

Trust Board Meeting in Public

Held on Thursday 28 November at 10.00
Lecture Theatre
Queen Alexandra Hospital

MINUTES

Present:	Alan Cole	Interim Chairman / Non Executive Director
	Mark Nellthorp	Non Executive Director
	Liz Conway	Non Executive Director
	Steve Erskine	Non Executive Director
	Tim Higenbottam	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
Peter Mellor	Director of Corporate Affairs	
In Attendance:	Brian Courtney	Interim Company Secretary
	Michelle Marriner	(Minutes)
	Gill Gould	Head of Nursing, Cancer & Surgery CSC
	Chris Tite	Head of ICT

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.

212/13 Apologies:

Apologies were received from Liz Conway, Non Executive Director

Declaration of Interests:

There were no declarations of interest.

213/13 A Patient Story

The Director of Nursing introduced Gill Gould, Head of Nursing for Cancer & Surgery CSC who was in attendance to talk about the experience of a patient on the colorectal cancer pathway:



Patient Story
Colorectal Nov 2013.

Steve Erskine asked if patients were made aware of the potential impact on their clinical condition whilst they take time to make a decision about surgery. He was concerned that

patients might 'fall through the gap' whilst taking 'time out' to make that decision. The Medical Director reassured that once a patient is on the cancer pathway, they are monitored very closely with regular contact.

The Interim Chairman asked whether a dedicated nurse was allocated to each patient on the pathway. Gill Gould confirmed that a named nurse is allocated to each patient throughout the process.

214/13 Minutes of the Last Meeting – 31 October

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

215/13 Matters Arising/Summary of Agreed Actions

204/13: PHT response to Neuberger Report - The Director of Nursing advised that this was being discussed and she would update at a future meeting.

All other actions on the grid had been completed.

216/13 Notification of Any Other Business

There were no items of any other business.

217/13 Chairman's Report

This report was noted by the Board.

The Interim Chairman advised that he had recently attended a meeting with other Chairmen from local Trusts. The meeting was very useful with discussions about future opportunities to work together.

218/13 Chief Executive's Report

This report was noted by the Board.

The Chief Executive drew particular attention to the following:

- Cabinet Office Deep Dive of Unscheduled Care – took place two weeks ago and was hosted here at the hospital. The review focussed on the entire local health system as opposed to just the hospital. A formal report would not be provided but feedback would be received via a telephone call in the near future.
- Winter funding – £150m of additional funding was being allocated to the health system to ease winter pressures and would be shared amongst Trusts. The Trust is hopeful for a more equal share this time around.
- Sustainability Board - had now ceased and a 'Chief Accountable Officers Meeting' had been established. She committed to sharing the Terms of Reference with the Board
Action: Chief Executive
- PHT Organ Donation Report – significant rise in the number of kidney transplants undertaken recently. The number of altruistic transplants undertaken is the highest in the country.
- Russian delegation – The Trust recently hosted a delegation of senior Russian Doctors who attended a three day workshop to learn about management of a large NHS hospital. She paid tribute to the Director of Corporate Affairs for organising the event and making it such a success. She thanked the Executive Team and various

other speakers who contributed to the workshop. The feedback following the workshop has been very positive and would hopefully lead to future working relationships.

219/13 Integrated Performance Report

The Interim Chairman advised that the way in which information will be presented to the Trust Board has changed. From now on, each Non Executive Director who is responsible for a Board Committee will present those agenda items which link to their responsible committee.

Quality

Mark Nellthorp advised that the Governance & Quality Committee had met on 5 November and discussed the following items:

- Update on Electronic Discharge Summary
- Emergency Department – concern over the quality of GP referrals to MAU
- Neonatal Intensive Care Unit – 2 positive reports received
- Orthotics Service – concerns raised from both MSK and MOPRS

Tim Higenbottam referred to a discussion at Governance & Quality Committee about the recent increase in turnaround times for patient letters. The Chief Operating Officer confirmed that there had been a number of issues within the department which had resulted in an increase in turnaround times. There is a clear plan in place to improve performance and would be monitored on a daily basis. The Chief Executive felt that this was part of a bigger issue. Feedback from GP's is that despite the Trust's clinical outcomes being excellent, some of the administrative processes such as timeliness of letters and results, issues with phones not being answered etc. was having a negative effect on the Trusts reputation and could potentially affect any future business development plans. It was agreed that this needed to be made a priority focus for next year with some agreed standard operating procedures for what is acceptable.

The Director Nursing drew attention to particular areas of the Integrated Performance Report:

- Patient experience concerns –
 - Friends and Family – deterioration in the patients responding positively to the question 'would recommend the Trust'.
 - Continued increase in the number of complaints received.
- Pressure ulcer prevalence –this was achieved in October for the first time this year.
- Falls – Coroners concern at the number of falls. A full report has been provided to the Coroner detailing the number of falls and how the figures benchmark nationally. A rule 43 letter has been issued to the Trust with a threat of further action if improvements are not seen. She reminded that a continued reduction in the number of falls is seen year on year and an invitation from Trust has been sent to the Coroner for him to visit the Trust and to understand the challenges and risks which the Trust face.

