

**Minutes of the Public Board Meeting held on
Thursday 30 July 2015 in the Large Training Room, Learning Centre,
Calderdale Royal Hospital**

PRESENT

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

IN ATTENDANCE/OBSERVERS

Anna Basford	Director of Commissioning and Partnerships
Caroline Wright	Communications Manager
Kathy Bray	Board Secretary
Jackie Green	Interim Director of Workforce and Organisational Development
Nick Lavigueur	Huddersfield Examiner Reporter
Bob Metcalfe	Membership Councillor (Stakeholder)
Victoria Pickles	Company Secretary
George Richardson	Membership Councillor (Elected Publicly)
1 member of the public observer – Kathryn Horner	

Item

101/15 APOLOGIES FOR ABSENCE AND INTRODUCTIONS

Apologies were received from:

Julie Hull	Executive Director of Workforce and Organisational Development
Dr Linda Patterson	Non Executive Director

The Chairman welcomed everyone to the meeting.

102/15 DECLARATION OF INTERESTS

There were no declarations of interest to note.

103/15 MINUTES OF THE MEETING HELD ON THURSDAY 25 JUNE 2015

The minutes of the meeting were approved as a true record with the inclusion of the word 'consultancy' on page 2 to read "cap on management consultancy spend".

104/15 MATTERS ARISING FROM THE MINUTES

a. Patient/Staff Story

The Chairman commented that the Board had not received a Patient/Staff Story for the last 2 months. The Executive Director of Nursing reported that one would be brought to the August meeting.

ACTION: JD – AUGUST BOD AGENDA ITEM

105/15 ACTION LOG

97/15 Workforce Race Equality Standards

It was noted that Jan Wilson had met with the Interim Director of Workforce and agreed a signed off version of this document.

There were no other outstanding issues.

106/15 CHAIRMAN'S REPORT

a. Board to Board Meeting with South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) and Calderdale and Huddersfield NHS Foundation Trust (CHFT)

The Chairman reported that representatives of the SWYPFT and CHFT Boards had met on the 29 June 2015. The areas broadly covered included:-

- Liaison on Rapid Assessment, Interface and Discharge (RAID)
- Child and Adult Mental Health Services (CAMHS) transfer work
- Estates Utilisation
- Nursing Revalidation, Recruitment and Retention
- SWYPFT Outline Business Case Update
- Calderdale Vanguard

b. Board to Board Meeting with Mid Yorkshire Hospitals NHS Trust (MYHT) and Calderdale and Huddersfield NHS Foundation Trust (CHFT)

The Chairman reported that representatives of the MYHT and CHFT Boards had met on the 30 July 2015. The areas broadly covered the following points and agreed action:-

- West Yorkshire collaboration
- Current collaboration projections
- Current joint tenders involving both organisations
- Regulatory Changes – Trust Development Authority (TDA) model
- It was agreed that MYHT and CHFT would host a meeting with GP Federations across the Kirklees, Calderdale and Wakefield footprint to talk about Winter Pressures and beyond.

107/15 CHIEF EXECUTIVE'S REPORT

The Chief Executive explained that he had shared the following reports to the Board to ensure that the Board gave consideration to how these reviews might affect the Trust.

- a. Kings Fund Report
- b. Carter Review
- c. Rose Review

The Board discussed the key issues arising from each review. It was acknowledged that the Kings Fund Report would bring significant challenges locally and nationally to the financial 5 year position. This would also affect the spending review for social care and there will be a need to review how this service is provided for the future.

The Carter report broadly affected the performance metrics of all hospital trusts with regard to standards for procurement and efficiency.

The Rose Review recommended a review of Leadership of the NHS with the TDA and Monitor being brought together as a National Improvement Agency.

Other recommendations included:

- Form a single service-wide communication strategy within the NHS
- Create a short NHS handbook/ passport/ map

- Performance Management
- Bureaucracy reduction
- Management Support and Training
- Move sponsorship of the NHS Leadership Academy from NHS England into Health Education England.

The Chief Executive summarised the forecast as a systems re-organisation and regulator change - all against less money in the system.

