

## TRUST BOARD OF DIRECTORS' PUBLIC MEETING

Minutes of the Meeting held on Tuesday, 27 August 2013  
at 1.30 pm in the Main Boardroom, Diana Princess of Wales Hospital (Grimsby)

### Present:

Dr J Whittingham	Chairman (Chair)
Mrs K Jackson	Chief Executive
Ms A Smithson	Deputy Chief Executive
Dr K Dunderdale	Chief Nurse
Mr A Bell	Non Executive Director
Mr P Jackson	Non Executive Director
Mr S Shreeve	Non Executive Director
Mrs A Shaw	Non Executive Director
Mr N Gammon	Non Executive Director

### In Attendance:

Mrs W Booth	Director of Clinical & Quality Assurance/Trust Secretary
Mrs J Heaton	Deputy Director of Organisational Development and Workforce
Mr P Wisher	Director of Diagnostics & Therapeutics
Mr N Myhill	Director of Facilities
Mrs A Watson	Interim Director of Operations
Mr M Hassall	Deputy Director of Finance
Mrs K Taylor	Personal Assistant to the Chairman (for the minutes)

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### Part A Agenda (Public)

Dr Whittingham welcomed everyone to the meeting and declared the Board open at 12.15 pm.

#### **27.08.1 TO RECEIVE APOLOGIES FOR ABSENCE**

Apoloies were received from Mr M Rocke, Director of Finance and Dr N Pease, Director of Organisational Development and Workforce.

#### **27.08.2 CHAIRMAN'S REMARKS**

The Chairman welcomed members of the public in attendance at the meeting and noted the attendance of Mr Paul Grinnell who is a public governor and the Trust's lead governor. Dr Whittingham summarised the conduct of the meetings in public. Dr Whittingham noted that the next Council of Governor's meeting, which is also the Annual members meeting, will take place on the 18th September, between 3.00 and 5.00 pm, at Scunthorpe General Hospital. A Governor Member meeting will also be held on the 17<sup>th</sup> September, between 4.00 and 6.00 pm at Scunthorpe General Hospital.

#### **27.08.3 DECLARATION OF INTERESTS**

Dr Whittingham invited members to draw the Board's attention to any conflicts of interest relating to specific agenda items or to any updates to their formal annual declarations. None were received.

#### **27.08.4 APPROVE PART A PREVIOUS MINUTES, 30 JULY 2013 (NLG(13)275)**

The Minutes of the previous meeting held on 30th July 2013 were approved as an accurate record and will be duly signed by the Chairman.

#### **27.08.5 MATTERS ARISING FROM THE MINUTES**

#### **27.08.6 CHIEF EXECUTIVE'S MONTHLY UPDATE – August 2013 (NLG(13)276)**

Members received the Chief Executive's written report. Mrs Jackson also provided a verbal update on recent developments on these and other important contemporary issues:

- a) **Trust Performance**  
In view of the enforcement action process following the Keogh Review, the Trust is subject to a Red rating. This is in spite of the Trust having achieved full compliance against all targets for the second quarter so far, including A&E performance and infection control. The Chief Executive asked that staff are recognised for the hard work that has been carried out and added that over the past couple of weeks, she has been delivering certificates to the wards who have achieved 100 days without any C difficile cases being recorded.
- b) **Mortality**  
As discussed at the previous meeting, the CEO weekly mortality meetings have now ceased and this has now been formally handed over to the Mortality Performance Committee.
- c) **Meetings with Monitor**  
The initial meeting following the Keogh Review, was held on the 9<sup>th</sup> August and Mrs Jackson informed members that a number of challenges were made, but the Trust was well prepared. The following meeting will be held on the 4<sup>th</sup> September.

*Board Action:*

*The Board received the Chief Executive's report.*

**27.08.7 QUALITY AND SAFETY:**

**7.1 Keogh Review**

**7.1.1 Keogh Progress Report including CQC Actions (NLG(13)277)**

Mrs Jackson told the meeting that Monitor had asked the Trust how it would record an overview of the progress made. Mrs Jackson had subsequently requested that Mrs Booth takes the lead in assuring that these actions continue to be delivered. Mrs Jackson added that work is ongoing to develop a set of measurable Key Performance Indicators (KPIs) capable of demonstrating sustained improvement over time. Mrs Booth confirmed that as of today, all actions have either been completed or are on target to be completed by the agreed date. A report showing progress against the immediate actions and in future to include performance against the KPIs, will be brought to each Trust Board Meeting as well as being taken to the meetings with Monitor.