Operations

The Chief Operating Officer drew attention to particular areas of the Integrated Performance Report:

- ED waiting time standard – achieved during October.
- RTT – admitted backlog position improved with 578 patients waiting >18 weeks and 21 patients waiting >35 weeks.
- Cancer – both standards failed. Each patient on the cancer pathway is being monitored.

The Interim Chairman extended his thanks to everybody in the organisation for their hard work and effort in improving the ED target performance. He reminded of the need to sustain

the performance throughout the difficult winter period.

The Interim Chairman asked whether there were patients within the hospital who were 'discharge ready' but remained in hospital for a long period of time. The Director of Nursing said that there were a small number of patients but they had a big impact on the hospital. She offered to bring back an example as a patient story at the next Board meeting.

Action: Director of Nursing

Steve Erskine noted the slight increase in the Trust's SHMI. The Medical Director advised that the Trust's HSMR had reduced. He reminded that SHMI includes those patients who die up to 30 days after leaving hospital. Each individual case is reviewed in detail. There is work on going to improve the process of coding the diagnosis of patients.

Finance

The Interim Chairman advised that the Finance Committee had recently met and the following items had been discussed:

- Concern at the financial position at month 7 – a deep dive being conducted with the CSCs.
- Plan 2014/15.
- Update on the current state of the PFI.

The Director of Finance advised that despite the high levels of unscheduled care within the Trust, no elective work has been cancelled to compensate. There has also been additional elective work undertaken to improve the RTT backlog. Therefore, an increase in income was expected in October.

The year-end forecast now stood at £5.7m deficit against a deficit plan of £5m.

Workforce

The Director of Workforce drew attention to particular areas of the Integrated Performance Report:

- Increase in workforce expenditure
- Essential Skills Training – Information Governance training 95% compliance achieved as of today. Essential Skills compliance currently at 90%.
- Flu vaccinations – currently 55% of staff vaccinated. A 5% increase on last year.
- National Staff Survey – One week left before the survey closes. He reminded that this year, the survey had been sent to every member of staff. Over 50% of the workforce have completed the survey. This would give a more representative view of the workforce as opposed to previous years.

Tim Higenbottam referred to the increase in temporary spend and was concerned that the level of temporary staffing was not being controlled as well as it should be. The Director of Workforce advised that the increase was as a direct result of the additional activity being undertaken to improve the backlog position. This included weekend working so resulted in additional payments for overtime as well as the need for extra temporary staff. He reminded that there was a national shortage of nurses so some areas were not staffed to full complement. The Director of Nursing reminded that due to winter pressures, additional beds were open which resulted in more nurses being needed.

Mark Nellthorp referred to the recent report which stated that Trusts are required to publish its staffing levels publically. He asked whether there were any areas with lower than expected staffing levels within the hospital. The Director of Nursing advised that there were some areas such as MOPRS who were not meeting the national standard of nursing levels. She offered to circulate a report to the Board detailing this information.

Action: Director of Nursing

220/13 Self Certification

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

Board statement 10 - After detailed discussion, it was agreed that A&E 4 hour wait should remain as a risk. The Board decided that action dates should be as follows:

- RTT – 30 November
- Cancer – 30 November

Board statement 11 – despite compliance of the Information Governance training, the performance needed to be sustained. It was agreed to keep this as a risk on the Self Certification.

Board statement 14 – it was agreed to keep this as a risk for the rest of the financial year whilst new substantive people are embedded in the organisation.

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

Action: Interim Company Secretary

221/13 Cabinet Office Review of Unscheduled Care

The Board noted the report.

The Chief Operating Officer reminded the Board that this item was added to the agenda following the presentation of the winter plan at the last meeting. She advised that this was the system wide report which was prepared and given to the Cabinet Office Review Team when they undertook their review.

222/13 Research & Development Strategy

The Medical Director presented this strategy, drawing attention to some particular highlights:

- Performing well – highest recruiting Trust of clinical trials
- Developing our own portfolio studies
- Our own Research Medical Officer in post
- Strong links with AHSN
- Large number of research staff
- Ambitious aims to develop area further

Tim Higenbottam felt that it would be useful to see the finances and cost structure within the report. The Medical Director agreed and confirmed that this would be included.

Action: Medical Director

The Chief Executive felt that research and development was not considered enough by the Board and that it would be useful to have a Board work programme in place.

The Director of Nursing felt that more information needed to be included in the report about the work undertaken by Greta Westwood. The Chief Executive agreed and felt that this information should come to a future Board meeting

Action: Director of Nursing

223/13 IT Strategy

Chris Tite, Head of ICT was in attendance for this item.

