

TRUST BOARD OF DIRECTORS (PUBLIC)

Minutes of the Public Meeting on Tuesday 31st May 2016 at 2.00 pm
Held in the Main Boardroom, Diana Princess of Wales Hospital

For the purpose of transacting the business set out below

Present:

Dr J Whittingham	Trust Chairman (Chair)
Mrs K Jackson	Chief Executive
Dr K Dunderdale	Deputy Chief Executive
Mrs K Griffiths	Chief Operating Officer
Mr L Roberts	Medical Director
Mr M Hassall	Director of Finance
Mrs T Filby	Chief Nurse
Mr S Shreeve	Non-Executive Director
Mr N Gammon	Non-Executive Director
Mr A Bell	Non-Executive Director
Mrs A Shaw	Non-Executive Director

In Attendance:

Mr J Johal	Director of Estates & Facilities
Mrs W Booth	Director of Performance Assurance and Trust Secretary
Mrs P Clipson	Director of Strategy & Planning
Mrs J Loughborough	Patient Experience Practitioner (for the patient story)
Mrs J Adamson	Specialist HR Advisor
Mrs K Fanthorpe	Interim Chief Operating Officer
Mrs S Peckitt	Deputy Chief Nurse
Mr D Hanson	Trust Board Administrator (for the minutes)

Public Agenda

Dr Whittingham welcomed everyone to the meeting and declared the meeting open at 2.10 pm.

1. Apologies for Absence

Apologies were received from Mrs L Jackson.

2. Chairman's Remarks

Dr Whittingham outlined the conduct of the Board's meeting in public.

Dr Whittingham asked members to note that Jevon, the subject of the patient story (Agenda items 7.1 and 7.9) was in attendance at today's meeting and welcomed Jevon, Kate Scott, who is the Head of Care at the Goole Neuro Rehabilitation Centre (GNRC), and Rob Hall, who is the Service Manager at GNRC, to the meeting. Dr Whittingham explained that Jevon had a medical appointment later this afternoon. He therefore proposed to vary the order of the agenda to consider Agenda items 7.1 – Patient Story and 7.9 – Reflection on the Patient Story after Agenda item 3 and members agreed.

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.

The order of the agenda was varied to consider Agenda Item 7.1 Patient Story at this point.

7.1 Patient Story – (Jevon and GNRC Story) – (Verbal)

Dr Whittingham's request, Mrs Loughborough introduced Jevon, a patient at the GNRC and members watched the video.

The order of the agenda was varied to consider Agenda Item 7.9 Reflection on the Patient Story at this point.

7.9 Reflection on a Patient Story – (Verbal)

Dr Whittingham felt that Jevon's was a powerful story that served as an endorsement of the GNRC service. Mrs Filby felt that the video had provided good insight and that the GNRC was an inspirational centre. Jevon reported that he had a stroke and that no decisions were being made about his care whilst a inpatient at DPOW, and then a bed became available at GNRC. Mrs Jackson advised that approval from the CCG led to delays of an administrative nature that impacted on the patient.

Mr Hall reported that the NLCCG referred to Hull, even if this may not be in the best interests of the patient. Dr Whittingham advised that Mrs Jackson and himself would address administrative issues with the NLCCG.

Dr Whittingham thanked Jevon and the GNRC staff for sharing such a positive story. Rob Hall thanked Mrs Griffiths for her support and wished her well in her new position at Lindsey Lodge.

The meeting reverted to the normal order of the agenda at this point.

4. Approval of Minutes from the Board meeting held on Tuesday 29th April 2016 - (NLG(16)208)

The minutes of the previous meeting were approved as an accurate record and will be duly signed by the Chairman.

5. Matters Arising from the Minutes:

There were no matters arising from the previous minutes.

