Minutes of the Public Trust Board Meeting  
Held on Thursday 27 June 2013  
The Chamberlain Room  
The Ipswich Hospital NHS Trust

Present:  
Mr A Bateman, Deputy Chairman  
Mrs M Blackett, Interim Director of Transformation  
Mr L Collins, Non-Executive Director  
Ms J Fryatt, Director of Human Resources  
Mr R Mallinson, Medical Director  
Mr A George, Non-Executive Director  
Mr N Hulme, Chief Executive  
Mrs M Leadbeater, Interim Director of Finance & Performance  
Mr T Thompson, Non-Executive Director  
Mrs L Wigens, Director of Nursing and Quality

Apologies:  
Mrs A Tate, Chairman  
Mrs L Storey, Trust Secretary

In Attendance:  
Mrs J Ingle, Communications  
Mrs B Gitsham, Minutes

<table>
<thead>
<tr>
<th>SECTION 1 - CHAIR’S BUSINESS</th>
<th>ACTION</th>
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<tr>
<td><strong>P127/13</strong> APOLOGIES FOR ABSENCE</td>
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| Apologies for absence were received from  
Mrs A Tate, Chair and Mrs L Storey, Trust Secretary |  |
| **P128/13** NEWS ITEMS |  |
| The Chair gave an update on items of interest over the previous month:  
- There had been positive press coverage, particularly relating to Stroke and Children’s services  
- One of the eye specialists, Dr Arun Moreira, had been nominated for a national award for his good practice in the care of people with macular degeneration. Miss Clare Marx, Orthopaedic Surgeon, was selected to join the Health Service Journal’s inaugural ‘Inspirational Women’ list.  
- On 23 June, 820 people gathered in Ipswich Town Centre dressed as fairies, to break the Guinness World Record and support the Woolverstone Wish appeal to improve chemotherapy and cancer day unit services, raising almost £1800. |  |
<p>| <strong>P129/13</strong> DECLARATIONS OF INTEREST SPECIFIC TO AGENDA ITEMS |  |
| There were no declarations of interest raised in connection with any of the agenda items. |  |
| <strong>P130/13</strong> MINUTES OF THE MEETING HELD ON 30 MAY AND 6 JUNE 2013 |  |
| The minutes of the meetings held on 30 May and 6 June 2013 were approved by the Board and signed by the Deputy Chair as a correct record. |  |
| <strong>P131/13</strong> ACTION CHART |  |
| The updated action chart was received. |  |</p>
<table>
<thead>
<tr>
<th>Document Code</th>
<th>Title</th>
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<tbody>
<tr>
<td>P132/13</td>
<td>MATTERS ARISING FROM THE MINUTES OF THE MEETING HELD ON 30 MAY 2013</td>
<td>There were no matters arising from the meeting held on 30 May that were not already included on the agenda.</td>
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<tr>
<td>P133/13</td>
<td>MATTERS ARISING FROM THE MINUTES OF THE MEETING HELD ON 6 JUNE 2013</td>
<td>There were no matters arising from the meeting held on 6 June.</td>
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| P134/13 | SECTION 2 – QUALITY AND RISK | SERVICE EVALUATION OF PRESSURE ULCER PREVENTION AND MANAGEMENT

Received for information – a presentation from Dr Jane Day and Andrea Tocca of University Campus Suffolk.

Following a pilot scheme involving data collection of the prevalence of pressures ulcers within organisations across Suffolk, the Director of Nursing and Quality had obtained funding to undertake an evaluation of pressure ulcer management at Ipswich Hospital, in conjunction with University Campus Suffolk.

In terms of key findings, four main themes emerged:
- Quality of data – there had been an increase in reporting, including some over-reporting, due to extra vigilance and awareness
- Education and training for staff, patients, relatives and carers – although there was a range of training opportunities for staff across the trust, this was not always easily accessible. HCA and assistant practitioners who provide general care on a day to day basis were identified as those staff most likely to pick up pressure damage. Clear patient information was also vital.
- Leadership – sharing and disseminating best practice across clinical areas was inconsistent
- Resources – essential for pressure relieving equipment to be available for patients wherever they are situated.

