

**Minutes of the Public Board Meeting held on
Thursday 27 August 2015 in the Boardroom, Sub Basement, Huddersfield
Royal Infirmary**

PRESENT

Jan Wilson	Non-Executive Director (Acting Chair)
Dr David Anderson	Non-Executive Director
Dr David Birkenhead	Executive Medical Director
Julie Dawes	Executive Director of Nursing and Operations/Deputy Chief Executive
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

IN ATTENDANCE/OBSERVERS

Kirsty Archer	Assistant Director of Finance
Helen Barker	Associate Director of Community Services and Operations
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
Amanda McKie	Matron – Complex Needs Care Co-ordinator (for part of meeting)
Victoria Pickles	Company Secretary

Item

116/15 APOLOGIES FOR ABSENCE AND INTRODUCTIONS

Apologies were received from:

Andrew Haigh	Chairman
Keith Griffiths	Executive Director of Finance
Julie Hull	Executive Director of Workforce and Organisational Development
Dr Linda Patterson	Non Executive Director
Owen Williams	Chief Executive

The Chairman welcomed everyone to the meeting.

117/15 DECLARATION OF INTERESTS

There were no declarations of interest to note.

118/15 MINUTES OF THE MEETING HELD ON THURSDAY 30 JULY 2015

The minutes of the meeting were approved as a true record subject to an amendment to Page 5, penultimate paragraph 'Failure to meet CIP' to read "would be discussed by the Finance and Performance Committee and **Audit and Risk Committee** and flagged appropriately".

119/15 MATTERS ARISING FROM THE MINUTES

109/15 – Risk Register – Winter Pressures – The Executive Director of Nursing reported that this had been discussed and had been included in the Risk Register.

120/15 ACTION LOG

There were no items outstanding on the Action Log.

121/15 PATIENT STORY – “Bethany’s Story”

Amanda McKie, Matron – Complex Needs Care Co-ordinator attended the meeting and presented the story of Bethany as told by her Mother. The Board heard about Bethany’s admissions and discharges over the last 17 years and the families’ challenges and fight to keep her alive. Bethany’s most recent episode of admission was to an adult ward due to no high dependency beds being available on the paediatric ward. This had been a distressing experience for both Bethany and her family. As part of the complaints process it had been agreed to share Bethany’s experience with staff to provide a better understanding of what parents of children with complex needs have to cope with and the issues in relation to the quality of life of people with severe disability.

The Board thanked Debbie, through Amanda McKie for sharing their family story. The Executive Director of Nursing reminded the Board that there are a number of patients who have been in the care of the Trust for many years. Trust staff become part of their lives and become involved in their personal sacrifices and have a significant impact on both patients and carers lives.

122/15 CHAIRMAN’S REPORT

On behalf of the Board Jan Wilson, Vice-Chair wished to formally record the Board’s condolences to Andrew Haigh on his recent bereavement.

a. Improving and Sustaining Cancer Performance Standard.

Jan Wilson reported that a letter had been received from the Chair of Leeds Teaching Hospitals Trust regarding the 62 day Cancer Performance Standard. The letter requested CHFT support in helping to achieve the target by ensuring referrals are made within the appropriate timescale. Helen Barker, Associate Director of Community Services and Operations reported that there was an action plan in place to support this work and that this would be reported to Leeds.

b. Translation and Interpreter Services

The Vice-Chair reported that she had attended an event for members of the Deaf Community in relation to the provision of translation and interpreting services. The event had highlighted a number of issues for the Trust to take into account when providing services to deaf patients.

123/15 CHIEF EXECUTIVE’S REPORT

Julie Dawes, Acting Chief Executive had no items to bring to the attention of the Board.

124/15 INTEGRATED BOARD REPORT

The Associate Director of Community Services and Operations introduced the Integrated Board report as at 31 July 2015 and explained that key areas would be presented in detail.

Summary

Further refinement to the Integrated Performance Report had taken place since the previous month. A performance management framework, with an associated accountability framework, was in development and would be presented to the Board in the near future.

