

**Minutes of the Public Board Meeting held on  
Thursday 26 February 2014 in the Boardroom, Huddersfield Royal Infirmary**

**PRESENT**

Andrew Haigh	Chairman
Dr David Anderson	Non-Executive Director
Dr David Birkenhead	Executive Medical Director
Julie Dawes	Executive Director of Nursing and Operations
Lesley Hill	Executive Director of Planning, Performance, Estates & Facilities
Julie Hull	Executive Director of Workforce and Organisational Development
Philip Oldfield	Non-Executive Director
Jeremy Pease	Non-Executive Director
Prof Peter Roberts	Non-Executive Director
Owen Williams	Chief Executive
Jan Wilson	Non-Executive Director
Keith Griffiths	Executive Director of Finance
Dr Linda Patterson	Non-Executive Director

**IN ATTENDANCE**

Anna Basford	Director of Commissioning and Partnerships
Kathy Bray	Board Secretary
Nick Blenkin	Member of the public (observer)
Victoria Pickles	Company Secretary CRH)

**Item**

**18/15 APOLOGIES FOR ABSENCE AND INTRODUCTIONS**

There were no Apologies to note

The Chairman welcomed everyone to the meeting.

**19/15 PATIENT/STAFF STORY**

Catherine Briggs, Matron, Medical Division, attended the meeting to share with the Board a patient story regarding an elderly patient who had been in hospital awaiting discharge to social services (green cross patient).

The Board heard about the admission of Molly (names were changed for the purposes of the presentation), an 80 year old patient with dementia through Medical Admissions Unit. She was subsequently transferred to Ward 4 for further investigations into her dehydration and malnutrition. Due to her confused state 1:1 nursing was necessary. At the end of October a Social Worker was requested and at that time her discharge was agreed. Molly's family were in agreement to her transferring to a nursing home. A panel meeting was held on the 6 November and feedback from this was received on the 19 November. A number of nursing home representatives visited the hospital to assess her but due to a deficit in the funding and the availability of an elderly mental illness bed this was proving difficult. On the 20 December there was no 1:1 nurse available and unfortunately Molly got out of bed and sustained a fall, but made a good recovery. Eventually, on the 19 February 2015 Molly was discharged to an EMI bed in a nursing home near her husband and has settled in well.

The Director of Nursing and Operations advised that this was not an unusual story. Concern was expressed by the Board that similar delays in discharge of green cross patients was challenging for the Trust and asked what could be done to alleviate this, bearing in mind the likely increase in patients with complex multi-conditions in the future. Following discussion it was felt that if the Trust is successful with the Care Closer to Home procurement process it would have more influence in the pathway for such cases.

The Board thanked Catherine for her presentation.

#### **20/15 DECLARATION OF INTERESTS**

There were no declarations of interest to note.

#### **21/15 MINUTES OF THE MEETING HELD ON THURSDAY 29 JANUARY 2014**

The minutes of the meeting were approved as a true record. The Chairman thanked the minute takers for preparing the minutes from the video-conference meeting.

#### **22/15 MATTERS ARISING FROM THE MINUTES**

##### **a. 183/14a Voluntary Redundancy Scheme**

The Executive Director of Workforce & Organisational Development advised that 514 applications had been received and to date 137 had been approved. The Executive Director of Finance reported that discussions were due to take place with Monitor, the Regulator, to discuss the financial position and effect on the Trust's cash position and risk rating. It was expected that there would be a payback period from the scheme in around 12 months. It was noted that the full position would be available in March 2015 and would be brought to the Board.

##### **ACTION: BOD Agenda Item – March 2015 (JRH/KG)**

The Chief Executive stressed that it was important that there was no incremental creep with increases in staffing and thanked everyone for their help in keeping staff on board during this challenging period.

#### **23/15 ACTION LOG**

##### **a. Intelligent Monitoring Report**

The Executive Director of Nursing and Operations advised that the CQC had acknowledged that greater clarity should be given over how the indicators will be applied. There had been a change in the CQC Relationship Manager and therefore it was not possible to confirm a timescale as to when this information would be available. All present agreed that this item should be removed from the Action Log.

