

Minutes of the Meeting of the Trust Board of Northern Devon Healthcare NHS Trust

Held in the Chichester House Boardroom at North Devon District Hospital on Tuesday 1 August 2017.

PRESENT

Mr Darryn Allcorn	Director of Nursing, Quality & Workforce
Mr Colin Dart	Acting Director of Finance
Dr Alison Diamond	Chief Executive
Dr Tim Douglas-Riley	Non-Executive Director
Mr Robert Down	Non-Executive Director
Mr Roger French	Chairman
Mrs Pauline Geen	Non-Executive Director
Mr Andy Ibbs	Director of Operations & Strategy
Mr Nick Lewis	Non-Executive Director
Mr Tony Neal	Non-Executive Director
Dr George Thomson	Medical Director

IN ATTENDANCE

Mrs Julie Adnams-Hatch	Carer (for Item 079/17)
Mr Ian Crawford	Member of the Public
Ms Geraldine Garnett-Frizelle	PA to the Chairman
Ms Amy Headon	Care Quality Commission (Observer)
Ms Linda Henderson	Research & Development Manager (for Item 095/17)
Ms Mandy Kilby	Trust Secretary
Dr Roope Manhas	Director of Research (for Item 095/17)
Mr Paul Matthews	Member of the Public
Dr Elizabeth McElderry	Member of the Public
Ms Jenny Nash	Director of IM&T
Ms Jess Newton	Communications Manager (for Item 079/17)
Mr Ian Williams	Member of the Public
Mrs Liz Wood	Member of the Public

072/17 Chairman's Remarks

The Chairman welcomed members of the public attending the meeting and the Care Quality Commission representative attending as an observer and invited the Board to introduce themselves.

073/17 Apologies

Apologies were noted for Iain Roy, Director of Facilities.

074/17 Register of Interests



The Chairman asked if there were any changes to the Register of Interests to note. None were noted.

075/17 Minutes of the Meeting held on 6 June

The draft minutes of the meeting held on Tuesday 6 June, numbers 042/17 to 071/17 were considered and **APPROVED**.

076/17 Matters Arising

The Board reviewed the Action Grid attached to the Minutes of 6 June 2017 and noted that all actions were closed.

077/17 Chairman's Report August 2017

The Chairman advised he did not propose to go through each of the items noted in his report, however there was one item to which he wished to draw the Board's attention. He advised that this was the last Board meeting Nick Lewis, Non-Executive Director, would be attending at the Trust as he would be leaving at the end of August. Fortunately, however, the NHS will not be losing Nick as he will be taking up a position as a Non-Executive Director with Cornwall Partnership NHS Foundation Trust. He has also recently been appointed to the Chair of Plymouth Community Homes. The Chairman and Board thanked Nick for his six years of valuable service to the Trust, during which his holding to account had always been incisive, yet undertaken in a constructive and helpful manner. Finally, on behalf of the Board, the Chairman offered Nick the Board's thanks and their very best wishes for his future endeavours.

There were no questions raised and the Board **RECEIVED** the Report.

078/17 Chief Executive's Report August 2017

The Chief Executive presented her report for August 2017.

Key updates highlighted were:

- The first stage of the Acute Services Review, which looked at urgent and emergency care, stroke, maternity and paediatrics and neonates, had been completed and the recommendations of the clinicians involved published. These recommendations were that all services should be retained on all four sites looked at, as this was clinically the best option for patients.
- The Government has allocated a £100 million fund nationally to Trusts to relieve pressure in emergency care. Devon has received £3.3 million from this fund, with the Trust receiving £1 million of this which will be used to support winter pressures by renovating the front of A&E to allow GP streaming which means GPs supporting the Trust with urgent care needs through the winter and with holidaymakers in the summer.
- As previously reported to the Board, the Trust has been working for some time to repatriate stroke rehabilitation services from Bideford Hospital to North Devon District Hospital, so that this service can work more closely with the acute stroke service. The refurbishment of Staples Ward to accommodate the new joint service was completed in June. For patients diagnosed with a stroke this, together with the outcome of the Acute Services Review, will mean patients will come to A&E at North Devon District Hospital and be assessed as to whether they need clot busting drugs. They will then be admitted to the Stroke Ward for acute treatment and rehabilitation. However, the recommendations of the Acute Services Review included two enhancements to stroke services in Devon which are the development of two Hyper-Acute Stroke Units in Exeter and Plymouth. If patients in North Devon need the services of these units, they can be transferred.



