

**Trust Board Meeting in Public**

Held on Thursday 27 June at 14.00  
Lecture Theatre  
Queen Alexandra Hospital

**MINUTES**

**Present:**

Alan Cole	Interim Chairman/Non Executive Director
Tim Higenbottam	Non Executive Director
Liz Conway	Non Executive Director
Mark Nellthorp	Non Executive Director
Steve Erskine	Non Executive Director
Ursula Ward	Chief Executive
Ben Lloyd	Director of Finance, Deputy Chief Executive
Simon Holmes	Medical Director
Julie Dawes	Director of Nursing
Cherry West	Chief Operating Officer
Tim Powell	Director of Workforce
Peter Mellor	Director of Corporate Affairs & Business Development

**In Attendance:**

Brian Courtney	Interim Company Secretary
Dr Yeoh	Consultant, Acute Oncology Service
Clare Marsh	Nurse Specialist, Acute Oncology Service
Michelle Marriner	(Minutes)

**Item No**      **Minute**

**96/13**      **Apologies:**

There were no apologies

**Declaration of Interests:**

There were no declarations of interest.

**97/13**      **A Patient Story**

Dr Yeoh and Clare Marsh were in attendance for this item and delivered the following presentation:



Trust Board.ppt

The Director of Corporate Affairs congratulated the team on having such a successful service and asked whether there was anything which they had identified which they felt would improve the service. Clare Marsh felt that the service was already well equipped but the main issue facing the service was the lack of beds. Acute Oncology beds were being used for outlying inpatients and therefore some Acute Oncology patients were having to be redirected to ED or MAU.

**98/13 Minutes of the Last Meeting – 30 May**

The minutes were approved as a true and accurate record.

**99/13 Matters Arising/Summary of Agreed Actions**

All actions on the grid had been completed.

**100/13 Notification of Any Other Business**

There were no items of any other business.

**101/13 Chairman's Report**

This report was noted by the Board.

The Interim Chairman provided a verbal update following the Foundation Trust Network (FTN) event on 20 June. There had been a presentation from CQC about its new inspection regime which was due to be launched in October. Under the new regime, it would prioritise those Trusts which are in the FT pipeline.

He asked that the Board consider the Trust's formal response to the Francis Report at its next Workshop.

**Action: Director of Nursing**

He advised that the Council of Governors had met on 21 June and received presentations on the following subjects:

- Update on Listening into Action
- Update on Urgent Care Centre

At its meetings, the Council of Governors have the opportunity to raise any issues which it felt needed sharing with the Board. On this occasion it did not have any issues to share with the Board. The Council of Governors confirmed that it was in full support of the Board's decision around Vascular.

**102/13 Chief Executive's Report**

This report was noted by the Board.

The Chief Executive drew particular attention to the report published by the Department of Health which highlighted local variation in avoidable death rates.

She was pleased to report that the Trust Board had a very successful meeting with the Clinical Commissioning Groups (CCG's). It was an opportunity for the Trust and the CCG's to present on key issues, opportunities and challenges facing each respective organisation. It was encouraging that there had been broad alignment on all of the major issues. A way forward for working together, building on existing relationships was proposed. It had been agreed that these meetings should continue on a quarterly basis and that a representative from each organisation would meet to decide on the best way forward. She requested that an update on progress be provided at a future meeting.

**Action: Director of Corporate Affairs and Business Development**

The Chief Executive advised that she had recently attended a 'Question Time' event in Portsmouth where the public were invited to ask questions on a range of subjects including health, social care and education. This was a good opportunity to provide reassurance to the public following recent concerns about a number of issues. She was pleased to report that there was significant public support for the hospital.

## 103/13 Integrated Performance Report

The Chief Operating Officer advised that the position was unchanged since last month, but asked the responsible Director to report on areas of concern from their respective part of the report.

### Quality

The Director of Nursing advised that an initial draft report had been received from the CQC following their recent unannounced responsive visit. Whilst the report showed that the Trust was fully compliant against the four standards measured, there were some areas of concern which were being addressed.

She advised that there was an amendment to make to the report as there had been one fall reported in May which had not been reflected in the report.

She also reported that there had been an increase in the number of complaints in May with 65 compared to 39 in April. She confirmed that she had investigated the reason for the increase but no common themes had been identified.

### Finance

The Director of Finance advised that there had been an increase in the amount of elective work but it was still below the planned level. Non-elective work remained above plan despite the Commissioners drive to reduce it using QIPP.

There had been a deep dive conducted into the CQUIN's at the recent Finance Committee. It was felt that the Integrated Performance Report should be updated to rebalance the focus due to the potential risk to income associated with CQUIN's.

