MINUTES OF THE TRUST BOARD MEETING IN PUBLIC

Held on Thursday 24 September 2015
The Edith Cavell Room, Education Centre
The Ipswich Hospital NHS Trust

Present:
Mrs A Tate Chair
Mr A Bateman Deputy Chair/Non-Executive Director
Dr B Buckley Medical Director
Mr L Collins Non-Executive Director
Mr A George Non-Executive Director
Mrs D Greenhalgh Director of Governance
Mr N Hulme Chief Executive
Mr N Moloney Chief Operating Officer
Ms L Nobes Director of Nursing and Quality (Interim)
Mr P Scott Director of Finance & Performance
Mr T Thompson Non-Executive Director

Apologies:
Ms C Edmondson Director of Human Resources
Mr R Jethwa Non-Executive Director

In Attendance:
Ms J Canham Deputy Director of Human Resources – deputising for Ms C Edmondson
Ms H Shaw Patient Story (Item P279/15)
Mrs S Higson Patient Experience Lead (Item P279/15)
Ms J Rosier Lead Adult Diabetes Research Nurse (Item P279/15)
Ms G Orves Chair of IHUG (Item P280/15)
Mrs J Ingle Head of Communications and External Relations
Mr D McNeil Interim Trust Secretary
Ms L Fraser Minutes
### SECTION 1 – CHAIRMAN’S BUSINESS

<table>
<thead>
<tr>
<th>ACTION</th>
<th>P274/15</th>
<th>APOLOGIES FOR ABSENCE</th>
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<tr>
<td></td>
<td></td>
<td>Apologies for absence were received from – Ms C Edmondson, Director of Human Resources and Mr R Jethwa, Non-Executive Director. The Board noted that Ms J Canham, Deputy Director of Human Resources was in attendance deputising for Ms C Edmondson.</td>
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<th>ACTION</th>
<th>P275/15</th>
<th>DECLARATIONS OF INTEREST</th>
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<td></td>
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<td>There were no declarations of interest raised in connection with any of the specific agenda items.</td>
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<tr>
<th>ACTION</th>
<th>P276/15</th>
<th>MINUTES OF THE MEETING HELD ON 30 JULY 2015</th>
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<td></td>
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<td>The minutes of the meeting held on 30 July 2015 were approved and signed by the Chair as a correct record.</td>
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<th>ACTION</th>
<th>P277/15</th>
<th>ACTION CHART FROM PREVIOUS MEETINGS</th>
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| | | Received the updated action chart with status reports was presented by the Interim Trust Secretary. The Trust Board:  
  - Received the action chart and noted the content would be updated as required by the Interim Trust Secretary. |

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<tr>
<th>ACTION</th>
<th>P278/15</th>
<th>CHAIR’S REPORT</th>
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| | | Received for information a verbal report by the Chair.  
  **Noted**  
  1. Nick Hulme, our Chief Executive has been shortlisted for the Health Service Journal Chief Executive of the Year 2015. A judging panel has invited Nick to meet them early next month and the awards themselves will be announced in mid November.  
  2. Our fantastic fundraisers in the community continue to amaze us and our campaign to raise money for children and poorly babies now stands at £61,000 (Sunrise Appeal). The Chair noted the need to recognise the needs of the younger generation.  
  3. Radiotherapy treatment at our hospital is strengthening its position as among the best in the country with a new state-of-art machine. A new £2million linear accelerator (Linac) makes treatment more effective by enabling clinicians to target tumours more precisely, limiting damaging side effects.  
  4. Working in partnership with the University of East Anglia, the hospital is looking for students to join a new physician associate degree course as a driver to the employment of a different workforce. We had a successful open event at the hospital led by Barbara Buckley, our Medical Director with the support of senior clinicians.  
  5. Excellent progress is being made with the building of the new Macmillan Woolverstone Cancer Centre which is on track to be ready for next Spring.  