6. Chief Executive's Monthly Update for May 2016 – (NLG(16)209)

At Mrs Jackson's request reflecting her recent return from leave, Dr Dunderdale referred members to the report. She drew members' attention to the Trust's continued difficulty in achieving two of the national cancer waiting times and the 95% A&E 4 hour wait target. Dr Dunderdale went on to remind members that progress on Healthy Lives Healthy Futures (HLHF) programme had been discussed at this morning's private meeting of the Board, and noted that overall progress was still slow. She reported that the Trust was currently waiting for feedback from the CQC on the Action Plan submitted by the Trust on 6th May 2016. A response was expected by 31st May in line with the CQC's own processes. Dr Dunderdale reported on a successful time-out session held on 20th May 2016 to bring together operational, managerial and SAT staff involved in the implementation of the Clerical Administration Review to agree further changes and actions based on feedback to date. Referring to the recent junior doctor strike on 26-27th April 2016, Dr Dunderdale reported that the Trust had been able to deliver services without compromise to patient safety throughout

the strike. She asked the Board to note that it had been necessary to reschedule a significant number of planned procedures and appointments. Overall she felt that the Trust's response to the strike was a great credit to the Trust's staff and their managers. Finally, Dr Dunderdale drew members' attention to the success of the Trust's recent annual Best Practice Day held on 12th May 2016 at Forest Pines.

Dr Whittingham thanked Dr Dunderdale for her report and invited comments and questions. None were received.

Board Action:

The Board received the Chief Executives Update from May 2016

7. Quality and Safety:

7.1 Patient Story – (Jevon and GNRC Story) – (Verbal)

Dr Whittingham reminded members that this agenda item had been discussed earlier.

7.2 Quality Development and Continuous Improvement Plan including CQC Update – (Verbal)

Mrs Booth reminded members that the Trust's Improvement Plan had been submitted to the CQC and that the plan would be updated further depending on the CQC's feedback when received and invited comments or questions. In response to a question from Mr Bell, Mrs Booth reported that the Trust was ensuring that actions are embedded before the next CQC visit expected in October 2016. Following a further brief discussion, Mrs Booth confirmed that she would provide a further update at the Board's June 2016 meeting including submission of the final action plan.

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

Board Action:

The Board received the Quality Development and Continuous Improvement Plan and CQC update.

7.3 Serious Incidents (SI's) including "Never Events" – (NLG(16)210)

Mrs Booth referred members to the report and confirmed that there had been one serious incident (SI) and no "Never Events" since the last report. In response to a question from Mr Shreeve, Dr Dunderdale clarified that the MRSA incident was the colonisation incident previously reported to the meeting of the Board in private and not a bacteraemia or infection. The patients had been successfully de-colonised and were all well and a Root Cause Analysis (RCA) was underway.

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

Board Action:

The Board received the report on Serious Incidents including "Never Events"

7.4 Director Visits

7.4.1 Director Visit Feedback (announced and unannounced) Quarter 4 – (NLG(16)211)

Mrs Booth advised that this was the routine quarterly feedback. She noted that there had been fewer Director Visits this quarter than normal due to the transition from the old to the new arrangements and schedule of visit. She reminded members that the forward schedule of visits had now been published and that the revised visit pro-forma was submitted to the Board for approval under Agenda item 7.4.2.

Mrs Booth invited comments or questions. In response to a question from Mrs Jackson, Mrs Booth advised that the pro-forma had been revised to reflect relevant issues arising out of the CQC inspection. In response to a question from Mr Gammon, Mrs Booth agreed to check that questions to verify whether “lessons” had been learned were included in the revised pro-forma that had been highlighted by the CQC and confirmed that the pro-forma could be revised further as necessary.

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

*Board Action:
The Board received the Director Visit Feedback (announced and unannounced) Report for Quarter 4*

7.4.2 Revised Director Visit Pro-Forma – (NLG(16)212)

Dr Whittingham referred to the discussion under Agenda item 7.4.1 and invited members to approve the revised Director Visit Pro-Forma.

*Board Action:
The Board approved the Revised Director Visit Pro-forma.*

7.5 Staffing Capacity and Capability on our Wards – (NLG(16)213)

Mrs Filby referred members to the report. She drew members' attention to the improvements in the report that had been introduced in response to feedback from the Board. Mrs Filby reported that the Trust's overall fill rate continued to exceed the national 80% target and that the Trust continued to exceed the more stretching internal 85% target also. Over the period 7 wards were below the 80% target and these wards were actively monitored to ensure that they remained safe. In her capacity as Chief Nurse, Mrs Filby assured members that the wards had safe staffing levels and drew the Board's attention to the table in section 3 which identifies those wards not achieving the 80% target and summarises the action taken to mitigate any risks. She also assured members that staff were allocated or redeployed according to patient activity and dependency.

