

**Trust Board Meeting in Public**

Held on Thursday 26 September at 10.00

Lecture Theatre

Queen Alexandra Hospital

**MINUTES**

<b>Present:</b>	Alan Cole	Interim Chairman / Non Executive Director
	Mark Nellthorp	Non Executive Director
	Tim Higenbottam	Non Executive Director
	Liz Conway	Non Executive Director
	Steve Erskine	Non Executive Director
	Ursula Ward	Chief Executive
	Ben Lloyd	Director of Finance / Deputy Chief Executive
	Julie Dawes	Director of Nursing
	Cherry West	Chief Operating Officer
<b>In Attendance:</b>	Lorraine Morgan	Ward Manager (for agenda item)
	Brian Courtney	Interim Company Secretary
	Michelle Marriner	(Minutes)

1 x member of the public

**Item No**      **Minute**

The Interim Chairman reminded the public that there were various committees which supported the work of the Trust Board and therefore many of the agenda items had already been discussed in detail by the relevant committee. As a consequence, this allowed much of the discussion at Board meetings to focus on items of exception or to answer any questions that might arise from the papers and reports previously circulated.

**168/13 Apologies:**

Apologies were received from the Medical Director who was attending another meeting on behalf of the Trust and the Director of Corporate Affairs.

**Declaration of Interests:**

There were no declarations of interest.

**169/13 A Patient Story**

The Director of Nursing played a short video showing the story of Mikey who was a Paediatric patient and recently featured as part of the ITV filming which took place across the Trust.

Lorraine Morgan, Ward Manager was in attendance to answer any questions which might arise. Lorraine Morgan explained that Mikey has been medically fit for discharge since July but was still not discharged due to awaiting a community care package. The Chief Executive asked what the cause for the delay in discharge. Lorraine Morgan explained that the recruitment of specialist staff in the community was causing the delay as Mikey would

require 24/7 care.

Liz Conway asked how many other specialist cases there were. Lorraine Morgan advised that there were about ten in the community and two in the hospital at this moment in time.

Liz Conway offered her thanks and recognition to the Communications team for making the ITV filming a success and allowing the opportunity to show the Trust in a positive light.

### **170/13 Minutes of the Last Meeting – 26 August**

The minutes of the last meeting were approved as a true and accurate record.

### **171/13 Matters Arising/Summary of Agreed Actions**

All actions on the grid had been completed.

### **172/13 Notification of Any Other Business**

There were no items of any other business.

### **173/13 Chairman's Report**

This report was noted by the Board.

The Interim Chairman made reference to a further meeting which he had attended since his report had been circulated:

- Unscheduled Care Summit Meeting with the Chairman and Chief Executives from the Local Authority, Commissioners and local partners.

At the meeting there was unanimous recognition of the unscheduled care problem and commitment to focus going forward on implementing the ECIST recommendations.

### **174/13 Chief Executive's Report**

This report was noted by the Board.

She drew particular attention to the NHS winter planning funding and advised that she was disappointed at the funding allocated to the Trust and local system. Only £300k of the £1.4m would be given directly to the Trust. There still remained some funding held centrally which had yet to be allocated, and the Trust would be actively seeking additional funds.

She was pleased to report that national fractured neck of femur data had been published and the Trust had the best outcomes in England across all of the ten metrics measured. The Trust was now looking at developing the model of care and implementing it to other areas within the hospital.

### **175/13 Integrated Performance Report**

#### **Quality**

C.Difficile – five cases reported in August against a trajectory of one. The year to date position is 12 against a trajectory of 13. Two key areas would be focused on:

- Cleaning, in particular bed cleaning
- Review of antibiotic prescribing

Dementia – Some improvement was seen in month and step 2 & 3 had been achieved during August. Step 1 it is hoped to be achieved in September.

Pressure Ulcers – Performance against trajectory is less than ideal with a total of 18

avoidable grade 3 and 4 against a year end trajectory of 25.

MRSA – two cases of MRSA occurred during September but the new process involves only reporting cases when fully reviewed. Following the review of these two cases, they were deemed appropriate to be apportioned to the community; therefore they will not be set against the Trust.

