

Minutes of the Public Board of Directors meeting held on Thursday 1st May, 2014 at 9:30am in the Clinical Education Centre.

Present:

John Edwards, Chairman
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
David Bland, Non Executive 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

14/045 Note of Apologies and Welcome

There were no apologies to record.

14/046 Declarations of Interest

There were no declarations of interest.

14/047 Announcements

Board members noted the death of John Thornbury, Associate Director of IT; they passed on their condolences to John's family for their tragic loss and asked for John's significant contribution to the trust to be noted.

The Chairman announced that this would be Richard Beeken's (Director of Strategy, Performance and Transformation) last Board meeting as he is leaving the Trust and thanked him on behalf of the Board and the Council of Governors for his hard work and dedication to the Trust. The Board wished him well in his challenging new Role as Chief Executive of the Wye Valley NHS Trust.

14/048 Minutes of the previous Board meeting on 3rd April 2014 (Enclosure 1)

The minutes were approved by the Board as a true and correct record of the meetings discussion and were signed by the Chairman.

14/049 Action Sheet, 3rd April 2014 (Enclosure 2)

14/048.1 Organ Donation

Action has been completed.

14/049.2 Francis – Awaiting Response

Monitor have responded and confirmed that they do not need to see the report.

14/049.3 Keogh

This item is on the Agenda to be discussed.

14/049.4 Patient Story

Board members noted that the vegetarian option issues have been raised with Interserve. A menu review has been concluded and a draft of the new menu is being trialled on two wards. Board members noted that customer care is being heavily focused on.

The Director of Performance, Strategy and Transformation informed Board members that there will be a taste testing session on the new menu and they are welcome to take part.

The Director of Finance and Information suggested inviting the Board of Governors to this session as they have previously shown interest in this area.

Council of Governors are to be invited to taste test the new menu.

14/050 Patient Story

The Nursing Director presented a video of a patient describing their stay in Hospital.

Board members noted the positive comments made by the Patient.

The Nursing Director informed the Board that we do run a hairdressing service for patients that is provided by local college students however it only runs on a Wednesday afternoon.

Mrs Becke, Non Executive Director explained that on a patient safety walkround she found patients hugely appreciated the hairdressing service and she suggested asking the volunteer co-ordinator if there are any volunteers with hairdressing skills that could provide a service on a more regular basis.

Head of Communications and Patient Experience to Look into the possibility of offering a hairdressing service through volunteers who may have hairdressing

14/051 Chief Executive's Overview Report (Enclosure 3)

The Chief Executive presented the report given as Enclosure 3, including the following issues:

4 Hour ED wait target: The Trust has seen a difficult start to the new financial year and failed the target in March. The team have looked back to understand the last 12 months; there has been no correlation between the numbers attending ED and performance of the department. Factors that have affected the service are availability of beds, a significant peak of Paeds cases in March which is a trend on last year and a number of over 900 patients over the age of 80 coming through ED in a month, the information team are looking closely at the length of stay and care needs of these patients.

The Board noted that the ECIST team came in again this month to look at the progress and further measures that can be implemented. The Director of Operations held a Hospital wide meeting this week to ensure delivery of the ECIST recommendations.. The Chief Executive told the Board that the Easter week had been the worst week on record in terms of performance, and colleagues are seeing the same situation across the whole of the West Midlands.

The Board noted that daily teleconferences are being held with the CCG and social care and extraordinary plans are being put in place for the upcoming bank holiday weekend.

Mr Fellows, Non Executive Director asked if it was unlikely we would hit the 95% target for quarter 4.

The Chief Executive responded that at the current stage the target has not yet been missed..

Friends and Family: The Chief Executive presented the friends and family scores which overall remain good. There have been some good return rates.

The Chairman asked if there was any news around the change of test.

The Chief Executive answered that discussion around the change of test are still taking place nationally however we are pushing on with the current testing model.