##### **ACTION: Remove from Action Log**

#### **24/15 CHAIRMAN'S REPORT**

**a. Informal MC/NED Workshop – 12.2.15** - The Chairman reported that although only a limited number of Membership Councillors had attended, this had proved to be a helpful meeting with open and free flowing debate. Feedback from the Membership Councillors was that they would like further meetings with a similar format. The Chairman would be discussing this further with the Deputy Chair and Associate Director of Engagement and Inclusion.

#### **25/15 CHIEF EXECUTIVE'S REPORT**

**a. Institute for Fiscal Studies – Green Review** - The Chief Executive reported that he had included this item on the agenda to draw the Board's attention to this annual review produced by the IFS and ICAEW which aimed to improve public debate about the fiscal position over the next 5 – 10 years and provided an independent analysis to further enrich debate around public finances in the future. The Board discussed the

fact that if NHS was ring-fenced then other departments would be affected significantly.

Discussion took place regarding the recent media announcement regarding the allocation of £6 billion of NHS funding to Greater Manchester and the Greater Manchester Hospitals alliances with the local authority and social services. The Chief Executive reported that a meeting of West Yorkshire Chief Executives and Local Authority Chief Executives was due to be held in March to discuss future provision.

## **26/15 INTEGRATED BOARD REPORT**

The Executive Director of Planning, Performance, Estates and Facilities introduced the performance report as at 31 January 2014 and explained that each area would be presented in detail by the appropriate director.

**Responsive** - the Executive Director of Planning, Performance, Estates and Facilities highlighted to the Board the key issues from the executive summary commentary:-

- During January the Trust had over-performed on non-elective care. This had led to bed pressures resulting in both delays in discharging patients, and also increasing the number of outliers. There had been a significant number of surgical outliers at the start of the month, and this switched to medical outliers by the end of the month. This had continued into February. The increase in emergency patients, and the slow down on the movement of patients out of the hospital had also affected the Trust's A&E 4 hour wait target. In January the Trust achieved 91.89%, and the position to 15th February was 92.42% for quarter 4.
- The snow during January affected the DNA rates, which rose in month. This was against the recent trend where we have seen DNA rates slowly falling.
- There were still capacity issues in MRI and endoscopy creating problems for diagnostics being undertaken within the 6 weeks target. It was anticipated that the problems would be resolved by the year end.

**Caring and Safety** – the Executive Director of Nursing reported:-

- **A/E 4 hour response rate** – The Trust had not met its 4 hour A/E wait target for the quarter and year end position. Every effort was being made to improve performance during March although it was recognised that there was a risk that the full year target would not be met. Plans were in place to put measures in place to address internal processes i.e. review of front of house arrangements at certain parts of the day and a transfer team had been put in place. Thanks were given to staff for their help throughout this challenging period.
- **Complaints** – There had been a rise in the number of complaints reported in January which was felt to be due to seasonal adjustments. Complaint response times were beginning to improve but there was still a lot of work to do.
- **Family and Friends** – Work was still being undertaken to put a different system in place. The response rate was below target and staff were aware that the Trust needed to improve Family and Friends feedback.
- **Rule 28** – The Executive Director of Nursing reported that the Trust had received a Rule 28 from the Coroner, reporting that the nursing and clinical documentation reviewed as part of a case was not good enough. The Board asked for a timeline of this incident and whether it related to the CQC review of documentation undertaken in 2012. The Executive Director of Nursing and Executive Medical Director were discussing this further.

**ACTION: BOD agenda item – March 2015 (JD)**

**Effectiveness** – The Executive Medical Director reported:-

- **Mortality** – It was noted that the SHMI had slightly improved to a position of 110 based on June 2014 rebased figures. This has reduced from the 111 figure published in March 2014.
- **Fractured Neck of Femur** – Due to availability of theatres and orthopaedic surgeons the Trust was not meeting the target of 85%. An action plan was in place to address this.