The Head of Nursing and Clinical Services for Medicine & Therapies, and the Patient Safety & Quality Lead then outlined some of the initiatives being taken forward.

**Noted**

1. The three new Divisional Heads of Nursing would help ensure a consistent approach.
2. The Tissue Viability team was being strengthened, with the addition of an experienced senior nurse in September.
3. Monthly meetings had been instigated for all wards to come together to share learning from Root Cause Analysis of all Grade 3 pressure ulcers developed whilst in hospital. Pressure ulcer prevention groups were also being set up.
4. There was an expectation that staff nurses would check and challenge the care delivery of the more junior staff every two hours, with Matrons carrying out quality rounds regularly and discussing high risk patients.
5. Documentation was being reviewed to ensure ‘fit for purpose’.
6. Pressure care master classes had been held and would be rolled out to other healthcare professionals.
7. £300k had been secured to purchase additional pressure relieving equipment.

**Questions and comments**

1. The Deputy Chair was pleased that there was over- rather than under-reporting of incidents.
2. In response to a question from Andrew George regarding the documentation review, the Director of Nursing said that the intention was to reduce over-recording and duplication and to free up staff time to provide care.
3. The Chief Executive asked about training for staff and when further improvements could be expected. The Director of Nursing reported that the trust-wide education lead had begun to address the training aspect, including information for patients and carers. Patients did not understand the significance of pressure ulcers and leaflets would support conversations with staff. Improvements should start to be seen by September and would be evidenced within the harm free care scores.
4. Laurence Collins expressed surprise that pressure ulcer training was not mandatory but was encouraged by what he had heard.
PATIENT STORY

Maureen Brown, Chair of the Older People’s User Group and a former specialist nurse, shared her experiences during two recent admissions for hip replacements. She praised the care she received from the whole team and the efficient, effective teamwork and strong communication with patients and colleagues she experienced on Martlesham Ward and within orthopaedic services as a whole. Her reflection was that both admissions had been positive experiences, which she had not been expecting.

Mrs Brown had also listened to the earlier pressure ulcer presentation given to Trust Board and confirmed that pressure ulcers had been discussed with her and others during a patient educational session, which she had found helpful.

Questions and comments
1. The Chair thanked Mrs Brown for sharing her experiences and for her kind comments.
2. The Director of Nursing asked how the hospital might change the anticipation of a poor experience. Mrs Brown said that an earlier admission had been a poor experience and that had tainted her anticipation. However, she believed that the care of the elderly had changed and perceptions had also changed, for the better.
3. Andrew George was particularly pleased to hear that communication had been effective and Mrs Brown had not needed to repeat her story to a variety of healthcare professionals.
4. The Medical Director felt that Mrs Brown’s experience was reflected in the strong clinical leadership for Orthopaedics and the excellent outcomes for fractured neck of femur for the Trust.

THE FUTURE OF CARE

Received for information - a presentation from the Director of Human Resources on the continuing listening campaign to improve the experience of both patients and staff.

Noted
1. More than 250 patients and 470 staff took part in eight workshops, which were also attended by executive directors
2. Patients were clear that what they wanted was:
   - A cheerful, friendly welcome
   - Kind, caring people
   - To be fully informed and involved in decisions
   - To feel reassured and safe
   - An efficient and organised service
   - A skilled team that is always improving
3. A surprising number of patients did not feel that requests for adequate pain relief were heeded
4. A steering group had been set up, including heads of departments, to turn the key messages into the organisation’s values and behaviours, with groups in operational areas defining the next steps.

Questions and comments
1. In response to a query from Tony Thompson, the Director of Human Resources stated that the values would be articulated over the following month.
2. Andrew George was surprised by the comments about pain relief. The Director of Nursing said that this was an issue being addressed after being raised within the national survey. A question on the appropriate management of pain was being added to the patient experience survey and work was ongoing on the use of patient controlled analgesia and the careful monitoring of levels of pain at care roundings.
3. Laurence Collins praised the piece of work and asked how the values would feed into the draft strategy for 2013-18. JF explained that currently there was a document with values set out in the NHS constitution – the Trust values would be fed into that.
4. The Chief Executive stated that the views of patients and commissioners would drive the strategy, which would look very different.
SECTION 3 – STRATEGY

P137/13 CHIEF EXECUTIVE’S REPORT

Received for information - a report presented by the Chief Executive detailing important issues of interest to the Board over the last month.

