



Minutes of the Joint Governor & Trust Board Meeting held in public on Wednesday 19 December 2012 in the Boardroom

Present:

Trust Board

Mr Chris Monk, Acting Chairman

Mr Graham Bragg, Acting Chief Executive

Mrs Lindsey Webb, Director of Nursing & Governance & Strategy

Mr Paul Taylor, Interim Director of Finance

Mrs Amanda Markall, Director of Operations

Mr Andrew Thomas, Medical Director

Mr Robert Millinship, Non-Executive Director

Mr Roger Otto, Non-Executive Director

Governors

Mrs Yvonne Scott

Mrs Stella Noon

Mr Andrew Pearson

Miss Karen Hughes

Mr Alan Last

Mr Joseph Blackledge

Mrs Marion Betteridge

Ms Dia Martin

Ms Jan Walshaw

Mr Kenneth Williams

In attendance:

Ms Joy Street, Company Secretary

Mrs Anne Gynane, Director of Workforce and Organisation development

Mr Andre Jackowski, Revalidation Officer

ACTION

12/12/1321 Apologies and welcomes

Apologies were received from Professor Tauny Southwood, Mr Donal O'Donoghue, Dr Liz Hensel, Mrs Frances Kirkham, Ms Marion Thompson, Mrs Sue Arnott, Mr Robert Talboys, Mr Richard Burden, Mrs Kulwant Bahra, Dr Christine Parkinson and Mr Peter Arnold

12/12/1322 Declarations of Interest

No other Declarations of Interest than those registered previously.

12/12/1323 Minutes of the Trust Board meeting held on 31 October 2012

The minutes were approved as a correct record subject to the following changes:

- 10/12/1304 substitute 'performance' for target'
- Amend numbering from that point as number is repeated.

12/12/1324 Action Points

06/12/1239 was now discharged

06/12/1242 Dr Ed Dunstan had begun work and junior fellows had been advertised. AG updated that work was under development but its level of priority had been reconsidered in light of the ameliorative measures in place. **GB would give a timescale at the next meeting.**

GB

07/12/1261 BM felt that this could be discharged by simply defining what projects mean for patients. AM commented that projects were going well but more doctors were needed to be engaged. AP said that registrars were meant to be attending PMO and consultants would get involved as necessary.

09/12/1287 CQC would be invited to the next meeting

JS

09/12/1299 ADCU information should be circulated at the next Governors meeting.

PT

10/12//1307 and 10/12/1308 workshop items were deferred as workshop was displaced by private board meeting.

The Board noted the information.

12/12/1325 Chairman's & Chief Executive's Update

• Meeting with Medical Staff

There had been a meeting on 14th December where CM and GB had attended a Medical Staff Committee. New ways of maintaining links with the Board would be developed.

Information for all staff groups will also be arranged and their engagement will be encouraged.

Governors had been offered pairings with consultants and other staff groups in order to better understand what was going on.

• Monitor

A meeting had taken place on 5th December and the Trust had been able to give updates on the issues. Monitor was most concerned that the Trust maintained its performance. New Non-Executive Director appointments were reported as going well and the process for appointing a substantive chair was in place. The process for appointing a substantive finance director would begin in January. Monitor pressed very strongly to continue with the review of staff attitude given the current issues and this would be revised.

Overall Monitor was content and will maintain a watching brief and asked for on-going contact. As long as governance and finance ratings were maintained they would be happy.

CM had been invited to a Department of Health meeting to discuss involvement in a company which would hold all non FT NHS properties and CM is being considered as a Non-Executive Director. This may provide opportunities for an FT to have access to NHS properties across the UK. This would be a 2 day a month commitment.

Strategy and Organisation Development

12/12/1326 Patient Stories

These were deferred and one would be used at a future workshop on complaints.

12/12/1327 Strategy Update

LW updated the meeting on the strategy discussions held on Monday evening and Tuesday involving a number of senior staff across all directorates, 38 in total.