Mrs Filby invited comments and questions. In response to a question from Mrs Jackson, Mrs Filby and Mrs Adamson confirmed that the Recruitment Team would be providing a board briefing in either June or July 2016 meeting to update the Board on developments in the Trust's recruitment process. In response to questions from Mr Gammon, Mrs Filby drew members' attention to the correlation between a low fill rate and the identification of 3 avoidable pressure ulcers on Ward 17 and clarified the actions being taken to support the ward. She also noted that ward 22's day fill rates for registered nurses and for care staff were 104.4% and 105.1% respectively but that this had only been achieved by the use of agency staff. As part of this discussion she clarified the information provided in appendix A. In response to a question from Mr Shaw, Mrs Filby agreed about the importance of retention and agreed to provide report on actions being taken to improve the retention of registered nurses in July 2016. In response to a query from Dr Whittingham, Mrs Filby advised that she and Mr Roberts with support from Mrs Clipson were working on an assessment of the level of service that the Trust could provide based on its substantive employed work-force (without reliance on agency nurses or locum doctors). Mrs Clipson expected to update the Board on this issue in June.

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

Board Action:

The Board received the monthly report on Staffing Capacity and Capability on our Wards.

Reports from Board Sub Committees:**7.6 Quality and Patient Experience Committee (QPEC):****7.6.1 QPEC Highlight Report, May 2016 – (NLG(16)214)**

In his capacity as Chairman of the committee, Mr Bell summarised the highlight report. He reported that the committee had received an update on progress being made to reduce still-birth rates. The committee were concerned to hear that the NL CCG had reduced funding for the local smoking cessation service and noted that this reduction was unwelcome and unhelpful to the Trust's efforts to reduce still-births. The committee also wanted to highlight its concerns about medical outliers on the gynaecology wards, in particular Laurel Ward at DPOW. The committee was also concerned about the problem of medical outliers in surgical beds generally. This was clearly an issue related to demand and patient flows around the sites. However the committee agreed that there needs to be a review of criteria to support effective decision-making for medical outliers across the sites. Finally, Mr Bell highlighted the committee's disappointment about the delay in the wheelchair replacement scheme and reported that the committee had requested a project plan be presented at its June 2016 meeting.

7.6.2 Board Challenge

Dr Whittingham invited comments or questions and none were received.

Board Action:

The Board received the QPEC highlight report for May 2016

7.7 Mortality Performance and Assurance Committee (MPAC):**7.7.1 Mortality Performance and Assurance Committee Highlight Report, May 2016 – (NLG(16)215)**

In her capacity as Chair of the committee, Mrs Shaw summarised the committee's highlight report. She reported that the committee had been pleased to welcome Dr Thackray to its meeting in his capacity as the newly appointed Clinical Lead for Cardiology. She went on to report that the committee had received the first draft of the process and standards for the number of case note reviews to be undertaken across the Trust. These would lead to an initial standard of 35 reviews per month and understood that this number may increase in the future. Mrs Shaw highlighted that the committee had received scheduled progress reports from the Gastroenterology and Sepsis work-streams and had noted the progress being made. She reported that the Trust Mortality Lead's exception report had assured the committee of continued progress across the work-streams. The committee had also noted the streamlining of Mortality and Morbidity meetings prior to clinical business meetings. Mrs Shaw went on to highlight continued good progress on the End of Life Strategy which was gaining momentum and pace. This was a huge project and needs to be carefully monitored in terms of the demands it places on the time of key staff within the Trust. Mrs Shaw drew members' attention to page 25 of the monthly Mortality Report and noted the slight increase in the multiple consultant episodes as well as reduction in depth of coding at Goole Hospital. She reported that these issues had prompted the re-forming of the Mortality Reduction Committee which reviews data quality and the "non-clinical" processes that contribute to the SHMI. Mrs Shaw

advised that the committee had agreed to undertake its annual review in July 2016. Finally Mrs Shaw was pleased with the growing extent of clinical engagement with the Committee and its work from both within the Trust and the wider community. There was a concern about the current capacity of the lead officers for the committee to drive the necessary pace of improvement so that the levels of clinical engagement are maintained and enhanced as work moves forward. In addition to the Highlights report, Mrs Shaw also reported that discussions were underway with both local Healthwatch organisations and with the Director of Public Health relating to their engagement with the committee.