The Interim Chairman asked if there was an update on the friends and family test. The Director of Nursing advised that there was on-going national debate about the methodology used which had not yet been resolved. She felt that the friends and family test was a useful exercise to have as it enables the Trust to directly respond to any concerns or feedback at ward level.

The Director of Finance referred to the quality dashboard on page 4 of the report which rated the Trusts SHMI as red. The Director of Nursing advised that it should be amber and committed to changing it within the report.

**Action: Director of Nursing**

### **Operations**

The Chief Operating Officer drew to attention a change within the report. The governance risk rating on the shadow monitor dashboard had reduced from a 3.0 to 2.5 for August. This was a result of two week wait-breast symptomatic patients (who did not attend their appointment) being re-appointed which resulted in them no longer being recorded as a breach.

She also drew attention to the recovery plan for unscheduled care which would be discussed in detail at the meeting in private.

### **Finance**

At month 5 the Trust was reporting a deficit of £5.6m which is a £2.1m adverse variance against the planned position of £3.3m deficit. A Trust wide recovery plan has been developed to improve the position before year end. This would be discussed in more detail at the meeting in private.

Steve Erskine asked for reassurance that the actions within the recovery plan would get the financial position back on track by year end. The Director of Finance advised that the bottom up forecasts from CSC were getting better and forecasted a £9.7m deficit. Once the risks and opportunities were explored, it left us with a planned £7.2m deficit. The recovery actions proposed then would improve the position to £5.2m.

The recovery action plan had been presented to the Trust Development Authority (TDA) who acknowledged that it was a coherent and credible plan.

### **Workforce**

Essential skills – whilst compliance remained above target during August, the improvement in information governance training has not improved as much as planned. However, this is partly a national problem with the ESR system not recording training records accurately. A resolution was being sought.

Staff turnover – since April 2013 there have been a total of 356 leavers of which 61% were voluntary resignations, 14% retired, 4% dismissed and 7.5% made redundant. The most common reason for leaving was due to relocation or work/life balance. 30% of those who resigned do not have a reason recorded. The emergency medicine CSC have had over 12% turnover but cancer and surgery CSC remain the biggest concern.

Liz Conway asked about the turnover rate of the Portuguese nurses. The Director of Nursing

explained that turnover was very low but some staff had moved internally within the organisation. The Trust has a very good reputation with nurses wanting to come and work here. A recruitment drive would begin again in January.

Flu vaccination – the Trust is required to ensure that 75% of staff are vaccinated against flu and a plan is place to achieve this including an increase in the availability of work place vaccinators.

The Interim Chairman asked if there was an idea why some staff do not have the flu vaccination. The Director of Workforce felt that it mostly due to personal choice. The Director of Nursing said that feedback from the Heads of Nursing was there were mainly three reasons for some staff not being vaccinated:

- Received the vaccination outside of the Trust, through their own GPs
- Myths – about the after effects of the vaccination
- Convenience

National Staff Survey – due to be circulated in early October. It will be sent to all staff including Carillion staff so that the results will offer a more accurate representative opinion of the workforce.

### **176/13 Self Certification**

The Interim Company Secretary reminded that the Executive Directors had discussed and agreed the responses prior to submission to the Trust Board.

There were still two areas of non compliance:

- Board statement 10
- Board statement 11

And one area with an identified risk:

- Board statement 14

The response to Board statement 14 had been updated slightly and was planned for the risk to be removed from next month.

The Board approved submission of the self certification to the TDA.

**Action: Interim Company Secretary**

### **177/13 Annual Planning for 2014/15**

The Director of Finance introduced the financial planning framework which sets out proposals to develop a service change model to provide an integrated planning tool across finance, workforce and activity.

The framework had been presented and has full support of the senior management team.

The framework includes the proposal for 2014/15 budget setting but does not fully reflect the detail in the recovery plan.

The Interim Chairman felt that previous year's framework had lacked detail about cost improvement plans (CIP's). The Director of Finance advised that the CIP's would be driven by the service change model. The biggest driver would be how CSCs operate and consume resource.