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<th>ACTION</th>
<th>P278/15</th>
<th>Questions and Comments</th>
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| | | 1. The Chief Executive informed the Board of the Trust’s participation in the Children Take Over Day scheduled for November 2015, when children from local schools would be shadowing managers and taking over the running of Combined Board. Local MP Ben Gummer would be in attendance in the evening to receive feedback from the participants.  
  2. The Chair noted the recent Health Education England presentation which had been shared with Laurence Collins and the Director of Human Resources which had focused on the future workforce and planning for clinical services. Laurence Collins suggested that the Director of Human Resources and the
The Medical Director invited the Chair of Health Education England to attend the Trust and its Workforce, Development and Education Committee.

The Trust Board
- received and noted the report from the Chair.

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<th>P279/15</th>
<th>SECTION 2 – PATIENT / CARER STORY</th>
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<td>Received for information and learning opportunity a patient story from Mrs Helene Shaw, accompanied by Jo Rosier, Lead Adult Diabetes Research Nurse introduced by Sarah Higson, Patient Experience Lead.</td>
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Noted

Helene had lived with Type One Diabetes for over 30 years. She first became involved in research on her move back to the Ipswich area around 2006 whilst pregnant with her second child. She was given the opportunity to take part in a randomised clinical trial looking at the effectiveness of continuous glucose monitoring in pregnant women with diabetes and despite being randomised to the control arm the experience was very positive. There was the perception by Helene that her care was enhanced by being part of a research study.

Several years later in 2011 Helene attended a DAFNE week at the Diabetes Centre (Dose Adjustment For Normal Eating – which originated in research and continues to contribute towards evidence based practice). The Diabetes Research Unit had just started recruiting to a Phase III study investigating the efficacy and safety of a new basal insulin compared to standard insulin Glargine. Anne Scott, senior diabetes specialist nurse and service lead for diabetes, invited the research team to briefly talk to the group about the various research studies happening at the centre. Following this, the research team received a phone call from Helene, saying she was interested in finding out a bit more about the study, leading to her participation in a 57 week long study. This study was intense with weekly visits and phone calls, plus remote monitoring on an almost daily basis using an electronic diary. This was a randomised controlled trial with a double blind and we have since found out Helene was on the control arm. Helene found that she really enjoyed taking part in the study and it gave her the motivation and ‘permission’ to really concentrate on her diabetes. An unintended outcome of routine study tests was that Helene was found to suffer with a condition which was easily solved and easily managed but had not been picked up previously. Helene also felt strongly that she was helping to advance the care and knowledge of diabetes for future generations.

This year, Helene felt she needed more information on what her glucose levels were doing in between the times she was capillary glucose testing or ‘finger pricking’, plus the ability to fully understand the impact of different foods and exercise on her glucose levels. The only way to get this information was to finger prick constantly (every 10 minutes over a 24 hour period – impractical and extremely painful) or to use a continuous glucose monitor. Helene approached one of the senior diabetes specialist nurses (Sue Mitchell) at the diabetes centre to ask if she could use a sensor for a week. Sue immediately referred her to the research team as a new study looking at the Flash Libre system had just started. This is an innovative system which involves the use of an interstitial sensor on the arm which is scanned by a reader giving you a real time glucose measurement. It also allows you to download and analyse this information. The sensor lasts for 2 weeks. Helene found using the Libre device quite life changing in terms of her diabetes management, making changes to her overnight doses within a couple of days of having the sensor in place. She has now invested in a device and sensors, as it is not yet available within the NHS tariff.

Questions and Comments

1. Mrs Shaw was asked about the benefits of participation in research. Mrs Shaw
noted that this had been a very positive opportunity with a very close and caring relationship with the diabetes centre and research teams. Jo Rosier noted that reflecting on this story, it was very clear that having a research culture embedded within clinical practice was incredibly important in ensuring all diabetes patients, from children through to adults, had equal access to research studies in a District General Hospital. The clinical and research team working together and communicating regularly across a range of studies. It was this culture that was the key to delivery of quality research and a quality patient experience.