1. An unannounced visit from CQC to look at compliance against various outcomes. Informal feedback had been received around a couple of minor concerns which were already being addressed.
2. The intended date for applying for Foundation Trust status had been brought forward to June 2014, supported by the Trust Development Authority. There was a risk around financial delivery but all other aspects of the plan were on schedule.
3. Work had commenced with the West Suffolk Hospital to develop a hyper-acute stroke unit (HASU). There would be a clinically-led process looking at acute stroke and supported discharge.
4. The first patients had received treatment in the new Heart Centre, which would be officially opened early next year.

Questions and comments
1. Trust Board members had been taken on a tour of the Heart Centre after the May Trust Board meeting and Alan Bateman stated how impressed they had been.

P138/13 RISK MANAGEMENT STRATEGY

Received for ratification – an updated risk management organisational framework and strategy, detailing strengthened links between risk and the three main assurance committees.

Questions and comments
1. Tony Thompson felt that the link between strategic objectives and risk was more clearly defined
2. Committees had begun to drill into key risks, reflecting the strategy

Agreed
1. The Risk Management Strategy V2.3 was ratified.

SECTION 4 – PERFORMANCE

P139/13 INTEGRATED PERFORMANCE REPORT MAY 2013 AND UNCONFIRMED FINANCE AND PERFORMANCE MINUTES AND HIGHLIGHT REPORT OF MEETING HELD 25 JUNE 2013

Received – the highlight report and minutes from the Finance and Performance Committee on 25 June 2013.

Alan Bateman began by commenting that the Finance and Performance Committee had spent a considerable amount of time drilling down into quality aspects of performance to gain assurance that the information in high level reports had underpinning support. A 'heat map' to drill down on hot spots would be introduced over the coming months. The financial position was of serious concern and was under review by the Chief Executive and Director of Finance, for in depth discussion at the next meeting.

The Integrated Performance Report had been reviewed at the Finance and Performance Committee on 25 June and the following issues highlighted:

Quality
1. Pressure ulcers was the key area of focus, with avoidable pressure ulcers rising for May. Work was in hand to improve the situation, as outlined in Item P134/13.
2. MRSA – there had been no cases attributed to the Trust in May. The process to ensure screening was carried out was under review.
3. C.difficile was on trajectory with 2 cases in the month.
4. The number of falls remained at a constant level and work continued with the Heads of Nursing.
5. There was improvement in patient experience measures. There would be further explanation of the net promoter in future reports.

Questions and comments
1. The Chief Executive queried why the nurse:bed ratio had dropped compared to the previous month. The Director of Nursing explained that it had dipped because of the bed base and should rise again as the escalation beds were now all closed.
2. Laurence Collins queried the variation in the number of falls between the two older care wards. It was explained that this could be linked to a frequent faller, ie one person falling several times. A great deal of work was ongoing around falls and the trust was waiting to hear whether it had been successful in obtaining funding for environmental change to complex care wards.

Finance
1. There had been a difficult start to the year, with a trading deficit of £2.4m for the first two months
2. Key drivers were the cost improvement plans (CIPs), the risk to capacity, and premium payments
3. The total unmitigated risk was standing at £8m for the year. However this was recoverable and the forecast for break-even at year end remained.

Questions and comments
1. Board members expressed their disappointment that the position appeared to be the same as 12 months ago, even though assurances had been given at the end of Q3 2012/13 regarding the financial outlook for 2013/14.
2. Alan Bateman felt that a better explanation was needed of how the finance team had arrived at the forecast figures
3. Laurence Collins asked for an update on divisional recovery plans. The Director of Finance reported that the Chief Executive and Executive Directors were holding frequent meetings with the divisions to provide support to accelerate the development of CIPs. The divisions recognised the urgency of recovery of the position. The Director of Finance would need to be able to report a positive run rate and improved CIP position to the Trust Development Authority and the Trust Board by Month 4
4. Tony Thompson asked about clinical engagement and cost control. The Medical Director replied that all clinical staff had been briefed on the financial and contractual requirements and the impact of failure on the organisation. The Director of Nursing confirmed that nursing staff were fully engaged.
5. The Medical Director emphasised that all CIPs were quality assured by himself and the Director of Nursing

