

Trust Board Meeting in Public

Held on Thursday 29 January 2015 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
Simon Jupp	Chief Operating Officer
Cathy Stone	Director of Nursing

In Attendance:

Peter Mellor	Director of Corporate Affairs & Business Development
Debbie Knight	Acting Head of Nursing & Midwifery Education
Nicky Sinden	Lead Nurse for Workforce
Sara Pereira	Sister
Michelle Andrews	(Minutes)

Item No **Minute**

01/15 Apologies:

There were no apologies.

Declaration of Interests:

There were no declarations of interest.

02/15 Staff Story

Debbie Knight, Nicky Sinden and Sara Pereira were in attendance for this item and delivered the following presentation:



Trust Board Staff
Story Presentation 25

Robin Marsh, Governor, asked whether the Trust was considering recruitment from countries other than Spain and Portugal. Nicky Sinden advised that the Trust took guidance from the Recruitment Agency about which countries to recruit from and they still recommend Spain and Portugal. Particular assessments need to be carried out in order for the criteria for recruitment to be met. Whilst the Trust would be happy to consider other countries, there still remained a pool of high quality nurses in Spain and Portugal.

Andy MacDowell, member of the public, referred to the language barrier when recruiting staff from other countries and asked whether potential staff are assessed for a particular level of English language. Debbie Knight confirmed that all staff recruited are required to be

at least a level 7 competency in order to be appointed.

Steve Erskine asked whether there was a risk that our staff might be head hunted from other countries due to the skills and experience that they have. Nicky Sinden felt that British and EU nurses would always be attractive to other countries however there is no increase in the number of our staff who are emigrating. Debbie Knight felt that the key to retaining staff is the opportunities and support offered here at this Trust. The Chief Executive agreed and felt that the organisation offers many benefits such as support, values and opportunities which makes it an attractive place to work.

03/15 Minutes of the Last Meeting – 27 November 2014

The minutes of the last meeting were approved as a true and accurate record with the exception of one change:

Page 6: Liz Conway explained that she had not been a patient however was referring to somebody else's positive experience.

04/15 Matters Arising/Summary of Agreed Actions

The one action on the grid had been completed.

05/15 Notification of Any Other Business

There were no items of any other business.

06/15 Chairman's Opening Remarks

The Chairman reflected on the position of the Trust during the last month. Demand for unscheduled care continued with pressure on flow throughout the organisation. Although demand on the Trust continued, he was confident that once patients were seen, the care and treatment provided was of high quality. He thanked the staff for their continued efforts in providing safe and effective care whilst working under extreme pressure.

The unscheduled care and flow problem across the Trust had impacted on a number of elective procedures which had needed to be cancelled as a consequence. There are clear plans in place to recover this position as soon as possible.

Preparation for the forthcoming CQC inspection continued. The public are encouraged to attend the CQC Listening Event on 10 February to share their views and experiences about the Trust.

The NHS '5 Year Forward View' had been issued along with 'View Into Action' guidance and the Trust will review its own strategy with these in mind. There are 3 main focusses for the Trust:

- Operational performance
- CQC inspection
- Planning for the future.

07/15 Chief Executive's Report

This report was noted by the Board. The Chief Executive drew attention to particular areas of her report:

- NHS '5 Year Forward View' – the whole local health system is committed to working together to develop an infrastructure which meets the needs of the local population.
- Demands of an ageing population – consideration needs to be given about the delivery of healthcare and other ways of service delivery to cope with the increasing demands of an ageing population.
- Staff engagement – Listening into Action continues to be a huge success across the organisation. Once the Trust reaches its 2 year anniversary for Listening into Action,

a formal appraisal of its success will be undertaken. Another 2 events have recently been held:

- o Bands 1-5 communication
- o Patient safety
- Team Brief - the presentation slides had been included with this report as it highlights some of the good work being undertaken by the CSC's.
- Research and Development - a large grant has been received by the Trust to run a national Cardiology study.
- Unscheduled Care – The sheer volume of attendances in ED has resulted in a number of ambulance delays. The Trust is working very closely with South Central Ambulance Service to ensure that patients are managed safely.

08/15 Integrated Performance Report

Quality

The Acting Director of Nursing drew attention to those areas of exception:

- Pressure ulcers – 1 patient with an avoidable grade 3 pressure ulcer in December. The year to date position is 23 patients with avoidable pressure ulcers against an improvement trajectory of 21. All cases have been reviewed, along with the availability of tissue viability equipment, to ensure that each patient has the right plan of care with the right equipment at the right time. There has been an increase in the number of patients admitted with existing tissue viability issues.
- Falls – 2 patient falls reported in December have been confirmed as causing moderate harm. The year to date position is 27 patient harm events, as a result of a fall, against an improvement trajectory of 24.
- C.Difficile – 1 case of hospital acquired C.Difficile was reported in December which puts the Trusts year to date position at 32 patients against a trajectory of 22. The Trust continues to review its cleaning and use of antibiotic and has recently changed the disinfectant used. A local C.Difficile Forum has been established to discuss as a local system.

Mark Nellthorp was concerned at the increasing number of patient moves occurring during the night. The Director of Nursing agreed that it was a concern and confirmed that a lot was being done to address the issue however it was directly linked to the unscheduled care and patient flow issues across the Trust. She advised that there is a cohort of patients who have been identified that should not be moved and these patients were never moved, unless clinically necessary.