- The Trust had once again received very good staff survey results.

The Board **RECEIVED** the Chief Executive's Report and update.

079/17 Patient Story

The Chairman welcomed Jess Newton, Communications Manager, and Mrs Adnams-Hatch to the meeting to present the Patient Story in the form of a short video clip which related to the experiences of a carer coming into hospital with the person they cared for.

The key issues highlighted were:

- In the video Mrs Adnams-Hatch talked about the role of the carer when the person they care for is admitted to hospital and how the experience could be improved through building relationships between carers and professional staff. Carers bring a wealth of experience about the person they care for which can be helpful for staff and greater involvement of the carer in the patient's care whilst in hospital can have a positive impact on their wellbeing and recovery.

Mrs Adnams-Hatch talked about her and her husband's experiences of a number of different hospital admissions including in 2012 and again in 2013.

- Experience during the earliest admission had not been as good as it could have been with some staff reluctant to allow Mrs Adnams-Hatch to be involved in her husband's care whilst in hospital, although she had informed them that she was very happy to undertake personal care for him.
- There had been improvements over time with relationships built with ward staff, although there was still some reluctance on the part of some staff to allow her to be fully involved with her husband's care.
- Mrs Adnams-Hatch informed the Board that she would be happy to engage with any work undertaken in this area to improve patient and carers experience.
- It was very important to build good communication between carers and staff and this would help build good relationships and improve patient and carer experience.
- Privacy and dignity on the wards is not always as good as it could be.

Alison Diamond thanked Mrs Adnams-Hatch for presenting her story. She informed her that the Trust had become involved over the last year in John's Campaign which aims to engage with carers and relatives on the wards to establish what is best for that patient during their hospital admission and develop the carer's voice, with moves towards more open visiting times and encouraging partnership working. There is also significant work being undertaken looking at promoting and retaining people's independence. Dr Diamond suggested that the Trust would be grateful to take up Mrs Adnams-Hatch's offer of help if she would wish to become involved in this work.

Robert Down said that Mrs Adnams-Hatch had mentioned Just in Case boxes and whether carers could be trained in using these and asked if there were legal issues which might prevent this. Alison Diamond responded that there may be legal issues, but it may be possible to overcome them.

The Board thanked Jess and Mrs Adnams-Hatch for attending the meeting and **RECEIVED** the Patient Story.

[Mrs Adnams-Hatch left the meeting at 10:30]



080/17 Quality Assurance Committee

Tim Douglas-Riley, Non-Executive Director and Chair of the Committee, presented the draft minutes of the Quality Assurance Committee meeting held on 11 July 2017.

The Board noted the significant issues highlighted:

- The Discharge Policy was approved.
- The Infection Prevention and Control Team had undertaken a gap analysis against the Hygiene Code which established that the Trust is fully compliant.
- There is still an issue with a small number of staff who do not comply with Bare Below the Elbows policy and this is being followed up by the Medical Director.
- There had been two serious incidents requiring investigation in maternity services since June, and there were also actions outstanding from previous investigations. An external review is being arranged and a different investigation methodology is being used.
- The Committee had discussed the amalgamation of the End of Life Steering Group into the Mortality Review Committee. The Board noted that this had now happened.
- A report on the age and replacement plans for equipment had been presented and an overview report will be presented to the Triumvirate meeting. It had not been felt that this was an area that the Quality Assurance Committee covered.

Robert Down asked where equipment age and replacement plans should be presented as there could be patient quality and safety issues and Alison Diamond responded that this is primarily discussed at Executive Directors' meetings, with the Finance Committee looking at the capital programme to balance spend through the year. She added that the Executive Directors' had recently discussed the governance arrangements and processes for assessing risks to inform what is spent on an annual basis for the three main broad areas of IM&T, backlog maintenance and medical equipment. A gap analysis will be undertaken and reported to Executive Directors. Nick Lewis and Tony Neal confirmed that any risks related to medical equipment are raised through the Trust's risk management processes.

