

**Minutes of the Public Board of Directors meeting held on Thursday 3rd July, 2014 at 9:30am in the Clinical Education Centre.**

**Present:**

John Edwards, Chairman  
Ann Becke, Non Executive Director  
David Badger, Non Executive Director  
Paula Clark, Chief Executive  
Paul Assinder, Director of Finance and Information  
Paul Harrison, Medical Director  
Jon Scott, Interim Director of Operations

**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 Support Operations  
Julie Cotterill, Associate Director of Governance/Board Secretary  
Elizabeth Rees, Director of Infection Control (item 7.1)  
Yvonne O'Connor, Deputy Nursing Director

**14/056 Note of Apologies and Welcome**

Apologies were received from Richard Miner, Jonathan Fellows, David Bland and Denise McMahon.

**14/057 Declarations of Interest**

There were no declarations of interest.

**14/058 Announcements**

The Chairman welcomed Jon Scott to the meeting, Jon joined the Trust on 23<sup>rd</sup> June, 2014, as Interim Director of Operations.

The Chairman welcomed Yvonne O'Connor, Deputy Nursing Director, to the meeting. Yvonne was representing Denise McMahon.

**14/059 Minutes of the previous Board meeting on 5<sup>th</sup> June 2014 (Enclosure 1)**

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

## **14/060 Action Sheet, 5<sup>th</sup> June 2014 (Enclosure 2)**

### **14/060.1 Patient Story – Patient Gowns**

Update to be included in the Clinical Quality, Safety, Patient Experience Committee report to the September Board.

### **14/060.2 Infection Control – MRSA RCA**

Update to be included in the Clinical Quality, Safety, Patient Experience Committee report to the September Board.

### **14/060.3 Patient Story – Governors New Menu Taste Test**

Covered in the Catering Report to the Private Board.

### **14/060.4 Patient Story – Hairdressing**

Covered in the Chief Executive's Report at item 6.

### **14/060.5 Moving Patients Out of Hours**

Covered on the agenda at item 7.3.

### **14/060.6 Patient Story – Screen Saver and Huddle Boards**

Both items had now been completed.

### **14/060.7 Audit Committee – Governor Tender Evaluation**

This item had now been completed.

## **14/061 Patient Story**

Board members noted that the video featured a communication issue between medics.

Liz Abbiss confirmed that the Consultant responsible for the patient had shown the video at a multi-disciplinary team meeting and had addressed the issue directly with the Registrar concerned.

Mr Badger, Non Executive Director, confirmed that communication is still a theme in our surveys and the Trust needs to widen the learning.

The Chief Executive commented that some Consultants prefer to keep their patients in a bed to ensure they keep their slot in the diagnostic queue. That practice must cease.

Ann Becke stated that the Board had also previously raised the issue of sedated patients not remembering information that they have been given. The Medical Director agreed that the type of sedation used does stop patients forming memories and repeating the information given to these patients is very important. Mr Badger stated that it is important to repeat messages but also that when appropriate families and carers are also clear about the patients care and treatment.

Mrs Becke, Non Executive Director, commented that patients should also be informed that relatives or carers can be invited to attend when medics speak to patients about their care.

The Director of Support Operations confirmed that wards can be a noisy environment at times and this makes it more difficult for patients to concentrate.

The Chairman thanked Liz for bringing a different theme of story to the Board's attention and commented that it was a powerful message and it was helpful to note the Consultants actions. The Board also noted the issue around the patient's care pathway and whether the care had been provided in an appropriate setting.

### **14/062 Chief Executive's Overview Report (Enclosure 3)**

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

**Friends and Family:** Amber for Q1 for footfall. The Trust will meet the CQUIN target. ED target for Q1 also met. Maternity remains a fluctuating position. The team are now gathering data on the Friends and Family Test for staff. The Chairman stated that the ward footfall scores had previously been good and asked the reason for the drop. Liz Abbiss confirmed that this was due in part to the reorganisation and the team are working with the wards who have a low response rate.

**CQC Inspection:** The Trust was awaiting a response and the Chief Executive confirmed that she would contact the CQC directly after the Board meeting for an update.

**Sign up to Safety:** To Trust had decided to sign up to this campaign with the support of the Board. The campaign aims to reduce avoidable harm to patients by 50% over a three year period and will follow five identified pledges. The Chairman asked if there was any correlation between Sign up to Safety and the safety thermometer. The Chief Executive confirmed that they were totally separate.

**Director Appointments:** Anne Baines had been appointed as Associate Director of Strategy and Performance and commences in late September.

**Hairdressing:** Work was being progressed through the Patient Experience Group which will report up to the Clinical Quality, Safety and Patient Experience Committee and then back to Board.