7.7.2 Board Challenge

Dr Whittingham thanked Mrs Shaw and invited comments or questions. Mrs Booth advised that the issues relating to the End of Life Strategy had been noted by the Executive Team. Dr Whittingham agreed about the scale of this strategy work. He felt that this would only be successful if it was developed on a true community wide basis and felt that, while the Trust's continued clinical leadership remained essential, the process needed to be established to hold the different workgroups and their leadership accountable without the Trust needing to manage them. Dr Whittingham was very pleased to note the continued improvement in the Trust's provisional HED SHMI and in particular the reduction in the in-hospital SHMI at SGH to below 100 at 98.

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

Board Action:

The Board received the MPAC highlight report for May 2016

7.8 Infection Prevention and Control Committee (IPCC):

7.8.1 IPCC Highlight Report, May 2016 – (NLG(16)216)

In his capacity of Chairman of the committee, Mr Shreeve summarised the committee's highlight report. Mr Shreeve reported that there had been 2 hospital acquired C. Diff infections (CDI) in May 2016, and there continued to be no reported cases of MRSA bacteraemia. He went on to highlight that the committee had approved a derogation to support the extension of AMU at DPOW by 2 bays into the old C2 facility (the details of the derogation are attached to the Board papers). The committee also wished to highlight their concerns regarding the delivery of the national CQUIN requirement to reduce antibiotic usage set against the needs of patients. The committee's position was that it supports all efforts in relation to the CQUIN but that this must not be at the expense of appropriate patient care. Finally Mr Shreeve reminded members that the committee had been re-constituted as a sub-committee of the Board for an initial 6 months from January 2016. He confirmed that the committee feels that whilst it has been able to have a positive impact on the initial risks highlighted to the Board that there remain outstanding issues and ongoing work that the committee believe are significant enough to justify a recommendation to the Board that the Board should approve a continuation of the committee in its current format for a further 3 months. Following a brief discussion there was general support for this recommendation.

Board Action:

The Board approved a continuation of IPCC as a sub-committee of the Board for a further 3 months

7.8.2 Board Challenge

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

*Board Action:
The Board received the IPCC highlight report for May 2016*

7.9 Reflection on a Patient Story – (Verbal)

Dr Whittingham reminded members that this agenda item had been discussed earlier and invited any further comments or questions. None were received.

8. Strategy and Planning:

8.1 Healthy Lives, Healthy Futures Update – (Verbal)

Dr Whittingham reminded members of the long discussion on this issue at the morning's private meeting. He invited further comments or questions and none were received.

*Board Action:
The Board received the Healthy Lives, Healthy Futures update.*

8.2 Reference Costs – (NLG(16)217)

Mr Hassall advised that Board approval was required of the process by which the Trust's Reference Cost Submission is produced in order to confirm that the process is robust and in accordance with the guidelines. In his capacity as Chairman of resources Committee, Mr Gammon confirmed that the committee had reviewed the process and recommended approval. Dr Whittingham invited further comments or questions and none were received.

*Board Action:
The Board approved the process by which the Trust's reference cost submission is produced.*

9. Compliance Monitoring:

Reports from Board Sub Committees:

9.1 Resources Committee:

9.1.1 Resources Committee Highlight Report, May 2016 – (NLG(16)218)

In his capacity as Chairman of the committee, Mr Gammon summarised the committee's highlight report. He reported that the deficit for the first month of the year was £1.43m. This was slightly ahead of plan but this should not be taken as an indicator of positive progress. In particular a shortfall in income reflects early signs of risks involved in securing a cash uplift over last years outturn. At present, the cash position is stable, drawing down from the £18m revolving working capital facility, pending agreement of the Trust capital and liquidity plan by NHSI. Mr Hassall updated the Board on his understanding of the NHSI's national position on the control total where the outcome remains uncertain. He also confirmed that NHSI had promised clarity over capital investment by the end of May 2016. Mrs Jackson asked members to note the seriousness risks created for the Trust in the lack of clarity from NHSI on this issue and felt that an answer was now essential. In response to a further query from Mrs Jackson, Mr Hassall agreed to provide an assessment of the Trust's options in the event that NHSI failed to approve the