### Operations

The Chief Operating Officer advised that the admitted backlog had increased to 724. There would be a planned "fail" in Orthopaedics in July for the Admitted and Non Admitted backlog to ensure achievement of the 92% target and to ensure a reduction in the longest waiting patients. In Urology, additional activity was being planned and undertaken for June.

### Workforce

The Director of Workforce was pleased to report that the Essential Skills compliance rates had increased to 86.3% which was now above target. He reminded that in order to achieve level 2 of the Information Governance Toolkit, the Trust was required to achieve 95% of its staff trained on Information Governance. He advised that there was now 75% of staff trained on Information Governance which was a significant improvement on last month. Steve Erskine asked how that improvement had been achieved. The Director of Workforce advised that the Essential Skills Handbook which had been released in March was beginning to take effect. The Director of Corporate Affairs advised that he had contacted other Trusts who had successfully achieved 95% compliance to find out how they had managed it. It was clear that there was no magic answer other than management focus.

## 105/13 Update on Unscheduled Care

This item was taken out of turn.

The Chief Operating Officer delivered the following presentation:



PHT presentation to  
the TDA 26 June 2011.

The Director of Finance extended his thanks to everybody across the organisation whose efforts have resulted in a much better performance. Once the Trust was back on track and the issue resolved, it would release more time for the Executive Directors to focus on the wider strategic issues facing the Trust. The Chief Executive agreed and felt that the greater

visibility of performance metrics across the organisation was helping in obtaining greater staff engagement.

The improvement in discharges was noted and commented on as a key factor in recent improvement. This was linked to the faster turnaround of TTO's which was an important in facilitating discharges as patients could not be discharged without appropriate drugs. The Medical Director commented that the introduction of afternoon ward rounds had been a key factor as this identified patients ready for discharge the next day and gave the Pharmacy time to prepare the TTO's which enabled discharges to take place early the next day.

The Chief Operating Officer confirmed that the daily operational meetings would now be rolled out to the CSC's.

The Chief Executive advised that whilst this presentation particularly focussed on the Trusts internal actions, there were also a number of external actions which were taking place with the Trust working closely with external partners.

### **104/13 Update on Listening into Action (LiA)**

Lucy Rutter was in attendance for this item and delivered the following presentation:



Trust Board Update  
June 2013.pptx

She advised that the Trust would undertake quarterly pulse surveys to measure the on-going success of LiA. The first survey had just been launched and there was a noticeable improvement in the response rate with 14% of staff having already responded which was more than double the responses received for the national staff survey.

The Director of Nursing asked whether the results from the pulse survey reflected the results from the national staff survey, and it was confirmed that they did. The Director of Workforce reminded that the national staff survey was only sent to a small selection of staff but would be changed this year as the survey would be sent to all staff. Lucy Rutter advised that other Trusts who had also embarked on LiA had seen a correlation between the survey results and had also seen an increase in the national staff survey response rates.

### **106/13 Quality Account**

The Director of Nursing advised that the Quality Account had previously been seen by both the Trust Board and Governance & Quality Committee and they now required final sign off before being submitted to NHS Choices for publication. Since last presented to the Board, the following changes had been made:

- Further amendments as suggested by the Board
- Report from Commissioners
- Limited assurance report from the external auditors

Steve Erskine confirmed that the Audit Committee were fully aware of the limited assurance report from the auditors.

The Chief Executive confirmed that the TDA had commented favourably on the Quality Account. It was felt appropriate for the Interim Chairman to email Fiona McNeight to thank her for her professional and thorough work in pulling it together.

**Action: Interim Chairman**

The Board approved the publication of the Quality Account.

### **107/13 Assurance Framework**

The Director of Nursing advised that the new Assurance Framework would be presented next month to reflect the agreed strategic objectives for 2013/14.

Liz Conway advised that the Risk Assurance Committee had discussed many items including:

- Various IT issues:
  - The numerous applications available to access blood results and how this fits with a long term strategy on rationalising systems.
  - Safe haven Policy being impacted on by poor GP uptake of group mail boxes
  - Potential to extend the scope of EPRO so that consultants are emailed when an outpatient letter is ready for sign off in the system
- Reviewed the Risk Register in detail and noted the highest risks
- Considered where there were gaps on the Risk Register and the following were discussed:
  - Quality target achievement
  - Impact of CIP programme on quality
  - Staff Survey
  - Medical Notes management
  - Management of outliers
  - Data quality

### **108/13 Self-Certification**

The Interim Company Secretary reminded that this item was for noting only as it had previously been discussed and agreed at the Board Workshop on 13 June. The return had been amended as agreed by the Board prior to being submitted to the TDA on 14 June.