- The Learning from Patient Experience Group (LPEG) had reviewed its functions and noted that it focussed on reviewing data rather than learning from patient experience. As part of the wider efficiencies work, it had been agreed that a Quality Improvement Board would be set up with which LPEG would be merged.
- The learning from deaths action plan was approved.

The Board **RECEIVED** the draft minutes.

081/17 Integrated Performance Report

The Director of Operations and Strategy, Director of Nursing, Quality and Workforce and Medical Director presented the Integrated Performance Report for Month 3 2017-18.

Andy Ibbs highlighted the following key points for operational performance:

- Sustainability and Transformation Fund
 - Cancer 62 day wait – delivered 85% target for the first quarter. There have been some delays in July, in the main relating to waiting for diagnosis following tests. In addition, performance had dipped significantly during April due to sickness absence of the consultant on the Urology shared pathway.
 - Diagnostics – under target for third month, this relates to issues with Urodynamics across the wider south west with both sickness absence and vacancies.



- A&E 4 hour waits – the target was missed in June, however a step improvement has been seen and 96% was delivered for July. The Board was advised that the last few days had been very difficult with two very serious road traffic accidents but staff had worked very hard.
- RTT – there is lack of confidence in the data, as there have been some data quality issues linked to the new TrakCare system. This has been discussed with the Commissioners and NHS Improvement, who had visited the Trust the previous week for a critical friend visit. The action plan to address this was discussed with NHS Improvement and they have indicated that they are assured that the Trust will be able to address this. They had been concerned that there might have been patients lost in the system, but the Trust was able to demonstrate that it could identify every patient waiting more than 35 weeks. The Board will be kept informed of progress to resolve these issues; it is hoped that this will have been resolved by the early autumn.
- Local benchmarking has been added to the report, as well as national figures, although they are based on the previous month's data due to the time it takes to collate figures nationally.
- Cancer – targets have mainly been met, but low numbers of patients can contribute to targets being missed, as evidenced by the 62 day waits indicator. The target for two week waits was missed for April and June and this relates in part to patient choice, although some tolerance has been built in. The Board discussed patient choice and was informed that a number of actions had been taken to ensure that patients were given as much information as possible around the urgency of their appointment, through GPs, leaflets and staff in referral centres making sure the patient is aware before they choose to delay their appointment.
- Cancelled operations – performance from January to April had not been good whilst the hospital experienced a period of pressure. Rebooking of cancelled operations has generally performed well, however there had been slippage in March and June.
- Caesarean section rate – the overall elective and non-elective rate is above target at 31.16%. This is being looked at in more detail.
- Ambulance handovers – there is now a process by which ED and the ambulance paramedic formally agree handover of the patient, improving on the previous process which did not have input from ED.

Pauline Geen asked if there was an update on medicines reconciliation acute completed within 24 hours and was advised that there had been an action from the last meeting to follow this up and a detailed update had been provided in the action grid for the minutes of that meeting. George Thomson added that on the current Integrated Performance Report there is no data included for April – June. This related to an issue with TrakCare where there is currently no access to this module and therefore the data cannot be reported; however, this is in the process of being fixed. In addition, the Board was advised that the position regarding medicines reconciliation reported by the Medical Director at the last meeting was correct, namely that the data reflect seven day provision of medicines reconciliation, however the Trust's agreement with the Clinical Commissioning Group is that monitoring should be of five days and performance against this is good. Additional assurance was given that the Chief Pharmacist has asked Audit South West to undertake an audit of medicines reconciliation in the near future.

Robert Down noted that performance against the stroke target Of 90% (admitted to Stroke Unit within 4 hours) averaged at around 50% and asked for clarification on why performance was low. Andy Ibbs responded that there were a number of contributory factors, including stroke patients not being admitted to the stroke unit at weekends and



pressure on beds over the winter periods, meaning patients could not be admitted directly to the stroke unit. The Board was informed that the new consolidated stroke unit and ring-fencing of stroke beds should lead to a significant improvement in performance for this target. Alison Diamond provided assurance that although a patient may not have been admitted directly to the stroke unit, they will have received thrombolysis treatment and CT scan in the ED before admission.