capital plan. Mr Hassall advised that NHSI had said that they recognise the Trust's concerns about this issue. Mr Gammon went on to highlight the current headline forecast of a deficit of £29.4m and noted that this is a huge adverse variance against the plan of £11.8m. The key contributory features of the variance are income shortfalls of £6.7m on contracts; a shortfall in Sustainability and Transformation (S&T) income of £8.6m and a current projected £3.4m shortfall in savings delivery. The committee highlighted that although A&E attendances showed some slowing in April 2016 the pressure on urgent care services remained intense as demonstrated by the emergency admissions rate. Planned activity was well behind last year with April 2016 being slow and subject to further disruption through strike action, bed capacity, theatre reconfiguration and workforce and recruitment challenges. The low activity throughout was reflected in sharply increased waiting list numbers.

Mr Gammon confirmed that the Committee had noted that the Trust has now secured contract agreements with the CCGs and NHS England. Activity throughout needed to be increased in order to reduce waiting times and deliver acceptable performance standards rather than as a means to increase income.

Mr Gammon went on to highlight that the committee had received a paper on Reference Cost submission and recommended approval. The committee also wished to highlight to the Board that increased clinical engagement will strengthen the process and associated documentation.

The committee had received an update on the 2016/17 Sustainability Plan and the work was ongoing with the plan. Mrs Adamson had provided a briefing on a recent HR Time-Out, and had advised that this positive exercise would be repeated at quarterly intervals.

Finally, Mr Gammon highlighted that the Committee had approved revised nursing establishments for NICU, Paediatric wards and Surgical wards and that Mrs Filby had been specifically requested to review paediatric wards in 6 months.

Dr Whittingham invited further comments or questions and none were received

9.1.2 Month 1 Finance Update – (NLG(16)219)

Mr Hassall took the report as read in conjunction with the Highlights report. He drew members' attention to the significant challenge to the Trust's internal savings programme at this point and reminded members' that there was no contingency to cover any actual shortfall. Mr Hassall accepted that it was not unusual for there to be a forecast shortfall at this point in the year but that it needed to be addressed urgently and robustly.

Dr Whittingham invited comments or questions and none were received.

Board Action:
The Board received the Month 1 Finance Update

9.1.3 Final 2016/17 Sustainability Plan – (NLG(16)220)

Mrs Booth advised that the Sustainability Delivery Update Report had been presented at the Resources Committee meeting held on 25th May 2016, and that updates further to that meeting and the Sustainability Stocktake meeting held on 27th May 2016 had been included in the Board paper. .

Dr Whittingham invited comments or questions and none were received.

Board Action:
The Board received the 2016/17 Sustainability Plan update

9.1.4 Board Challenge

Dr Whittingham invited concluding comments or questions and none were received.

Board Action:
The Board received the Resources Committee Highlights report for May 2016

9.2 Trust Governance and Assurance Committee (TGAC):

9.2.1 Trust Governance and Assurance Committee Highlight Report, May 2016 – (NLG(16)221)

In her capacity as chairman of the committee, Mrs Shaw summarised the report. She thanked Mrs Fanthorpe for her presentation on the Cancer Peer Review Action Plan and on the updates to the plan that had taken place following the recent Quality Assurance visit. Mrs Shaw went on to highlight the update on the Ophthalmology capacity issues that had been provided by Mrs Georgiou, who is the Associate Chief Operating Officer, and confirmed that this issue would remain on the committee's agenda. Mrs Shaw reported that the committee had received 4 internal audit reports on Risk Management and Board Assurance, Complaints Management, Governance Arrangements and Data Quality and was advised that a Well Led review was underway. Finally Mrs Shaw highlighted the presentation received by the committee on the Premises Assurance Model.

Dr Whittingham invited comments and questions and none were received.

9.2.2 Performance Compliance Report

Mrs Booth took the report to April 2016 as read and invited comments and questions. None were received.

