

Trust Board Meeting in Public

Held on Thursday 25 September 2014 at 10:00am
Lecture Theatre
Queen Alexandra Hospital

MINUTES

Present:	Sir Ian Carruthers	Chairman
	Alan Cole	Non Executive Director
	Mark Nellthorp	Non Executive Director
	Steve Erskine	Non Executive Director
	Liz Conway	Non Executive Director
	Ursula Ward	Chief Executive
	Ben Lloyd	Director of Finance / Deputy Chief Executive
	Tim Powell	Director of Workforce & Organisational Development
	Simon Holmes	Medical Director
	Nicky Lucey	Acting Director of Nursing
In Attendance:	Peter Mellor	Director of Corporate Affairs & Business Development
	Gill Gould	Head of Nursing, Surgery and Cancer
	Vanessa Basketter	Clinical Nurse, Urology
	Susan Boyle	(Minutes)

Item No

154/14 Apologies:

There were no apologies

Declaration of Interests:

There were no declarations of interest.

155/14 Patient Story

Gill Gould, Head of Nursing for Surgery and Cancer and Vanessa Basketter, Clinical Nurse specialist in Urology, were in attendance for this item and delivered a presentation relating to a young lady who had attended an outpatient appointment and, whilst waiting in reception, her treatment had been discussed in the waiting area. Vanessa described the actions that had been taken to ensure that nothing similar would happen again. Both the mother and daughter were happy with the Trusts response.

Liz Conway, Non Executive Director asked if there was any training available for staff to learn how to engage and work with young people? Vanessa confirmed Renal had recently moved from adolescent and teenagers.

Mark Nellthorp, Non Executive Director asked whether staff ask patients if they are happy for relatives to be present during their appointment? Vanessa confirmed that they do.

The Chief Executive wanted to emphasise the importance of learning from incidents and ensuring that the lessons learnt are shared throughout the Trust.

156/14 Minutes of the Last Meeting – 24 July

The minutes of the last meeting were approved as a true and accurate record subject to the following:

Page 6, first sentence in the last paragraph in section 145/14 should read “Steve Erskine felt that there was not enough information included in the report about health and safety”.

157/14 Matters Arising/Summary of Agreed Actions

The actions on the grid had been completed.

158/14 Notification of Any Other Business

The Director of Workforce and Organisational Development wished to include an update on the proposed industrial action within his report. The Chair agreed.

159/14 Chairman’s Opening Remarks

The Chairman didn’t wish to add anything to his opening remarks made during the Annual General Meeting.

160/14 Chief Executive’s Report

This report was noted by the Board and the Chair welcomed any questions.

Mark Nellthorp asked whether the Trust reflects the increase in deaths as mentioned in point 21, Stroke Deaths Linked to Nurse Ratios. She advised that an external review had recently been undertaken and that a working party had been established by the Medical Director to action the recommendations.

Steve Erskine questioned how the Trust prioritises the different and numerous external pressures? She advised that robust governance processes were in place to ensure that nothing was overlooked.

The Chairman wished to remind the Board and members of the public of the Open Day on the 4th October and that everyone is most welcome.

161/14 Integrated Performance Report

Quality

The Acting Director of Nursing drew attention to particular areas of the report:

- The Quality of Care position remained positive against the majority of quality indicators.
- Pressure Ulcers – there had been a reduction in hospital acquired grade 2, 3 and 4 pressure ulcers in August.
- Falls – an external review has taken place but had not highlighted any issues that the Trust was not already aware of.
- Dementia – quarter 2 90% compliance target has been rated as amber.
- MRSA – the Medical Director confirmed that there had been one case of MRSA reported but that it was not attributed to the Trust. The year to date position is zero avoidable cases.
- C Diff - the Medical Director advised that 5 cases had been recorded in August against a monthly trajectory of 2. He described the actions that were being taken to improve the situation.

Mark Nellthorp, Non Executive Director confirmed that the Governance and Quality Committee examines closely any aspect marked red and gave reassurance that the Trust still meets the national average.