Organisational Development
1. By September the Trust should be close to full recruitment for nurses and HCA’s, with no necessity for overseas recruitment
2. The sickness absence rate continued to improve at 3.29% - 1% lower than the same period last year.
3. There had been a slight increase in PDR completion – Human Resources were supporting divisions.
4. Mandatory training compliance across the trust was 87%, with work underway to ensure bank staff completed mandatory training.

Questions and comments
1. The Chief Executive asked the Director of Nursing to set a date after which bank staff would not be allowed to take up shifts unless they had completed the required mandatory training
Operational Performance

1. The Interim Director of Transformation set out the significant work that had taken place in General Surgery to bring the 18 week waiting times back into line. A plan was in place to address the continuing capacity problems in spinal surgery.
2. The 4 hour wait standard in ED continued to be delivered and ambulance handover times had improved significantly.
3. The 2 week wait symptomatic breast cancer target failed, with 9 patients choosing not to take up their appointment during the half term week.
4. Operational efficiency was still embedding and there were minor concerns about theatre cancellations - a dedicated project was in place.

Questions and comments

1. Andrew George expressed disappointment that patients would not attend their appointments because of school holidays. The Interim Director of Transformation felt that the patient was not always fully aware of what a 2 week wait meant.
2. The Chief Executive felt it was about being clear to patients about the implications of the choice they make.
3. Tony Thompson congratulated General Surgery on clearing the 18 week backlog, which had been a challenge for a number of years.

P140/13 COMBINED BOARD HIGHLIGHT REPORT AND MINUTES 24 JUNE 2013

Received - the Combined Board Highlight report and Minutes from the meeting held on 24 June 2013, presented by the Chief Executive, who reported that the Combined Board had become effective over a short time, supporting the divisions and holding them to account.

Noted

1. One item had been redacted due to commercial confidence.
2. All divisions were presenting their reports in slightly different ways – this would be addressed to ensure more uniformity of content.
3. There had been a useful discussion to resolve inconsistency of payment to clinical staff for additional sessions and standardised payments had been agreed.
4. Following rescoring, three risks had been removed from the BAF. The Director of Finance would review the decision to remove the entry relating to Finance.
5. Five business cases had been approved, including site-wide works and £300k for pressure relieving equipment.

Questions and Comments

1. The Interim Director of Transformation agreed that clinical engagement was good with divisional feedback given by clinicians rather than operational managers and better ownership of the agenda.
2. Andrew George sought the Medical Director’s assurance that the Divisional Clinical Directors had been fully involved in the decision to standardise payment for additional sessions. The Medical Director confirmed they had been fully involved in what was a contentious issue. A unified decision had been made and the Combined Board would monitor the position. A twice monthly clinical development forum aimed to ensure the clinical body embraced key strategies within the Trust.
3. The Director of Nursing was of the opinion that the membership of the Combined Board struck the right balance between clinical and managerial.
4. The Director of Finance confirmed that clinicians were raising business issues.

P141/13 NHS TRUST OVERSIGHT SELF CERTIFICATION

Received for approval - The NHS Trust oversight self certification template presented by the Interim Director of Finance and Performance.

Noted

1. The Self Certificate return had been reviewed previously at the Finance and Performance Committee meeting on 25 June 2013.
2. Board statements 4 (maintaining a financial risk rating of at least 3) and 9 (risk mitigating plans in place to deliver the annual plan) would be discussed at the confidential board meeting. The Chief Executive was clear that the reason for holding those discussions in private was that some of the detail was in commercial confidence and some related to
individuals – the Board was not hiding from the financial challenge. He anticipated that discussion would lead to the conclusion that the statement could not be signed off as it stood.

SECTION 5 – CORPORATE GOVERNANCE

P142/13 SENIOR INDEPENDENT DIRECTOR (SID)

The SID role is required by Monitor, to provide support to the Chair and the Council of Governors. The main focus of the role is to be available to members of the Foundation Trust and to governors should they wish to escalate serious concerns that have either not been resolved or where resolution through the usual channels would be inappropriate.