2. The Chief Executive noted that from national figures the Trust had a good reputation for undertaking research projects, but that the Trust needed to provide a consistent level of good care for all patients whether they undertook research projects or not.

3. The opportunity for changing the way patient care was offered by advances in IT technology was noted by the Chief Executive.

4. Andrew George commended Mrs Shaw for her positive approach to her diabetes and asked how others with the condition could be helped to have the same positive attitude. Mrs Shaw highlighted the importance of taking control of your own health and Jo Rosier noted the importance of recognising the psychological aspect of a diagnosis of diabetes.

5. The Chair thanked Mrs Shaw for attending the Board and sharing her experiences of working with the Trust’s Research Department.

The Trust Board:
- received and noted the patient story.

SECTION 3 – QUALITY AND RISK

P280/15 IPSWICH HOSPITAL USER GROUP FEEDBACK REPORT

Received for information a verbal update report from Gill Orves, Chair of IHUG.

Noted

Gill Orves advised that the Diabetes User Group had recently developed a leaflet which looked at the mental and emotional aspects of the diagnosis of diabetes, which was currently awaiting consideration by the clinicians.

IHUG REPORT TO OPEN TRUST BOARD 24/09/15

I sat at the last Open Trust Board and listened to the very emotive patient story. Afterwards I wondered in my capacity as Chair of IHUG if there was anything I could do to help? The patient had mentioned that he wanted to give something back to the hospital. I wish that I could have pointed him in the direction of the critical care user group. Sadly, this wasn't an option as there isn't one. So, over the last few weeks Sarah Higson and myself have been exploring the possibility of setting one up. One of the biggest problems the patient had was the fact that once at home the care he needed simply wasn't available. He felt particularly aggrieved that West Suffolk provide an outreach programme but Ipswich don’t. As I sit on the Community Engagement Partnership of Ipswich and East Suffolk CCG I set up a meeting with Maddie Baker-Woods. With the full blessing of the patient Sarah and myself put forward his story and stated how unfair he felt it was that there isn't an outreach programme from Ipswich. It is definitely a case of ‘watch this space’ but I am hopeful that an outreach programme could be commissioned for Ipswich and what a huge difference to future patients that would make!

The other positive thing to come out of the last trust board was when off the cuff and spurred on by a comment the patient had said about having a struggle to get the ice cubes he needed. I mentioned the frustration felt by myself and the other
IHUG rep for Division one. We had been trying to get a much needed ice making machine installed on Claydon ward for about 16 months and counting. I am so very pleased to report that Lisa Nobes stepped in and worked her magic to the degree that the ice making machine has been ordered and should be on the ward for patients to benefit from before the next open trust board.

IHUG is all about helping the patient experience be the very best it can be and seeing positive things happen as a result of IHUG raising issues makes being part of IHUG really worthwhile.

While on the subject of all things positive I am happy to report that the pilot for the Adopt-A-Ward scheme, which was an idea created at the Kings Fund workshop has recently started. One of my Vice Chairs and myself have begun a pilot on Capel ward and we are starting on Lavenham next week. It is early days, but from the initial feedback it would appear that capturing the soft intelligence in this informal manner is much appreciated by the staff. I'm also pleased to report that the patient feedback has so far been overwhelmingly positive. The staff know they're giving the best care, but capturing the evidence which supports this has been most welcome.

IHUG are usually up to something and we've just begun our next big project and this one should really put Ipswich on the map for patient leader and staff collaboration. We are planning to host an East of England networking event next Spring. This event would see patient leaders and staff from across East Anglia all come together. I have been in touch with Lynne Wigen who has given me her full support and has passed me on to some very useful contacts. She has also promised to try to attend the event if at all possible.