With regards to the amount of bed transfers patients had experienced over the winter months, Mr Bell said that he believed that this was mainly down to bed pressures and asked whether this was likely to occur again during the colder months this year. Mrs Jackson said that she would be contacting the Commissioners with the Trust's Action Plan which will indicate that there are key areas which need assistance from the community which would also help in avoiding unnecessary admissions. Ms Smithson also added that as from the end of October, there will be additional beds available at DPOW. Whilst this is only a short term contingency plan, work will continue with other Providers and Commissioners to try and improve the situation in the long term.

*Board Action:*

*The Board noted the report*

**7.1.2 Update on Clinical Leadership Review (NLG(13)278)**

Mrs Booth confirmed that the scope and arrangements for the review have been agreed by Monitor and that in view of KPMG have detailed knowledge of the Trust, through their work not least on the review of the Trust's quality governance arrangements, they will be carrying out this review. The draft report will also be shared with Monitor once the Trust had completed the initial review of factual accuracy. Mrs Jackson enquired what the timescale for compiling this report was. It is anticipated that the review will take place during September and that the report will be in draft by the end of September/early October 2013.

*Board Action*

*The Board noted the report*

### 7.1.3 Outcome of Quality Governance Review (NLG(13)279)

Mrs Booth said that this report compiled by KPMG was a very balanced and fair report, which did not identify any major issues, although recommendations have been made for further strengthening the Trust's quality governance arrangements. The report will remain in draft form until KPMG have formally completed their observations of the Trust Board and associated sub-committees, although the findings and recommendations are not expected to change.

*Board Action:*

*The Board noted the report*

### 7.2 Progress on Stroke Services (NLG(13)280)

Ms Smithson reminded members that changes were being made to the stroke services to provide a 24/7 hyperacute stroke service. Ms Smithson confirmed the implementation of the centralisation of hyperacute services on the Scunthorpe site was being progressed and the implementation meetings have been well attended. Training for radiographers, to ensure that CT head scans are carried out within 45 minutes of a patient's arrival is being progressed. Adverts for additional nursing positions have gone out and it is hoped that this recruitment will have taken place by the end of September 2013. Professor Rudd, who is the national lead clinician for stroke, has supported the Trust's decision to centralise the hyper acute service. He had visited the region to look at the review of stroke services across Yorkshire & the Humber.

Dr Whittingham told members that at a recent Governor Members meeting concerns were raised with regards to travel time for Grimsby area patients to arrive at the centralised unit at Scunthorpe General Hospital. Ms Smithson said that she had been working closely with EMAS and patients will be transferred to the closest unit, i.e. for East Lindsey patients this may not be Scunthorpe. Ms Smithson will continue to update each month until the service has been fully implemented.

*Board Action*

*The Board noted the progress which has been made*

### 7.3 Monthly Staffing Report – with a particular focus on medical Staffing (NLG(13)281)

In Dr Pease's absence, Jane Heaton updated the meeting on the current medical staffing position. There are currently 597 members of medical staff within the Trust, of which there is a vacancy figure of 11% (66 posts). Partly due to the geographical position of the Trust, there have been difficulties in recruiting staff. There are also currently 16% of training posts which cannot be filled by the Deanery. The issues surrounding difficulty in recruiting medical staff are being addressed and Mrs Jackson added that the Trust are looking at recruiting from the Forces and also improving the residential accommodation.

Mr Jackson asked if similar Trusts are also experiencing similar problems. Mrs Jackson confirmed that other Trusts are also in a similar position to NLG.

*Board Action*

*The Board noted the report*

### 7.4 Review of Liverpool Care Pathway (NLG(13)282)

Dr Dunderdale introduced this report and the reasons behind the Neuberger Report. Deborah Whitehead, MacMillan Lead Cancer Nurse, attended the meeting to discuss the report further. The Liverpool Care Pathway has received some negative press over the past few years and this has served to fuel the public's anxieties with regards to euthanasia and cuts within the NHS. The review of this pathway, commissioned by the Government, has suggested that use of this pathway should be withdrawn over the next 6-12 months. Deborah went on to say that the immediate challenge is to guide and support the generic workforce in the community and in hospitals in the provision of excellent quality end of life care and to reassure the public that the quality of care at the end of life will remain a high priority and that the Trust will work towards fulfilling the recommendations of the Neuberger report.