Bob Metcalfe reported that Calderdale Council were finding it very challenging to provide social services due to recent reductions in funding levels. A new model had been developed which was to be rolled out over the next few months.

The Executive Director of Nursing commented that the Rose review recommended the move of NHS England to Health Education England and agreed to look at how the Trust is represented in this organisation.

ACTION: JD

d. Care Closer to Home Tender

The Chief Executive reported that the Trust was progressing information to present to Monitor to challenge the decision under the 2013 Act. This would be developed and agreed with Partners before submission. The Board wanted to ensure that the local population were getting the very best care in the future and felt this was the correct course of action.

108/15 INTEGRATED BOARD REPORT

The Executive Director of Planning, Performance, Estates and Facilities introduced the Integrated Board report as at 30 June 2015 and explained that each area would be presented in detail.

Summary - the Executive Director of Planning, Performance, Estates and Facilities highlighted the key issues from the executive summary commentary:-

The Trust had achieved all monthly targets in June, including A/E for the first quarter. Thanks were given to staff involved in ensuring this position.

All cancer standards had been achieved and the Trust had delivered on the fractured neck of femur target (#NOF). David Anderson enquired whether there had been one specific action which had achieved the #NOF position and it was confirmed that this had been due to work on all areas of the standard with concentrated effort being made to fill vacant theatre lists. Two laminar flow theatres had now opened at Huddersfield and further work was being undertaken to upgrade another. It was acknowledged that this could also have been affected by a seasonal downturn in the number of patients presenting with #NOF.

RESPONSIVE

- The Trust delivered the Emergency Care Standard for June and recovered to deliver the quarter at 95.08% with improved ambulance turnaround maintained
- Patient flow requires on-going focus with outlier numbers and patient movement still higher than acceptable
- All referral to treatment and cancer standards were met
- Appointment slot issues continue but actions have been identified and implementation plans are in progress
- Cancelled operations have improved to within contract levels
- Non elective activity remains high in June and some improvements have been seen in elective activity but particular focus is required on outpatients and day cases which is now monitored weekly

CARING

The Executive Director of Nursing and Operations reported:

- Complaint performance is improving with the backlog being cleared in month with teams focussed on designing new processes to rapidly turnaround newly received complaints and prevent recurrence of backlog
- Friends and Family test continues to be challenging as new areas are brought online with particular pressures following the introduction of day case and the on-going challenge of completion of the survey in A/E.

SAFETY

The Executive Director of Nursing and Operations reported:

- Falls had increased with 3 falls resulting in serious harm. The connections with this and increased lengths of stay was noted and it was report that a quality summit was to be undertaken to look at these issues.
- There had been 1 category 4 ulcer. Jan Wilson reported that she had been approached to assist the Trust with this work.

EFFECTIVENESS

The Executive Medical Director reported:-

- Overall HCAI delivery is good but a small peak in EColi noted within the Medicine Division for June
- Emergency Readmissions within 30 days is slightly above target relating to service changes within partner organisations. Trust delivered activity remains within target
- HSMR has further increased and is a key source of concern with specific improvement actions initiated
- Depth of coding has not improved as intended with some agreed processes not embedded and staffing still a concern. Finance and Performance Committee supported the recommendations to address staffing which are being implemented
- # Neck of Femur had delivered 85% for the month.

WELL LED/WORKFOCE

It was noted that the Well Led section of the report had been amended and circulated to Board Members.

The Interim Director of Workforce and Organisational Development reported:-

- Sickness remains higher than target in all but 2 areas with the majority of Divisions/Directorates showing deterioration in month around long term absence. It was reported that steady increases in long term sickness was a national shift. It was noted that further discussion would take place in the private Board meeting, with a view to setting up a Workforce Committee.
- All mandatory training metrics were red and a particular focus of local performance meetings. A letter had been circulated with payslips reminding staff of their duty to ensure compliance with mandatory training.
- Three divisions are showing above 80% for appraisal with trajectories requested from all departments. The workforce team were in the process of developing an appraisal tool to better plan appraisals.
- There had been deterioration in the number of staff who would recommend the Trust as a good place to work.
- Hard Truths staffing levels remain a significant concern and reflects both the additional capacity still in place and sickness levels. There remain on-going challenges in securing permanent and temporary nurses but overseas recruitment continues.