I end with news that the paper from the NHS England Improving Care Through People programme has just been published. Members of IHUG, along with staff and patients with Learning Disabilities were interviewed in March about how we work collaboratively to improve the patient experience. We were one of four organisations and the only hospital selected as an example of good practice. The findings will influence the national agenda around engagement and involvement. As a direct result of this we were invited to speak earlier this month at EXPO in Manchester, an invitation we very reluctantly had to turn down as the logistics proved unfeasible. But the fact we were deemed worthy of speaking at such a huge national event meant so much.

Gill Orves
Chair of IHUG

Questions and Comments

1. The Chair noted the positive work undertaken by IHUG to “Adopt a Ward” but commented that the Trust needed to ensure that there was a robust system for marshalling the patient experience data received from all sources in order to implement best practice.
2. The Director of Nursing (Interim) stated that this was a powerful scheme with users collecting information and had proved motivating for the wards involved.
3. Laurence Collins questioned whether it was known if the young people who had attended the IHUG meeting would be re-attending. Gill Orves stated that she understood that they had returned to college but that members of the new user group “Voice for Change” for young people would be represented at IHUG.

The Trust Board:

− received and noted the content of the report.
 RECEIVED FOR REVIEW A REPORT PRESENTED BY THE DIRECTOR OF NURSING AND QUALITY (INTERIM).

NOTED

1. The report presented:
   • The outcome of the bi-annual establishment reviews using the Safer Nursing Care Tool triangulated with staffing reviews/national guidance and professional judgement.
   • The outcomes of the Division 1 ward workforce review to maintain good patient care whilst reducing the nurse agency requirements while recruitment initiatives were implemented.
   • The anticipated short, medium and long-term impact of nurse staffing increases as delivered through Phases 1-3 implementation.

2. The Trust Board was asked to approve the approach being taken as outlined in the report.

3. The Director of Nursing and Director of Finance would work with Division 3 to consider funding and implementation of recommendations.

4. The Board would receive an update on progress in February 2016 including assurance of a robust recruitment plan and identification of appropriate resourcing.

5. The Safer Care Programme work would continue monitoring implementation of the ward workforce review and report to Board in February 2016.

6. The Trust Board would receive a staffing update in August 2016, which would include the dashboard reporting benefits.

QUESTIONS AND COMMENTS

1. It was confirmed that Division 3 had agreed the recommendations within the report, although not all of the recommendations had yet been implemented.

2. The Chief Executive welcomed the new approach to this issue, noting the need to take a Trust wide view of staff levels for all areas whether reported as being “overstaffed”, such as Lavenham, Stowupland and Stradbroke Wards or “understaffed”. The divisions had been challenged at Combined Board to review all areas.

3. In future business cases for nursing staff would need to be treated in the same way as cases for any other staff group.

4. Alan Bateman stated that he would like to see a continuous update on progress. It was agreed that an update would be provided within the Integrated Performance Report.

5. The Chief Operating Officer stated that he would want the Trust’s focus to be on the outcomes rather than purely staff numbers.

6. The Director of Nursing (Interim) advised that the baseline had been agreed and would be monitored against the outcomes achieved using the Heat Map.

7. Tony Thompson stated that he had felt that this was a positive report but was now being told that some areas were “overstaffed”. The Medical Director stated that ward staffing was an area of continuous review. Tony Thompson stated that he had thought that the review had been undertaken using the available tools with professional judgement to set the required staffing levels but was now being told that some areas were “overstaffed”. The Chief Executive reiterated that the challenge had been made to Combined Board that all areas were to be reviewed as part of an ongoing process with 6 monthly formal reviews.

8. Laurence Collins stated that his understanding was that there would be continuing work to flex the workforce for wards which were apparently overstaffed and then he would expect a further report to the Board in February 2016. It was confirmed that this was a status report.
9. Andrew George asked for confirmation that the Director of Nursing was happy with the current nurse staffing levels. This was confirmed by the Director of Nursing (Interim).

10. The Director of Nursing (Interim) advised that the same conversations, regarding the approach being taken by the Trust regarding nurse staffing were being held with the TDA, looking at AHP roles and the role of the CQC. The TDA planned to carry out some work with the CQC and had asked for evidence of areas where the CQC had based their judgement on the figures rather than professional judgement.