Very positive time with work on vision and values and strategic options. Growth, new markets and branding, investing in people and workforce issues as well as quality and research and innovation. Two further events will be held for Heads of Department and junior bands.

12/12/1328 Investment Committee

No meeting had been held. CM reminded colleagues that this was somewhere to bring ideas at the earliest stage, even before a business plan is prepared.

Performance Management

12/12/1329 Corporate Performance Report

PT introduced the report and drew attention to the two red areas of patient experience and workforce indicators. PALs contacts had increased; some related to administrative arrangements. GB advised that directorates had been asked to consider whether things were working as they should.

SN asked if there had been any issues with norovirus and AG commented that long term absence had decreased and short term had been respiratory infections and norovirus (though no outbreaks in patient areas). There continues to be much higher than expected absence among consultants. AM and AG are meeting with managers whose areas have a high incidence of sickness.

November performance was much improved on October and only slightly behind plan but case mix was of positive financial effect. December is profiled as lower due to holidays and it was hoped to achieve the planned levels.

CM asked if directorates remained on target to achieve their year-end targets and AM advised that most had agreed their targets. Issues remained with spinal deformity patients and this required regular high level review. Paediatrics projected performance had been hit as a result of the death of the Clinical Director for the area. A consultant in young adult hips had been appointed, two spinal deformity surgeons had been appointed and a locum in paediatrics had also been appointed. A consultant spinal surgeon currently on sick leave would be returning to work in January but would not be back to full capacity till spring.

CM asked that AM thank the directorates for their efforts.

PT advised that in-month surplus was higher than had been planned. In-year CIP had mostly been banked which was good news, but the next year would be tougher still.

12/12/1330 PMO Report

PT presented the PMO Report and highlighted the need for additional schemes for next year in order to stay ahead of the curve. RO emphasised that involvement of doctors in PMO was vital and patient safety was a key priority. LW had become the lead for PMO.

Assurance Reports

12/12/1331 Director of Nursing & Governance Patient Safety Report

LW presented the Patient Safety Report and highlighted the following.

1. Serious Incidents requiring investigation (SIRI)

There had been 3 SIRIs in-month, an increase from 1 the previous month.

2. Falls

There had been the same number of inpatient adult falls, 9 as the previous month.

Number of falls in each area during November

Ward 1 – 1

Ward 2 – 3

Ward 3 (Oncology) – 3

Ward 12 – 1

Car park - 1

Out of the 9 reported in-patient falls:

- No falls resulted in significant injury
- 1 fall was witnessed
- 5 falls occurred in the bathroom

Actions/updates this month:

- ✓ Second falls working group meeting has taken place
- ✓ Key areas being developed to reduce risks are;
 1. Updating the falls risk assessment care plan
 2. Implementation of a tool to identify key information following a fall utilising Ulysses
 3. Identification that the SBAR (Situation, Background, Assessment, Recommendation) tool may be implemented to assist nursing staff and other allied health professional in ensuring that all key information is documented in the incident reports.
 4. Ensuring that the falls training is attended by all relevant staff.
 5. The group to identify where the trust is in terms of benchmarking against other acute hospital trusts.

YS noted a fall in the car park and asked if there were bad weather plans and was advised there were and that in the most recent bad weather these had been in place and had worked.

3. Medicines Incidents

These cover a wide range of issues with a notable theme identified as incidents related to medicines prescribed on discharge. This had been picked up by the Medicines Safety Group who had identified an overarching action plan with all actions to be completed by January 2013 (current status is 75% completed).

4. Ward Dashboard

The October dashboard reflects:

- Red areas for sickness for Wards 2,12 and HDU
- Red areas for training in Ward 1 and 10
- Remaining concerns on Private Suite although progress had been made from the previous month
- HDU and recovery spend impacts on their efficiency scores
- Improvements in completion of Saving Lives audits had improved scores across the outcome section in some areas
- A number of areas currently amber overall would have achieved green overall if green for safety had been achieved. The safety outcome covers a wide range of issues all requiring a score of 100% to achieve green

5. CQC Unannounced Inspection

The CQC undertook an unannounced inspection on 11th December as part of their routine annual inspection programme. Areas of focus for the inspection were paediatrics, theatres, consent, complaints and medicines management. Verbal feedback was given to the executive team at the end of the inspection.