Steve Erskine highlighted the importance of remaining within the timescale of the business plan process and ensuring that the information within it is accurate. This would mean 2014/15 would start with an accurate business plan.

The Chief Operating Officer felt that it would be useful to use the Andrew Hyslop work to

understand the most recent intelligence about population growth and demographics before the contracting round begins, to ensure that all aspects of local demand are clearly understood. This was particularly relevant in terms of the integrated service models that the Trust has been working on with community partners.

The Interim Chairman reminded the Board of the importance of ensuring that there were clear milestones within the plan. This would allow effective monitoring. The responsibility for monitoring the plan will be split between the Finance Committee and the Board.

The Board approved the financial planning framework.

The Board offered it's thanks to Brian Maxton, Deputy Director of Finance for pulling this framework together.

### **178/13 Assurance Framework**

The Director of Nursing drew attention to the six top risks and one new risk around the failure to implement the Trust's IT Strategy.

The Chief Executive was concerned about how some CSC's manage the risks on their own risk registers due to the length of time some risks have remained. The Director of Nursing agreed that more focus was needed on those long standing risks as the performance reviews only focus on the top five risks. She felt that the Risk Assurance Committee would be the most appropriate place to look at the CSC risk registers. The Executive Team agreed that a further discussion was needed to agree some trigger points to highlight when risks needed escalating and discussing at performance reviews.

**Action: Executive Management Team**

Steve Erskine was concerned about the new risk 3.2 and asked who owned the risk. The Chief Executive recognised that there was an issue about how the IT senior team work within the hospital. The Director of Finance advised that the Head of IT was beginning to spend more time in the hospital working with clinicians more closely.

### **179/13 Audit Committee Report**

Tim Higenbottam had chaired the Audit Committee in the absence of Steve Erskine. He advised that the meeting had been very productive and focussed on the following agenda items:

- VitalPAC – establishment of a VitalPAC group
- Internal and External Audits
- Ward behaviours during audits

### **Governance & Quality Committee Report**

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

- Electronic Discharge Summary
- End of Life Care Review – Concern about losing momentum of the framework of care during the interim period after the Liverpool Care Pathway (LCP) is removed nationally. There was recognition that the LCP was the right approach if used correctly. Awaiting further guidance on the new framework to be introduced.

### **180/13 Finance Committee Report**

The Interim Chairman advised that the Finance Committee spent the majority of its meeting undertaking detailed scrutiny of the Trust's recovery plan.

### **181/13 Risk Assurance Committee**

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

- Potential risk around market share
- Risk Register – two new risks:
  - Implementation of the IT Strategy
  - Senior management capacity
- Assurance Framework – one new risk:
  - Implementation of the IT Strategy
- CSC Risk registers:
  - Corporate Functions risk registers were reviewed (HR, IT, and Quality)
  - Surgery and Cancer risk register was reviewed
- NHSLA/CNST

#### **182/13 Charitable Funds Update**

The Board noted this report.

Mark Nellthorp was pleased to report that more successful bids for charitable funds were now being received from CSC's.

The Committee is shortly due to implement a £2000 spend per ward for the senior nurse to spend. There will be a framework set on how it should be spent but more immediate impacts were expected.

#### **183/13 Non Executive Directors' Report**

Steve Erskine felt that the weekend rota undertaken by the Non Executive Directors was extremely useful and was providing invaluable insight.

#### **184/13 Annual Workplan**

The Board noted the workplan.

The Director of Workforce felt that the Workforce and Education Strategy needed to be moved to the private agenda.

**Action: Interim Company Secretary**

The Chief Executive felt that there needed to be a discussion at the next Board meeting about a potential appointment of a Director of Strategy.

**Action: Interim Company Secretary**

#### **185/13 Record of Attendance**

The record of attendance was noted by the Board.

#### **186/13 Opportunity for the Public to ask questions relating to today's Board meeting**

A member of the public asked whether the new framework for end of life care would have associated targets. The Director of Nursing confirmed that it wouldn't.

#### **187/13 Any Other Business**

There being no further items of any other business, the meeting closed at 12:00pm

#### **188/13 Date of Next Meeting:**

**Thursday 31 October**

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