11. The Director of Nursing (Interim) stated that her approach was to start from the patient to define what was the best workforce taking into account the guidance and professional judgement.

12. The Chair stated that the Trust required a critical self-assessment tool to review the care provided to enable the Board, if challenged, to have a robust response.

13. The Director of Finance and Performance questioned the view of the nursing workforce regarding the approach being taken to nurse staffing levels. The Director of Nursing (Interim) advised that the senior nurses were signed up to the approach and noted the importance of the role of leadership on the wards.

The Trust Board:
- Received the report and approved the approach being taken as outlined in the report.
- Would receive reference to the nurse staffing work within the Integrated Performance Report with detail of how this was feeding in to the Quality Strategy and overall skills mix.

**P282/15 ANNUAL REPORT ON FRANCIS RECOMMENDATIONS**

Received for information a report presented by the Director of Nursing and Quality (Interim).

**Noted**

1. The Trust Board received a report summarising the findings and recommendations of the Mid Staffordshire NHS Foundation Trust Public Inquiry report, led by Robert Francis QC in February 2013. The Director of Nursing & Quality had constructed an agreed set of actions and proposed monitoring arrangements which were reviewed by the Healthcare Governance Committee.

2. The progress to date was contained within the attached action plan for the approval of the Healthcare Governance Committee which had delegated responsibility for the monitoring of progress.

3. The action plan was updated in September 2015 by key leads. All actions were on track and achieving to agreed timescales and milestones.

**Questions and Comments**

1. The Workforce, Development and Education Committee would take responsibility for tracking the progress for completing the recommendations.

2. The Chief Operating Officer stated that work had commenced to embed the Trust's values and he would suggest that there was no formal end date but interim evaluation dates were provided.

3. Laurence Collins stated that he had not seen the work on the professional strategy at the Workforce, Development and Education Committee.

4. The Director of Governance stated that the Board was required to receive an annual report on the Francis Report recommendations and that whilst actions were ongoing these could not be closed, however, ultimately these would be closed following reference within the Quality Strategy.

The Trust Board:
- Received the report and noted the content.

**P283/15 INFECTION CONTROL ANNUAL REPORT**
Received for review a report presented by the Director of Nursing and Quality (Interim).

Noted

1. This Annual Report provided information on the progress of all the Infection Control activities throughout the year 2014-15. The report demonstrated a Hospital-wide commitment to the prevention and control of Healthcare Associated Infections (HCAIs).
2. The Trust target for C.Diff was not to exceed 23 cases in the year. The Trust ended the year with 26 cases, 6 cases had been successfully appealed following the post infection review and appeals process. The IHT final number of unavoidable CDI cases was determined as 20 against a trajectory of 23.
3. All CDIs are ribotyped to ensure that CDI cases are not connected. No connected case of CDI had been identified in three years.

Questions and Comments

1. Laurence Collins questioned the staffing status of the Infection Control team. The Director of Nursing (Interim) advised that a new Lead had been appointed and the retirement of the current Lead had given the opportunity to review the team and how they worked.

The Trust Board:
   – Received the report and noted the content.

P284/15 CHIEF EXECUTIVE’S REPORT

Received for information a presentation by the Chief Executive.

Noted

1. Gearing up for Winter – The Trust approach would be to provide a different care environment between October to March. “Hit squads” from the corporate divisions would be trialled to help with the opening of escalation wards. A presentation regarding the Trust’s ambition to again be amongst the top 10 national performing hospitals would be given at the Leadership event scheduled for 16 October.
2. Financial Challenge - The focus would be on 3 key areas of delivery; reinvigorate red to green; protect income and maintain control of agency spend.
3. The Health and Social Care Environment – The Trust was looking for a better response from partner organisation to work together to find a solution to the unprecedented number of delayed transfer of care patients.
4. Long-term Options - A clearer view of the long term options was required with a work plan for the development of the Trust’s Strategy. This will be a key part of the October Seminar

Questions and Comments

1. Laurence Collins stated that he felt that information on the customer demographic needed to drive the Trust’s plans.
2. The Director of Finance and Performance advised that the Trust were working to agree a common platform with the CCG. A population model had been developed by the Trust and work was ongoing to engage with the CCG and the wider healthcare system.
3. The Chief Executive noted that the Trust would be required to consider its strategic options including services which would not be provided.

