

Minutes of the Public Board of Directors meeting held on Thursday 5th December, 2013 at 9:30am in the Clinical Education Centre.

Present:

John Edwards, Chairman
David Bland, Non Executive Director
Ann Becke, Non Executive Director
Richard Miner, Non Executive Director
David Badger, Non Executive Director
Jonathan Fellows, Non Executive Director,
Richard Beeken, Director of Strategy, Performance and Transformation
Paula Clark, Chief Executive
Denise McMahon, Nursing Director
Paul Harrison, Medical Director

In Attendance:

Helen Forrester, PA
Elena Peris - Cross, Administrative Assistant
Liz Abbiss, Head of Communications and Patient Experience
Annette Reeves, Associate Director for Human Resources
Richard Price, Deputy Director of Finance
Roger Callender, Deputy Medical Director and Caldicott Guardian.

13/076 Note of Apologies and Welcome

Apologies were received from Paul Assinder, Director of Finance and Information and Richard Cattell, Director of Operations

13/077 Declarations of Interest

There were no declarations of interest received.

13/078 Announcements

There were no announcements to be made.

13/079 Minutes of the previous meeting on 3rd October, 2013 (Enclosure 1)

Annette Reeves asked for her apologies to be noted and for the following amendments to be made:

- Page 5, Pre employment checks – Pre employment checks are currently centralised, there is a debate to move this to an HR team.
- Page 10, Appraisals – The Trust has an 80.22% total appraisal rate across all areas.

Paul Harrison, Medical Director asked for the minutes to be amended at page 6, 2nd paragraph down, to read; we currently rely on staff checking this manually.

With these changes the minutes were agreed as a correct record of the meeting and were signed by the chairman.

13/080 Action Sheet, 7th November, 2013 (Enclosure 2)

13/80.1 Audit Committee

This action has been completed.

13/080.2 Board Assurance Framework

This action is on the Agenda for discussion.

13/081 Patient Story

Denise McMahon, Nursing Director, explained that this gentleman stayed on ward C4, to undergo Chemotherapy, his wife had stayed with him in isolation as his carer. The video shows he was happy with his care however had concerns around car parking charges for his wife who had to make regular visits. They were told that they could not obtain a value card due to a shortage of them. The couple were both grateful for the care and compassion shown to them by staff.

Richard Beeken, Director of Performance, Strategy and Transformation explained that the Trust could obtain more value cards from Interserve but this costs additional money.

The Chief Executive asked for an exercise to be undertaken on the demand versus availability of these value cards.

The Chairman took note of the positive points raised asking for staff involved to be informed of the praise given by this patient, he pointed that that the Trust has issues in parking for long term patients and their families and we must look at what we can offer to resolve this situation.

An exercise is to be undertaken on the demand versus availability of the value cards.

13/082 Chief Executive's Report (Enclosure 4)

The Chief Executive presented her report including:

- **95% 4 hour ED wait target:** The Chief Executive reported that we are struggling with the quarter 3 target. The Board noted that Dudley CCG have been given £1.5 million additional monies from NHS England. We are currently working with the CCG on identifying schemes that will help to take pressure off the system.

The Trust has joined the Ambulatory Care Network in an emergency care trial that was launched In November and this has been extremely successful.

The Chief Executive informed the Board that we are working with the local authority to minimise delayed transfers of care.

The Chairman pointed out that some trusts are receiving all of the allocated money from the CCGs.

The Chief Executive informed the Board that we have an incentive scheme in Dudley so funds must be earned.

The Chief Executive pointed out that £1m was previously set aside for winter pressures however due to the incentive scheme there will a shortfall in what the Trust will earn from this.

The Chairman asked for a report to be included within the January Chief Executive's Report on how the £1.5m NHSE additional winter money given to the CCG is going to be used.

David Bland, Non Executive Director asked if it was standard procedure for an incentive scheme to be put into place.

The Chief Executive clarified that it was not, Dudley was the only Trust in the Birmingham and the Black Country to have had an incentive scheme put in place by its CCG., This is an attempt by the CCG to push performance, and she added that if we hit the weekend discharge target they will double the incentive amount. However this did not take into account the need for Health system wide approach to Emergency care.

- **Friends and Family:** results for last month were positive. The Board noted that a new maternity Friends and Family test has been implemented however there currently is no national benchmarking.

