MEETING OF THE BOARD OF DIRECTORS OF THE
ROYAL DEVON AND EXETER NHS FOUNDATION TRUST

27 January 2016
Held at Boardroom, Noy Scott House, RD&E Hospital

MINUTES

PRESENT:
Mr J Brent
Chairman
Mrs J Ashman
Non-Executive Director
Mrs T Cottam
Executive Director of Transformation & Organisational Development
Mr P Dillon
Non-Executive Director
Mr A Harris
Medical Director
Professor J Kay
Non-Executive Director
Mrs A Pedder
Chief Executive
Mr D Robertson
Non-Executive Director
Ms M Romaine
Non-Executive Director
Mrs S Tracey
Deputy Chief Executive/Chief Financial Officer
Mrs E Wilkinson-Brice
Deputy Chief Executive/Chief Nurse
Mr A Willis
Vice-Chairman/Senior Independent Director

IN ATTENDANCE:
Mr P Adey
Director of Operations
Mr J Chinnock
Head of Stakeholder Communications & Engagement
Miss B Coates
Governance Coordinator

APOLOGIES:
Miss M Holley
Head of Governance

01.16 CHAIRMAN’S OPENING REMARKS

The Chairman welcomed Governors, colleagues and members of the public to the meeting. The Chairman stated the meeting was held in public, but was not a public meeting. Questions would be welcome from members of the public at the end and he reminded the public that the questions should relate to the meeting agenda.

02.16 APOLOGIES

There were no apologies.

03.16 DECLARATION OF INTERESTS

Mr Chinnock said that Mr Dillon had removed several interests from the Register. Mrs Wilkinson-Brice had recently been awarded the position of Associate Professor in the Faculty of Health and Human Sciences at Plymouth.
University. Mr Willis had been appointed as a Trustee of EDP Drug and Alcohol Services based in Exeter.

The Chairman reminded Board members to raise any interests if they arose during the course of the meeting.

04.16 MATTERS TO BE DISCUSSED IN THE CONFIDENTIAL MEETING AND TO BE DISCUSSED IN THE BOARD SESSION

The Chairman informed the meeting that the Board would be discussing in its confidential meeting the Success Regime, the Q3 return to Monitor, a commercial issue and the community services transfer.

05.16 MINUTES OF THE LAST MEETING HELD ON 25 NOVEMBER 2015

The minutes of the meeting held on 25 November 2015 were agreed as a correct record subject to the following amendments:
p6, minute 139.15, final paragraph - "researchers" should read “clinical academic principal investigators” in both cases.

06.16 MATTERS ARISING AND BOARD ACTION SUMMARY CHECK

Matters Arising
There were no matters arising.

Action Summary Check
Mr Chinnock confirmed that all actions had been completed.

07.16 CHIEF EXECUTIVE’S REPORT

Mrs Pedder gave her congratulations to Mrs Wilkinson-Brice on her Associate Professorship from Plymouth University. This was echoed by the Board.

Mrs Pedder informed the Board that all NHS Trusts were required by NHS England to review Emergency Preparedness, Resilience and Response procedures in the light of the Paris attacks in November 2015. She confirmed that a review had been undertaken and a detailed statement of assurance was provided to NHS England as required.

Mrs Pedder said that the Trust had received the draft CQC report following the planned November 2015 inspection. The Trust was undertaking a factual accuracy check, with comments due to be submitted to CQC by 29 January 2016. She confirmed that the final report is published the day before the Quality Summit, which was due to be held in the second week of February 2016. She gave an undertaking to the Board to share the final report as soon as it was available.

Mrs Pedder said the Success Regime Case for Change will be published on 11 February 2016, with the Board discussing the draft in its confidential meeting.

The Board noted the Report from the Chief Executive.
Mrs Wilkinson-Brice presented to the Board an update on progress to date with the Future Care Programme. She reminded the Board of the Programme’s origins and the strategic and national policy context. She gave an overview of the new model and system of care. Mrs Wilkinson-Brice said the Programme was a five year programme and outlined the high level milestones for Year One. The Programme comprised Integration and Acute Pathway Transformation (APT). She provided further detail on the Integration work undertaken to date, including Integrated Care Exeter (ICE) and the transfer of community services. She invited Mrs Cottam to update the Board on the APT work, which involved outpatient review and redesign, the Right Care programme and the Lord Carter review. Mrs Wilkinson-Brice informed the Board of the Programme’s governance structure and planning for 2016/17. She invited questions from the Board.