14/052 Patient Safety and Quality

14/052.1 Infection Prevention and Control Exception Report (Enclosure 4)

The Nursing Director explained that there has been a slight change in the style of the Infection Prevention and Control Exception report. The Board were presented the report and the following points to note:

C.Diff: The target for 2014.15 is to not exceed 48 cases. We ended the month with 3 cases which are below the target of 4 per month. The team are going to look at comparing the “cases per 1000 bed days data with the other Trusts. RCA trend analysis is also being completed at the end of each quarter. The algorithm to review all post 48 hour cases is in progress, this will identify those cases that are avoidable and those that are unavoidable. A formal meeting has been planned, with the CCG, to accept the process.

MRSA: There remains to have been 0 post 48 hour MRSA cases for this year.

CPE: New National guidance has been released on the control of a group of organisms that currently do not respond to antibiotics. An action plan has been put into place that needs to be completed by June. We are looking at the screening for this group of organisms and this will become a formal part of the Infection Prevention and Control Report.

Norovirus: There is some activity within community although this is settling down and there are currently no wards closed within the Trust.

The Board were informed that an experienced senior infection control nurse has been recruited into the post of Matron in the Infection Control team.

Mrs Becke, Non Executive Director asked if there would be significant costing for the testing of the patients at high risk of CPE.

The Medical Director responded that the numbers were very low as this is being done proactively to prevent it becoming a big problem however there may be a potential cost pressure.

The Nursing Director explained that the algorithm will be included in an appendix of the next Board paper.

The Chairman noted that the Board will receive a quarterly trend report on CPE. He went on to ask if there was going to be a target for the new organism.

The Nursing Director clarified that we are awaiting national guidance.

Mr Fellows, Non Executive Director asked if the performance of this year against last year's C.Diff cases could be included in the report.

The Medical Director reminded the Board that we need to be cognisant of the changes in the national health economy.

The Nursing Director assured that she would include this information on a line graph in the next report.

The Nursing Director is to include a line graph in the next Infection Control report showing last year's C.Diff performance against this year's.

14/052.2 Clinical Quality, Safety and Patient Experience Committee Exception Report (Enclosure 5).

Mr Bland, Non Executive Director presented the Report given as Enclosure 5 including the following points:

Patient Experience Strategy Action Plan: The Board noted that there would be an update to the Clinical Quality, Safety and patient Experience Committee every three months. The Board were also informed that the first Patient Experience Group meeting took place the previous week.

National Staff Survey Results: The Board noted the encouraging increase in the response rates to the National Staff Survey although it was still just below the national average.

Mortality Report: The SHMI was just outside of the official range however there is an improving trend and the HSMR remains within the expected range.

AHRQ Patient Safety Culture Survey Results and Actions: The Board were informed that this is a comprehensive survey that measures safety outcomes, it was a thorough piece of work which showed encouraging results.

The Medical Director informed the Board that the latest SHMI is back within the expected range as predicted.

The Chairman asked what the national average was for the national staff survey.

The Head of Communications and Patient Experience explained that the national average is 49% and therefore we are one below at 48%. This is a 10% increase from last year which is positive to note.

14/052.3 Assurance Report on Foetal Remains

The Chairman informed the Board that this report has been brought to the Board following issues appearing in the press and a letter from the NHS medical Director, Sir Bruce Keogh. The outcome of this letter is to make the Board aware of any issues.

The Medical Director assure the Board that the Trust is fully compliant with the standards and have taken this as an opportunity to look into how we can further improve the services to increase assurance.

The Chairman and the Board took note of the compliance with standards retrospectively and going forward, ethically and morally.

14/052.4 Report on moving patients out of hours (Enclosure 7):

The Director of Operations informed the Board that this report has been brought to Board in response to the second issue highlighted in Sir Bruce Keogh's letter.

The Board noted that sometimes there is either a clinical or operational need to transfer a patient out of hours and the Board has been asked to review its current practises and ensure they are in line with good practise. The Trust currently has a policy that has been updated recently and we are compliant with good clinical care. Site Co-coordinators are responsible for this policy and moving patients at night is not a consideration taken lightly.