The Chief Executive informed the Board that a Listening into Action style meeting had been held with complainants. This was a positive meeting and we will be doing this again.

- **Staff Survey:** Overall 48.9% of surveys were closed which is a 12% increase on last year. The Chief Executive assured the Board that she will listen and take action on the results.
- **CQC Wave 2 inspections:** The Board noted the date for the Trusts inspection is from the 25th to the 27th March.
- **Cancer Survey progress:** The Board noted the progress points on the concerns around the environment and improvement of cancer drugs information. Improvements are being discussed with Macmillan on the information pod.

13/083 Quality

13/083.1.1 Clinical Quality, Safety and Patient Experience Committee (Enclosure 4)

David Bland, Committee Chair, presented the Exception report given as Enclosure 5.

- **TAL appointment booking:** the CCG have raised a performance notice with this KPI.

- **Reporting Groups:** David Bland, Committee Chair commented that the intelligent kindness initiative is building momentum. Denise McMahon, Nursing Director added that the Board should be really proud of the work Mark Stobert, Chaplain, is leading.
- **Patient Safety Groups:** David Bland highlighted the main points raised in these groups including reporting patient falls as RIDDORs.

The Chairman encouraged the Board to sit in and attend the Schwartz rounds run by Mark Stobert; he had attended the previous one and had found it very worthwhile.

13/083.2 Infection Prevention and Control Exception Report (Enclosure 5)

Denise McMahon, Director of Nursing, presented the Infection Prevention and Control Exception Report given as Enclosure 5. Board members noted the following issue:

C.Diff: The Board noted the target for C.Diff this year is 38. At the end of November the reported number of cases we have is 34. This matter will be going to the Clinical Quality, Safety and Patient Experience Committee in detail at the next meeting. The Chief Executive mentioned that all Acute Trusts are being challenged by this target. The Board noted that Martin Biggs, Antibiotic Pharmacist has joined the Infection Control Team for 2 days per week, the Trust has changed the cleaning fluids used to disinfect areas. The use of HPV fogging has increased to every day per week; this however does cause capacity issues. Work is being done with Sandwell and Wolverhampton to increase local intelligence. Extra scrutiny is being put onto patients who have diarrhoea.

MRSA: No Cases to report. This has been this way for over a year now.

Norovirus: We have not reported any cases of Norovirus.

Paul Harrison, Medical Director suggested that we may need to consider change to the testing algorithms we use to identify cases more quickly.

David Badger, Non Executive Director pointed out that although this is a major challenge and there is still need to improve we must remind ourselves that these figures are the best we have ever had in infection control and we must keep that in perspective.

The Chairman added that the trajectory of figures is heading in the right direction.

Paul Harrison, Medical Director pointed out that the community wide C.Diff results are also higher.

Denise McMahon, Nursing Director assured the Board that we report to national guidance and report all infections, whether they were avoidable or unavoidable.

13/083.4 Keogh Review Progress Update (Enclosure 6)

The Chief Executive presented the progress update given as enclosure 6.

The Board were reminded that the green highlighted parts of the table mean the action is on track and the Blue parts mean that action has been completed, the amber parts mean the action is due to be completed as quickly as possible. Actions 4, 5 and 6 of the report are difficult to complete.

- **Capacity Pressure's:** This action is unlikely to be completed until the spring given to long term nature of capacity planning.
- **Patient Experience Strategy:** A meeting with the CCG and Health Watch will be held next week.
- **Nurse Staffing:** a team is going out to recruit internationally for more nurses. They will be going to the Iberian Peninsula in January with an aim to recruit 75 nurses in the first tranche.

The Chief Executive mentioned how she had spoken to Ruth May about what we can do to locally encourage nurses back into the profession of nursing.

The Chairman noted that we must understand the value of the Patient Experience strategy to the CCG.

David Badger, Non Executive Director noted that he hoped the CCG has its own strategy for Patient Experience in Dudley in terms of primary care and this is a good opportunity for the health economy in Dudley to work together.

The Board noted progress on the Keogh plan and were assured by this.

13/083.4 Francis Report (Enclosure 7)

The Board noted that the changes/updates can be seen in yellow, 4 actions have been completed and closed down. Some of the actions are outside of our control and are to remain open. This report will be reported quarterly after December with the next update coming to the Board in March.

