

**Minutes of the Board of Directors Meeting held on 7 July 2016
in the Boardroom, Robert Bewick House, Burton Hospital**

Present: Mr J Rivers, Chairman (JR)
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 P Doona, Non Executive Director (PD)
Mr J Bale, Non Executive Director (JB)
Ms H Scott-South, Chief Executive (HSS)
Mrs P Gardner, Chief Nurse (PG)
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)
Mr R Smith, Director of HR (RS) (non voting)
Mrs L Thompson, Director of Communications (LT) (non voting)

In attendance: Mrs C Smith, Acting Head of Corporate Affairs (CS)
Mrs K Carpenter, Acting Compliance & Corporate Affairs Manager (KC)

In attendance to present: Mrs D Bird, Head Nurse – Medicine (for BOD/16/185 only)
Mrs S Johnson, Upper GI Specialist Nurse (for BOD/16/185 only)

Governors in attendance: **Mrs E Day (ED)**
Mrs S Williams-Jones (SWJ)

BOD/16/179 JR advised that Justine Fitzjohn had been appointed as Trust Secretary at Derby Teaching Hospitals Foundation Trust (DTHFT).

JR advised that it had been agreed that members of public would be permitted to ask their questions at the beginning of the open session of the Board meeting rather than waiting until the end. Governors and members of the public would also be permitted to contribute throughout the meeting.

BOD/16/180 Apologies for Absence

Apologies were received from Tosca Fairchild.

BOD/16/181 Declaration of Interests

There were no declarations of interest raised.

BOD/16/182 Minutes of the Board Meeting held on 5 May 2016

The minutes of the Board Meeting held on 5 May 2016 were approved as an accurate record.

BOD/16/183 Matters Arising not covered by the rest of the Agenda

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

BOD/16/184 Monitoring of Actions

16/131 – Chief Nurse Report

JR confirmed that the Board would be receiving a presentation with regard to safeguarding as a whole, and that the Council of Governors would receive the same presentation.

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

16/10 – Stakeholder Engagement Strategy Update

16/130 – Chief Operating Office Report

16/131 – Chief Nurse Report

16/134 – Director of HR Report

BOD/16/185 Patient Story - Surgery

The patient story was provided by Sarah Johnson and Donna Bird with regard to Paracentesis. Questions and answers followed.

BOD/16/186 Chairman's Update

JR advised that Steve Goode has been appointed as Deputy Chairman from 24 June 2016. JR thanked John Davies for successfully undertaking the role of Deputy Chairman previously. JD would continue as the Chair of the Quality Committee. It should also be noted that John Bale was now the Chair of the Charitable Funds Committee. Paula Gardner had been appointed to the role of Chief Nurse, and Magnus Harrison had been appointed as Deputy Chief Executive although this was subject to formal Board approval.

JR stated that it had been agreed that some of the Board meetings in the future would be held at the Community Hospitals and, with this in mind, the meeting in September would be held at the Samuel Johnson Community Hospital in Lichfield.

BOD/16/187 Chief Executive Report

The Board received a report on the following issues:-

- Appointment of Chief Nurse
- Appointment of Deputy Chief Executive
- NHS Improvement Update (Monitor)
- Partnership Working with Derby Teaching Hospitals NHS Foundation Trust (DTHFT)

Appointment of the Deputy Chief Executive

The Board approved the appointment of MH as Deputy Chief Executive with immediate effect.

NHS Improvement (NHSI) Update

HSS reported that the performance review meeting with NHSI had been positive and they continued to want the Trust to focus on the 4 hour performance. They were content that the Trust had postponed reporting the 18 week performance. The new control total of £9.9m had been agreed.

Partnership Working with DTHFT

HSS advised that work with DTHFT was now moving at pace. A clinical review was being undertaken and a report with regard to synergies and options for organisational form would be received by the Board in October.

Action: HSS

JS added that back office reviews had also begun. SG queried what was meant by corporate and JS advised that this related to corporate nursing.

AW advised that the first Patient Reference Group had been held, and that this formed part of the Strategic Collaboration Board (SCB). It had been agreed that there would be Governor representation from both trusts. Healthwatch was also represented. In addition, it had also been agreed that a Medical Director and a Chief Nurse would share the responsibility of chair.