The Chief Executive highlighted that there had been a previous patient story where a patient did not know why they had been moved and this gave us chance to review this issue back then.

Mr Badger, Non Executive Director asked if we record patient transfers on datix or anywhere else.

The Chief Executive replied that we did not as they are not an incident In the sense of datix.

Mr Fellows, Non Executive Director pointed out that the letter talked about us reviewing our practise, he suggested looking at the amount times we transfer out of hours and the reasons why in a certain time period.

The Chairman noted that it was a fair challenge to audit the adherence to the policy.

The Chief Executive agreed, she explained to the Board that operationally this is a large piece of work to look at the numbers and we need to carefully consider when we have the capacity to do this.

The Board noted that a Directors discussion it to be held to determine when this work would be picked up later in the year.

The Nursing Director suggested including this on the audit plan

The Director of Finance and Information pointed out that the audit plan was already extremely tight this year and it would be a labour intensive exercise for staff.

The Board noted the Trust's compliance with the national guidance, the policy and the need to test that this is being implemented correctly. The Chair requested that this paper is brought back to the July Board meeting along with a date that sampling will go ahead and information on discharging patients within out of hours times.

Moving patients out of hour's paper is to be brought back to the July Board meeting with a date that sampling will go ahead and information on discharging patients within out of hours times.

14/052.5 Hard Truths Report (Enclosure 8)

The Nursing Director informed the Board that this report was sent out on the 30th March and was distributed to board members after the last meeting.

The Board noted four expectations within the report, which are as follows:

- Nurse Staffing is to be reported to the Board every 6 months – The Board noted that Nurse staffing will be brought to the Board in July and then 6 monthly thereafter.
- A report is to be completed on Nurse Shifts – The Nursing Director explained to the Board that she is currently constructing the best way to present this information.
- The information mentioned in the report is the displayed in a public place. – The Board noted that this is already done with the Huddle Board on wards.
- The information also needs to be displayed on NHS Choices and the Trust website. – Board members noted that the report to Board on Nurse staffing will be posted on both websites.

The Board noted that the points on the action plan include in the appendix are either on track to be completed or are complete.

Mr Miner, Non Executive Director asked if this work fits into the Trust's assurance framework.

The Nursing Director confirmed that it did.

The Director of Finance and Information asked if the definitions in the report have been agreed to ensure that organisations are comparing like for like.

The Nursing Director reported that at the Nursing Directors' meeting last week, members discussed the issue with there currently being no guidance, however a template from NHS England is expected next week.

The Chairman pointed out that careful consideration is needed over producing a document that is most useful to the Board. He asked if a draft could be shared with colleagues before the June Board meeting.

Draft of the nursing staff numbers paper to be shared with colleagues before the June Board meeting.

14/052.6 Update on Nurse Staffing Tool (Enclosure 9)

The Nursing Director presented the update given as enclosure 9.

The Board noted that this is an evidence based tool that requires taking data for 28 days. The team are currently uploading our own data into this tool and the Board will receive this information at the next Board meeting. Minimum safe staffing levels are being completed for each ward and meetings have been held with all matrons to go through these templates.

The Board noted that the ratio of the Trust never falls below 1:8. The rate for Clinical Support Workers ranges from 1:6 to 1:10. The night ratio is down to 1:9

The Nursing Director informed the Board that the Finance team are currently working on costing.

The Board noted that the outcome will be presented at the June Board meeting.

The Nursing Director explained to the Board that there is no documented guidance for night duty ratios however this may change when NICE publish there report in July.

Board members noted that the indicative value of costing is £3m

The Director of Performance, Strategy and Transformation asked if there was a general view from Nursing Directors on what the night ratio should be.

The Nursing Director clarified that there was not, there is a lack of collaborative work between Nursing Directors. She noted however that geography of wards would be a huge contributing factor to what ratios would be correct.

The Chairman informed the Board that Nurse staffing was discussed in his interview with inspectors during the Trusts CQC review; they asked, how we would test what we are doing is working. The Chairman asked how the Nursing Director would test her own assumptions on nurse staffing.