Mr Robertson commended Mrs Wilkinson-Brice and Mrs Cottam on the presentation and said he supported the direction of travel. He said the new model of care implied flexible working was needed and asked how the Trust could work more flexibly when the NHS was often constrained by hierarchy and national structures. Mrs Pedder replied that the Trust would use the national structures as flexibly as possible and as a Foundation Trust there was some flexibility to develop new roles.

Professor Kay said it was worth noting the recently published Centre for Cities Report which named Exeter as a Primary Urban Area for the first time and as the 10th fastest growing city in the country. She continued by asking how the Trust could ensure it avoided serial and parallel projects as mentioned in the presentation. Mrs Wilkinson-Brice said there are checks and balances to ensure one coherent plan. Ms Ashman added that there are appropriate constraints within the Programme Board, alongside the ambition to achieve the aims. The February 2016 meeting of the Programme Board will be discussing the plan for 2016/17 and reviewing achievements to date.

Mr Willis asked if the clinical care design work was genuine co-design work. Mr Harris replied it was. He said that GPs were involved and over 600 patients had so far been consulted and involved.

Mr Willis asked if a cost-benefit analysis had been completed on Discharge to Assess. Mrs Wilkinson-Brice replied that Plymouth University was undertaking a piece of health economic work for the entire ICE project and that would be included. Mrs Tracey added that once the Key Performance Indicators (KPIs) were in place, more information will be available and the benefit of reducing length of stay can be measured. She added that the Trust was aware not to push costs into other parts of the system and this was a key point underpinning the Success Regime.

Ms Ashman commented that, in the aim to keep people ‘safe, well and happy’, the Trust should not underestimate people’s different definitions of ‘safe’ and that people will make risky decisions. Mrs Wilkinson-Brice acknowledged this point and said it was clear from the Care Design Group meeting that there is a different view of risk in the community to that of an acute care provider. The Board discussed scheduling a session at a Development Day to discuss risk and understanding informed consent.

**ACTION:** EWB to discuss with Future Care team and agree suitable
Mr Adey presented the Integrated Performance Report which detailed performance during December 2015. The month saw an improvement in bed capacity and patient flow with the Trust starting the month at Red escalation level against the Capacity Escalation Framework, prior to reducing to Amber and moving to Green on 23\textsuperscript{rd} December 2015 for the remainder of the month. In preparation for the forecast increase in Medical admissions, the Trust implemented its Winter Capacity Plan which included the reallocation of twenty-two beds from Surgery to Medicine. This contributed to maintaining patient flow in the early part of the month.

In response to capacity escalation, Capener admissions ward was utilised for emergency admissions, and Tavy elective orthopaedic ward was utilised to support a higher than normal level of trauma patients fit for discharge. Whilst the implementation of these measures had not resulted in a large volume of same day cancellations, there had been a reduction in routine elective activity compared to plan.

The number of patients waiting for onward care remained high with a median number of 75 patients on the ‘medically fit to be discharged’ list compared to 70 in the previous month. It was expected that there will be a reduction in patients waiting for onward care from January 2016 following the implementation of the “Discharge to Assess” scheme which aims to improve the delivery of community services for adults with complex needs enabling more people to be able to be cared for in their own homes.

On 4\textsuperscript{th} January 2016, the Trust opened the planned additional beds at Tiverton Community Hospital to support onward care flow from acute Trust beds. This additional capacity following the Christmas holidays provided immediate support to the overall system with positive feedback from patients, GPs and staff.

In December 2015 there were 44 complaints and concerns received which is a decrease compared to November 2015 when there were 97. The common themes related to communication, initial treatment not being considered adequate and the length of wait for treatment. These were spread across the Divisions with no specific areas highlighted. During the month one ward was audited using the Clinical Quality Assessment Tool (CQAT), achieving Silver. Due to reduced supervisory time for matrons the full CQAT round will recommence in April 2016.

Nurse specialising requirements across the three Divisions in December 2015 reduced compared to previous months; however additional staffing was required to support the opening of escalation beds for the majority of the month. Mr Adey highlighted to the Board that the Trust and Divisional Safe Staffing Thermometer tool could be found at Appendix 3 to the Report. The outcomes of the six month nursing and midwifery establishment review were being presented by the Chief Nurse later on the agenda.

Mr Adey said that in December 2015, two cases of \textit{Clostridium Difficile} infection were identified with investigations having been undertaken and awaiting presentation to the Clinical Commissioning Group Lead for Infection Control. He added that it was pleasing to report that so far this winter there
had been no outbreaks of Norovirus with activity being much lower across the South West with little impact on acute hospitals. A small number of patients with influenza had been admitted to hospital but there had been no hospital acquired cases which probably indicated that the strain of influenza circulating had been matched by the vaccine that had been provided to staff and patients.