The main issues identified in the Neuberger Report included linking the problems to issues raised at the Mid Staffordshire review, where there was a lack of care and compassion, lack of openness and a need for improved skills and competence in caring for dying patients. However, it had been found that when the pathway had been used appropriately, relatives felt that care and communication had been of a high quality.

Dr Whittingham asked if this would continue to be brought to the Board. Dr Dunderdale said that feedback would be through QPEC. The Board was happy with this suggestion.

*Board Action*  
*The Board noted the report*

**7.5 7 Day Working (NLG(13)283):**

Mrs Watson told members that this paper details progress made against the seven day working project together with the work still to complete to ensure the Trust becomes a level 2 seven day working Trust.

Following attendance of the project team at national conferences on this topic, Mr Jackson asked who had approved that NLAG should aim to be a level 2 Trust. Ms Smithson confirmed that this was an Executive Team decision and did not go for approval to the Board. Ms Smithson also added that the level 2 was the national target for District General Hospitals such as NLAG.

With regards to projects where scoping is yet to be completed, Mr Jackson enquired as to what the delays were surrounding endoscopy services. Mrs Watson said that one of the main issues was regarding making individuals available for extra sessions and also at present, there is no formalised on call rota available for gastroenterology. Professor Sewell also added that the Trust has a range of practitioners with varying levels of medical knowledge, resulting in not all doctors being able to assist in different medical situations.

Mrs Watson will bring this report to the Board on a quarterly basis.

*Board Action*  
*The Board noted the further progress made*

**Reports from Sub Committees:**

**7.6 Quality & Patient Experience Committee (QPEC)**

**7.6.1.Highlight Report (NLG(13)284)**

In his capacity as Chairman of QPEC, Mr Jackson summarised the committee's highlight report for August 2013.

Dr Dunderdale asked to discuss further, the possibility of hearing patient's stories at future Trust Board meetings. Mr Gammon felt it was very important to bring these to the public part of the Trust Board meetings, subject to them being managed properly. However, Mr Jackson expressed his concerns with regards to exposing a patient's story and felt that patients may feel more reluctant to tell their story, with the knowledge that it may be discussed at a Trust Board meeting. Members agreed in principle that this was a positive move but the ways and means would need to be given further consideration.

**Supporting Papers**

**7.6.2a QPEC Minutes (NLG(13)285)**

**7.6.2b Monthly Quality Report (NLG(13)286)**

**7.6.2c QPEC Evaluation Report (NLG(13)287)**

**7.6.3 Board Challenge**

Dr Whittingham invited any further comments or questions and none were received.

*Board Action*  
*The Board received the reports from the Quality and Patient Experience Committee.*

**7.7 Mortality Performance Committee:**

**7.7.1 Highlight Report (NLG(13)288)**

In his capacity of Chairman of the Mortality Performance Committee, Dr Whittingham summarised the Highlight Report for August 2013. Dr Whittingham confirmed that MPC had responded to the questions raised by QPEC in respect of the stark difference in mortality figures between DPOW and SGH sites and also the understanding the

significant spikes in mortality during the month of January. Dr Whittingham also confirmed that all work-stream action plans had been delivered in line with the deadline required by the Keogh Action Plan. There have been some revisions made to MPC membership. Membership has been extended to include Dr Menon, a senior clinician from medicine at DPOW and also Dr Mannan, a junior doctor based at DPOW. Dr Jaggs-Fowler, a local GP, has also been invited to future MPC meetings to represent the community. MPC have also undertaken a review of M&M arrangements in place within each clinical speciality and has agreed an action plan to address identified weaknesses. MPC has also agreed on a consistent, standardised reporting format.

Professor Sewell, together with Simon Hearn, presented the latest mortality figures to Trust Board members. He explained that the Trust had made the decision to purchase the software which allows the Trust to have the available data far sooner than had it not acquired this. The figures reveal encouraging improvements. However, there continues to be a disappointing difference between the DPOW and SGH sites. Professor Sewell went on to say that some of the physicians within the Trust had blamed the mortality figures on poor coding. However, data has revealed that coding is more in depth now; more so at DPOW than at SGH. However, Professor Sewell will be taking steps to ensure that SGH also improve their depth of coding.

Mrs Jackson reminded members that work commenced on improving mortality figures more than 18 months ago, and not just since the Keogh Review. There has been a great deal of information gathering, together with lots of hard work by staff members which has resulted in this improvement and Mrs Jackson said that this has been a real achievement for the Trust.

