

**Minutes of the Public Board of Directors meeting held on Thursday 6<sup>th</sup> February, 2014  
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 Assinder, Director of Finance and Information  
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 Cattell, Director of Operations  
Julie Cotterill, Associate Director of Governance/Board Secretary

**14/012 Note of Apologies and Welcome**

No apologies received.

**14/013 Declarations of Interest**

There were no declarations of interest.

**14/014 Announcements**

No announcements made.

**14/015 Minutes of the previous meeting on 9th January, 2014 (Enclosure 1)**

The minutes of the previous meeting were agreed as a correct record and signed by the Chairman.

**14/016 Action Sheet, 9th January, 2014 (Enclosure 2)**

**14/016.1 Chief Executive's Report – ED**

Covered on the agenda at item 14/018.

## **14/016.2 How to Ensure the Right People with the Right Skills are in the Right Place at the Right Time**

Covered on the agenda at item 14/019.5.

## **14/016.3 Francis Report**

Awaiting response from Monitor on the Role of Governor Report.

## **14/016.4 Emergency Plans Assurance**

To be presented to the Finance and Assurance Committee at the end of February.

**Emergency Plans Assurance Report to be presented to the Finance and Performance Committee at the end of February.**

## **14/017 Patient Story**

A patient story video was shown to Board members. The story was from a young female diabetic patient who had suffered from a diabetic coma due to faulty home testing kit.

The Chief Executive confirmed that all patient stories will now include an item on what the Trust can improve. Board members noted that the only negative comments in the story related to food provision.

The Director of Finance and Information asked if the faulty kit had been followed up with the manufacturer. The Nursing Director confirmed that it had.

Ann Becke, Non Executive Director, commented that she thought Interserve had committed to address the issue with food portion size. The Chief Executive confirmed that patients are able to ask for more food if they are still hungry.

The Chairman confirmed that the issue is about the quality of food provided but also the interaction by the people serving the food is important.

Liz Abbiss confirmed that the Trust was looking at mealtime patient information as part of the food review.

The Chairman confirmed that the Trust will await the results of the market test process.

## **14/018 Chief Executive's Report (Enclosure 3)**

The Chief Executive presented her report including:

- **95% 4hr ED target:** The Chief Executive confirmed that there had been real capacity problems in ED this week.

The Trust is working with the Emergency Care Intensive Support Team to investigate options. The position for meeting the quarterly target is a challenge but still achievable. Board members noted that the Trust is not an outlier for the percentage of patients admitted. David Bland, Non Executive Director, asked about the daily Executive Director rota. The Chief Executive confirmed that Directors pick up capacity management when the Director of Operations is off site. David Badger, Non Executive Director, commented that it is important to acknowledge that the pressures are not down to a greater number of patients but rather acuity of patients requiring care. David Badger confirmed that the Finance and Performance Committee have asked for the number of delayed discharges to be included in the monthly Performance Report.

- **National Midwifery Awards:** Board members noted that good news.
- **WMQRS Paediatric Review:** Board members noted the positive review as detailed in the earlier Matron's Report.
- **Friends and Family Report:** Board members noted that encouraging report and the positive article that had recently appeared in the Express and Star. The Board noted the positive Friends and Family Test results and passed their thanks to the team, the results highlighted the Trust's overall good performance. The Chief Executive confirmed that Jean Jones will be joining the team to work on the mystery patient initiative.
- **Mortality:** The expected rise in the SHMI was noted. The Medical Director confirmed that the HSMR remains within expected levels. Board members noted that the SHMI had dropped dramatically in the monthly data and was expected to dip back below the outlier level in the next quarter. An update paper will be presented to the next Clinical Quality, Safety and Patient Experience Committee and then back to the March Board in the Committee exception report.

The Director of Operations asked how the Trust copes with the external enthusiasm to see SHMI as a target. The Medical Director confirmed that his own view is that this shows a fundamental lack of understanding and assurance needs to be taken from all other mechanisms in place to monitor mortality. The Director of Finance and Information confirmed that the Board and Governors should take assurance from our rigorous processes, including review of deaths and Mortality and Morbidity meetings, he asked if anything had developed from the SHMI tree reviews. The Medical Director confirmed that the tree is used in mortality meetings and also reported at the Clinical Quality, Safety and Patient Experience Committee. The Trust takes its data from the mortality review tracker and also by looking for trends.