The December 2015 performance against the 36 hour time to surgery target for patients with a fractured neck of femur had been challenging with the highest number of patients being admitted since April 2011. To enable a more timely response to peaks in admissions a new threshold to move trauma activity to elective orthopaedic theatres had been agreed along with other actions to improve performance. Mr Adey said these were outlined in the exception report contained within the report. Performance against the VTE Risk Assessment target was 94.96% against a target of 95%, representing an underperformance equivalent to four patients. Further validation work had been undertaken and the standard is now being passed.

Following sustained emergency pressures experienced in November 2015, Mr Adey said the Emergency Department saw a slight reduction on the average daily patient attendances from 302 to 284 in December 2015. Despite this small reduction, the 4 hour wait Monitor target was failed for both the month and the quarter. Mr Adey said should these pressures continue into Quarter 4, then this would fulfil the governance concern trigger criteria under the terms of Monitor’s Risk Assessment Framework. Mr Adey added that the clinical and operational teams had developed an action plan to support delivery of the target for Quarter 4 and this would be closely monitored by the operational capacity group and the Hospital Operations Board.

In relation to Cancer performance, Mr Adey said it was pleasing to report that the Trust was in a positive position in terms of compliance against the improvement trajectories detailed within the Remedial Action Plans. Based on provisional figures for the month of December 2015 the Trust was likely to fail two of the nine cancer targets, those being 2 Week Wait and 62 day urgent GP referral. As detailed in the previous month’s report, performance against the 2 Week Wait standard had been challenged in December 2015 when the number of suspected cancer 2 Week Wait referrals received into Upper GI and Lower GI were in excess of those forecast. Due to the volume of patients who were unable to be seen in December 2015, it was currently forecast that the 2 Week Wait target will not be met in January 2016 although all efforts are being made to avoid this. Mr Adey said that with the commencement of the additional endoscopy capacity, patients now being referred are being booked within 2 weeks, with the only exception being those patients who choose to delay their appointment. It is therefore not anticipated that this issue will extend beyond January 2016.

Performance against the 6 Weeks from Point of Referral to Key Diagnostic test remained challenged in Endoscopy, Echocardiography and Cardiac MRI with an emergent challenge upon waiting times within Urodynamics. The remedial action plan covering each of the three main modalities continues to be implemented with additional actions in respect of Urodynamics.

In December 2015, Mr Adey said the Trust met the Referral to Treatment Waiting Times standard in aggregate for Incomplete Pathways with performance of 92.82% against the target of 92%.

Turning to workforce, Mr Adey asked the Board to note continued improvement relating to Personal Development Reviews and Statutory Training compliance. Sickness levels for the month increased marginally with the main reasons being days lost to non-work related stress & anxiety,
musculo-skeletal problems and coughs, colds and flu. The number of hours covered by both bank and agency nursing resource across the Trust continued to decrease. This performance reflected the continued proactive nursing workforce plan which had delivered a significant increase in the recruitment of registered and unregistered nurses over the last year. Staff turnover across all staff groups saw a slight rise on the previous month to 11.9% for the 12 months ending 31st December 2015. Mr Adey said that the threshold for the indicator remains portrayed in the report as 7-10% but confirmed it will be changed to a target range of 10-12% in the next Integrated Performance Report following previous agreement at the November 2015 Board meeting.

In regards to financial performance, details for December 2015 were contained in the integrated performance report and Mr Adey highlighted the key issues. The Trust continued to forecast an outturn income and expense year end deficit of £19.7m compared to the budgeted deficit of £20.2m. Clinical income was expected to under-recover by £5.2m at year end; however this was offset by lower expenditure than plan. The Cost Improvement Plan (CIP) year to date delivery against the target of £6.9m was £6.6m and £4.3m recurrently. Mr Adey added that schemes totalling a further £2.6m had been identified on a recurrent basis. The Trust had achieved a level of 2 against the Monitor Financial Sustainability Risk Rating and this was expected to be maintained at a level 2 through to year end.

Mr Adey invited questions from the Board.

Ms Romaine asked about the timeframe for return to compliance with the 6 week wait for key diagnostic tests and if the challenged performance in diagnostics was linked to the reduction in surgical income. Mr Adey replied that the two were not linked. He said issues with Endoscopy had been compounded by an increase in 2 Week Wait referrals. He said full action plans were in place for Cardiac MRI and Urodynamics and Echocardiography are on track to return to compliance by February 2016. Mr Robertson asked how the Trust clinically prioritises endoscopy patients. Mr Harris replied a weekly meeting is held and the Trust uses the referral sheets to triage patients.

