DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST

TRUST BOARD MINUTES

PUBLIC

Minutes of Dorset County Hospital's first public meeting held on Wednesday, 08 September 2010 in Brownsword Hall, Pummery Square, Poundbury, Dorchester

PRESENT:	Mr J Ellwood	Chairman
	Mr R Knight	Vice-Chairman
	Ms P Turnbull	Non-Executive Director
	Mr P Knell	Non-Executive Director
	Mrs T Peters	Non-Executive Director
	Mrs J O'Callaghan	Chief Executive
	Ms A Tong	Director of Nursing and Operations
	Mr B Boa	Director of Finance and Resources
	Dr N Hateboer	Medical Director (for part of the meeting)
	Mr M Power	Director of HR
IN ATTENDANCE:	Miss A Wykes	PA to the Chief Executive (Minutes)

166/10 APOLOGIES FOR ABSENCE

There were no apologies for absence.

167/10 DECLARATION OF INTERESTS

There were no declarations of interest.

168/10 CHAIRMAN'S REMARKS

The Chairman welcomed people to the Trust's first public Board meeting, which was part of the Trust's aim of openness and transparency.

The Chairman outlined key areas for Dorset County Hospital of the White Paper: Equity and Excellence, Liberating the NHS, which was published in July, included:

- the proposal to remove the private patients cap
- the removal of borrowing limits
- Foundation Trusts being free to amend their constitution without Monitor approval
- Monitor possibly being funded through a charge to Foundation Trusts.

The Board **supported** the Chairman writing a letter of thanks to Mrs Sue Sutherland, Interim Chief Executive, for her contribution to the success of Dorset County Hospital.

DRAFT

169/10 MATTERS ARISING FROM THE BOARD MEETING HELD ON 27 JULY 2010

Chief Executive to complete proposal for strategic planning meeting in November

This was in progress.

Director of Finance to review school site contract and report back findings to Board

As this was a matter that was commercial in confidence, it would be discussed in part two of the Board meeting.

Chief Executive to bring paper to September Board on new Board governance arrangements including committee terms of reference

This was an item on the agenda.

Director of Nursing and Operations to complete plan for completion of future quality reports

This was an item on the agenda.

170/10 CHIEF EXECUTIVE REPORT

The Chief Executive welcomed the Trust's new Director of Human Resources and advised that the process for recruitment of a Director of Operations was underway.

The Trust had made good progress on its financial recovery plan, further details of which would be provided in the finance report and there was confidence that the Trust could illustrate to Monitor that it was delivering against its turnaround plans. There were a small number of performance areas, which needed to be improved upon and these would be discussed in more detail within the performance report.

The bed realignment plan was progressing towards its aim of providing a dedicated cancer ward. Consultation on the organisational restructure was due to close on 13 September and comments would be carefully considered before finalisation of the structure.

Dorset Healthcare Trust had been asked to host the provider arm of NHS Dorset but opportunities for Dorset County Hospital to host parts of other organisations may be an option in future.

A paper on the Quality, Innovation, Productivity and Prevention (QIPP) programme in Dorset was due for the October Board meeting; Dorset Chairs and Chief Executives had agreed the principles of QIPP locally at a meeting in early September.

Draft Trust priorities for 2010/11 were **agreed** by the Board as follows:

- meet/exceed quality standards and performance targets
- achieve recovery plan targets
- implement clinically-led business unit structure
- implement new comprehensive governance structure
- ensure mitigation plans for all key risks

- improve staff engagement and morale
- restore confidence and reputation with key stakeholders and community
- develop a five year strategy to ensure a viable and sustainable future
- contribute to Quality, Innovation, Productivity and Prevention (QIPP) in support of the NHS and local health economy
- strengthening relationships with key commissioners/agencies

Progress on these priorities will be reported through various channels, for example, the CEO weekly review. The Annual Report for 2011/12 would be devised from the strategic planning day which, in turn, will drive the Board Assurance Framework **(*EAP)**.

171/10 REPORT FROM INTEGRATED GOVERNANCE COMMITTEE (IGC)

There had been good attendance at the IGC meeting held on 31 August 2010 and it had been felt helpful to have all Directors in attendance to be able to provide assurance to the Board on quality standards. Draft terms of reference were discussed and will be included in the Board governance arrangements paper in November.

Other matters discussed included:

- a request to review the risk register process **(*EAP)**
- work was set to begin on decontamination services to gain accreditation **(*EAP)**
- education services
- safeguarding children
- the stroke services review

The Board noted the impact that the Care Quality Commission's new Trust performance requirements would have on the Trust and agreed to closely monitor this area.