**Update on Mortality to be presented to the Clinical Quality, Safety and Patient Experience Committee in February and back to the March Board in the Committee Exception Report.**

## **14/019 Patient Safety and Quality**

### **14/019.1 Infection Prevention and Control Exception Report (Enclosure 4)**

Denise McMahon, Director of Nursing, presented the Infection Prevention and Control Exception Report given as Enclosure 4.

- **C.Diff:** Board members noted that there were four cases in January which put the Trust on 41 cases in total at the end of January, and had therefore missed its target of 38 cases. The recovery plan was available on the Director shared drive and had been shared with Monitor who are content with the Trust's actions. The Nursing Director confirmed that 41 cases in the Trust's best ever performance and at this point last year the Trust stood at 50 cases. The Medical Director commented that the prevalence of C.Diff is higher in the health economy this year. The Chairman asked if cases are seen predominantly in the frail elderly. The Nursing Director confirmed that complexity of illness is a factor.
- **MRSA:** No cases. Board members noted that the last case of MRSA was back in November 2012.

Board members noted the new post infection review process which is taking place in conjunction with GPs.

- **Norovirus:** No cases, Board members acknowledged this excellent news and David Badger, Non Executive Director, confirmed that the Board should take assurance around the Trust's infection control practice as a result of the continual good performance on norovirus. The Chairman agreed that it was good to note that the Trust continued to manage norovirus.

### **14/019.2 Keogh Review Progress Update (Enclosure 5)**

The Chief Executive presented the progress update given as enclosure 5.

Board members noted that the Trust had agreed with Monitor to provide a report on an exception basis going forward.

Board members noted that item 4 of the report around capacity will remain a challenge for the foreseeable future.

The Chairman confirmed that the Board was assured that the plan is being managed.

### **14/019.3 Francis Report (Enclosure 6)**

The Chief Executive presented the Francis Report given as Enclosure 6.

Board members noted that it is now 12 months since the publication of the Francis Report and it had been agreed to present the report by exception and this is reflected in the paper. Updates, completed and closed items were shown in yellow.

David Badger, Non Executive Director, commented that he was not clear why item four around clarity of values and principles remained open.

The Chief Executive confirmed that the Board could take the decision that we adhere to the principles in terms of contractual responsibilities and our values and Board members noted that every member of staff had been given a copy of the values at the CQC staff briefings.

Ann Becke, Non Executive Director, confirmed that the Board should take assurance that the message has been delivered personally to every member of staff by the Chief Executive.

The Board agreed that it was content to close the item.

The Board noted that in future it would receive the report by exception.

#### **14/019.4 Audit Committee Exception Report (Enclosure 7)**

Jonathan Fellows, Audit Committee Chair, presented the highlights of the Audit Committee Report, including:

- No matters of concern raised by Auditors.
- Progress reports received from Internal Audit, Counter Fraud, External Audit and Clinical Audit.
- Changes to accounting policies and disclosures.
- Safety Thermometer audited and actions in place.

Board members noted and accepted all recommendations in the report and also noted the cyclical review of accounting procedures.

#### **14/019.5 Staffing Capacity and Capability Report (Enclosure 8)**

The Nursing Director presented the Staffing Capacity and Capability Report given as Enclosure 8.

Board members noted that the “how to ensure the right people with the right skills are in the right place at the right time” report had last been presented to the December 2013 meeting and gave ten responsibilities for Boards. Board members noted that initiatives are now in place to support the ten responsibilities in relation to the following areas:

- AUKUH: The Trust is currently analysing the data and results should be available in April.
- RCN Mandatory Nurse Staffing Levels: The Government has not adopted a mandatory stance on this and they believe the ratio should be 60% trained to 40% un-trained.
- Nurse to Patient Ratios: The Safe Staffing Alliance recommends that it is not safe to care for patients with a ratio of more than eight patients per registered nurse.
- Trust Internal Nurse Staffing Assessments: Devised internally in 2011. The methodology has been repeated and the results are currently being analysed.