Mr Shreeve added that since MPC commenced, future plans have been made most clear and concise. Mr Shreeve went on to use the recently discussed sepsis pathway as an example, which revealed the amount of work that had been carried out and that by using this particular pathway, many improvements had been made.

Dr Whittingham reminded members that MPC will no longer tolerate such differences in the mortality figures between the two sites and that consistency between the two sites is required.

#### **Supporting Papers**

**7.3.2a Mortality Performance Committee Minutes (10<sup>th</sup> July 2013) (NLG(13)289)**

**7.3.2b Mortality Report (NLG(13)290)**

**7.3.2c Monthly Action Plan (NLG(13)291)**

#### **7.3.3 Board Challenge**

Dr Whittingham invited any further comments or questions and none were received.

#### *Board Action*

*The Board received the reports from the Mortality & Performance Committee*

### **7.8 Infection Control Committee – ICC**

#### **7.8.1 Highlight Report**

In his capacity of the Chairman of the Infection Control Committee, Mr Gammon told members that no further meetings had been held in August. Therefore, all information from the last meeting held on the 15<sup>th</sup> July 2013 was brought to the August Trust Board meeting.

#### **Supporting papers**

**7.8.2a C Diff Action Plan (NLG(13)292)**

**7.8.2b MRSA Action Plan (NLG(13)293)**

#### **7.8.3 Board Challenge**

Dr Whittingham invited any further comments or questions and none were received.

#### *Board Action*

*The Board received the reports from the Infection Control Committee*

**7.9 Trust Governance and Assurance Committee (TGAC):**

**7.9.1 Trust Governance and Assurance Committee Highlight Report (NLG(13)294)**

In his capacity of Chairman of the Trust Governance and Assurance Committee meeting, Mr Gammon informed members that in view of the size of the agenda and given that this could only increase in light of the Keogh Review, it had been agreed to hold these meetings on a monthly basis from October 2013. Membership had also been discussed and it had been agreed that core members of this sub-committee should be the Director of Clinical and Quality Assurance, Chief Nurse and the Medical Director. It had been agreed that Director level membership was not required from Finance, Facilities and OD & Workforce. However, it was felt that senior representation from these areas would still be required. There would also be three Non-Executive Directors in attendance at future meetings.

*Board Action*

*The Board agreed the suggested changes to membership and schedule of these meetings*

**Supporting Papers**

**7.9.2a Trust Governance and Assurance Committee Minutes, August 2013 (NLG(13)295)**

**7.9.2b Outcome of Annual Review of Performance of the Trust Governance and Assurance Committee (NLG)13 296**

*Board Action*

*The Board noted these reports*

**7.9.2 Board Challenge**

Dr Whittingham invited any further comments or questions and none were received.

**27.08.8 STRATEGY AND PLANNING:**

**8.1 Annual Review of Performance of the Trust Board**

Mrs Booth confirmed that the process for the formal annual review of performance of the Trust Board would be submitted to the September 2013 meeting.

**8.2 Annual Review of Performance of the Board Sub Committees (NLG(13)297)**

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Mrs Booth reminded members that this paper details progress made with the implementation of actions agreed in September 2012 to assist with the strengthening of the Trust Board sub-committees.

It was proposed that Non-Executive membership at the Finance Committee would be reduced to just four attending, rather than all Non-Executive Directors. All of the Non-Executives were in disagreement with this and felt that it was imperative for all to Non-Executive Directors to be members of this meeting. Mr Jackson highlighted that the Finance Committee does not solely discuss financial issues, but also deals with performance issues.

At the June 2013 Trust Board meeting, a discussion was held with regards to information and assurances in respect of workforce and staffing being reported to the Board. In view of this, it had been agreed that a monthly update on staffing levels will be received each month at the Trust Board. This report will be agreed by the Workforce Review Group. It has been suggested that this Workforce Review become a sub-group of QPEC and that QPEC should have sight of the monthly staffing levels report prior to submission to the Trust Board. The Board approved this Proposal.

With reference to the Audit Committee, it was agreed that the Trust's new Non-Executive Director, Mrs Shaw, would become a Non-Executive Director member of this committee.

With reference to the RATS meetings, the Appendix stated no less than three meetings per annum. Mr Bell suggested that there should be at least four meetings per annum as this had created some criticism following the recent internal audit.

With regards to the Facilities and Information Committee, Mr Bell suggested that the changes made to IM&T should be reflected and also added that the Terms of Reference need to be revised.