Alan Bateman had been asked to put himself forward and approval was sought from Trust Board for his appointment.

Questions/comments

1. TT felt that appointment to the role was part of good organisation governance, not simply for Foundation Trust application. His opinion was that the job description should take a wider approach, with the requirement for an active responsibility for the role and a link defined to the stakeholders.
2. AB was anxious that the roles of the SID and the Chair should not be confused. He saw the SID role as escalation and he would not wish to see the SID become operational in a Chair capacity.
3. NH agreed that the proactive role was that of the Chair, not the SID, to actively seek concerns. His expectation would be if a non-executive director took a concern to the Board, which was not taken seriously, then any of the non-executives could go to the SID, who would raise the concern with the Chair, who in turn would escalate to the TDA or Monitor.

In light of the outstanding concerns, further clarification would be sought outside the meeting and the job description amended for final approval at the next meeting on 25 July.

P143/13 HIGHLIGHT REPORT AND MINUTES FROM AUDIT COMMITTEE MEETING 5 JUNE 2013

Received – the highlight report and minutes of the Audit Committee meeting held on 5 June, was presented by Tony Thompson, Non-Executive Director and Chair of the Committee.

Noted

1. The June report was slightly different as an extended programme on the day focused on reviewing and recommending for approval, at the July Public Trust Board, a number of year end reports, including the annual governance statement.
2. In addition the committee began a review of risks mapped to the committee following the process to map critical risks to the assurance committees. Some issues remained around articulation of the risk and the challenge process would be refined over the coming months.
3. The local counter-fraud work plan was approved. The number of days commissioned externally for counter-fraud work is lower than some trusts, as this is supported by the Local Counter-fraud Group.
4. The Raising Concerns in the Workplace (Whistleblowing) Policy was submitted and a number of amendments proposed by the group for incorporation into the final draft.
5. There were some challenges in relation to the long term viability of provision of the internal audit service.

P144/13 PUBLIC QUESTIONS

The following comments/questions were raised:

1. Gary Miller was pleased with the wide range of issues discussed but was extremely disappointed that, despite previous assurances, the financial position was again giving cause for concern.Whilst accepting that there was now a new Director of Finance in place, the finance team was the same, and he endorsed Alan’s Bateman’s request for an explanation of the earlier financial forecast.
2. He commended the ‘Future of Care’ work, which he hoped would become embedded. There had been improvements in terms of surgeon attitude and staff commitment and feedback to GP’s was improving, which had been noted in the community.
3. His final comment was to commend the progress made in ED and in resolving the surgical backlog.
4. Tony Rollo stated that patients expected a poor experience because that was what friends or relatives had experienced over recent years. Communication was key. 
5. Melanie Kitson congratulated the Director of Human Resources on her presentation, which she felt encapsulated the gap between perception and expectation. She hope that it would be used as a working document, possibly involving the community to assist with an integral process.

Responses from Board members:
1. The Director of Finance did not under-estimate the financial challenges ahead and agreed there needed to be more transparency in the level of risk faced when signing up to budgets.
2. With the amount of recent negative press nationally relating to Mid Staffs, the Care Quality Commission etc, the Chief Executive felt that many people would assume that such issues related to their local hospital and it was important to be able to give assurance to patients, supported by local press but also challenged as necessary. He was confident that the quality of care at Ipswich Hospital was good, although currently too expensive and although a challenge, this was manageable.
3. The Medical Director reminded those present that individual outcome data for surgeons was due to be published. Trusts were looking to publish such data for all consultants and this would provide patients with a greater opportunity to reflect the quality of care received.

P145/13 DATE OF NEXT MEETING
The date of the next Board Meeting in public would be Thursday 25 July 2013 at 08.30 a.m in the Chamberlain Room in the Diabetes Centre at Ipswich Hospital.

P146/13 EXCLUSION OF THE PRESS AND PUBLIC
The Chair resolved that under Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960, the public now be excluded from the meeting.

Signed …………………………………………………….. Date ………………………………………
Ann Tate
Chair