The Trust Board:
   – Received the presentation and noted the content.
**SEASONAL PLANNING**

Received for Information a report presented by the Chief Operating Officer.

**Noted**

1. Based on lessons learned throughout winter 2014/15 (and previous years), nationally and locally in the Ipswich and East Suffolk system, it was important that the system planned for the anticipated peak in emergency care during the winter season ensuring that it is able to safely and efficiently respond to these peaks.

2. This paper outlined the expected activity demand for the Trust throughout the peak periods of winter, based on detailed analysis and bed modelling performed within the trust, (separately scrutinised by CCG colleagues). The model considered the impact of the Ipswich and East system proposals to manage demand during the winter of 2015/16 and modelled the increased level of emergency admissions and raised level of delayed transfers of care at Ipswich Hospital. This model, showing the anticipated average monthly bed requirements, demonstrated that even with these proposed actions the average anticipated bed number shortfall showed an expected peak shortfall of average 45 beds in February and March 2016.

3. In response to this challenge, a significant amount of work had been performed within the trust and in collaboration with system colleagues throughout the last two months, to draw up additional winter schemes, plans and actions to manage the expected activity peaks in a ‘planned’ way.

4. This report highlighted the existing proposals to manage winter demand and outlined the additional proposals to create the requisite capacity. These schemes were as follows:
   - New winter funded models; (via CQUIN, winter funding money or GP Federation Prime Minister Challenge funding), plus:
   - Plans and actions which will need to be delivered in order to safely manage our patients throughout winter peaks. It is important for the Trust Board to note that some of these proposals would incur additional cost as estimated in the financial section of this paper and hence present a significant financial challenge which must be understood and mitigated

5. It was believed that all schemes identified in this paper would need to be successful in their implementation and delivery in order to safely manage our winter pressures. This was further detailed within the table in section 4 of this document, identifying a ‘best case’ scenario of +16 beds, and a ‘worst case’ scenario of -15 beds.

6. Six key risks had been identified within the paper, together with ‘current’ and ‘mitigated’ risk scores, some of which were within the trust's control, others reliant on system colleagues for successful delivery, particularly around target reduction in delayed transfers of care (DTOCs) and Continuing Health Care / Fast-track. Even with mitigation a number of these risks remained high at this stage and would require further mitigation to be developed.

**Questions and Comments**

1. Tony Thompson questioned whether there was system wide commitment to deliver the plan.

2. The Medical Director advised that following the transfer of the community services staff would need to focus on this issue and influence processes within the community. The Chief Operating Officer advised that domiciliary health care would need to be focused on, but that there was currently no feeling that the issue was jointly owned by the CCG, plans being developed as the Trust raised the concerns. The Chief Operating Officer advised that the Trust had 86 delayed transfer of care patients today.

3. The Chief Executive highlighted that the Trust must robustly follow internal processes to enable pressure to then be exerted on other organisations to
4. Alan Bateman questioned whether the Trust was now budgeted for this number of beds. The Chief Operating Officer advised that assumptions had been made around using Kesgrave Ward and these had been included within the Medicine division forecast; agreement that plans were funded by the CCG was required. The Trust would set out to the CCG the funding which would be required with an estimate of the financial impact of the schemes. This will be reviewed by the F&P committee.

5. The Director of Finance and Performance advised that the forecast incorporated the 45 bed model.

6. Tony Thompson asked for clarity regarding the costs and whether these had been identified yet, as these would be key to performance. The Chief Operating Officer advised that recognising the gap in funding requirements; the Trust would inform the CCG of the requirement for them to fund the schemes.