The Board noted the progress made on the partnership working with DTHFT.

Staffordshire Sustainability & Transformation Plan (STP)

HSS advised that the plan had been submitted on 30 June 2016. The Trust would discuss this on 22 July 2016 with NHS England, and it would be cross referenced against the collaboration work. Current discussions indicated that there were opportunities and that the desire was for Queen's Hospital to remain a vibrant DGH. Further discussions would be held at the October Board meeting.

Action: HSS

The Board noted the work.

BOD/16/188 Director of Strategy and Partnerships

The Board received a report on the following issues:-

- Burton/Derby Collaboration
- Staffordshire Sustainability and Transformation Plan (STP)
- Virgin Care

Staffordshire Sustainability and Transformation Plan

AW reported that the purpose of the STP was to plan and provide for a sustainable financial and clinical system over the next 5 years. This was being managed for Staffordshire and Stoke-on-Trent via the Together We're Better programme. There were a number of challenges, such as performance across all of the standards, financial balance, quality and increased demand for services.

AW provided a brief overview of the population health challenges and the quality of care challenges.

AH referred to the statement "a genuine conversation we need to have about the level of our ambition across organisations". He stated that the evidence he had seen indicated that when patients were asked about cross economy issues they referred back to a specific reference, and he queried if there was a patient reference group. LT responded that a consistent engagement approach would be developed for STP and that patient reference groups would be created.

AW advised that HSS was the lead for the urgent and emergency care workstream for Staffordshire. MH added that the first emergency care workstream meeting had been held and that issues with the system had been discussed. A further meeting had been scheduled to discuss urgent and emergency care in more depth.

DH voiced his concerns with regard to resource as staff were involved with both the STP work and the collaboration with DTHFT, as well as the day job. HSS agreed and explained that establishing the management structure to undertake the day to day running of the organisation would assist.

Virgin Care

AW reported that the contract commenced on 1 May 2016 and there was a phased plan for the roll out of their clinical model. Their objective was to reduce the number of patients attending the hospital and for those that did attend to spend less time in the hospital. Key pieces of work related to ED, COPD, heart failure, diabetes and frailty. HSS thought that there were opportunities to work with them to reduce costs.

The Board noted the report.

BOD/16/189 Director of Finance, Information, Performance & Estates Report

The Board received a report on the following issues:-

- Month 2 Finance Report
- Stride Update
- V6 Update

Month 2 Finance Report

JS reported that, at the end of May, the Trust was £16k adverse against the original plan. The Trust was now working towards the revised plan and the Trust would report against from next month. CIP was currently on plan. Capital expenditure was £339k and was also on plan. Cash balances were approximately £5.7m. Contingency funds had not been used.

JD queried if the target for CIP continued to be £6.1m. JS advised that the revised plan was £7.2m.

RS queried, as access to the £6.2m STF funding was dependent upon the achievement of performance targets, would the plan have to be adjusted if the targets were not achieved. JS confirmed that the plan would have to be amended.

STRIDE Update

JS reported that work currently being undertaken by STRIDE related to the Outwoods/Back Office Reconfiguration; Margaret Stanhope Centre Disposal; Emergency Department Reconfiguration; Car Park Contract and Multi Storey Car

Park; Facet Survey; Sustainable Development Management Plan and Hard and Soft FM Review.

AW queried if members of the public were involved with the car parking group. JS advised that various people, including staff members, local residents, and local councillors, were involved. AW questioned if the new car park for staff would result in additional parking for patients. JS responded that it was likely that the amount of parking for patients would remain the same, however, additional space would be provided if available.

AH noted that the joint venture partnership was with Health Improvement Partnership, and not Arcadis. He queried if the Margaret Stanhope Centre would be demolished and JS confirmed that it would.

JD queried how the NHS treated one off capital gains such as the Margaret Stanhope Centre. JS advised that the Trust had declared that there was surplus land that would be sold. This would reduce the Trust's need to borrow funds.

RS noted that STRIDE had identified £500k for hard and soft FM and queried if this was in addition to what had previously been identified. JS confirmed that it was and added that the majority related to the provision of, and tender for, catering.