**Well Led** – the Executive Director of Workforce and Organisational Development reported:-

- **Well Led Group** – The group had met recently. The Board were reminded of the 5 key lines of enquiry which the CQC would apply to all investigations.
  1. A clear vision and credible strategy to deliver good quality
  2. Governance Framework – responsibilities are clear and quality, performance and risk understood and managed.
  3. Leadership culture to reflect vision and values, encourage openness and transparency and promote good quality.
  4. How are people who use the service and staff engaged and involved.
  5. How are services continuously improved and sustainability ensured.
- **Sickness rates** – Disappointingly both short and long term sickness rates had increased. It was suggested that the percentage drop might be due to the reduction in workforce numbers. Further work was being undertaken by the Divisions to investigate this. The Chief Executive advised that the Trust was considering a deep dive into this issue.
- **Staff Survey** – It was noted that the results of the 2014 staff survey had been published and a link to the report sent to all board members. It was noted that the full results and action plan would be brought to the next meeting.

**ACTION: BOD AGENDA ITEM – MARCH 2015 (JRH)**

- **Missed Dose Drugs** - Peter Roberts expressed concern regarding the number of missed drugs. The Executive Director of Nursing reported that this could be due to transfer of patients or legitimate missed doses when not required ie. laxatives. This would be reviewed as part of the Rule 28 investigations. Areas of good practice for e-prescribing and bed base (Worthing and Bradford) would be investigated further.

**Community** – The Executive Director of Planning, Performance, Estates and Facilities reported that a great amount of work had been undertaken to develop the community indicators for both national and local targets. In general, although a lot were showing red, feedback from the Clinical Commissioning Groups was that they were happy with the services being provided and that the Trust may wish to review the targets. An update was received regarding Breast Feeding rates, percentage of women smoking at time of delivery, district nursing and home adaptation equipment and long term conditions compliance.

Dr David Anderson questioned whether the patients who die within preferred place of choice (90% target) referred solely to in-patients or whether this included out-patients. The Executive Director of Nursing agreed to investigate this.

**ACTION: EXECUTIVE DIRECTOR OF NURSING**

The Board noted the contents of the report regarding:

- CQINS – on track to achieve all targets by year end.
- Monitor Indicators

**Finance** – the Executive Director of Finance reported on the content within the Integrated Board report and also presented the narrative of the financial position at month 10:-

### **Summary Year to Date**

- Additional activity in month has resulted in bed capacity pressures.
- The level of income protection offered by the fixed value contract stands at £5.06m in the year to date.
- The year to date deficit is £2.09m against a planned surplus of £2.56m.
- Capital expenditure of £17.35m against revised planned £19.05m, an underspend of £1.70m (£6.55m below original plan).
- The cash balance was £18.56m, versus a planned £19.99m, £1.43m lower than planned. A level of loan funded borrowing has supported the cash required for capital investment.
- The Continuity of Service Risk Rating (CoSRR) stands at 3, although underlying performance is at level 2.

### **Summary Forecast**

- The deficit excluding 'exceptional' restructuring costs is forecast to be £1.65m against a planned £3.0m surplus. Due to their exceptional one-off nature, restructuring costs are excluded from the calculation of the CoSRR but these payments will adversely affect the cash balance.
- The year end forecast including restructuring costs is a deficit of £4.76m. This will result in a CoSRR of 2 for the year.
- CIP schemes are forecast to deliver £9.84m against the planned £19.53m. This is a shortfall of £9.69m and will have an impact on 2015/16.
- £1.5m has been committed to extra substantive nurse staffing; additional winter expenditure has been included within the forecast position.
- £1.5m additional income to support quality investments has been received and is reflected in the year to date and forecast position.
- The revised capital forecast, is a £22.69m spend, a reduction of £1.62m from the revised plan, (£6.51m lower than original plan).
- The forecast year end cash balance is £13.18m against the planned £22.71m.

**RESOLVED: The Board approved the Integrated Board Report**

### **27/15 RISK REGISTER REPORT**

The Executive Director of Nursing and Operations reported the top risks (scored 20+) within the organisation which were similar to last month:-

- Finance: breach of licence
- Progression of service reconfiguration impact on quality and safety
- Failure to meet CIP
- Risk of poor patient outcomes due to dependence on middle grades
- Risk of poor patient outcomes and experience caused by blocks in patient flow
- HSMR & SHMI
- Overarching risk for Infection Control
- Modernisation Programme: conflicting priorities

It was noted that external work continued to review the risk register through the Risk and Compliance Group.