David Badger, Non Executive Director explained that he was happy with the closure of the role of governors action on page 1 however asked if we can refer to Monitor and get clarification first.

The Chairman asked for this to be discussed with Julie Cotterill, Governance Manager and to be reported back in the January Chief Executive's report.

The Board noted the report and the progress and understood that the Keogh report will continue to come monthly and the Francis report will next return to Board in March. The update on the role of governor following Monitor's view is to be included in January's CE's report.

The update on the role of governor following Monitor's view is to be included in January's CE's report.

13/083.5 Risk and Assurance Committee exception Report (Enclosure 8)

Ann Becke, Risk and Assurance Committee Chair presented her report explaining that the Committee last met on the 22nd October 2013.

The Board noted that the Trust has been subject to a number of external reviews and the actions and main points of these can be found in the report.

Ann Becke explained that the Trauma and Orthopaedics Directorate presented their risk register to the Committee and it was a positive meeting. Trust wide there are 26 corporate risks, 9 with a score of 20 or above.

The Committee are concerned about the response from PFI partners on their business continuity failures and the Committee are continuing to monitor this closely.

Richard Beeken pointed out that we had still not received an action plan from Interserve. The Trust's Estates team are chasing this.

Richard Miner, Non Executive Director asked if a Directorate Corporate Risk above 20 would automatically be referred into the Trust corporate risk register.

The Chief Executive clarified that this down to the judgement of the Director covering that area.

The Chairman summarised that any directorate risk that scores 20 or above is reported to the Risk and Assurance Committee but is not automatically referred to the Corporate Risk Register without a Director's approval.

13/083.6 Quality Accounts (Enclosure 9)

Denise McMahon, Nursing Director presented the report given as enclosure 9, explaining that this is a very detailed paper for quarter 2 that is very positive and measures the Trust's progress against the quality priorities.

Local Survey: The first target is on track. The second point that is around patients who need assistance with feeding, is off track. However we are now training volunteers to assist them with this.

Pressure Ulcers: The Board noted that we had a pleasing response and have really reduced the numbers of level 3's and have eliminated the level 4s.

C.Diff: This is covered in the infection prevention and control report.

Nutrition and Hydration: We are doing well in this area.

Denise McMahon informed the Board that we are continuing to improve on progress to our targets and it is projected that these will be reached at the end of quarter 4.

National Clinical Audits and confidential enquiries: We are currently on track with this and staff are participating in all those relevant to the Trust's services.

Richard Miner, Non Executive Director asked if this was a target that has become more embedded in day to day work.

Denise McMahon confirmed that it is now more embedded however we must stay on top of this constantly.

With regard to pressure ulcer prevention there is a business case for mattresses to ensure on all beds can be made suitable for high risk patients.

Richard Beeken, Director of Performance, Strategy and Transformation assured that the lead nurses are reporting that the availability of specialist mattresses has improved.

The Chief Executive pointed out that a celebration had been held on B3 and C1 this week as these wards had reached 400 days pressure ulcer free, the Board noted that this is excellent work.

David Badger noted that it was good to celebrate this success and show staff how important it is.

The Chairman noted for the Board the improvements made with pressure ulcers and the positive comments in the Quality Accounts report.

13/083.7 Information Governance Report (Enclosure 10)

The Board welcomed Roger Callender, Caldicott Guardian to the Board meeting to present the information governance report given as enclosure 10.

Roger Callender explained that there has been an updating of the principles of Information and Confidentiality and number 7 has been added which is around the duty to share being as important as protecting information. The Board noted that information governance should not be used as a reason not to share data.

Roger Calendar presented the reports recommendation including:

Recommendation 1: People should have the fullest possible access to all electronic records about them.

Recommendation 2: For the purposes of direct care, information should be shared between the registered and regulated health and social care professionals.

Recommendation 4: The sharing with staff that are not registered with a regulated authority is ok in the interests of best clinical care.

Recommendation 19: All organisations must publish in a prominent and accessible form:

- A description of the personal confidential data they disclose;
- A description of the de-identified data they disclose on a limited basis
- Who the disclosure is to; and
- The purpose of the disclosure

The Chief Executive pointed out that the flow chart included in the report is very useful and asked if we could share this for staff,

Roger Callender assured the Board that he would have this accessible to staff via the Hub.