Meditech v6

JS presented the background to the implementation of Meditech v6. Outstanding issues were operational report validation; RTT – prevention and backlog; orders and ambulatory orders; re-training; system performance speed; and discharge letters. JR queried what the current position was and JS advised that work was ongoing with regard to the outstanding issues. It should now be business as usual.

PD queried if it would have been beneficial to produce and monitor a project plan, rather than undertaking this as business as usual. JS confirmed that this was the route taken for specific issues, such as validation, otherwise it should be business as usual.

SG referred to the “work arounds” used previously and queried how these could be prevented in the future. JS advised that any amendments would be received by the Steering Group and approved by the Data Quality Group. Further discussion followed.

JR suggested that how this would be managed going forward should be discussed by the Executive Directors with an update provided at the next Board meeting.

Action: JS

SWJ queried if the concept of a Meditech v6 “driving test” to enable staff to use the system could be considered. This could be a core competency and attached to mandatory training.

Action: JS

The Board received the report.

BOD/16/190 Chief Operating Officer Report

The Board received a report on the following issues:-

- Emergency Department Performance against the 95% Target
- Referral to Treatment (18weeks) Target (RTT)
- Cancer Targets

Emergency Department (ED) Performance against the 95% Target

DB reported that performance was on a slow trajectory of improvement for ED, however, a considerable amount of work was underway. Rota cover was a challenge and, therefore, the department would recruit a further consultant and a middle grade member of staff. Ambulance turnaround times had not been achieved.

Referral to Treatment Target (RTT)

DB advised that, due to the implementation of Meditech v6 the Trust had paused its reporting on RTT whilst validation was undertaken. The number of patients over 18 weeks was currently approximately 1300.

Cancer Targets

DB reported that the Trust had achieved all the cancer targets with the exception of the Breast Symptom Two Week Wait and the 62 Day Standard. He noted that additional support had been received from Derby Teaching Hospitals NHS Foundation Trust (DTHFT) with regard to the Breast Symptom target.

The Board received the report.

BOD/16/191 Chief Nurse Report

The Board received a report on the following issues:-

- Performance against Pressure Ulcer Reduction
- Real Time Patient Experience
- National Inpatient Survey Results
- Complaints and PALs
- SI Review
- Unannounced Visit on Ward 19 by the CCG
- Volunteers Week
- Infection Prevention and Control
- Maternity – Perinatal Institute
- Bi-annual Report on Nursing & Midwifery Staffing Levels

PG reported that there had been a reduction in pressure ulcer incidents due to improved paperwork and the SKINs bundle. Patient experience scores were positive, however, there continued to be an issue with doctor's communication and this was being reviewed. In April and May the Trust maintained a high score for the Inpatient and Day Case Friends and Family Test, however, the A&E Friends and Family score was below the benchmark of 90%.

PG advised that, on the National Inpatient Survey 2015, the Trust was "better" than most other trusts on 5 of the questions asked. The report did not include patient comments. The comments, and analysis, were provided by Patient Perspective.

They suggested that the following areas required further attention – waiting/access; discharge process; communication by staff; communication between staff members; responsiveness of staff; food and drink.

HSS referred to the “Hello My Name Is” initiative and queried why this had not been implemented within the Trust. PG responded that this could be implemented and JR agreed.

Action: PG

PG reported that the Trust wide percentage compliance for ward assurance for May was 97.3%. With regard to Complaints and PALS, there had been a reduction in the number of formal complaints received in Q4 compared with Q3. The CCG had commissioned an external, independent review of the serious incidents at the Trust. The terms of reference for this review would be circulated once they were available.

Action: PG

HSS referred to the governance arrangements with regard to the CCG and suggested that these should be strengthened. There would need to be a formal process to document any concerns.

PG advised that there had been an unannounced visit on ward 19 by the CCG and that the report was awaited. Volunteers’ Week was held in June and it had been very successful. PG thanked Elaine Day, Governor, for her hard work and assistance.

By-Annual Report on Nursing and Midwifery Staffing Levels

PG reported that Care Hours Per Patient Day (CHPPD) was now the principle measure of nursing and care support deployment. Acuity and dependency was also taken into account. The red flags highlighted shortfalls and these were due to additional beds being opened, and where staff had been moved between wards. It should also be noted that if the census was not completed accurately it would not provide an accurate figure.