FINANCIAL ACTIVITY

The Executive Director of Finance agreed to report on the financial position later in the meeting when he delivered the Month 3 – June 2015 financial narrative.

- **Community**
The information contained within the report was received and noted.
- **External Reported Framework**
The information contained within the report was received and noted.

The Chairman reminded the Board that PWC had suggested that the Board examine the reporting trend/forecasting analysis provided and the Director of PPEF agreed that this would be reviewed for next month's report. The Chief Executive asked that focus be given to the key areas of greatest concern rather than all areas.

RESOLVED: The Board approved the Integrated Board Report

109/15 RISK REGISTER

The Executive Director of Nursing and Operations reported the top risks (scored 15+) within the organisation. The top seven risks were:-

- Progression of service reconfiguration impact on quality and safety
- Risk of poor patient outcomes due to dependence on middle grades
- CQC inspection outcome
- Failure to meet cost improvement programme targets
- HSMR & SHMI
- Staffing risk
- Service transformation risk

Risks with increased score:-

- CQC inspection outcome, increased from 16 to 20
- Failure to meet CIP, increased from 15 to 20

Risks with reduced score:-

- Infection control, reduced from 15 to 10

New Risk added:-

- NHS E-referrals, system outage – score of 16
- Staffing risk – score of 20
- Service transformation risk – score of 20

Other issues arising from the debate included:-

- The Chief Executive asked that the 'Service Transformation risk' be updated for next month with detailed mitigation/controls against the OBC and CC2H risks
- Peter Roberts questioned whether 'Failure to Meet CIP' was a realistic achievement and whether a 6 month target for an intermediate target would be more appropriate. It was agreed that this would be discussed by the Finance and Performance Committee and flagged appropriately.
- The Chief Executive requested that the Board have a discussion about Winter Planning. It was noted that the Associate Director of Community Services and Operations was undertaking some work across the system regarding a systems resilience plan. It was agreed that an update would be brought to the Board for discussion in August and more detailed risk worked up for the September Board Meeting.

ACTION: Winter Pressures - BOD Agenda Item – August and September 2015 - HB

RESOLVED: The Board received and approved the Risk Register report.

110/15 DIRECTOR OF INFECTION PREVENTATION AND CONTROL (DIPC) REPORT

The Executive Medical Director presented the report and specific discussion took place regarding:-

- **C.Diff** – 3 cases had been reported to date (2 avoidable and 1 unavoidable). The ceiling was 21 cases for the year to March 2016.
- **MRSA** – 1 case had been reported to date.
- **ANTT compliance** – On-going training being provided and increase in number of assessors. Plan in place for training of newly trained junior doctors.

RESOLVED: The Board received the report.

111/15 GOVERNANCE REPORT

The Company Secretary presented the Governance Report which included:-

a. Well Led Governance Review

The final report received from PWC had been circulated to Board Members. Over the next few months the Company Secretary would be liaising with PWC and Trust colleagues to develop an action plan to address the actions outstanding. It was agreed that the finalised action plan would be brought to the Board workshop on the 14 October 2015. The key themes stemming from the review were:

- Capacity
- Pace of change
- Performance management
- Data quality
- Ability to forecast

The Executive Director of Nursing reported that Mr Paul Moore had been appointed Associate Director of Nursing with effect from September 2015. It was requested that with his past experience and background he should be invited to help progress this issue.

b. Terms of Reference

As part of the work plan this document had been brought to the Board for approval. It was noted that a number of typographical amendments had been made, subject to which the document was approved by the Board.

c. Board Assurance Framework

The first draft of the strategic risks to reflect the revised strategy had been circulated to executive directors for comment and amendment. This could not be completed in time for this Board meeting and so will come to the August Board. These will also be updated to reflect the findings from the Well Led Governance Review. The draft Board Assurance Framework will be circulated to all Board members for comment in advance of the Board meeting. Work was also underway between the Company Secretary and the Head of Governance and Risk to articulate how the corporate risk register and Board Assurance Framework will link.