### **14/063 Patient Safety and Quality**

#### **14/063.1 Infection Prevention and Control Exception Report (Enclosure 4)**

The Director of Infection Prevention and Control presented her report given as Enclosure 4. An updated version of the paper, to include the Trust Toxin by Directorate graphs were tabled to Board members.

C.Diff: Within Target. Board members noted that the Trust had now agreed the process with the CCG for avoidable and unavoidable cases.

Mr Badger, Non Executive Director, asked if the team were comfortable with the C.Diff algorithm. The Director of Infection Control confirmed that it was a fair process.

MRSA: 0 cases to date this year.

CPE: A draft action plan is in place. The Trust had seen one confirmed case in the previous 18 months. The Board noted that New Cross has cases and the Trust have some patients who receive shared care between organisations. The team are currently looking at undertaking screening in high risk areas.

Mrs Becke, Non Executive Director, asked about the procedure when cases are identified. The Director of Infection Control confirmed that cases are immediately isolated. The Chief Executive confirmed that good infection control practice is the key solution and asked if hand gels are effective against CPE (Carbapenamase Producing Enterobacteriaceae). The Director of Infection Prevention and Control confirmed that the infection reacts very well with hand gels.

The Chairman summarised that there are three main issues, how to identify patients at risk, how to identify areas and reinforcing infection control procedures.

The Board noted the positive performance, noted the agreement of the algorithm with the CCG and the discussion around CPE and trial process in high risk areas and reinforcing of infection control procedures.

#### **14/063.2 Workforce and Staff Engagement Report (Enclosure 5).**

Mrs Becke, Non Executive Director presented the Workforce and Staff Engagement Report given as Enclosure 5. Board members noted that this was the first meeting of the new Committee and noted the following key items:

**Three Red Audits:** Good progress is being made and on track to turn green.

**Workforce KPIs:** Turnover remains consistent, however the Committee is undertaking work to look at the target and undertake benchmarking. The Board noted that the appraisal rate had slipped and this was being closely monitored and Directorates with red workforce KPIs had been invited to the Committee to present their recovery plans. Mr Badger, Non Executive Director, confirmed that appraisals are on a downward trend, month on month and this was a concern and the position needs urgent recovery.

#### **14/063.3 Moving Patients Out of Hours (Enclosure 6)**

The Director of Support Operations, presented the report on moving patients out of hours, given as Enclosure 6.

Board members noted that this was an update report following the previous discussion on this issue at Board.

An audit is taking place during August and a report will be presented back to Board with the outcome of the audits and agreed metrics.

The Chairman noted the staging report and confirmed that a further update would be presented to the Board in the Autumn.

**Update Report with results of the audit and agreed metrics to be presented to the Board at either the October or November meetings.**

#### **14/063.4 Safeguarding Quarterly Report (Enclosure 7):**

The Deputy Director of Nursing presented the quarterly safeguarding report, given as Enclosure 7, including the following key areas:

Concerns raised by the independent Chair of Dudley Safeguarding Board regarding restraint:

A Pan Board Reassurance Group had been established including a police review. No practices of unlawful restraint had been identified and the Pan Board Reassurance Group had found media allegations to be groundless. Two further cases were being investigated which have followed normal Trust procedures. The complete report is due to be received upon completion of the investigation.

CQC/Ofsted Assessment:

An unannounced inspection is imminent.

Do Not Attempt to Resuscitate Training:

Policy updated and circulated to staff. The Chairman asked who reviews DNAR externally, particularly for GPs as this is a health economy issue. The Medical Director confirmed that the Trust is working closely with the CCG. The Chairman asked that the Board revisits DNAR and the work being undertaken with the CCG later in the year.

The Board noted the report.

**The Board to revisit DNAR and the work being undertaken with the CCG at either the November or December Board meetings.**

#### **14/063.5 Corporate Risk Register (Enclosure 8)**

The Associate Director of Governance presented the Corporate Risk Register given as Enclosure 8.

The Board noted that the Executive Directors are currently managing 12 corporate risks, 6 of which score 20 or above and these will follow in the next report, the Board Assurance Framework.

The Associate Director of Governance confirmed that each risk has an identified lead Director.

Mr Badger, Non Executive Director, stated that the report was clearly set out and helpful although he was not comfortable with some of the mitigated scores.

The Associate Director of Governance confirmed that the risk will be reassessed and therefore the mitigated scores will not be reached until the target end date.

The Board noted the report and progress and noted the mitigating score process.

#### **14/063.6 Board Assurance Framework (Enclosure 9)**

The Associate Director of Governance presented the Board Assurance Framework given as Enclosure 9. Board members noted that the Framework focuses on the highest scoring risks. The update on assurance is in the format requested by internal audit and highlights visible gaps in assurance.

Mr Badger, Non Executive Director, raised the gaps in control and assurance and enquired whether more boxes should be completed at this point. The Associate Director of Governance confirmed that an empty box identifies a gap in assurance and there will be a corresponding action to address each gap.

