogh Review. TF added that this issue had also been identified by the Oversight Director. **The Board agreed that the Chief Executive should not be a member of sub committees.**

CW commented that he had received the staff survey results and he thought that the Trust should be proud.

CW requested that future People Committee summary reports highlighted work undertaken with regard to education and AH agreed to do so.

Action: AH

The Board received the report.

BOD/16/71 Lord Carter Report

SG thought that the Lord Carter Report related to efficiency savings within the NHS and queried what it was thought would change as a result of this report. PG responded that Care Hours Per Patient Per Day was a new metric to be introduced. The Trust already had the facility to obtain this information using Health Care Live and Health Roster. This was providing additional assurance with regard to aligning the dependency and acuity of patients together with staff.

BB thought that this would deliver a reduction in variability and that it would provide a level of evidence to reduce inefficiency and inequity in services.

JS advised that when the draft report had been received significant work had been undertaken to map Electronic Staff Record to the finances. They had compared the Trust to their model hospital and the Trust had faired well. The Trust was now awaiting the revised report.

SG queried if there was a way in which to track this as it was a significant report. JS thought that once the revised report was received it should be discussed by the Executive Directors. BB suggested that a six month gap analysis was required as there were several strands of work already in place.

CW thought that there were key challenges for the Trust, and that there was more to be done to answer these challenges. CW thought the key aspects should be evidenced and included in the Trust's plan.

The Board received the report.

BOD/16/72 Month 10 Finance Report

JS reported that the financial position at month 10 was a favourable variance of £330k against the plan to deliver a deficit of £16.5m. Capital was slightly below plan, however, there were plans to recover this. The capital forecast was for an overspend against the plan due to the abortive costs for the implementation of Meditech v6 and these were put into revenue in the forecast. The majority of risks would be negated by the year end agreement with the CCG.

The Board received the report.

BOD/16/73 Verbal Summary of the Finance & Performance Committee Meeting held on 24 February 2016

DH reported that the Committee had discussed A&E and year end, the cancer targets and RTT, and a further report with regard to the backlog was due to be received in March. There was now a Payment by Results (PbR) agreement with Virgin Healthcare. JS clarified that the Trust was currently working through a PbR based contract. DH advised that the Audit Committee had requested that Meditech was reviewed by KPMG and Finance & Performance Committee members had received a copy of the report which was satisfactory. The Committee had also wished to escalate to the Board the query with regard to the Chief Executive's membership.

TF referred to the acting arrangements that had been put in place. Previously the Chief Nurse & Chief Operating Officer was a voting member of the Board in his capacity as nurse. Therefore, PG would now have this vote as the Interim Director of Nursing & Quality and the role of Director of Operations would be non voting.

CW noted that it was an outstanding achievement for the Trust to have delivered the level of CIP.

BOD/16/74 Any Other Business

There was no other business.

BOD/16/75 Questions from the Public relating to the Agenda

Bernard Peters, Governor, referred to the Patient Experience question relating to whether a patient understood the doctor. He commented that patients may see several doctors during the course of their journey and queried how it would be known which doctor this related to. PG responded that the specific question was "do doctors say things in a way in which you understand", however, the response received from many patients was that they had not seen a doctor as they thought the question referred to their GP rather than the doctor within the hospital.

John Carr, Lead Governor, raised concerns with regard to the cancellation of 16 elective operations due to equipment not being available. MM explained that a laser within Ophthalmology had broken down. It had been repaired within 24 hours as per the agreement. This issue could not have been foreseen or mitigated.

BOD/16/76 Date and Time of Next Meeting

A Meet the Board session would be held on **Thursday 7 April 2016 at 9.30 am, in the Archie Gentles Room at the Medical Education Centre at Burton Hospital.**

The meeting closed.

Signed...

Date......16.5.2016.........