Dr Whittingham confirmed that Mrs Shaw would replace Mrs Wilson as a Non-Executive Director member of the Trust Governance and Assurance Committee. It was also suggested that the Non-Executive Director members should increase from two to three. Dr Whittingham said that he would take this third Non-Executive membership.

One further Non-Executive Director member was suggested for the Mortality Performance Committee meetings. Dr Whittingham suggested Mr Bell, who was in agreement with this.

No further changes were suggested to the remaining sub-committees.

Mr Bell did highlight that in section 3.4, he was not content with the meaning of "observer". Mrs Booth said that she will look into this.

In view of the work KPMG are carrying out for the Trust, Mrs Booth will request advice on the above suggested changes with Mrs Sue Corden of KPMG.

*Board action:*

*The Board received the report.*

## 27.08 9 COMPLIANCE MONITORING

### 9.1 Director Visit Feedback – Quarter 1 and Confirmation of Arrangements for Out of Hours Unannounced Visits, NED Forums and Increasing the Visibility of the Board and Amendments to Visit Proforma (NLG(13)298)

Mrs Booth told members that arrangements are being formalised to include all Executive and Non-Executive Directors on Unannounced/Out of Hours Director visits. Mrs Booth asked the Non-Executive Directors to inform her of any non-availability. The pro-forma for these visits will be the same as for the announced visits and this now includes additional elements, including some arising from the Keogh Review. Following each visit, an evaluation form will be forwarded to each ward/department. The response rate for these evaluation forms is currently low, therefore, action is being taken to encourage the return of these.

Subject to approval from the Board, Mrs Booth told members that it is anticipated that the unannounced/out of hours visits would be rolled out at the end of August/beginning of September.

*Board Action*

*The Board approved the proposed amendments*

#### Reports from Sub-Committees:

#### 9.2 Finance Committee:

##### 9.2.1 Highlight Report (NLG(13)299):

In his capacity of Chairman of Finance Committee, Mr Shreeve summarised the highlight report and noted that the Trust were in a strong cash position, with cash balances ahead of plan despite the reported deficit. The committee received the compliance reports and feedback report from Monitor. The Trust position is notionally green, although there is a red override due to the conditions imposed in the Trust's licence as a result of the Keogh Review. The performance report was also discussed in detail and the committee acknowledged a 100% green position for all targets and recognised that this has been the case for 15 of 17 targets over the last five quarters.

#### Supporting Papers:

##### 9.2.2c Finance Committee Minutes, July 2013 (NLG(13)302)

##### 9.2.3 Board Challenge

Dr Whittingham invited any further comments or questions and none were received.

*Board Action*

*The Board noted the reports from the Finance Committee.*

**27.08.10 FOR APPROVAL:**

**10.1 Recruitment Strategy (NLG(13)303)**

This paper details the recruitment challenges facing the Trust at the current time. Together with the Chief Nurse and the Medical Director's office, Dr Pease has been analysing recruitment and retention performance over the past few months. An external review of NLAG's recruitment practices was commissioned and reported on in early 2013. Following this review, OD & Workforce have introduced a number of initiatives to streamline the processes involved in recruitment. The strategy proposes the introduction of two new key positions.

Mr Jackson asked whether the Trust could work with other organisations who are currently experiencing similar issues with recruitment. Mrs Jackson said that she had received an offer of assistance from the Commissioners, which needs to be followed up. Mrs Heaton confirmed that the promotional video should be available within the next two weeks.

*Board Action:*

*The Board noted the content of the Strategy and supports it's action plan.*

**27.08.11 TRUST BOARD ACTION LOG – PART A (NLG(13)304)**

Dr Whittingham noted several updates to the Part A Action Log which will be incorporated for the September 2013 Board report.

**27.08.12 ITEMS FOR INFORMATION**

Members noted the documents provided under Appendix A of the Trust Board agenda.

**27.08.13 ANY OTHER URGENT BUSINESS**

Dr Whittingham noted that this as Mrs Wilson's last Board meeting prior to her retirement as a non-executive director and thanked Mrs Wilson for her many years of great service to the Trust and the Board.

**27.08.14 DATE, TIME & VENUE OF THE NEXT BOARD:**

Members noted that the next public meeting of the Trust Board of Directors would take place as follows:

Date: Tuesday 24 September 2013  
Time: 1.30 pm  
Venue: Lecture Room, Goole and District Hospital

| Dr Whittingham thanked everyone for their attendance and contributions and declared the meeting closed at 4.30 pm..

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