- National Cancer Patient Experience Survey Feedback – there has been a significant improvement in the last 12 months. The full survey results would be provided to the October meeting of the Trust Board.

Liz Conway, Non Executive Director requested a change in the terminology used; ‘patients’ should be used rather than ‘cases’.

Action: All

Operations

The Director of Finance drew attention to particular areas of the Operational Report:

- A&E performance – there had been a slight improvement in A&E performance but confirmed that this remains at the top of the Trusts’ list of priorities.
- RTT – the Trust, supported by extra funding, will achieve all 3 standards, and a maximum of 35 weeks from October onwards.
- Cancer – the Trust did not achieve the 2 week wait standards during August but this is being carefully managed to ensure compliance for the quarter.
- Diagnostics – there has been a strong improvement in performance. The Trust is on track with its action plan to achieve the 99% standard in September.

Alan Cole, Non Executive Director thought it was disappointing that the 2 week wait target for cancer had been missed as he was aware that the teams had been working relentlessly.

Finance

The Director of Finance drew attention to particular areas of the report:

- The position at the end of August is a £4.4million adverse variance to plan. The position is under regular and close scrutiny and further action is being taken to achieve the planned £1.2m end of year surplus.
- The scope of local CQUINS have been agreed with the Commissioners.
- Medicine Management – a big push is required to improve the scrutiny of and value from medicines management. £40 million was spent on drugs last year.
- Winter Resilience – there is a possibility of some additional funding.

The Director of Finance summarised that whilst the financial position is tight, we will continue to push to achieve the £1.2 million surplus.

Steve Erskine, Non Executive Director expressed concern that we were already half way through the financial year and questioned whether the pace and momentum needs to be raised, and asked what contingency plan do we have in place? The Director of Finance agreed to cover this later in the Private section of the Board.

Action: Director of Finance

The Chief Executive confirmed that the reinvestment of fines and penalties had been agreed for quarter 1 and 2.

The Chairman questioned why the Trust’s income was lower than planned? The Director of Finance confirmed that it was as a consequence of a combination of delay in ramping up activity in some areas and unplanned losses of activity in others.

Liz Conway, Non Executive Director wished to confirm that all of these matters had been discussed in detail at the recent meeting of the Finance Committee.

Workforce

The Director of Workforce drew attention to particular areas of the report:

- Total workforce expenditure had decreased during August.
- RIDDOR - no cases reported in month 5.

- Flu campaign – begins next week. All members of staff are being encouraged to become immunised.
- Industrial Action – will take place 13th October between the hours of 7am and 11am. Plans are in place to minimise any disruption to our patients

162/14 Self Certification

The Director of Corporate Affairs and Business Development presented the Self Certification to the Board, seeking approval for the Chairman and Chief Executive to sign it off prior to submission to the Trust Development Agency at the end of the month.

The Self Certification was approved.

163/14 Annual Planning 15/16

The Director of Finance advised that 2015/16 would be a challenging year. The key issues and priorities would need to be discussed in detail at a future Trust Board Workshop.

Steve Erskine, Non Executive Director felt that the opportunities had been overwhelmed by the challenges facing the Trust. We need to start right at the beginning of the year to ensure delivery.

Liz Conway, felt strongly that we shouldn't underestimate the talent of our younger staff and should use them more to our advantage.

164/14 Operational Resilience Plan (Winter Plan)

Maria Purse, General Manager was in attendance for this item. She advised that the Operational Resilience Plan is no longer referred to as the 'Winter Plan' as the pressures are constant throughout the year. The requirement is to work with partners, with escalation to other providers and link Primary Care to the general public. She advised communication will go to all staff to ensure that they are kept aware of the Trusts' current status and that everyone is aware of their own contribution to the plan. She confirmed that the plan had been approved by the Senior Management Team.