Board Action:
The Board received the Performance Compliance report for April 2016

9.2.2.1 Agreement on Performance Improvement Trajectories – (NLG(16)223)

Mrs Clipson summarised the report and advised that it had been submitted to NHSI in March 2016. She reminded the Board that achievement of the improvement trajectories was linked to the release of transformation funding and that failure to achieve the trajectories would put that funding at risk. Mrs Clipson drew members' attention to the extent to which the Trust's ability to achieve the trajectories depends on risks that the Board does not control in particular those requiring support from the CCGs and progress on HLHF. Mrs Clipson advised that those risks had crystallised and recommended that the Board document its concerns formally to NHSI. There was general agreement that this was essential and Mrs Booth agreed to add this issue to the agenda for the Performance Review Meeting on 10th July 2016. Mrs Griffiths reported that only 4 trusts nationally were actually meeting the 95% A&E 4 hour waits target. She felt that it was also essential that the

Trust continue to identify and incorporate best practice from elsewhere into its own processes.

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

Board Action:

The Board noted the change to the A&E trajectory

The Board agreed to formally draw NHSI's attention to risks to the Trust's ability to achieve the improvement trajectories where the risks are outside the Trust's control

9.2.3 Board Challenge

Dr Whittingham invited comments or questions and none were received.

Board Action:

The Board received TGAC's highlights report for May 2016

9.3 Audit Committee:

9.3.1 Audit Committee Highlight Report, May 2016 – (NLG(16)224)

In his capacity as Chair of the committee, Mr Shreeve summarised the highlight report and drew members attention to a number of highlights in particular. He confirmed that the committee had received and approved the Audited Annual Accounts for 201/16, on behalf of the Board. He was very pleased to report that the External Auditor had been very complimentary about the Finance team's quality of work throughout the annual accounts process. The committee had also considered the External Auditor's assurance report on the Trust's Quality Report for 2015/16. Finally Mr Shreeve reported that the Audit Committee own Annual Report had been presented to the committee and was submitted to the Board for information.

9.3.2 Board Challenge

Dr Whittingham invited comments or questions and none were received.

Board Action:

The Board received Audit Committee's highlights report for May 2016

10. Items for Approval

10.1 Scheme of Delegation – (NLG(16)225) &

10.2 Standing Financial Instructions (NLG(16)226)

Mr Hassall reported that the Audit Committee had received and approved both items. He recommended approval. In his capacity as Chairman of Audit Committee Mr Shreeve confirmed that the Committee also recommended their approval. Dr Whittingham invited comments and questions. Mrs Filby felt that further development of the scheme of delegation to fully encompass the new Trust Management Board would be necessary. Mrs Jackson agreed and proposed that the Board should approve documents in their current form and expect recommendations on further revisions to be received by the Board in June. There was general support for this proposal. Dr Whittingham invited comments or questions and none were received.

Board Action:

The Board approved (1) the revised Scheme of Delegation and (2) the revised Standing Financial Instructions.

10.3 Trust Constitution – (NLG(16)227)

Mrs Booth summarised the proposed changes and confirmed that they were only minor amendments. She also confirmed that the changes had been approved by the Council of Governors. Dr Whittingham invited comments or questions and none were received.

Board Action:

The Board approved the revised Trust Constitution

11. Matters to be included in the Board Briefing for Governors – Verbal

Members agreed that the following matters should be included in the Board Briefing to Governors:

- a) The Trust's current financial position, to include cash and capital.

12. Trust Board Action Log – (NLG(16)228) Public

Members reviewed and updated the Trust Board Action Log.

13. Items for Information

Sub-committee Supporting Papers

14. Any Other Business

Dr Whittingham noted that this was Mrs Griffiths' final Board meeting before leaving the Trust's employment to take up the role of Chief Executive of the Lindsey Lodge Hospice. Dr Whittingham thanked Mrs Griffiths for her years of service to the Trust and wished her the very best for the future. Dr Whittingham felt that the Trust's loss was the hospice's gain and this sentiment was fully supported by the members.

The was no other business.

15. Date and Time of Next Meeting

Date: Tuesday 28th June 2016
Time: 2.00 pm
Venue: Main Boardroom, Diana Princess of Wales Hospital

Dr Whittingham thanked members for their attendance and declared the meeting closed at 4.40pm