The report showed a positive performance in July building on the improvement seen in June. It was noted that there continued to be significant

micro-management therefore further improvement work was needed to ensure sustainable delivery and optimal patient and staff experience across all pathways..

The key areas to note were:

Responsiveness

- The Trust delivered the 4 hour emergency care standard
- 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 performance had deteriorated
- Elective activity continues to track below plan and a detailed review has been undertaken with plans for recovery developed

Caring

- Complaint performance continues to improve. The Executive Director of Nursing thanked staff for handling the backlog and dealing with recent increased number of complaints.
- Friends and Family Test responses remains challenging and different ways to increase response rates were being developed.

Safety

- Falls continue to be a concern and a deep dive with revised action plan has been commissioned. A Safety Group had been established to look at the root cause analysis work.
- Full compliance with the Duty of Candour requirements
- Continued improvement of the WHO checklist

Effectiveness

The Executive Medical Director reported:-

- 1 MRSA attributable to the Community Division in July.
- Excellent performance on CDiff continues.
- Emergency readmissions within 30 days remains a challenge, and a meeting had been planned with other local providers to look at improvements.
- HSMR has further increased and is a key source of concern with specific improvement actions ongoing.
- Fractured Neck of Femur, time to theatre deteriorated again in July however there had been improvement against the other elements of the best practice tariff.

Well Led

The Interim Director of Workforce and OD reported:-

- Sickness remains higher than target in all but two areas with the majority of Divisions/Directorates showing a deterioration in month around long term absence. The new Attendance Management Policy was being adopted and a deep dive taking place in Medicine to look at the potential for significant improvement.
- Appraisal and mandatory training metrics remain a concern and have been the focus of individual Divisional meetings led by HR. The revised appraisal report would give a planned trajectory.
- Only 3 areas are delivering good sickness rates with poor performance seen across the majority of clinical areas
- Hard Truths data has improved. .

Financial Activity

The Assistant Director of Finance agreed to report on the financial position later in the meeting when she delivered the Month 4 – July 2015 financial narrative.

Community

The information contained within the report was received and noted.

Data Quality Assessment

The information contained within the report was received and noted.

RESOLVED: The Board approved the report and thanked the Associate Director of Operations and Community for her work in improving the Integrated Board Report.

125/15 RISK REGISTER

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

- Progression of service reconfiguration impact on quality and safety
- Poor clinical decision making in A&E
- Failure to meet CIP
- Outlier on mortality levels
- Staffing risk, nursing and medical
- Ability to deliver service transformation risk

Risks with increased score:-

- There were no risks with an increased score

Risks with reduced score:-

- CQC inspection outcome/non regulatory compliance, decreased from 20 to 16. (This risk was incorrectly increased to a 20 following the last Risk & Compliance Group meeting.
- NHS E-referral – IT system failure, decreased from 20 to 12.

New Risk added:-

- Medical Device failure levels – new risk with a score of 15. The Executive Director of Nursing reported that this was around training and appropriate maintenance of devices. Action plans were being put in place.

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

126/15 DIRECTOR OF INFECTION PREVENTATION AND CONTROL (DIPC)

a. Monthly Report

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

- **C.Diff** – 4 cases had been reported to date (2 avoidable and 2 unavoidable). The ceiling was 21 cases for the year to March 2016.
- **MRSA** – 2 cases had been reported to date and both assigned to the Trust
- **ANTT compliance** – On-going training being provided and an increase in number of assessors. Plan in place for training of newly trained junior doctors.

RESOLVED: The Board received the report.

b. Annual DIPC Report

The contents of the Annual Director of Infection, Prevention and Control was received and noted. The Executive Medical Director reported that the Board had received the information contained within the Annual Report through the monthly DIPC reports.

RESOLVED: The Board received the report.

The Executive Director of Nursing and Operations asked how the Trust compares with other Trusts and whether it horizon scanned for new infections which need to be planned for in the future. The Executive Medical Director advised that there was a

robust plan in A/E for the treatment of Middle East Respiratory Syndrome – (MERS) ‘CoV Corona Virus’ but in the future Trusts may be challenged with the detection and treatment of patients with antibiotic resistance to Carbapenem.