Richard Beeken noted that these principles will be in the CCG contract, he asked if there is any current indication on how it will be monitored. Roger Callender said that we had no clarification on how this would happen currently.

Paul Harrison asked if these principles had to be formally acknowledged and signed up to by the Trust.

Roger Callender confirmed that they did.

The Chairman announced that we need to publish this report prominently and include the flow chart included in the report onto the Hub. We must also gain clarification from the CCG on how these principles will be monitored.

Ann Becke pointed out that this is all driven by safeguarding.

The Chairman noted it was helpful to see our PFI partners feedback on mandatory training and information governance go to the finance and performance committee.

The Board took note of the report and the implications.

The report is to be published prominently and the flow chart within, is to be included on the hub.

13/ 083.8 Stroke Strategic Review Process (Enclosure 11)

Richard Beeken, Director of Performance, Strategy and Transformation presented the review process given as enclosure 11.

The Board were informed that this is another review process following doubts on quality of data in the last stroke review. The Trust is participating in relevant sub groups and it is clear that there is an intention to reduce the number of hyper acute stroke units down from 8 to 6. This will cause capacity issues with our figures potentially increasing from 830 plus to over 2000 if we are one of the stroke units to remain open.

The Chief Executive asked if there was any sign that Bruce Keogh's announcement on Emergency Departments would change this. Richard Beeken confirmed that this was not clear.

The Chief Executive reminded the Board that we should make the intentions clear to the public as they need to be able to have a view.

Richard Beeken noted that the recommendation to the Board was for the executive team to have discussions with other local providers.

Paul Harrison, Medical Director supported the paper agreeing that it is the only clinically sensible way for the Trust to proceed.

David Badger, Non Executive Director also expressed his support of the report but suggested we push back feedback on the way the service reviews are undertaken.

Richard Beeken, Non Executive Director pointed out that this Trust has made the greatest improvement in stroke services than any other local Trusts.

The Chairman endorsed the executive team engaging with colleagues on how to move this forward and asked for the Board to be kept updated via the Chief Executive's report to Board in March.

Executive Directors are to have discussions with local providers on how to move the stroke strategic review process forward.

13/083.9 Emergency Plans Assurance (Enclosure 12)

Richard Beeken presented the assurance report given as enclosure 12 explaining that this is the new national core standards for emergency preparedness and will be used in the CQC's new hospital inspections; the following two issues were highlighted:

Business continuity planning: this requires assurance on the planning for high voltage electricity and water however we do not have complete assurance from our PFI providers in these areas.

Compliance with the National Occupation Standards for Civil Contingencies: a test is being formed to test the executive's knowledge; this will then be moved from a red rating.

The Board noted the report and the areas needed for Improvement. The Board noted that our PFI providers are co-responsible for the closure of the areas in red with the exception of the IT action.

The Chairman asked how this relates to the PFI project agreement.

Richard Beeken explained that the standards for the utilities business continuity are very clear in the agreement.

The Chairman asked for the red areas in this report to go back to the Finance and Performance committee through the quarterly estates report.

The red areas in this report are to go back to the Finance and Performance committee through the Quarterly Estates report.

13/083.10 Nurse Staffing- How to ensure the right people, with the right skills are in the right place at the right time (Enclosure 13)

Denise McMahon presented the report given as enclosure 13 informing the Board that this was launched last week at the chief nurse conference, the front sheet describes the 10 expectations, and a team have already started on this work.

The Board noted the point that trusts Boards are to take responsibility for safe numbers of staff to deliver care.

The Board noted that expectation 7 states that trust Boards are to receive a monthly update on workforce and staffing.

Denise McMahon, Nursing Director said she welcomes the clear structure on how to measure and benchmark ourselves. The Board noted that the results of the first data from the AUKUH tool will be presented in the January Board meeting, the Board will then also be asked to look at the 10 recommendations in closer detail.

Richard Beeken, Director of Performance, Strategy and Transformation noted how this report was guidance however it reads as instruction. He asked how this would be enshrined in the commissioning contract this would be and how it would be monitored. He also questioned if NHS England understood the financial implications of this report.

The Chief Executive pointed out that page 7 alludes to some financial implications.