Tony Neal noted that the Summary Hospital Mortality Indicator (SHMI) continued to increase to the end of Quarter 4 and asked if there were any underlying themes or concerns. George Thomson responded that there was assurance that this did not relate to premature discharge as the data for 28 day readmissions had not increased. The Mortality Review Committee had looked at this in detail and it was noted that there had been a consistent decrease over the same time period in the Charleston co-morbidity coding, which would correlate with the increase in SHMI. There is ongoing work to rectify the coding of co-morbidities. Alison Diamond added that, in addition, the review of all deaths in hospital has been ongoing for the last 18 months and this process looks at all the different criteria which may impact on a death.

Tony Neal further asked if there was any update on action to improve performance against dementia targets. Darryn Allcorn responded that the outcome of a National Dementia Audit had recently been received which had shown that the Trust is improving and generally performing well, although there were some key learning points highlighted which will be addressed.

Workforce

- Sickness absence has improved, with the rate now below the stretch target of 3% for Quarter 1. This has in part been influenced by a number of health and wellbeing interventions, including the staff physiotherapy service becoming more pro-active which has led to a reduction in musculo-skeletal absence and long-term sickness absence.
- Appraisal completion rates remain around 70%, below target. Work is being undertaken with a number of teams where there is consistently poor performance. In addition, the online appraisal system is being revised to make it more intuitive.

The Board **RECEIVED** the report

082/17 Nursing Safer Staffing Report

Darryn Allcorn presented the Nursing Safer Staffing Report for May and June 2017.

The Board noted the key issues highlighted from the report:

- Effective staffing reported for all areas in June.
- The overall number of harm events (pressure ulcers and falls) reported has reduced, those events reporting significant harms has increased. A deep dive will be undertaken to look at any themes there may be, but there is no indication currently that this is directly linked to staffing figures, with areas where these incidents occurred effectively staffed.
- Fortescue Ward surge beds were in use for longer than originally expected, which resulted in an increase in temporary staff for that ward.
- The format of the report has been reviewed and in future will be more inclusive report of the wider workforce and hours.

The Board **RECEIVED** the report.



083/17 Nursing Skill Mix Review

Darryn Allcorn presented the Nursing Skill Mix Review.

Key issues presented were:

- Over the last six months the review has shown that, based on acuity and current bed configuration, the organisation is appropriately staffed in all areas.
- There has been an overspend to safely staff Fortescue Ward due to the need for escalation beds. This will be addressed as part of the forward planning for winter and bed configuration work.

Tony Neal asked who would “own” the recommendations from this review and when would the Board receive an update on progress against them. Darryn Allcorn responded that ownership would sit with him as Executive Director sponsor, but responsibility for ensuring the recommendations are progressed will sit with the Divisional Nurses, Donna Knight and Charlotte Overney and an update would be presented to a Board Briefing before the next Board meeting in October.

DA

Robert Down asked whether the option described to recruit staff to the skill mix required to staff surge beds substantively was a longer-term aspiration for the Trust and Darryn Allcorn responded that for those staff that the Trust is training up itself, this would be a longer-term plan over the next 4-5 years. He added that currently the vacancy factor is quite low, with new recruits starting over the next few weeks and benefits are starting to be seen from the Trust’s new recruitment campaign, which includes social media. The combination of these elements meant that the organisation was optimistic about its ability to recruit for this over the next six to twelve months.

Pauline Geen asked how bed stock, including the surge beds, going forward to the coming winter will compare to last winter. Andy Ibbs responded that the overall number of beds in the hospital this winter will be slightly increased by approximately twelve; however, it was noted that this would be offset by the closure of Elizabeth Ward. Work has been undertaken to redistribute beds between medical and surgical, meaning there should be fewer medical outliers in surgical beds, which in turn should mean a decrease in length of stay for medical patients, with a consequent freeing up of beds. This is because medical outliers on surgical wards generally have a longer length of stay. Tim Douglas-Riley asked whether these bed changes have already been agreed and Andy Ibbs responded that agreement has been reached with clinical staff and the Executive Directors have endorsed the proposal; a plan to deliver the changes will be developed.

The Board **RECEIVED** the review.

084/17 Patient Experience

Darryn Allcorn, Director of Nursing, Quality and Workforce, presented the Patient Experience Annual Report.

Key issues noted were:

- The themes that were identified in the annual report related to improving communication, coordination of care and encouraging self-care/input of carers and learning from patient experience.



- The Trust performed very well in the national Patient Survey, Dementia Survey and the Cancer Patient Experience Survey, although there are areas identified for improvement with a greater focus on the expert patient/expert carer.