DH referred to patient experience and the information at discharge and commented that it was disappointing that the Trust was unable to provide over 400 discharge letters per week in a timely manner. MH responded that the issues with regard to discharge letters were well rehearsed. There was a plan in place to issue the discharge letters electronically. The backlog would also need to be addressed.

SWJ thanked the Chief Nurse for addressing the concerns that the Council of Governors had with regard to the external review of serious incidents.

The Board received the report.

BOD/16/192 Medical Director Report

The Board received a report on the following issues:-

- Medical Revalidation and Appraisal
- Medical Appraisal
- Medical Workforce
- Mortality & Morbidity

- Research and Development
- Clinical Audit
- Clinical Coding
- Medical Records
- Caldicott Guardian

Medical Revalidation and Appraisal

MH reported that a new lead consultant for medical appraisal had been appointed.

Job Planning

MH confirmed that non clinical time allocation would be reviewed across all Divisions.

Medical Workforce

MH advised that, with regard to locums, the capped agency hourly rate was breached on occasion in order to prevent any clinical safety concerns that may arise as a result of reduced staffing levels. There were a number of unfilled shifts. HSS queried how many locums supported elective care and how many supported urgent care. RS responded that the majority were in the Medicine Division.

JR queried how this related to the agency spend commitment with NHSI. JS explained that the Trust had stated that anticipated spend was £8.1m and the cap was £6.7m. The gap related mostly to medical staffing. HSS added that the Trust had formally written stating that the Trust would not compromise safety.

Mortality and Morbidity

MH reported that the HSMR figure had now been re-based nationally. The SHMI figure was positive.

Research and Development

MH explained that there had been a reduction in NCR funding which would result in a lack of funding for the staff. This would be included in the back office review work with DTHFT.

Caldicott Guardian

MH advised that there had been an issue with regard to letters being received at a private residence that was formally a GP practice. He confirmed that no correspondence had been sent from the Trust. This issue had now been resolved.

AH referred to the HSMR figure and noted that previously this had been attributed to a lack of capacity locally for End of Life care which resulted in patients being in hospital rather than in a hospice. He queried if this continued to be a determining factor. MH responded that many of the patients in the hospital were palliative, however, there continued to be an issue with palliative care. JS added that a patient could not be coded as palliative unless they were on the palliative care pathway and this would not be possible if they had not been seen by someone palliatively.

The Board received the report.

BOD/16/193 Director of Governance Report

The Board received a report on the following issues:-

- 2016/17 Board Assurance Framework (BAF)

- Corporate Governance General Condition G6 Self Certification – Revised Submission
- Consolidated Action Plan
- Freedom of Information Requests Update
- Overseas Travel Report
- Council of Governor Elections

2016/17 Board Assurance Framework

CS presented the BAF for June and advised that this had been discussed at recent Committee meetings. The Divisions had been challenged to update the Corporate Risk Register and this would be received by the Risk Committee.

Corporate Governance General Condition G6 Self Certification – Revised Submission

CS reported that this had previously been received by the Board for approval, however, since submission, further guidance had been received and the Self Certification had been re-submitted.

Freedom of Information (FOI) Requests Update

CS advised that there had been a significant increase in FOI requests. A considerable amount of work was undertaken to manage this and to ensure a low breach rate.

Council of Governor Elections

CS confirmed that the annual election process for seats on the Council of Governors had commenced in South Derbyshire, East Staffordshire, North West Leicestershire and the rest of England, and Staff Governor for Other Clinical. The closing date for nominations was 18 July 2016.

SWJ questioned the publicity for the Council of Governor elections. CS responded that details were included in the “Your Hospitals” publication. SWJ queried if the elections would be publicised elsewhere. LT responded that further publicity could be investigated.

Action: LT

The Board received the report.

BOD/16/194 Director of HR Report

The Board received a report on the following issues:-

- Key Performance Indicators
- International Nurse Recruitment
- Junior Doctors
- ESR Data Quality
- Sickness Absence

RS reported that, during May, 13 registered nurses had left the Trust, 6 of which had moved to DTHFT. In June, 3 registered nurses left the Trust, with one moving to DTHFT. This would continue to be monitored. HSS queried that, if the reason the staff had moved was for promotion, would they have stayed at the Trust if they had received an alternative offer. PG confirmed that these discussions were held with staff.