Very positive feedback about the WHO safety checklist, patient consent and choice, care at ward level. Concerns at paediatric outpatients. Examples of staff going over and above the usual way of working in complaints with invitation to a complainant to join the Patient's Council and work with social services.

6. Savile Allegations

Following the recent allegations David Nicholson had written to all organisations requesting that Boards review their arrangements for safeguarding, volunteers and celebrities.

This is done via the governance systems in place within the Trust for children safeguarding with reports being presented to the Integrated Governance Committee. In addition the Board receive the annual report providing assurance of compliance with the necessary standards in relation to children's safeguarding. In addition the CQC Outcome 7 (Safeguarding) is also reviewed quarterly as part of the governance declaration.

The Trust has a Volunteer Policy in place covering all aspects of training, CRB checks and supervision. There is not currently a specific policy regarding celebrity visitors but this will be considered and examples of best practice in this area identified and implemented. Assurance however can be given that celebrities are not given unsupervised access to any areas of the organisation.

Once the outcome of the investigation into Savile is known any subsequent recommendations will be acted upon as necessary.

7. Department of Musculoskeletal Pathology Response to The Department of Health (Gateway Ref 18221) - From Sir Bruce to the NHS in relation to Kingsmill Hospital Histopathology

Following a report to IGC from the Directorate Manager providing assurance against the issues raised in the above letter further detail was requested from the histopathologists. This has since been received and provides evidence for the assurances given.

8. Complaints/PALS/Compliments

COMPLAINTS

There had been a small rise in the volume of complaints received this month to 17 (14 formal and 3 informal) which compares to a total of 15 (8 formal and 7 informal) in October. However the Trust had again received another sizeable rise in PALS contacts this month 91 to 138 (+ 51%).

Number of complaints responded to in agreed timescale in November is 6/11 or 55% which is below agreed KPI of 80%. Of the five that that were closed over the agreed timescale: 2 files were due to Consultant (also the Clinical Director) not providing information in time even after extending deadlines and 3 were down to complaints team as volume of work with PALS.

The Board noted the report.

12/12/1332 Annual Report of the Responsible Officer

AJ presented the Annual Report of the Responsible Officer (RO). The RO is required annually to report to the Trust Board on the processes of appraisal and revalidation of its medical staff. Revalidation of doctors by the GMC commenced on the 3 December 2012.

AJ advised that from his meetings with the SHA, it was clear that the ROH was ahead of the game compared to several other Trusts. The report confirmed that the Trust was ready to achieve the required actions determined by the GMC and the Revalidation Support Team. The report outlined where further action needs to take place to fully comply with all the necessary requirements.

AJ hoped to move to a paperless system in the next year as the volume of documentation was significant.

Last year 82% were appraised and in comparison to others this was good, but next year it would have to be 100% as those doctors who have not received an appraisal cannot continue to practice.

The Trust remains weak in terms of outcomes data available by individual consultant. This is important as data will need to be published on the website mid-2013.

Internal Audit had begun a review of the work on revalidation and it is due for completion in early January.

BM commended achievement of 82% and asked if there were issues with people not wanting to do this. AJ advised that he had taken a very strident approach to this as he uses the threat of referral to GMC for laggards who have been offered and not taken up, two opportunities.

SN asked if any funding had been made available for reskilling work and AJ advised not.

GB advised that IGC had received more detailed information and was happy with the quality of disclosure.

AJ advised that his appointment ends at the end of January 2013.

The Board noted the report.

12/12/1333 Integrated Governance Committee Report – 23 November 2012

LW provided feedback from the Integrated Governance Committee meeting held on the 23 November 2012.