The Nursing Director explained that she uses the PWC work as extra assurance and is working with Steve Davies, Turnaround Director and a Nursing Director in the North West to benchmark us against other Trusts nurse staffing levels.

14/052.7 Francis Report (Enclosure 10)

Mrs Cotterill, Director of Governance presented the Francis report given as Enclosure 10.

The Board noted that many actions had been closed or moved onto the Keogh Action Plan and most of the actions are embedded within normal processes and structures within the Trust.

Mr Badger, Non Executive Director asked if number 4 on the action plan around clarity of values and principles could be closed.

The Director of Governance confirmed that this has been tested and the action could now be closed.

The Board agreed to close this action.

The Board accepted and made note of the report.

Item 4 to be removed from the Keogh Action Plan
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14/053 Finance

14/053.1 Finance and Performance Report (Enclosure 11)

Mr Badger, Non Executive Director presented the report given as enclosure 11.

Mr Badger thanked the Chairman for his attendance at the meeting which was very challenging.

Board members noted the positive news that the account for the end of year showed a small surplus of £350k, this was achieved with a significant sum of £9m support from the CCG.

Board members were informed that there has been further deterioration in the pay spend rate in March due to high agency spend.

CIP: 75% achieved of the original plan however 37% was non recurrent.

Performance: The Trust failed the ED target and recovery plan actions are being addressed.

RTT Admitted Waits: The Trust fully achieved this target however achieving this in April and quarter 1 of the new financial year is a risk.

Turnaround: The key to drive forward plan is going to the Board workshop later in the Month. The Trust needs to save an additional £10m, and work toward a target of £16m

Mortality: The Trust achieved figures within the expected range on all indicators

Mandatory Training: There is positive news to report with a small increase on compliance rates, we must ensure we maintain focus on this.

Monitor Q4 submission: Under delegated authority the submission was approved as a finance rating of 3 and a governance rating of green.

The Chairman and the Board took note of the positive outturn and the help and support of the CCG to avoid a deficit position.

14/043 Any Other Business

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

13/044 Date of Next Meeting

The next Board meeting will be held on Thursday, 5th June, 2014, at 9.30am in the Clinical Education Centre.

Signed

Date

Action Sheet
Minutes of the Board of Directors Public Session
Held on 1 May 2014

<i>Item No</i>	<i>Subject</i>	<i>Action</i>	<i>Responsible</i>	<i>Due Date</i>	<i>Comments</i>
14/039	Patient Story	Clinical Quality, Safety, Patient Experience Committee to discuss adopting a process for gowns that protects patients privacy and dignity and report back to Board.	DM	5/6/14	To July Board
14/030.3	Quarterly Complaints and PALS Report	Future Reports to include quarter on quarter data.	DM	5/6/14	On Agenda
14/041.1	Infection Control	MRSA RCA outcome report to be presented to the Clinical Quality, Safety, Patient Experience Committee and then back to Board.	DM	5/6/14	To July Board
14/041.9	Dementia Report	Future reports to be presented to the Clinical Quality, Safety, Patient Experience Committee.	RC	Ongoing	Done
14/049.4	Patient Story	Council of Governors to be invited to taste test the new menu.	MG	3/7/14	Done
14/052.1	Infection Prevention and Control	The Nursing Director to include a line graph in the next Infection Control Report showing last year's C.diff performance against this year.	DM	5/6/14	Done
14/052.5	Hard Truths Report	Draft of the nursing staff numbers paper to be shared with colleagues before the June Board meeting.	DM	5/6/14	On Agenda
14/052.7	Francis Report	Item 4 of the action plan to be removed.	JC	5/6/14	Done
14/050	Patient Story	Liz Abbiss to look into the possibility of offering a hairdressing service through volunteers who may have hairdressing skills.	LA	3/7/14	
14/052.4	Report on Moving Patients Out of Hours	Paper on moving patients out of hours to be brought back to the July Board confirming a date for sampling and information on discharging patients out of hours.	RC	3/7/14	