7. The Chair stated that the Finance and Performance Committee should focus closely on the seasonal plan over the coming months and suggested the Chief Operating Officer worked with Alan Bateman.

The Trust Board:
- Received the report and noted the content.

### SECTION 5 – PERFORMANCE

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<tr>
<th>P286/15</th>
<th>HIGHLIGHT REPORT FROM FINANCE AND PERFORMANCE COMMITTEE MEETING 22 SEPTEMBER 2015</th>
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<tbody>
<tr>
<td>Received for Information a verbal highlight report from the Finance and Performance Committee meeting held on 22 September 2015 presented by Alan Bateman, Chair of the Committee.</td>
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<td>Noted</td>
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<tr>
<td>Alan Bateman highlighted the key issues discussed by the Committee –</td>
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<tr>
<td>1. The new budget and the associated risks.</td>
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<td>2. Quality Report – The improvement in the number of falls was noted to be positive.</td>
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<td>3. Good ward governance and its impact on quality was discussed and how good practice could be transferred to poorly performing areas.</td>
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<tr>
<td>4. LTFM – Aim to spend more time looking forward to what could happen with an innovative model that aligned with our Strategy and minimum (but enough) time on the more traditional LTFM that followed the current model.</td>
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The Trust Board:
- Received the verbal highlight report and noted the content.

### P287/15 INTEGRATED PERFORMANCE REPORT

Received: the Integrated Performance Report for August 2015.

**Finance**

The Director of Finance and Performance presented the key financial issues:

**Noted**

1. The response and engagement received from the divisions to understand and reduce agency spend was noted to have been positive.
### Operational Performance

The Chief Operating Officer presented the key operational performance issues:

**Noted**

1. A&E – performance below required level in August. August had seen the highest levels of delayed transfers on record, which had risen in August to 948, however, A&E performance was not felt to be entirely due to delayed transfers but due to process issues within the department. An action plan around improving engagement and reducing unnecessary steps was being introduced.

2. Diagnostics – The ongoing risk of diagnostics was highlighted. There had been a significant deterioration of performance at the end of August, although there had been an improvement during September. Forward planning for diagnostics was being looked at for the winter period and some outsourcing was taking place for minor cases. The expectation was that the situation would be brought back in line by the end of September.

**Questions and Comments**

1. The Chief Executive noted the need for the divisions to improve annual leave planning. Laurence Collins noted that the Workforce, Development and Education Committee was scheduled to receive a report on this issue.

### Quality

The Director of Nursing and Quality (Interim) presented the key quality issues which were taken as read and opened to questions:

**Questions and Comments**

1. Laurence Collins stated that the Healthcare Governance Committee was going to receive an update on the continuing action plan for falls and the action plans for Stradbroke and Lavenham Wards.

2. Alan Bateman questioned why the report had been changed so that there was now only one table for nurse staffing data. The Director of Nursing (Interim) noted that the data provided was being reviewed to improve the assurance given to the Board, but apologised for the omission of the second table, which would be reinstated in next months’ report.

3. Laurence Collins questioned the vacancy rate of 50 wte. The Director of Nursing and Quality (Interim) advised that the vacancies usually ran at between 35-45, the figure appearing higher due to the increase in the nurse establishment.

### Workforce

The Deputy Director of Human Resources presented the key Workforce issues:

**Noted**

1. Ward leadership issues were being addressed.

2. Alan Bateman added that this has also been raised at F&P with assurance that best practice wards see clear patient pathway ownership by a single individual and agreement that this best practice would be better understood and recommended more widely.

3. Innovative recruitment plans had been put in place.
The Trust Board:
- Received and noted the contents of the Integrated Performance Report for August 2015.

**P288/15  TRUST DEVELOPMENT AUTHORITY (TDA) SELF CERTIFICATE RETURN**

Received for approval the NHS Trust oversight self-certification template presented by the Director of Governance.