He drew attention to the particular areas within the report:

- Vision
- Strategic IT investment
- Tactical IT investment

- IT governance arrangements
- The IT function
- Progress In implementing the IT Strategy

The Director of Finance noted the hard work of Chris Tite and the IT team are quite often behind the scenes ensuring all of the systems are working. He recognised that going forward; the Trust would need to make some difficult decisions in terms of investments.

Steve Erskine fully supports the strategic investment as he felt that tactical investment would not change the infrastructure.

Steve Erskine felt that lessons learnt from the roll out of iDesktop should be used to ensure that similar problems did not occur again when future projects are rolled out. The Board agreed.

224/13 Assurance Framework

The Director of Nursing drew attention to the five top risks, one risk with an increased score and two risks with a decreased score.

She advised that risk 1.5 had been reduced slightly in score due to the improved position with ED performance.

Steve Erskine was concerned that the action dates for risk 1.10 were achievable. He recognised that the work needed to be done at a pace but many of the actions were reliant on other areas.

Both Tim Higenbottam and Steve Erskine were complimentary of the Assurance Framework and noted the significant improvements made to it. They both felt that it accurately reflected the risks facing the organisation.

225/13 Risk Register

The Director of Nursing drew attention to the ten top risks, one new risk, one risk with an increased score and three risks with a decreased score.

The Director of Finance felt that consideration needed to be given about including a risk around the PFI and relationship with Carillion.

Action: Director of Finance

226/13 Charitable Funds Committee Terms of Reference

The Director of Corporate Affairs advised that the Terms of Reference had been reviewed and ratified by the Charitable Funds Committee. It now required formal ratification by the Trust Board.

Steve Erskine was concerned that the section on monitoring effectiveness was not the best way to monitor the effectiveness of the committee as the first three points were about process. He felt that a standard template was needed for all committees to help with monitoring effectiveness.

The Board ratified the Terms of Reference.

227/13 Trust Board Code of Conduct

The Interim Company Secretary presented the updated Trust Board Code of Conduct and explained that it now requires each Board member to sign the declaration.

Action: All

He proposed a longer review period for the Code of Conduct as he felt that an annual update was not necessary. He therefore proposed the review date to be November 2016.

The Director of Nursing felt that reference needed to be made to the NHS Constitution. The Interim Company Secretary agreed and committed to updating.

Action: Interim Company Secretary

The Board ratified the Trust Board Code of Conduct

228/13 Policies

The Director of Finance presented the following policies and confirmed that they had all been ratified by the Audit Committee subject to some changes which had been included:

- Trust Standing Orders
- Standing Financial Procedures
- Scheme of Delegation
- Reservation of Powers

The Board ratified all of the policies.

229/13 CQC Intelligent Monitoring Report

The Board noted this report.

The Director of Nursing advised that since the report was circulated she had met with the CQC and had a much fuller understanding of the methodology used. The Trust had been rated in band 4 based on risks identified. The areas of risk which the Trust had been marked down on were:

- TDA governance rating
- Whistle blowing – alerts directly to the CQC. Only one alert was received by the CQC but was not related to patient care. Whether the alert is upheld or not, it will still effect the Trust's score
- Mortality Outlier alert – one alert received in October 2013 and the investigation conducted did not indicate any concern. A response was sent to the CQC detailing this but was not considered in their report.

The Director of Nursing advised that the methodology/metrics used was being debated nationally such as whistleblowing. Many Trusts, including ours encourage whistleblowing, but this would have a detrimental effect on the Trusts score.

The Director of Nursing advised that this would now be reported regularly in the Integrated Performance Report.

Action: Director of Nursing

230/13 National Cancer Patient Survey

The Board noted this report.

The Director of Nursing reminded that the results were from last year's survey and that this year's survey was already underway.

She felt that it was disappointing that the Trust's score was still in the bottom 20% for some areas. She reminded that it was an improvement on two years ago when the Trust was in the bottom 20% for all areas.

231/13 Charitable Funds Update

The Board noted this report.

232/13 Non Executive Directors' Report

Steve Erskine advised that the Audit Committee had recently met and discussed the following items:

- Internal Audit:
 - Patient property & monies
 - Patient notes & communication
- Update from External Audit – drafting section 19 notice
- VitalPAC – discussion around procurement process.

233/13 Annual Workplan

The Board noted the workplan.

234/13 Record of Attendance

The record of attendance was noted by the Board.

235/13 Opportunity for the Public to ask questions relating to today's Board meeting

A member of the public thanked the Board for its openness and honesty during its Board meetings and for the opportunity for the public to attend and listen to the detailed discussions about certain issues. The Interim Chairman advised that the Board conduct the majority of its business in public.

236/13 Any Other Business

There being no further items of any other business, the meeting closed at 1:00pm

237/13 Date of Next Meeting:

Thursday 30 January 2014

Venue: Lecture Theatre, Queen Alexandra Hospital