Robert Down commented that in the result of the National Cancer Patient Experience Survey it was noted that only 33% of respondents had received a care plan, which was quite low. Darryn Allcorn responded that this was an area that would be looked at in more detail to understand this result, as all patients should have a care plan. This might suggest that this relates to issues of communication between staff and patients.

Clarification was sought on what was understood by staff giving financial advice to patients, and George Thomson informed the Board that this would be staff signposting patients to where they can get support and advice, for example through Citizen's Advice.

The Board **RECEIVED** the report.

085/17 Customer Relations Report Quarter 1 2017-18

Darryn Allcorn, Director of Nursing, Quality and Workforce, presented the Quarter 1 Customer Relations Report.

The key issues highlighted for the Board were:

- There had been a slight decrease in complaints activity during the quarter, with an increase in Patient Advice and Liaison Service (PALS) activity.
- Timeliness of investigation performance continued to be poor, with a further drop to 55% in quarter 1. This does not meet either the Trust's target of 95% or the Clinical Commissioning Group's target of 85%. The Board noted that the Complaints team had been asked to review this area to establish why performance was poor and that an update will be provided in the next report.
- There had also been an increase in the number of complaints re-opened, up from 11% to 18%. This will also be reviewed by the team. Alison Diamond commented that there was a link in some cases between poor performance in timeliness of investigation and re-opened complaints and that getting it right first time and in a timely way should help to reduce the number of complaints re-opened.
- One new Ombudsman referral was received within the quarter, which is a shared complaint with Devon County Council.

Tim Douglas-Riley asked if reconciliation meetings were still being undertaken in the Trust, as they were not mentioned in the report and was advised that they do still happen and are a useful tool for resolving complaints. Darryn Allcorn advised that he would follow this up with the Complaints team to ensure that this information was included in the next report.

DA

The Board **RECEIVED** the report.

086/17 Infection Prevention Control Annual Report

Darryn Allcorn, Director of Nursing, Quality and Workforce, presented the Annual Report.

The key highlights noted were:

- There were no MRSA bacteraemia attributed to the Trust in 2016-17.
- The number of cases of *Clostridium difficile* acquired in North Devon District Hospital reduced from 11 in 2015-16 to 6 in 2016-17, with no lapses in the care provided to these patients noted.
- Bare Below the Elbows compliance was at 95% or higher throughout the year. There are still small pockets of resistance to this. There are a number of initiatives to address



this, through learning from other organisations on how to change the culture relating to this.

- There is a greater emphasis on reducing other gram negative infections, such as urinary tract infections and catheter care. From a system perspective, this is a risk for and an action to be owned by the Commissioners, however the Trust feels this is an important area for it to look at and a work has already started to look at what can be done.

Robert Down asked whether the excellent results regarding MRSA bacteraemia were due to screening and suppression and was advised that this was certainly a significant contributory factor in reducing the incidence of MRSA. George Thomson added that overuse of antibiotics was a key factor in driving MRSA and staff at the Trust work closely with Microbiology and the Infection Control team on this. He further advised that this was also reflected in the wider GP community locally too. The Board also noted that public education on appropriate usage of antibiotics had also been important.

Tim Douglas-Riley commented that this was a very well-written report.

The Board **RECEIVED** the report.

087/17 Finance Report – June 2017

Colin Dart, Acting Director of Finance, presented the Finance Report with the Trust's financial position at 30 June 2017.

The Board was advised that the key points were:

- The report had been presented to the Finance Committee in July.
- The financial objectives for the Trust for the year are to achieve a £3.9 million surplus and deliver a £12 million savings programme (CIP).
- At the end of quarter 1 achievement of plan is forecast.
- There is over-recovery of income noted within the report together with additional expenditure, which net each other off. This relates to the continued retention by the Trust of Tiverton PFI.
- CIP is the most significant risk to the financial plan, with approximately £3.5 million of unidentified CIP. Although it does not change the overall risk to the financial plan, there are sufficient underspends occurring against budgets which means that expenditure is successfully being reduced.
- The most significant cost pressure is medical agency spending. A meeting is planned for mid-August of the CIP Project Assurance Board where the next CIP report will be presented and discussed.
- Capital Programme will show an underspend by £2.5 million. This is a planning assumption made on the basis that the Trust would receive loan funding to undertake some elements of the Capital Programme. However, with the national capital position, the loan funding will not be available and the Capital Programme has been reprioritised and reduced accordingly, so it will be within the capital resource limit.
- Single oversight framework, use of resource risk rating – at the end of quarter 1 the underlying financial risk rating is 2 which moves to a 3 because of triggers, these are predominantly around liquidity and timing of cash flows. In addition, the retention of Tiverton PFI means the Trust has an adverse rating on the capital service capacity rating. As the year progresses, the denominator will improve and the rating will change to 1.