RESOLVED: The Board received the report and approved the Terms of Reference.

ACTION: BOD Agenda Item – August 2015.

112/15 SAFEGUARDING ADULTS AND CHILDREN UPDATE REPORT

The Executive Director of Nursing and Operations presented the updated report prepared by Vicky Thersby, newly appointed Safeguarding Lead. The contents of the report were noted and the Executive Director of Nursing and Operations outlined the key priorities and main focus for the safeguarding team over the next Quarter:- Continue Training, Supervision, Serious Case Reviews/Domestic Homicide Reviews, and Mental Capacity Act and Deprivation of Liberty Safeguards.

113/15 MONTH 3 – JUNE 2015 FINANCIAL NARRATIVE

The Executive Director of Finance presented the finance month 3 report (included within the Integrated Board). It was noted that this information had been discussed in detail at the Finance and Performance Committee held on the 21 July 2015:-

Summary Year to Date:

- The year to date deficit is £6.53m versus a planned deficit of £6.59m, this includes release of £0.1m contingency reserves.
- Elective and day case activity is behind planned levels whilst non-elective continues to be above plan in the year to date.
- The main area of on-going expenditure pressure is non-contracted pay, supporting vacancy cover and extra bed capacity.
- Capital expenditure year to date is £4.69m against the planned £5.10m with slippage primarily on Estates schemes.
- Cash balance is £10.97m against a planned £10.9m. £10m of loan funding for capital expenditure was drawn down in April.
- CIP schemes delivered £2.80m in the year to date against a planned target of £2.18m.
- The Continuity of Service Risk Rating (CoSRR) stands at 1 against a planned level of 1

Summary Forecast:-

- The forecast is to deliver the year end planned income and expenditure position in overall terms, however at present this relies on £1.5m contingency reserves being released unused and forecast delivery of £16m CIP against the originally planned £14m.
- The balance of contingency reserve has been ring-fenced against investment to enable transformation and other known commitments.
- This mitigation has been called upon due to financial pressures driven by the extra bed capacity open over the first quarter of the year and the locum and agency pay expenditure linked to both this capacity and covering substantive vacancies.
- Efforts must therefore be focussed on securing the full value of CIP including the 'stretch' target as this is now crucial to delivery of the plan.
- The year end cash balance is predicated on external cash support being received from September onwards.
- Year end capital expenditure is forecast to be £20.59m slightly below the planned £20.72m. The year end CoSRR is forecast to be at level 1.

RESOLVED: **The Board received and approved the financial narrative for June 2015.**

114/15 UPDATE FROM SUBCOMMITTEES AND RECEIPT OF MINUTES

The following information was received and noted:-

- **Quality Committee** – The Board received the minutes of the 23.6.15 and a verbal update from Jeremy Pease on the meeting held on 28.7.15. Matters arising from the meeting included:-
 - Equality and diversity quarterly report
 - Integrated Board Report
 - Research and development report
 - Care of the Acutely Ill Patient programme, HSMR and SHMI
 - Cleaning Redesign Programme
 - CQC action plan and monthly report. It was likely that the Board of Directors would receive a report in September.

- **Audit and Risk Committee** - The Board received a verbal update from Prof. Peter Roberts on the meeting held on 21 July 2015. Matters arising from the meeting included:-
 - Update on Standing Financial Instructions to reflect recent government directives
 - Debt collection and write off of debt received and agreed
 - Regulatory Compliance Submission information - quarterly information to be received by ARC
 - Internal Audit – Outstanding Internal Audits - high priority/status – recommendation to invite lead personnel to future ARC meetings
 - Internal Audit Reports – two limited assurance (IT Modernisation, ISO Compliance)
 - Internal Audit Annual Report – Updated version to include updates
 - Counter Fraud Specialists – good progress and staff awareness
Review of Declarations of Interests exercise to be undertaken.

The Chairman thanked everyone for their attendance and contributions.

115/15 DATE AND TIME OF NEXT MEETING

Thursday 27 August 2015 at 1.30 pm in the Boardroom, Sub Basement, Huddersfield Royal Infirmary HD3 3EA

The Chairman closed the meeting at 3.30 pm.