RS advised that there had been an increase in agency cap breaches and that this was due primarily to the opening of additional capacity within the hospital. The Standard Operating Procedure for opening additional beds may need to be reviewed.

RS reported that sickness absence for the first two months of the year was positive. There had been a reduction in cases of anxiety/stress/depression, however, there had been an increase in musculoskeletal issues. This would be reviewed via the People Committee.

Action: RS

The Board received the report.

BOD/16/195 Director of Communications

The Board received a report on the following issues:-

- Ensuring Value through Partners – engagement and communications to support the strategy
- Investing Resources Wisely – marketing campaign to support clinical recruitment

LT referred to how strategic work was being supported, together with the embryonic programme of how to support the Trust with marketing services and people.

LT reported that workshops with staff and members of the public had been held to discuss strategy and the part that partners would play in the future of the Trust. These sessions had been well attended. Key stakeholders were also being kept fully informed of progress. In addition to this there was the STP work, and the collaboration with DTHFT. All of these areas would need to be combined to provide an understanding for the local population.

LT referred to marketing to attract clinical candidates and advised that this would be a sustained programme. She suggested that a complete update was received by the Board in September.

Action: LT

AW commented that feedback received at the listening events indicated that staff at Samuel Johnson Community Hospital had anxieties with regard to job security. LT responded that all feedback and concerns raised at the workshops were captured and would be analysed.

JR requested that the reports at the next Board meeting should be in the order of Chief Executive, Director of Strategy & Partnerships, and the Director of Communication.

Action: KC

The Board received the report.

BOD/16/197 Quality Committee Summary Report for meeting on 24 May and 15 June 2016

JD reported that the Committee had received positive external assurance in terms of the WMQRS Theatre Report. The Maternity Full Year Review had been received. There was concern that the CCG had commissioned an external review of the Trust's serious incidents, however, the Committee was assured that the Trust SI process was robust. The Trust was on a journey to become a high reporter of incidents and the Committee did not wish to see this process taking a different direction. The NRLS publication suggested that the Trust was reporting more and causing less harm. There were areas within the Trust that were particularly innovative and the Committee were impressed by the End of Life team. Their strategic document was exemplar and should be shared widely.

The Board received the report.

BOD/16/198 Audit Committee Summary Report for the meeting held on 26 May 2016

PD reported that the Value For Money report was positive, and that the Annual Internal Audit Report and Head of Internal Audit Opinion provided "significant assurance with minor improvement opportunities". The Committee had received reports with regard to Risk Management and General IT Controls. The Risk Management report would be reviewed by the Risk Committee at the next meeting. The Internal Audit Plan for 2016/17 had been approved.

The Board received the report.

BOD/16/199 People Committee Summary Report for the meetings held on 19 May and 16 June 2016

AH reported that the Staff Friends and Family Test Q4 results evidenced a slight deterioration in scores from the previous quarter. The Workforce Race Equality Metrics had been discussed and the low number of BME staff represented at the Board and Committees should be noted. The Committee was, therefore, reviewing who had applied for jobs within the Trust rather than who had been appointed. The metrics also highlighted the percentage of BME staff that had experienced harassment or bullying in the last 12 months. Statutory and Mandatory Training compliance was positive, with the exception of the medical workforce and this was a concern.

The Board received the report.

BOD/16/200 Finance & Performance Committee (F&P) Summary Report for the meetings held on 25 May and 29 June 2016

DH reported that the financial position was on plan, with an adverse variance of £37k at month 1 against the plan to deliver a deficit of £19m. The Committee had discussed the Meditech v6 implementation at length. The Director of Finance had been challenged with regard to Meditech risk on the BAF and this would be reviewed.

DH advised that, with regard to performance, there had been an improvement in the A&E 4 hour target and the Cancer Two Week Wait target.

The Board received the report.

BOD/16/201 Any Other Business

There was no other business.

BOD/16/202 Questions from the Public relating to the Agenda

There were no questions from the public.

BOD/16/203 Date and Time of Next Meeting

The next meeting would be held at 2.00 pm on Wednesday 7 September 2016 at Samuel Johnson Community Hospital, Lichfield.

The meeting closed.

Signed.....
John Rivers

Date..... 20 September 2016 .