Nick Lewis commented that it was important for the Board to note that much of what has been outlined is outside the organisation's control to influence, for example the issues around liquidity relate to late payment by the system.



The Board **RECEIVED** the report.

088/17 Audit and Assurance Committee

Nick Lewis, Non-Executive Director and Chair of the Committee, presented the draft minutes of the Audit and Assurance Committee meeting held on 25 May 2017.

It was noted that:

- The main business of the meeting related to the annual accounts for 2016/17 which had subsequently been presented to the June Trust Board meeting.

The Board **RECEIVED** the draft minutes.

089/17 Update on Salary Sacrifice Scheme

Darryn Allcorn, Director of Nursing, Quality and Workforce, presented the update.

The key points noted were:

- The Audit and Assurance Committee had requested that an update on Salary Sacrifice Schemes be presented following the financial changes introduced as part of the Financial Bill 2017. These changes meant that some schemes would see no tax benefit in future.
- Of the schemes the Trust offers, there will be little impact of these changes, apart from the car leasing scheme.
- Uptake on many of the schemes has been limited compared to other Trusts of a similar size, with the most popular being the childcare vouchers scheme and the cycle to work scheme.

The Board discussed the salary sacrifice schemes offered and it was noted that there may be a need to remarket this to staff. Robert Down asked if newly recruited staff are told about the schemes during their induction period, and Darryn Allcorn advised that they were. The Board discussed what other schemes might be offered that might help in recruitment and retention of staff and noted that buy back of annual leave is a possibility for the future.

The Board **RECEIVED** the update.

090/17 National Staff Survey Action Plan

Darryn Allcorn, Director of Nursing, Quality and Workforce, presented the Action Plan.

Key issues presented were:

- The Trust's overall results in the national staff survey for 2016 were positive with staff engagement remaining high, however there were some areas identified for improvement.
- For this year, it is planned to focus on small specific areas and teams.
- In order to access the granular detail and develop an action plan, more detailed information on specific issues raised is required from staff. It has been proposed that this year this be done differently by using the Staff Voice platform to undertake a survey with staff. This will allow responses to be received by the Trust very quickly, thereby meaning that work can be started in a more timely way on identified actions.

The Board **RECEIVED** the action plan.

091/17 Change to Running Order of Agenda



The Chair advised that Dr Roope Manhas and Linda Henderson were unable to join the meeting until 12:30 to present the Research and Development Strategy, so it was proposed to move the subsequent items forward until their arrival. The Board agreed.

092/17 Emergency Preparedness, Resilience and Response Annual Report 2016-17

Andy Ibbs, Director of Operations and Strategy, presented the Annual Report.

The Board noted that:

- NHS England has Core Standards for Emergency Preparedness, Resilience and Response (EPRR) which Trusts must comply with. The Trust undertook a self-assessment against these core standards in August 2016 and reported compliance with 49 of the 51 applicable standards and partial compliance with the remaining two.
- Significant work has been undertaken to improve the Trust's Business Continuity plans and all have now been completed.
- The Trust's incident response plan was updated.
- The Trust undertook tests of its emergency arrangements through the course of the year in accordance with NHS emergency planning guidance. These included a test of the Trust's cascade arrangements and a tabletop multiagency exercise which looked at how three incidents happening within a very short timeframe would be dealt with.

In addition, the Board noted that the assessment against the Core Standards for this year has not yet been undertaken, as the documentation has only just been published by NHS England. The self-assessment will be presented to the October Board meeting.