- NICE: Commissioned by the National Quality Board to define mandatory staffing levels. The report is expected in July and until that time the Trust continues to employ best practice to comply with the 1:8 ratio.
- Nursing Care Strategy – The Way We Care: Launched in May 2013. Fortnightly drop in sessions are held to share concerns.
- Overseas Recruitment: Covered in the earlier Matron's Report. The Trust continues to advertise locally and is looking to recruit nurses from nursing homes that may wish to move to an acute setting.
- Novice Programme: The Trust continues to recruit and train staff and are accredited to deliver and assess competency.

David Badger, Non Executive Director, commented on the nurse to patient ratio and the fact that 10-15% of the Trust's patients do not require acute care.

Jonathan Fellows, Non Executive Director, asked if there is clear evidence to support the ratios. The Nursing Director confirmed that it is difficult to be clear on evidence and research.

David Bland, Non Executive Director, enquired if there are any plans to increase nurses at a national level. The Nursing Director stated that it is important to retain the staff we have as the numbers of trained nurses graduating from universities has decreased.

The Director of Strategy, Performance and Transformation reflected that the Board needs to rely on the Nursing Directors professional judgement.

The Nursing Director concluded that there is a multi-faceted approach to ensuring staffing levels are appropriate.

The Chairman confirmed that the Board relies on the Executive Directors' judgement over a range of issues but it also has to listen to what the world is saying on the matter.

The Director of Finance and Information confirmed that we need to bring some rationality to the system in terms of demand management and capacity to live within our means.

#### **14/019.6 Board Assurance Framework (Enclosure 9)**

The Associate Director of Governance/Board Secretary presented the Board Assurance Framework given as Enclosure 9.

Board members noted the 21 corporate risks. The Board Assurance Framework focuses on those risks scoring between 20 and 25 and there were currently eight of these. The BAF also assesses the adequacy of controls around the risks.

Board members noted that new assurance and updates were highlighted in yellow.

The Board received and noted the Framework, noted the assurance and gaps in assurance and control.

Ann Becke, Non Executive Director, raised Diabetes and the 48% compliance with training. The Associate Director for Human Resources confirmed that as this is a new mandatory training course there is a three year phased target against which the Trust's performance was currently green.

## **14/020 Finance**

### **14/020.1 Finance and Performance Report (Enclosure 10)**

David Badger, Non Executive Director and Chair of the Finance and Performance Committee, presented the overview of the January meeting given as enclosure 10.

In December the Trust had a deficit of £869K with a projected £1.4M deficit at year end. Discussions are taking place with the CCG. Board members noted with concern that no monthly accounts had been settled with the CCG since April 2013.

There were still high levels of spend against pay and there is an issue of sustainability against cash levels. Achievement of CIP is still a concern and external advice is being taken to address this.

A business case for the Simulation Project will increase the capital overspend by 50% and therefore a revised business case has been requested and this was approved at the Committee the previous week.

Board members noted that for performance the vast majority of targets had been met or exceeded with the exception of ED and C.Diff and the Board noted that these issues will contribute to a Monitor red rating.

A marginal deterioration in the SHMI was noted and as discussed earlier on the agenda the matter had been referred to the Clinical Quality, Safety and Patient Experience Committee.

The Director of Finance and Information voiced his concern in relation to the rate that the Trust was burning cash. The Trust has a financial risk rating of three but this relates to a strong balance sheet achieved, largely with capital income from the sale of buildings several years ago. The Trust has a capital spend that is amongst the highest in the country. Cash had been earmarked to invest in IT and the Trust is still some years behind competitors in its IT infrastructure.

There was concern about the lack of understanding by some of the CCG members who still see the Trust as generating a surplus with no purpose and that this needs to be discussed at the Board to Board meeting on 20<sup>th</sup> February, 2014.

The Chairman confirmed that the focus has to be on where the Trust goes over the next couple of years.

David Badger confirmed that if we look at competitor analysis it is clear that a number of Trusts are generating income that is not based around their tariff and we need to discuss this with the CCG. The Operations Director confirmed that this issue was raised at the contract negotiation meeting with the CCG the previous day.

The Board approved the capital spend on the Simulation Project, noted the discussions regarding the increased SHMI and also noted the concerning overspend position.

**14/021 Any Other Business**

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

**13/022 Date of Next Meeting**

The next Board meeting will be held on Thursday, 6<sup>th</sup> March, 2014, at 9.30am in the Clinical Education Centre.

Signed .....

Date .....