The Director of Corporate Affairs and Business Development commended the plan but questioned how one could be assured that our healthcare partners would play their part. Maria Purse confirmed that weekly meetings and telephone calls take place with partners where strategic issues are discussed and that all parties have the ability to escalate at any time if the plan does not seem to be working.

The Chairman wished to thank everyone who had played a part in getting the Trust to this point.

165/14 Assurance Framework

The Director of Nursing presented the Assurance Framework to the Board advising that the format had been refreshed, to link risks to the relevant strategic aims. She wished to highlight the following key risks from the report:

- There has been an increase in risk for cancer waits in Urology.
- Failure to successfully implement the IT Strategy eHospital programme.
- Inability to achieve Foundation Trust status within the agreed timetable.
- Repeated and prolonged overcrowding in ED.

She also wished to recognise the good progress made regarding the risk of a lack of technical fire risk assessments throughout both the new and retained estates.

166/14 Update on Revalidation

The Medical Director presented the annual report on Revalidation. It is a requirement that

Boards are aware of the process of governance around revalidation. The Medical Director indicated that high quality appraisal was the key to the revalidation process as this would ensure a doctors whole practice was reviewed along with areas of concern or development. The Medical Director also pointed out that a Quality Assurance process was included which involved internal review of all appraisals and it was hoped to develop an external review by colleagues from University Hospital Southampton.

167/14 Annual Complaints Report

The Director of Nursing presented the paper to the Board which was for noting purposes only. She highlighted the following key messages from the report:

- There had been an increase in complaints which is not unusual for this time of year.
- There had been a reduction for the second year running for PALs concerns.
- PALs will be relocating to the main entrance of the hospital.
- The Trust had received 6407 messages of thanks.
- CSCs are monitoring and recording complaints.
- A new Senior Complaints Manager is now in post.

Steve Erskine agreed that the PALs team do need to be more visible and fully supported the move to the front of the hospital.

168/14 DIPC Annual Report

The Medical Director presented the report to the Board highlighting the key follow areas:

- The Trust had the 2nd highest number of staff locally who received the annual flu vaccination.
- There has been a dramatic reduction in Norovirus. Thanks, in the main, to our Infection Control Team who provided an excellent 24 hour, seven day a week, prevention service.

The Chairman highlighted concerns regarding the use of antibiotics and questioned how the Trust will manage new or foreign infections as they seem to be increasing each year. He asked for a breakdown of the potential virus / infections that the Trust might have to deal with.

Action: Medical Director

169/14 Company Seal

The Director of Corporate Affairs and Business Development advised of one use of the company seal since the last report to the Board; the lease for use of part of the QUAD building by Southampton University.

170/14 Audit Committee Report

Steve Erskine, Non Executive Director wished to raise one particular item from his report:

- Fire Training is mandatory for all staff and asked that all staff be reminded of their responsibility to complete it.

Action: All

171/14 Charitable Funds Update

The Director of Corporate Affairs advised that a new Charitable Funds Manager is now in post to work alongside Mike Lyons. She will be focusing on raising funds for the Trust as a whole rather than the dedicated focus of the Rocky Appeal. The Board noted the report.

172/14 Non Executive Directors' Report

- Alan Cole, Non Executive Director, had attended the Portsmouth and Fareham & Gosport's CCG Annual General Meeting, where the funding for the Better Care Fund

had been discussed.

- Tim Powell, Director of Workforce and Organisational Development, advised that he had attended the South East Hampshire CCG Annual General Meeting.

173/14 Annual Workplan

The Board noted the workplan.

174/14 Record of Attendance

The record of attendance was noted by the Board.

175/14 Opportunity for the Public to ask questions relating to today's Board meeting

A member of the public questioned what effect the Better Care Fund would have on the Trust? The Director of Finance advised that all providers were working together to ensure integrated care across the system and if successful, that would result in a positive effect on the Trust.

176/14 Any Other Business

There being no further items of any other business, the meeting closed at 12:45pm

177/14 Date of Next Meeting:

Thursday 30 October

Venue: Lecture Theatre, Queen Alexandra Hospital