Mr Robertson referred to the revised national guidance for A&E waiting times which now measures the wait for psychiatric inpatient beds. He said he believed this penalised the Trust for something that was not within its control. Mr Adey acknowledged Mr Robertson’s concern but said it does mean a focus on moving patients to the right place for their care. Mrs Pedder added that the revised guidance does mean a clearer focus on mental health patients and patient outcomes.

Mr Robertson said it was pleasing to see the Directorate Service Line Reporting information in the Report, though commented on it only being up to Month 6. Mrs Tracey replied that the information was published on a two monthly basis. Mr Robertson said it was interesting to see the full income and expenditure position but said he would prefer the analysis to be undertaken to EBITDA level only, i.e. excluding overheads. Mrs Tracey noted Mr Robertson’s comments.

Mr Dillon referred to the number of new long term sickness absence cases (57) and asked if such a high number was normal. Mrs Cottam replied that all cases were monitored and there was nothing to raise concerns at the current time.

Mr Brent congratulated the teams on the recruitment of staff to Tiverton Community Hospital and the opening of the planned additional beds. This was echoed by the Board.
Mr Brent noted that the Trust had missed the A&E four hour wait target for the quarter and asked what the regional and national picture was for this target. Mr Adey replied that within the peninsula, the Trust was performing well. Mrs Pedder said the national average was 87% (against a target of 95%) with the Trust placed in the upper quartile for performance. She said she believed a formal Monitor investigation or regulatory action was unlikely in the event of the Trust also failing the target in Q4. Mr Brent asked what would happen to the Paediatric Admissions Unit (PAU) if plan to use the space by the Emergency Department (ED) was put in place. Mr Adey replied that the review of ED involved looking at the whole footprint and PAU would be located elsewhere if necessary. Mrs Pedder reflected that the Trust and system approach to this winter compared to the previous winter meant, that although still challenged, the Trust was in a much better position operationally and this was better for both staff and patients. Mr Brent said it was important to acknowledge the management action driving change.

The Board noted the report.

10.16 Q3 2015/16 WARD TO BOARD REPORT

Mrs Wilkinson-Brice presented the report, highlighting the following to the Board. In the Medical Services Division, three ward areas triggered for a CQAT. Two had been completed and rated Silver. There was a slight reduction in performance over the quarter and flagged this might be as a result of a reduction in matrons’ supervisory time and other operational pressures. In Surgical Services, performance continued to improve with a statistically significant reduction in the total number of falls. Mrs Wilkinson-Brice said Specialist Services saw continued improvement from the previous quarter. This was pleasing, noting the diverse nature of the Division with only three ward areas, including Wynard which flexes significantly during times of capacity pressure. Mrs Wilkinson-Brice drew the Board’s attention to the rise in surgical site infection in spinal surgery and said an action plan was in place. She confirmed that there had been no infections in December 2015 and January 2016. A report will be presented to the Safety & Risk Committee in February 2016.

Mrs Wilkinson-Brice invited questions from the Board.

Mr Willis asked if the Trust had benchmarked the number of falls in Medical Services against the number that would be expected. Mrs Wilkinson-Brice replied that the Trust is in the best performing quartile for falls and it is difficult to benchmark due the individual nature of patients. She said it was more important to understand the cause of a fall and if it can be prevented, as well as balancing prevention and reablement.

The Board noted the report.

11.16 NURSING AND MIDWIFERY ESTABLISHMENT SIX MONTH REVIEW

Mrs Wilkinson-Brice presented the report which provided the findings of the November 2015 nursing and midwifery establishment review and the action taken. She highlighted to the Board that the statutory supervision of midwives was to be discontinued from April 2017. She outlined the purpose of supervision and confirmed that planning was underway to ensure on-going support for midwives.

Mrs Wilkinson-Brice said that work was planned with the support of Devon
Partnership Trust (DPT) to enhance the knowledge of RD&E staff in regards to Registered Mental Health nurse specialling.

Mrs Wilkinson-Brice reminded the Board of the methodology used for the review and said that the Staff Staffing Thermometer shows a constant level of patients with a dependency of level 3 or 4. She said that if the decrease in acuity / dependency seen in one ward area in Specialist Services was sustained, the ward establishment may require review.

Mrs Wilkinson-Brice confirmed that both she and the Deputy Chief Nurse had reviewed the data and concluded that staffing is sufficient to provide safe and compassionate care. She invited questions from the Board.

Mrs Tracey asked for the drivers behind the increased practice facilitation time on the Acute Stroke Unit. Mrs Wilkinson-Brice said there had been a change in matron and support of the new leadership had been put in place. There had also been an increase in the acuity of the patients.