**Noted**

1. It was noted that the TDA Self Certificate Return had been reviewed and approved for submission to the Trust Board by the Finance and Performance Committee at the meeting held on 22 September 2015.
2. The Director of Governance recommended the TDA Oversight Self Certification Return for approval by the Board.

**Questions and Comments**

1. Tony Thompson highlighted to the Board that whilst the TDA had removed the question relating to financial performance the Trust would continue to focus on this area and the supporting narrative would continue to be provided to the Finance and Performance Committee and the Trust Board for information.

**The Trust Board:**
- Received and approved the TDA Oversight Self Certification Return.

**SECTION 7 – CORPORATE GOVERNANCE**

**P289/15  ANNUAL REPORTS**

**Noted**

For the Board to receive the following annual reports and to satisfy itself that the Committees have complied with its Terms of Reference:

- Finance & Performance Annual Report
- Audit Committee Annual Report
- Healthcare Governance Annual Report

**Questions and Comments**

1. Tony Thompson advised that the Board Committees had seen a significant increase in the amount of work going through them and there would continue to be a large amount of routine work going forward.
2. The Director of Governance advised that a Committee Handbook was being produced, with committees being encouraged to split their time between issues which needed to be addressed and monitoring work.
3. Tony Thompson advised that the transition to TIAA Internal Audit had provided a better level of service with more resource available and would provide a good opportunity to use audit to inform management. It was noted that a TIAA representative now attended the Combined Board.
4. Alan Bateman stated that the Committee Handbook would reflect the aim of the Finance and Performance Committee to focus on the issues rather than reviewing reports.
5. Laurence Collins questioned whether a 3 year recovery plan was in place. The Director of Finance and Performance advised that the Trust had a 5
The Trust Board:
- Received and approved the Annual Reports.

**P290/15 ITEMS FOR THE RISK REGISTER/ CHANGES TO THE BAF**

**Noted**

To identify any additional items for the Risk Register or changes to the BAF arising from discussions at this meeting

**Questions and Comments**

**Issues raised –**

1. Tony Thompson questioned the impact on the BAF of the submission of the revised plan to the TDA. The Chief Executive advised that no formal response had been received.

**The Trust Board:**
- Noted that the Risk Register and BAF would be updated following the discussion held.  

**DMcN**

**P291/15 CHAIR’S LOG – KEY MESSAGES FROM THE BOARD**

**Noted**

Opportunity to agree any key messages to be cascaded from the Board throughout the organisation

**Questions and Comments**

The following key messages were identified –

1. The Board support for the Trust’s approach to winter planning.
2. The positive news regarding the Sunrise Appeal and the Children Take Over Day in November 2015.
3. Benefits of participation in research as identified in the patient story.
4. The “intelligent” approach to staffing developed by the Trust and the move towards an outcome based view.
5. Inspiring message to Trust staff and community staff regarding the commencement of the Trust’s provision of community services from 1 October 2015.
6. IHUG’s positive “Adopt a Ward” scheme.
7. The Chief Executive noted that this would be the Chair’s last Board meeting and thanked Ann on behalf of the Board and organisation for the challenge and support she had provided over the past 4 years and wished her well for the future.

**P292/15 RECEIPT OF REPORTS FOR INFORMATION**

The following Reports were received for information by consent and taken as read:

- Minutes of Charitable Trustee’s meeting 30 July 2015
- Audit Committee Minutes from 5 August 2015
- Highlight Report from Finance and Performance Committee meeting 22 September 2015
- Highlight Report from Combined Board 21 September 2015
Healthcare Governance Committee Minutes August and Highlight report from 2 September.

**PUBLIC QUESTIONS**

1. No questions from the public were raised.

**SECTION 9 – DATE OF NEXT MEETING**

The next Board Meeting in Public would be held on Thursday 26 November 2015 from 09.30 a.m. to 12.30 p.m. Edith Cavell Meeting Room, PGME, Ipswich Hospital NHS Trust.

Signed …………………………………………………….. Date ……………………………………

Chair