### **28/15 DRAFT BOARD ASSURANCE FRAMEWORK**

The Company Secretary reported that meetings had taken place with individual Directors to get their input into the first Draft Board Assurance Framework. The Assurance Framework had been developed in line with the three lines of assurance model. It was noted that more details pertaining to each item was available. Discussion took place regarding some of the language used and criteria for scoring. It was suggested that the Risk Register and Board Assurance Framework might have the same format and it was agreed that further discussion would be held outside the Board Meeting with the Executive Director of Nursing and Operations, Company Secretary and other Board colleagues and the outcome reported back to the next meeting.

**ACTION: BOD AGENDA ITEM – 26.3.15**

### **29/15 DIRECTOR OF INFECTION, PREVENTION AND CONTROL (DIPC) REPORT**

The Executive Medical Director presented the DIPC report and highlighted areas of concern:

- C.Difficile cases – 4 cases had been reported in February. The total number of cases was now 26 – 8 of which were classed as avoidable and 18 unavoidable. It was mentioned that next years' target was likely to be increased to 21 cases.
- 1 MRSA bacteraemia (post admission) had been assigned to the Trust. No reported cases for January or February 2015.
- Aseptic Non-Touch Technique (ANTT) compliance is well below the 95% target and plans have been put in place to improve competency assessments. Current compliance was 66.5% for doctors and 73.3% for nurses.
- Isolation Breaches – due to Norovirus there had been some wards closed which had increased the pressure on beds.

**RESOLVED: The Board received the report.**

### **30/15 SAFEGUARDING ANNUAL REPORT 2013-2014**

The Executive Director of Nursing presented the key points from the Safeguarding Annual Report which provided an overview of the safeguarding work that has been undertaken over the past year in order to ensure our services are fit for purpose and meet the needs of the Communities we serve. Particular mention was made to the work being undertaken to raise awareness of Mental Capacity and Deprivation of Liberty through training and supervision programmes.

It was noted that the national report into the Saville Enquiry had been published. No evidence had been found that Saville had been present within the Trust during the 1970's and at any time after then.

### **31/15 UPDATE FROM SUBCOMMITTEES AND RECEIPT OF MINUTES**

The following information was received and noted:-

- **Quality Committee** – The Board received the minutes of the 27.1.15 and a verbal update from the meeting on 24.2.15 which included:
  - Divisional Patient Quality Reports
  - CQC Plan
  - CIP, Performance, Quality – different approaches by Divisions – need to bring a corporate approach to this.
  - Complaints – upward trend – more work required acknowledged.
  - Appraisal Compliance – balance of timings required when appraisals completed.

- Leadership Walkrounds – “back to the floor” sessions being undertaken by Executive Directors.
- DNA CPR – in preparation for CQC visit – need a solution to co-ordinating, recording/collating information for the Quality Report.

The Chairman reminded the Board that the CQC visit would take place at some time between June and December 2015 and it was requested that pressure points and mitigations/plans are provided to the Board. The Executive Director of Nursing and Operations advised that a CQC/Turnaround Group had been established at director level and would report back to every Board Meeting.

**ACTION: BOD to receive an update on CQC preparation via Quality Committee each month.**

- **Strategic Health & Safety Committee Minutes – 27.1.15** minutes received and contents noted.
- **Draft Audit & Risk Committee – 20.1.15** – Prof. Peter Roberts outlined the key issues discussed:-
  - Governance Report
  - Board Assurance Framework
  - Additional Internal Audits – CIP and OBC
  - Local Counter Fraud Work
  - External Audit Plan – discussed and agreed
  - Tour de France – Reimbursement of £200k from the CCG received.
- **Draft Membership Council Minutes – 20.1.15** – received and noted.
- **Risk Management Policy – Version 1** – received and approved.

**32/15 DATE AND TIME OF NEXT MEETING**

Thursday 26 March 2015 at 1.30 pm in the Large Training Room, Learning Centre, Calderdale Royal Hospital.

The Chairman thanked everyone for their attendance and contributions and closed the meeting at approximately 4.00 pm.

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Mr Andrew Haigh, Chairman

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Date

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