Robert Down asked what plans there were for ensuring that the Trust's EPRR arrangements are maintained and kept up to date, now that the EPRR Officer has left. Andy Ibbs responded that the requirements of the role had been looked at and there would not be a direct replacement. Sharon Hinsley, Associate Director of Operations (Unscheduled Care) has undertaken specialist training in EPRR and will retain overall responsibility, whilst ensuring the Trust is compliant with standards will sit with Julia Glover, Head of Clinical Site. Management of Business Continuity Plans has transferred to Becky Haynes, Head of Risk

Tim Douglas-Riley asked who would receive this report externally from the Trust and was informed that it would be submitted to NHS England and also the Local Health Resilience Forum.

The Board **RECEIVED** the report.

093/17 Exercise Neptune Report

Andy Ibbs, Director of Operations and Strategy, presented the live exercise report.

The Board noted that:

- All NHS organisations are required to undertake a live-play exercise once every three years. The Trust undertook a live exercise in April 2017 to test its chemical, biological, radiological, nuclear or explosive (CBRNE) emergency plan with the involvement of 45 student volunteers from Petroc.
- The exercise involved Trust staff, as well as Sodexo, the Devon and Somerset Fire and Rescue Service and South Western Ambulance Service.
- The exercise was successful, but had resulted in some learning for staff, for example staff were well trained in what to do in this emergency situations, however feedback from



the volunteers suggested that in following the process, some staff lost sight of demonstrating compassion.

The Board **RECEIVED** the report.

094/17 Learning from Mortality Strategy and Mortality Review Policy

George Thomson, Medical Director, presented the Learning from Mortality Strategy and Mortality Review Policy.

The Board noted that:

- There is a robust process in place for peer review of deaths which mirrored fairly closely what was outlined in the Care Quality Commission's publication last year and the National Quality Board National Guidance on Learning from Deaths published in March 2017. It was agreed that this document should be recirculated to the Board via email after the meeting.
- There had been one area that had been overlooked, which related to involving the relatives of the deceased patient in the process if they wished to be involved. This has now been incorporated into the process.
- Of particular importance in the National Guidance document are Annexes A and B which relate to Board Leadership for learning from deaths and the roles and responsibilities of the Non-Executive Directors regarding ensuring processes in place are robust by providing challenge, supporting learning and quality improvement and ensuring that published information is an accurate reflection of achievements and challenges.
- The Guidance also outlines the need for Trusts to publish both a Strategy and a Policy on their public websites. They were presented to the Board for their approval.

GGF

Tony Neal noted that there may be financial implications for the provision of advocacy and support for bereaved families and sought assurance that the financial implications would not be a barrier to this support being put in place. He was advised that the Trust already has a robust bereavement service. George Thomson further advised that in future when bereaved families attend the bereavement office, they will be advised of the Mortality Review Policy, and that there are independent peer reviews of deaths. Families will be invited to talk to the reviewers if they wish and given the opportunity to see the outcome of the review if they wish. It is not thought that there would be financial implications at the present time.

The Board **APPROVED** both the Learning from Mortality Strategy and the Mortality Policy.

[Roope Manhas and Linda Henderson joined the meeting]

095/17 Research and Development Five Year Strategy

The Chairman welcomed Dr Roope Manhas and Linda Henderson to present the Research and Development Strategy.

The Board noted that:

- The Strategy had previously been presented to the Board two years ago.
- A key issue for the team was to increase recruitment into interventional studies with a goal of 20% by 2020. In 2016-17, the team achieved 28%.
- Overall recruitment against targets has been very good. In 2016-17 the target was 500 patients and the team recruited 743 patients to trials across portfolios.
- The team also had a goal of increasing commercial income and some progress has been made against that.



- There are two important issues faced by the team which are funding and clinical space.
 - Funding – the team are struggling to open new studies because of funding issues. The majority of funding comes from the local clinical research network and there have been cuts to funding over each of the last three years, which have led to resource issues. This in turn has led to the team being unable to open studies at the Trust, currently approximately five studies per quarter. Income from the network is approximately £350k and non-network income is approximately £46k. In order to grow the non-network income through participation in commercial studies, an element of “pump priming” will be needed of approximately £150k per year for the next three years.
 - Clinical Space – some space has been secured in the Seamoor Unit two days a week for two years. The possibility of some space being available in the new Bungalow development was discussed. Alison Diamond advised Dr Manhas that this would need to be discussed at the Charitable Funds Committee, as they had previously already agreed the Business Case developed for the Bungalow facilities.
- In summary, Dr Manhas advised that the Research Department was doing very well, but in order to continue into the future funding would be needed. He added that he felt there were three options for the Trust which would be to find the funding, do nothing which will eventually lead to research ceasing, or stop doing research now.