1. The following executive governance committees provided update reports for the meeting: Emergency Planning, Workforce & OD.
2. The corporate risk register was reviewed and scrutinized by the committee with discussion held on a number of risks with a decision taken to review the risk associated with practice within theatres in more detail at the next meeting. Assurance was received with regard to action taken to reduce the risk associated with the governance infrastructure as a result of EMT approving the appointment of 3 substantive posts
3. It was agreed that all red risks would be reviewed and attempts made to rank these following feedback from a Kings Fund Non-Executive Director event
4. It was noted that a number of red risks associated with the Workforce & OD Committee and been downgraded to amber as a result of management action.

The delivery of the Staff Engagement Strategy was discussed. In light of recent issues it was agreed that this will now link in with the independent review to ensure a consistent approach.

The Board noted the update.

12/12/1334 Audit Committee Report

The Committee held a meeting on 11th December 2012 and the following key items were covered:

- The Committee held a private meeting with the External Audit Team, updating them on events of the past fortnight. Deloitte challenged the Trust's governance arrangements (handover; corporate memory) in the light of an unprecedented level of Board changes;
- Paul Taylor (Interim Director of Finance) and Paul Athey (Deputy Director of Finance) attended the meeting;
- The Committee reviewed its own performance via the annual Self-Assessment Checklist and received agreement from our auditors that it supports the Committee's role in relation to the Annual Governance Statement and in providing assurances to the Board;
- The Committee received updates on the work of External Audit, Internal Audit and the Local Counter Fraud Service (LCFS). Work remains on plan with no problems to report: Internal Audit submitted four reports showing good progress and no material issues; their off-plan review of the recruitment of the new Medical Director showed that due process had been followed for the executive appointment. LCFS will be re-emphasising to senior staff the importance of transparency and full disclosure of all gifts and hospitality received from suppliers, ensuring continuing compliance with the Bribery Act. EA emphasised the Monitor-driven ever-tighter deadlines in 2013 for submission of year-end financial statements; the timetable for submission of the Quality Report may also be brought forward this year. The Committee were assured that the finance department's resources were sufficient and are being deployed to address these challenges; In planning their risk-based audit work, EA highlighted the potential impact of board-level changes on Board and SMT capacity and capability during a period of significant challenge for the Trust;
- The Committee reviewed, as part of its responsibility for the integrity of the Trust's financial statements, the Trust's 2013 Accounting Policies and approved the 3 changes set out in a paper presented by the Deputy Director of Finance;
- The Committee reviewed the July-Nov. summary of Single Tender Action forms and breaches of SFIs and asked the Director of Finance to challenge and report back whether standard procurement rules should have been deemed inappropriate in certain instances.
- The Committee reviewed the current progress of the schemes in the PMO and was assured that there is no evidence to suggest a link between the CIP and any deterioration of quality and that every effort is taken to manage the patient safety and experience risks on each scheme; and
- The Committee received the Board Assurance Framework which was debated at length and is able to assure the Board that the appropriate risks and scores are in place.

The Board noted the update.

CM advised that the governors had agreed to ask RO to stay on for 3 months to offer support and handover to Andrew Meehan and provide continuity. **RO agreed to do this.** CM thanked RO for his hard work during his 6 years as a Non-Executive Director and Chair of the Audit Committee and wished him well for the future.

Board Committees & ad-hoc Groups not covered elsewhere

12/12/1335 Remuneration Committee

No meeting held

12/12/1336 Items for Executive Question Time

- CQC visit
- Strategy workshop
- Finance and activity
- Revalidation
- Medical Director Appointment
- Hospitality and declarations of interest
- New Non-Executive Directors

12/12/1337 Any Other Business

GB updated the Board on Trust Business and Learning Days and advised that it had now been agreed to try revolving days from February to March.

LW reminded governors that they may have to choose an indicator for the quality accounts.

12/12/1338 Date and Time of Next Trust Board Meeting

Wednesday 30 January 2012 at 8.30 am in the Board Room
(dates of Joint Governor/Trust Board meetings and Council of Governor meetings for 2013 tbc)

The Board resolved that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.