172/10 PATIENT AND PUBLIC ENGAGEMENT REPORT

This report was in a new format, which balanced complaints with other forms of patient feedback used to improve the patient experience. Complaints were split into informal/quick contacts; these are issues, which are usually straightforward to rectify and formal/complex contacts; usually written complaints, which are formally investigated with action plans formulated.

The Trust is looking to standardise patient information leaflets and launch a library of easy to read information. Patient feedback is collected from various surveys and the option of asking volunteers to obtain informal feedback is being considered as the suggestion boxes on the wards are not well used by patients; electronic surveys were also being contemplated.

Patient surveys were being undertaken at national and local levels and the report detailed the findings of the recent Picker inpatient survey, which included a disappointing score on single sex accommodation but a high percentage of people who would recommend the hospital to family and friends.

The Trust's volunteer service would be re-launched in collaboration with the Director of Human Resources.

The Board **requested** that the Director of Nursing and Operations passed thanks from the Board to the report author and asked that the Executive team pick up action points contained within the report **(*EAP)**.

173/10 RISK MANAGEMENT QUARTERLY REPORT

The report covered quarter four of 2009/10 and quarter one of 2010/11. The Trust is currently investigating one 'never' event and safety alerts with outstanding requirements would be followed up by the Chief Executive and the Board **asked** for these to be completed as soon as possible **(*EAP)**.

The Trust's risk register was reviewed monthly by the Executive team and its format was due to be reviewed shortly. The Board **agreed** that the newly formatted risk register would come to the Board in December 2010 **(*BAP)** and that the Board should receive details of red risks on a quarterly basis, starting from December 2010 **(*EAP)**. The Board **agreed** that a report on litigation claims would come to part 2 of the November Board meeting **(*BAP)**.

174/10 FINANCE REPORT

Key headlines from the finance report were:

- cumulative deficit, year-to-date, of £1,184k against plan deficit of £1,668k
- income £0.8m ahead of plan in total
- operating expenditure £0.34m higher than plan
- EBITDA £0.46m ahead of plan
- normalised cash position £1.9m adverse
- financial risk rating is 2 for the month and forecast of 2 for the year
- forecast I&E deficit £3.5m as per annual plan

Key risks/issues were:

- non-delivery of the target of £6.0m for 2010/11 has a major risk element of approximately £1.75m. The cost improvement programme for 2011/12 needs further development by September 2010.
- current over performance against contract needs to be closely monitored due to the upper threshold contained within the contract as there is no payment for activity above this threshold.
- unclear how much more activity has to be provided above core capacity for the rest of the financial year to maintain 18 weeks keeping and whether costs can be contained within the £3.5m budget set aside for backlog and sustainability investment.

- the underlying cash position remains challenging for March 2010/11.

- current holding of vacancies may not be sustainable, due to service pressures within the hospital and the major concern that posts are not being recurrently identified to be removed from budgets, which will reduce financial impact into 2011/12 if not addressed.

The Board **noted** these key risks/issues and **asked** the Executive team to mitigate the risks identified as appropriate **(*EAP)**.

175/10 PERFORMANCE REPORT

The report was **noted** by the Board, especially the improvements in c-difficile rates being back on trajectory and achieving the 18 week target by aggregate but underperforming areas were highlighted as follows:

- **Cancelled Operations** – 44 reported cancellations for non-clinical reasons in July 2010 but there was reduction in cancellations due to lack of beds; seventeen cancelled operations were due to staff unavailability. The number of reported cancellations for non clinical reasons for the period of April–July 2010 is higher than the same period in 2009/10 and equates to 1.9% of elective activity, 1.1% above the required national tolerance level of 0.8%.

  The Board **noted** that the backlog of breached patients has now been completed, which should see a reduction in cancelled operations as well as the ring fencing of surgical capacity.

- **Delayed Discharges** – performance for July 2010 was 4.7% with the overall year-to-date position of 4.1%, 0.6% adversely above the national tolerance level of 3.5%. The Board **noted** that the majority of delayed discharges were waiting for community placements.

- **% of stroke patients spending 90% of their time on a stroke ward** - performance was below the required tolerance levels for July 2010 with 55.6% of patients spending 90% of their time on a stroke ward. There had been a significant number of out of area patients admitted, during July, with stroke or stroke related episodes. The system of getting patients admitted onto the stroke ward is under review. The Board **noted** this as a matter of urgency.

- **MRSA Screening –** performance for July 2010 was 84% against a requirement of 100%. The Board **noted** that the MRSA surveillance database, which is due to be available from the end of September, is expected to improve the recording process.