The Board noted the Assurance Framework.

#### **14/063.7 Francis Report (Enclosure 10)**

The Associate Director of Governance presented the Francis report given as Enclosure 10.

The Board noted that we continue to monitor our progress against the Francis recommendations and a number of areas have been closed or cross referenced to the Keogh Action Plan. There are a few remaining areas that the Trust continues to work upon.

The Board noted the progress and open and closed actions.

#### **14/063.8 Nurse Staffing Report (Enclosure 11)**

The Deputy Director of Nursing presented the Nurse Staffing Report given as Enclosure 11.

The Board noted that a detailed paper on nurse staffing had been received by the Board the previous month.

Board members noted that the process had been educational as there had been no template available to follow.

The report shows staffing level by ward, day shift, night shift, registered nurse and un-registered nurse and also shows where staffing falls below an optimal level. On occasion there were areas that were operating unsafely and action put in place to mitigate risk.

The Chief Executive questioned whether unregistered nurses should be included in the report as the Trust had not been requested to provide this information. The Director of Finance and Information agreed that the important detail for members of the public is whether staffing levels are safe and then are they at an optimum.

The Chairman suggested that there could be two separate reports produced, one for level of requirement and one for reassurance to member of the public.

The Deputy Nursing Director confirmed that the Trust will need to check definitions around registered and un-registered staff on the Unify system.

The Chairman pointed out that there was a typing error in the report that says “unsafe” instead of “safe”.

The Deputy Director of Nursing then received clarification that the guidance states that the Trust must identify unregistered staff in its report.

The Chief Executive confirmed that the team will relook at the reports format before it is published on the Trust website.

The Chairman also requested that the narrative of the report is carefully checked.

The Board noted the report.

**Nurse staffing reports to be re-checked before publishing on the Trust website.**

## **14/064 Finance**

### **14/064.1 Finance and Performance Report (Enclosure 12)**

Mr Badger, Non Executive Director presented the Finance and Performance report given as Enclosure 12, including the following key areas:

Finance: The Board had agreed a deficit budget of £6.7m. This had now moved to over an £8m deficit. The Finance and Performance Committee had discussed how the Trust moves back to trajectory and sought assurance on performance management and accountability and also the need to have an early start to 2015/16 planning.

Board members noted that the “buy-in” of staff is essential to the success. The Chief Executive confirmed that staff briefing sessions are continuing.

Mr Badger stated that there were clear signs of pace and grip but improvements were not being achieved quickly enough.

Performance: The Trust had failed the ED target in Q1. Board members noted that the Trust had achieved the 95% target in ED for the previous 3 weeks.

The Board noted that the Trust was hanging on to the RTT target but was 10% above the national average.

There had been a reduction in the level of appraisals as noted earlier in the meeting.

The Director of Finance and Information commented that the financial position is starting to be grasped by staff. The Chief Executive commented that at the briefing sessions there is a sense of shock at the situation.

The Chairman stated that the majority of the NHS has “hit a brick wall”. He asked what was the driver behind the reduced income. The Director of Finance and Information stated that this was down to a mix of work and seeing much higher emergency admissions and this reduces capacity to undertake planned elective work.

Mr Badger commented that a proportion of the deficit is represented by maternity. The Chief Executive confirmed that there may be some shift around the maternity tariff the following year.

The Chief Executive stated that it is important to create space for elective work.

The Director of Operations confirmed that there are some actions that can take place quickly and then a health economy piece of work needs to be undertaken around attendances and acuity to build capacity.

The Board noted the position, noted the need to increase income with elective work and noted the need to increase grip on the turn round programme.

The Director of Support Operations asked the Board to note that the Trust was currently working through the Urgent Care Centre business case.

#### **14/65 Any Other Business**

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

**13/066 Date of Next Meeting**

The next Board meeting will be held on Thursday, 4<sup>th</sup> September, 2014, at 9.30am in the Clinical Education Centre.

Signed .....

Date .....

PublicBoardMinutes3July2014

**Action Sheet**  
**Minutes of the Board of Directors Public Session**  
**Held on 3 July 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	4/9/14	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	4/9/14	On Agenda
14/052.5	Quarterly Complaints Report	Director of Governance to look at how the Board can triangulate complaints, feedback and huddle boards and how the Board uses this data.	JC	4/9/14	On Agenda
14/063.8	Nurse Staffing Report	Nurse staffing reported to be re-checked before publishing on the Trust website.	DM	4/9/14	Done
14/063.3	Moving Patients Out of Hours	Update report including audit results and agreed metrics to be presented to the Board in the Autumn.	JS	2/10/14	
14/063.4	Safeguarding Quarterly Report	Board to revisit DNAR and the work being undertaken with the CCG later in the year.	PH	2/10/14	