David Badger expressed that he welcomed the report and that he thought it was very clear. It infers that when the expectations of the report are in place, nothing will ever go wrong but of course we know it still can.

The Chief Executive explained that we are working with Wolverhampton University on options for fast tracking nurses from other degree courses.

The Board took note of the report and the Chairman asked for expectation 7 to be included in the performance report to Board.

Expectation 7 is to be included in the performance report to Board.
--

13/083.11 Diabetes Mandatory Training (Enclosure 14)

Annette Reeves presented the update given as enclosure 14.

Annette Reeves explained that the Action from the last Board meeting to investigate the option of a phased target has been completed and this suggestion has been agreed and this will be included into the documentation.

The Board noted that this action has been completed.

13/084 Finance

13/84.1 Finance and Performance Report (Enclosure 15)

David Badger, Non Executive Director presented the report given as enclosure 15 including the following points to note:

AMU Business Case: The Board noted the good progresses with the length of stay initiative however were made aware that the recruitment of the substantive consultants is not as positive as we have been unable to recruit and have problems with sickness.

Cost Improvement Programme: To date half of the CIP savings have been actioned and the Committee has received a detailed report on how this target will be met.

Emergency Medicine financial position: The Committee received a report on the deterioration of the financial performance. There are concerns around Emergency Medicine and the shortfall in the CIP targets.

Investment Panel: The Board noted the creation of an investment panel sub group of 2 Non Executive Directors and 2 Executive Directors.

Facilities and Estates: The Committee now have a robust monitoring process.

Financial Performance: The Board noted that there has been poor financial performance in October and the budget is currently very volatile we are currently looking at a position of £200-£500k deficit. The Committee received the good news of £1.5m to be used for winter pressures. CIP is a big struggle and the Trust faces major difficulties in 2014- 2015.

KPIs: This has been discussed earlier in the meeting.

The Chief Executive explained that the CIP and Monitor are to be discussed in the private Board sections.

Richard Beeken, Director of Performance, Strategy and Transformation pointed out that we must scrutinise the business case approval process with more vigour.

Annette Reeves, Associate Director for Human Resources pointed out that the appraisal figures do not make complete sense and asked for them to be checked for accuracy.

David Badger, Non Executive Director explained that this is now tested on 100% of all eligible staff; we are looking at the quality issues around appraisals. He went on to explain that the business case process will now be less opaque

The Board took note of the report and the recommendation to refer C.Diff to the Clinical Quality Safety and Patient Experience Committee.

C.Diff is to be referred to the Clinical Quality, Safety and Patient Experience Committee

13/085 Any Other Business

There were no other items of business to report and the meeting was closed.

13/086 Date of Next Meeting

The next Board meeting will be held on Thursday, 9th January, 2013, at 9.30am in the Clinical Education Centre.

Signed

Date

Action Sheet
Minutes of the Board of Directors Public Session
Held on 5 December 2013

<i>Item No</i>	<i>Subject</i>	<i>Action</i>	<i>Responsible</i>	<i>Due Date</i>	<i>Comments</i>
13/84.1	Finance and Performance Report	C Diff to be referred to the Clinical Quality, Safety and Patient Experience Committee.	DM	10/12/13	Done
13/083.7	Information Governance Report	Report to be published prominently and flow chart to be included on the Hub.	LA	9/1/14	Done
13/083.10	How to ensure the right people, with the right skills are in the right place at the right time	Expectation Seven: Finance and Performance Committee receive monthly updates on workforce information. Staffing capacity and capability is discussed at a public Board meeting at least every six months on the basis of a full nursing and midwifery establishment review.	AR DM	Ongoing 6/2/14	Done
13/081	Patient Story	An exercise to be undertaken on demand versus availability of value cards.	RB	6/2/14	
13/083.4	Francis Report	Update on the response from Monitor on the Role of the Governor Report to be included in the Chief Executives Report.	JC	6/2/14	
13/083.9	Emergency Plans Assurance	Update on red areas in the report to be included in the Quarterly Estates Report to the Finance and Performance Committee.	RB	27/2/14	
13/083.8	Stroke Service Review Strategy	Executive Team to enter into discussions with other local providers regarding the Stroke Strategic Review and feedback to the Board in March.	RB	6/3/14	