- **Cancer Target - 62 day wait (screening service RTT)** the final validated position for June 2010 was 60%, which resulted in a cumulative performance of 56% for quarter 1 against a national target of 90%. The Board noted that the breach related to a patient who was unfit for surgery.

- **Smoking during Pregnancy** – performance for July 2010 highlighted that 20.4% of women continued to smoke at term compared to a 2009/10 outturn position of 19.0%. The Board **noted** that the Trust continues to work with the smokestop service to improve this figure.

- **Ambulance Handovers –** April–July 2010, the Trust has reported 542 cases >15mins, 42 cases > 30mins, 1 case >1 hr and 2 cases > 2hrs. These results are linked to the overall increase in emergency activity.

- **Venous Thromboembolism (VTE) Risk Assessment** – The threshold for this indicator is 95% and July figures showed:-
  - 20% of patients were recorded as having a VTE risk assessment completed.
  - 15% of patients were recorded as NOT having a VTE risk assessment completed.
  - 65% of patients did not have VTE risk assessment information recorded on PAS.

  It was confirmed that the Medical Director is leading on this issue, he believes that patients are being VTE assessed but the documentation of this is not robust. The Board **asked** the Medical Director to take the appropriate action **(*EAP)**.

176/10 QUARTERLY MONITOR ASSESSMENT

The Board **agreed** that, in future, it would be advised within the finance report when a quarterly assessment is made to Monitor and the detail of the assessment would be available for Board members to view.

177/10 REPORT ON TURNAROUND PROGRAMME

It was reported that the turnaround plans for 2010/11 are progressing well and updates are given to the Executive team on a weekly basis. Work is now underway on service planning for 2011/12 and there is a target saving of £8m for next year, of which £7m worth has already been identified. The Trust expects to go to Monitor on 23 September showing a projected surplus of £3m for 2011/12.

178/10 STROKE REPORT AND ACTION PLAN

The deteriorating results in the national stroke sentinel audit were noted with concern and the Board **agreed** its commitment to improving stroke services and **asked** the Chief Executive to discuss how this is achieved with the stroke team and report progress to the Board **(*BAP)**.

179/10 REPORT ON BOARD COMMITTEE STRUCTURE

The new Board committee structure was discussed. The Chairman stated that the primary purpose of Board Committees is to enable more detailed scrutiny of issues and to provide greater assurance to the Board. They do not replace or remove the requirement for the board to scrutinise or monitor the Trust's performance in Board meetings. The Chief Executive was asked to produce a first draft of a Board committee structure for the November Board meeting **(*BAP)** with the following key principles included:

- Finance Committee and Integrated Governance Committee meetings to include all Directors. The Medical Director would be updated verbally if unable to attend all meetings due to clinical commitments

- Board committees to be chaired by a Non-Executive Director but led and managed by an Executive Director.

- The Board will determine the Powers Reserved for the Board.

- Board committees to have appropriate delegated powers from the Board

- Governors (up to four) to be observers at committee meetings

The Chief Executive noted some sensitivities around Governors observing committee meetings and this would be discussed when the Board committee structure paper is brought to the November meeting.

180/10 QUALITY REPORT PRODUCTION PROCESS

The report outlined the process required to develop the quality report for ensuing years. The process was **agreed** by the Board.

181/10 CONSTITUTION AMENDMENT NUMBER 4

The Board **agreed** the following constitution amendments:

- that Board meetings would be public from 08 September 2010 other than items which are commercial in confidence or are about individuals, which would be discussed in part 2 of a Board meeting

- changes to the Council of Governors Nomination and Remuneration Committee's terms of reference in respect of committee membership/tenure and delegated authority from the Council of Governors.

182/10 PROCESS FOR QUESTIONS FROM GOVERNORS AND PUBLIC

Following discussions about how questions to the Board from Governors and members of the public should be handled, it was **agreed** that the view of Governors would be sought at the Council of Governors' meeting on the afternoon of 08 September 2010.

183/10 DRAFT FINANCE AND PERFORMANCE COMMITTEE MINUTES: 23 JULY 2010

The draft minutes were **noted**.

184/10 DRAFT AUDIT COMMITTEE MINUTES: 01 JULY 2010

The draft minutes were **noted**.

185/10 ANY OTHER BUSINESS

There was no any other business.

186/10 DATE OF THE NEXT MEETING

Tuesday, 05 October 2010 at 0930 in the Board room, Trust Headquarters, Dorset County Hospital

(*BAP) = Board action point
(*EAP) = Executive action point

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