127/15 GOVERNANCE REPORT

The Company Secretary presented the Governance Report which included:-

- a. **Board Workplan Update** – received and approved
- b. **Monitor’s New Risk Assessment Framework (RAF)** – this had previously been circulated to Board members. The key changes to the RAF included:-
 - monitoring in-year financial performance and the accuracy of planning
 - combining these two measures with the previously used continuity of service risk rating to produce a new four-level financial sustainability risk rating
 - introduce a value for money governance trigger.The Company Secretary explained that the changes would be incorporated into the Integrated Board Report for the next month.
- c. **Board Meeting Dates 2016** – received and agreed, subject to a meeting being arranged at Todmorden Health Centre.

ACTION: Board Secretary

- d. **Use of Trust Seal** – One entry received and noted.
- e. **Declaration of Interest** – Two pieces of work being undertaken were noted. Update to Declaration of Interest Registers prior to October Audit and Risk Committee (ARC) Meeting and the exercise commissioned by the ARC for Counter Fraud Services to review the Trust’s arrangements for capturing all staff interests.
- f. **Feedback from Monitor – Q4 2015/16 and Annual Plan Review** – received and noted
- g. **Workforce Committee** - The Board approved the creation of a Workforce Committee initially for a 12 month period. Full terms of reference would be brought to the next meeting.

ACTION: Agenda Item – September BOD Meeting

- g. **Well Led Governance Review Action Plan** – was received and approved. This had now been subject to independent review. The delivery of the plan would be monitored through the Programme Management Office.

RESOLVED: The Board received the report and approved the Terms of Reference for the Workforce Committee being submitted to the next meeting.

ACTION: BOD Agenda Item – September 2015.

128/15 CARE OF THE ACUTELY ILL PATIENT REPORT

The Executive Medical Director presented the updated Care of the Acutely Ill Patient Report. The key highlights included:-

HSMR - The most recent rolling 12 months data for HSMR, Apr’14 – Mar’15, indicated a score of 110.47, which was an increase from the previous release and placed the Trust as an outlier. There had been an increase in the crude mortality rate but this has been less than the overall increase seen in the NHS. The reasons for these deaths occurring in hospital were unclear and further analysis was being undertaken however an independent review of 100 cases had identified only one instance where there was a possible preventable death.

Mortality Reviews - The Trust is committed to undertaking reviews of all cases of mortality, though to date it has been consistently difficult to achieve this target. A written process/guidance has been developed. David Anderson and Peter Roberts

asked whether any 'go see' work had been undertaken on mortality rates and end of life research on patients dying out of the hospital setting. The Executive Medical Director reported that we were working with the AHSM. The Acutely Ill Programme had been developed with the support of Liz Rob and reflected similar work done in other organisations with a high HSMR. The Trust were inviting Brian Gill, Medical Director at Bradford to review the programme along with Professor Mohamed from Bradford University to review the data.

Deteriorating Patient Workstream - Implementation of 'Nervecentre' had commenced. This was an electronic observation and handover tool to improve accuracy of National Early Warning Score assessment and standardisation of escalation. This was now in place on every ward in Calderdale and implementation at HRI commenced at the end of July, with a target date for completion of October 2015.

DNACPR - A new theme, end of life care, had been added to the revised CAIP plan. This incorporated Do Not Attempt CPR arrangements and also aims to reduce unnecessary admissions for patients who are expected to die within 48 hours that could have been managed in an alternative location. The report explained that the 'Integrated Care of the Dying Document' (ICODD) is currently in place in the hospitals and hospices, and would be implemented in the community.

Care Bundles - In the revised CAIP plan, the bundles work had been combined with Standardised Hospital Mortality Index alerting conditions and site differences into a new overall "reliability" work-stream. The care bundles work would adopt the PMO approach. Audit tools for bundles are to be reviewed and redesigned to capture compliance against the individual elements of the bundles in order to identify any specific difficulties, and focus areas of improvement.