Nick Lewis asked for clarification whether it was investment or funding that was needed. Dr Manhas responded that the aim is to significantly increase commercial research so that the team is not reliant on network funding, but in order to do this investment was needed now to open the studies.

Alison Diamond suggested that the Executive team could offer support to Dr Manhas to build up the options for taking this forward using a more granular approach.

Tim Douglas-Riley observed that the Quality Assurance Committee receives regular updates on Research and Development at the Trust and is always impressed with the progress being made. He added that research is an essential factor in attracting good staff to work for the Trust. Robert Down agreed that a thriving research department will contribute to encouraging good staff to join the Trust.

George Thomson asked if there would be opportunities for development of investigator initiated trials which there is funding for and Dr Manhas agreed that this would be an opportunity, and he added that a short term of the team is to get a chief investigator trial running, as they bring their own funding with them. Linda Henderson added that the grant application process takes at least a year to complete. In addition, it was noted that the funding from the Clinical Research Network must be spent in year and there are restrictions in place on what it can be spent on. There is much more freedom on how commercial research funding is spent which could mean investment in staff.

Pauline Geen asked if other Trusts were also having their funding cut and was informed that all Trusts are getting similar cuts, but the Trust has always received the least amount of money in the South West and other local Trusts already do more commercial work.

The Chairman thanked both for attending and recommended that the Strategy goes back to the Executive Directors Group for further discussion and support for the writing of a business case to sustain Research & Development the outcome be presented at a future Board Briefing.

RM

[Roope Manhas and Linda Henderson left the meeting]



096/17 Emerging Issues

The Chairman asked if there were any emerging issues members of the Board wished to raise. None were raised.

097/17 Questions from Members of the Public

The Chairman invited members of the public in attendance to ask questions of the Board relating to the business of the meeting.

Liz Wood asked if there were any staffing issues that might threaten the recommendations of the Acute Services Review. Alison Diamond responded that staffing issues are a national challenge. However, she added that the Trust is undertaking a great deal of work to look at different ways of addressing staffing issues, including growing the market in the Northern Devon area to support healthcare, for example the Care Academy which can lead to opportunities for students to progress to achieving professional qualifications, as well as securing rotational places for trainee nurses, so that locally based trainees can stay in the area.

098/17 Date of the Next Meeting

The next meeting of the Trust Board will take place at 10.00 a.m. on Tuesday 3 October 2017 in the Chichester Boardroom, North Devon District Hospital, Barnstaple.

099/17 Exclusion of Press / Public

It was formally **MOVED** by Nick Lewis, and, **SECONDED** by Andy Ibbs and unanimously **RESOLVED** that under the provision of Section 1, sub-section 2, of the Public Bodies (Admission to Meetings) Act 1960, that the public be excluded from the confidential section of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted.



ACTION LOG AS AT 2 AUGUST 2017

No	Minute	Item	Action	Comments	Lead	Outcome
1 August 2017						
1	083/17	Nursing Skill Mix Review	Update on progress against the recommendations of the review to be presented to September Board Briefing	Aug 17 – Following changes to the Board Briefing schedule, the update will be presented at the Board Development Day on 5 September 2017.	DA	Closed
2	085/17	Customer Relations Report Quarter 1 2017-18	Information about reconciliation meetings to be included in future reports.	Aug 17 – Darryn Allcorn has discussed with the Customer Relations team.	DA	Closed
3	094/17	Learning from Mortality Strategy and Mortality Review Policy	National Quality Board – National Guidance on Learning from Deaths to be recirculated to the Board by email for information.	Aug 17 – Document circulated to the Board.	GGF	Closed
4	095/17	Research and Development Five Year Strategy	Strategy to be discussed at Executive Directors Group re funding issues and update to be provided to Board at a future Board Briefing session	Aug 17 – Action updated. Roope Manhas and Linda Henderston to meet with George Thomson to discuss writing a business case for presentation to Exec Directors' Group.	RM/LH/GT	Ongoing

Chair's Signature 

Date 3 October 2017