Due to the timeline set by the TDA, it would be necessary for this item to be discussed at the Board Workshop on a monthly basis in order for the return to be submitted to the TDA before the deadline. It would continue to be presented to the Board at its meeting in public.

### **109/13 Governance & Quality Committee Report**

Mark Nellthorp advised that the meeting had been very productive and had focussed on the following agenda items:

- Coroner's Rule 43 Report in regard to falls.
- Report from Medicine CSC – with particular concern about the number of outliers
- Report from Surgery & Cancer CSC
- Head & Neck CSC – with particular concern about the significant number of patients on the Ophthalmology outpatient waiting list.
- Infection Control Management Committee – with particular concern that meetings were either cancelled or poorly attended.

### **110/13 Audit Committee Report**

Steve Erskine advised that the meeting had been very productive and had focussed on the following agenda items:

- VitalPAC contract
- Internal Audit Reports – discussion about the lack of management response to the data quality report.
- External Audit – A concern that some information within the internal audit report did not always reflect the Quality Accounts.
- Annual Accounts – External Audits complimented to the Finance lead for the minimal number of changes needed.
- Letter of representation agreed and signed by the Committee.

The Director of Finance advised that the data quality issue had been recognised at the Audit Committee and was subsequently discussed. The Head of IT had been asked to look at

other Trusts and make suitable recommendations. In the short term, the Chief Operating Officer has been identified as the Executive responsible for data quality who has subsequently delegated to the Director of Corporate Affairs. Steve Erskine was concerned that the lead for data quality should not be the same person as the Senior Information Risk Owner (SIRO). He felt that this arrangement was acceptable in the short term but a date was needed for the when the arrangement should end.

#### **111/13 Finance Committee Report**

The Chief Executive advised that she had chaired the Finance Committee in the Interim Chairman's absence. The Committee looked at the Trust's financial position in detail.

#### **112/13 Risk Assurance Committee**

This item was covered under 107/13.

#### **113/13 Charitable Funds Update**

The Board noted this report.

#### **114/13 Annual Workplan**

The Interim Company Secretary advised that the Annual Workplan was being reviewed by the Executive Management Team and would be discussed at the next Board Workshop.

#### **115/13 Non Executive Directors' Report**

Liz Conway reported back following the Board to Board meeting with the CCG's. She felt that the meeting was very productive. A suggestion was made that the Trust and CCG's should consider making joint responses to any negative media stories. This was felt to be a useful step and the respective Communication Teams would need to coordinate

Steve Erskine advised that he had attended one of the Operational Performance Meetings and was very impressed with the level of commitment from the Managing Directors and the absolute focus on patient care. He felt that the facilitation by the Chief Operating Officer was very well received.

#### **116/13 Record of Attendance**

The record of attendance was noted by the Board.

#### **117/13 Opportunity for the Public to ask questions relating to today's Board meeting**

A member of the public asked why the Board meeting was no longer advertised in the newspaper. The Director of Corporate Affairs advised that procedure for advertising the meeting had recently changed. The advert within the paper was very small, costly and only had a limited circulation. It was therefore decided, in this cost conscious environment, not to continue with this method of advertisement. The meeting is advertised on the Trust's website and many posters are displayed around the hospital in particular at the entrances.

A member of the public asked whether the Trust sought permission of the patient prior to injecting them in the stomach. The Chief Executive advised that it was not appropriate to discuss individual cases during a meeting in public but asked that the Director of Nursing discuss in more detail after the meeting.

A member of the public advised of a patient who had been treated within MAU and had been taken during the night for tests without permission. The Interim Chairman explained that the Trust takes complaints from patients very seriously but was unable to discuss individual cases during a meeting in public. He asked that the patient's details be shared so

that this incident could be discussed more fully.

A member of public advised that he was very impressed with the Trust's change in TTO times and asked whether information about how it was achieved would be published. The Chief Operating Officer advised that the Trust had been on a significant journey and was still making further improvements. The particular work on TTO's had been recommended by another Trust. The Medical Director felt that having a ward round in the afternoon had improved TTO planning significantly.

**118/13 Any Other Business**

The Chief Executive asked whether the new Strategic Objectives had been formally agreed. The Director of Nursing agreed to add this to the next Board Workshop agenda.

**Action: Director of Nursing**

There being no further items of any other business, the meeting closed at 16:15pm.

**119/13 Date of Next Meeting:**

**Thursday 25 July**

**Venue: Lecture Theatre, Queen Alexandra Hospital**