Frailty - A task and finish group had been set up to define how this group of patients are identified. There had been discussions with Sheffield Teaching Hospitals and their use of a "Frail-safe" bundle.

Coding – Further work was being undertaken. Phil Oldfield enquired whether there was any checking of coding against mortalities. It was noted that this was not routinely undertaken.

129/15 MONTH 4 – JULY 2015 FINANCIAL NARRATIVE

The Assistant Director of Finance presented the finance month 4 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 18 August 2015:-

Summary Year to Date:

- The year to date deficit is £8.23m versus a planned deficit of £7.15m, this includes release of £0.35m contingency reserves.
- The adverse variance of £1.08m from plan is due to clinical activity underperformance and high pay spend.
- Elective and day case activity is significantly behind planned levels in month. Non-elective Long stay activity has slowed.
- Pay expenditure had not followed the activity downturn, remaining high in spite of a reduction in open bed capacity.
- Capital expenditure year to date is £6.11m against the planned £6.99m with slippage primarily on estates schemes.
- Cash balance is £7.92m against a planned £7.57m. £10m of loan funding for capital expenditure was drawn down in April.
- CIP schemes delivered £4.00m in the year to date against a planned target of £3.30m.
- The Continuity of Service Risk Rating (CoSRR) stands at 1 against a planned level of 1

Summary Forecast:-

- The forecast year end deficit (excluding restricting costs) is £22.23m against a planned £20.01m, an adverse variance of £2.22m. This position includes full release of remaining contingency reserves and delivery of £16.16m CIP against the original planned £14m.
- The worsening in the year end forecast is driven the on-going impact of the activity, income and pay expenditure pressures as seen at Month 4, alongside a decision taken to invest £1.9m in bed capacity over forthcoming months.
- No further contingency reserves remain to cover other pressures and risks.
- Efforts must therefore be focussed on delivering planned activity, containing pay spend and securing the maximum CIP opportunity.
- The year end cash balance is predicated on external cash support being received at a higher level than previously planned.
- Year end capital expenditure is forecast to be in line with 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 July 2015.

130/15 UPDATE FROM SUBCOMMITTEES AND RECEIPT OF MINUTES

The following information was received and noted:-

- **Quality Committee** – The Board received the minutes of the 28.7.15 and a verbal update from Jeremy Pease on the meeting held on 25.8.15. Matters arising from the meeting included:-
 - Q1 Monitor Submission – received
 - Medical Workforce paper ‘Recruitment, Retention and Vacancies’. Actions noted including
 - The development of a Workforce Group.
 - Baseline of consultants in post
 - Rota management
 - Job planning review
 - Hospital at Night
 - Shared work with West Yorkshire
 - International recruitment
 - Divisional Patient Safety and Quality Board reports had been received and reviewed in detail. A detailed report to the Committee on the progress made against the Best Practice Tariff for Fractured Neck of Femur had been shared with all Non Executive Directors.
- **Finance and Performance Committee** - The Board received the minutes of the 21.7.15 and a verbal update from Phil Oldfield on the meeting held 18.8.15. The main issue considered by the Committee had been the forecast financial position. In addition the Committee had discussed:
 - Workforce management opportunities
 - National pressures.
 - Pharmacy Manufacturing Unit – changed governance and quality issues
 - Strategic Review and the progress to develop the strategic turnaround plan
 - Report from the Interim Turnaround Director received and will be circulated to Monitor at the end of September
 - Commissioner Contracts – update received.

The Acting Chair thanked everyone for their attendance and contributions, particularly Jackie Green, Interim Director of Workforce who was due to complete her period of cover at the end of the month and would be providing support through project work in the future.

131/15 DATE AND TIME OF NEXT MEETING

Thursday 17 September 2015 Healthfair and AGM commencing at 5.00 pm and 6.00 pm respectively. Venue: 3rd Floor, Acre Mill Outpatients Building, Acre Street, Lindley.

Thursday 24 September 2015 at 1.30 pm in the Boardroom, Sub-basement, Huddersfield Royal Infirmary.

The Chair closed the meeting at 3.15 pm.