Mrs Tracey commented on the fact the Practice Education Team was only funded until the end of March 2016 and that, with its value being well known, that options to retain it should be explored. Mrs Wilkinson-Brice agreed, stating that the Team avoids the Trust incurring costs and options will be explored.

Mr Dillon asked if the Trust knew where it was placed in terms of the new metric included in the Lord Carter Review. Mrs Pedder replied that the Trust’s Carter report was currently being reviewed. Mrs Wilkinson-Brice added that the new metric would be one part of a multi-faceted methodology; however the Trust would have to explain if it did not implement the recommendations from the Carter Review. Mrs Pedder said it was also important to remember the conditional finance available through the Strategic Transformation Fund was linked to implementing the recommendations of the review.

Mr Dillon asked if the Trust reacts at the same pace to a reduction in acuity/dependency as it would an increase. Mrs Wilkinson-Brice replied that the Trust would always look to review and/or change staffing if there was a change in practice.

Mr Brent asked what the impact of the removal of student nurse bursaries would have on recruitment. Mrs Pedder replied it was difficult to know the impact. There was currently an over-subscription of places and if numbers remained high, recruitment would still take place.

The Board noted the report.

12.16 ANNUAL COMPLAINTS REPORT

Mrs Wilkinson-Brice presented the report, which had been considered in detail by the Patient Experience Committee. She highlighted that nationally there had been an overall increase of 5.7% in the number of complaints during 2014/15 but that the Trust had received only two more complaints compared to 2013/14 (504 compared to 502). A recently published report by the Parliamentary Health Service Ombudsman (PHSO) said that older people were often reluctant to speak up. Mrs Wilkinson-Brice said it was reassuring that the Trust’s data did not bear this out. Mrs Wilkinson-Brice highlighted the requests to the PHSO for an independent review, the top themes from complaints, what had been achieved during the year and the plans for the year ahead. She invited questions from the Board.
Mr Willis observed that the number of complaints had remained static whilst patient numbers increased and as such the number of complaints had actually fallen.

**The Board noted the report.**

### 13.16 MONITOR FEEDBACK LETTER Q2 2015/16

Mrs Pedder presented the report and this was noted by the Board.

### 14.16 ANY OTHER BUSINESS

There was no other business.

### 15.16 PUBLIC QUESTIONS

The Chairman invited questions.

Miss Foster, a public Governor, said that communications was a recurring theme for complaints. She asked if the issue was caused by nurses and doctors no longer meeting with the patient at the same time. Mrs Wilkinson-Brice said that some practice had indeed changed, as had the nature of patients’ length of stay and the complexity of patients’ needs. Mr Dillon added it should be remembered that the top theme for compliments is the attitude of staff.

Mr Bradley said there was no mention of compliments in the report and he believed this to be an unsound approach as it does not reflect the whole picture. In addition communication is a recurring theme for complaints and although the Trust states this is being addressed, this is not reflected in the report. Responding to this point, Mrs Pedder replied that with the numbers and complexity of patients the Trust will never completely remove all issues with communications but it is always working to improve. She added that the report was the Annual Complaints Report and it was a requirement it was produced and published.

Mr Bradley asked for further information on the new cases of long term sickness absence and whether the causes were work-related. Mrs Cottam assured Mr Bradley that each case is coded and analysed so that the Trust is aware whether it is work-related or non-work related. All sickness absence is monitored thought the Health and Safety Group and the Workforce Governance Group. In an operational context, sickness absence rates are reviewed as part of the Performance Assurance Framework meeting each month and day to day by line management. Mr Bradley asked if any of the long term sickness absence cases were as a result of RIDDORs (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations). Mrs Cottam replied that this information is not routinely reported to the Board, but assured Mr Bradley this information is monitored and if there was a spike in incidents this would be escalated to the Board though the governance structure.

There being no other questions the meeting was closed.

### DATE OF NEXT MEETING

The date of the next meeting was announced as taking place at 9.30am on Wednesday 24 February 2016 at the Royal Devon and Exeter Hospital.
This checklist provides a status of those actions placed on Board members in the Board minutes, and will be updated and attached to the minutes each month.

**PUBLIC AGENDA**

<table>
<thead>
<tr>
<th>Minute No.</th>
<th>Month raised</th>
<th>Description</th>
<th>By</th>
<th>Target date</th>
<th>Remarks</th>
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<tr>
<td>08.16</td>
<td>Jan 2016</td>
<td>EWB to discuss with Future Care team and agree suitable timing for Board of Director development session.</td>
<td>EWB</td>
<td>Feb 2016</td>
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Signed:

James Brent
Chairman