Steve Erskine noted that the number of complaints had reduced again for the second month, however the number of PALS contacts had increased. He asked whether there was any correlation. The Director of Nursing advised that this was similar to the national trend and that there was now an increased presence of PALS in the main entrance which meant that more people were going there for a more instant response as opposed to raising their issue as a formal complaint. The Chief Executive noted that whilst the number of complaints had reduced, the number of plaudits had continued to increase.

Operations

The Chief Operating Officer drew attention to particular areas of the report:

- A&E performance continued to remain a challenge with performance against the improvement trajectory of 90% not achieved. Increased pressure had been seen during the last 6 weeks with, at times, 18 patients awaiting a care space in majors, in addition to the 18 patients already being seen there. Local Community and Social Care partners are all fully committed resulting in a significant reduction in the number of delays of transfers of care.
- RTT – all 3 standards were achieved at aggregate level in December, however unscheduled care pressure on elective beds led to both a cancellation and reduction in elective admissions. The Trust is working hard to maintain performance and to reduce the number of patients waiting >35 weeks.

- Cancer – all 9 standards were achieved for the month of December, however 2 of the standards; 31 day subsequent surgery and 62 day first definitive treatment were not achieved for quarter 3.
- Stroke – performance against the target was deteriorating with only 2 of the 4 performance standards achieved. Although performance against the target was deteriorating, the medical treatment of these patients remained high and still above the national average. Some of the reasons for not achieving the targets were due to timings around particular therapies such as Occupational and Physiotherapy. These services are now under the management of the Trust which will enable us to manage the timeliness of these services much more closely.

Liz Conway asked about the number of patients who were medically fit for discharge. The Chief Operating Officer advised that there were 95 patients who were ready for discharge but were awaiting other facilities such as rehabilitation. These cases are not classed as delayed transfers of care as they were awaiting another NHS service.

Liz Conway was concerned that the Trust was using a private healthcare provider to help clear the Orthopaedic backlog. The Chief Operating Officer confirmed that the Trust only has 15% bed capacity for elective work and that isn't enough to manage the current demand, therefore it was working with other local providers to help meet the demand to ensure patients are seen in a timely fashion. 'Any Qualified Provider' means that the care provided is of high quality, and more often than not, provided by one of the Trust's Surgeons only in a different setting.

Steve Erskine felt that despite the huge pressure the organisation was facing, the staff were totally committed to delivering high quality care. He was pleased to see that as a result, many standards were still being achieved despite the ongoing pressure.

Finance

The Director of Finance reminded that the financial report had been scrutinised in detail at the Finance Committee earlier this week.

He reminded that safety of patients was the top priority of the Trust. The unscheduled care issues and additional associated costs were having a detrimental effect on the Trust's financial position. There had been a reduction in the Trust's income due to a number of elective procedures being cancelled

He highlighted some key areas from the report:

- The financial position remains challenging with a £1m deterioration against plan in December resulting in a cumulative year to date adverse variance against plan of £5.9m.
- A plan to recover the income from the cancelled procedures was underway and was due to conclude during February.
- The Trust was awaiting a decision on a loan application to help the Trust's cash position.
- The Trust was continuing to invest in its capital programme to further improve facilities where needed.
- Business Planning for next year was well underway

Alan Cole advised that the recovery plan to get the financial position back on track had been discussed in detail at the Finance Committee however, safety and care of the patients would always be the priority.

Steve Erskine noted that the single biggest variance was the Cost Improvement Plans (CIP's) He asked whether the planning process for this coming year's CIP's would be more realistic. The Director of Finance advised that the Executive Team had met to discuss the CIP's and were determined to target some more difficult areas as it was believed that these hold the biggest opportunities. The accountability framework was also being strengthened to better manage the Transformation Programme.

Workforce

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

- The total workforce decreased by 176 FTE in December.
- Staffing levels were reported at 97.2% against planned requirements for December. Ongoing pressure on Health Education England about the numbers of nurse commissioned.
- Appraisal compliance increased to 84.6% in December but some CSC's are still below the target. There was a direct link between the unscheduled care pressures being faced by some CSC's and their appraisals rates. There was also some concern about retention of staff in those areas due to the ongoing pressure.
- Sick absence increased to 3.7% in November which was expected due to the element of seasonality.
- Flu vaccination rate at 59.5% which although is much lower than was hoped, was better than the national average. Nationally, a reduction has been seen in the uptake of the flu vaccination.

The Chairman was concerned at the appraisal rates and asked how those staff in pressured areas who had not yet been appraised would be given the opportunity to do so. The Director of Workforce advised that the CSC management teams had been challenged about this at the recent Performance Reviews. He also clarified that 75% of those appraisals that had expired in the last 3 months, and had therefore not been outstanding for long.

The Board noted the Workforce CQUIN quarter 3 report which had been circulated by email.

09/15 Quarterly Quality Report

The Director of Nursing drew attention to the some of the successes detailed within the report, particularly:

- Dementia
- Maternity Friends and Family Test

She referred to the lessons learnt from patient safety incidents table within Appendix 1. She felt that learning and moving on from these incidents was crucial.

The Medical Director drew attention to the clinical effectiveness section of the report. He referred to some of the highlights from national audit results:

- National Bowel Cancer Audit - exceptionally high quality with one of the lowest mortality rates in the country.
- Percutaneous Angioplasty for patients with Myocardial Infarction showing results that indicate a complication rate that is significantly better than the national average.
- Vascular Surgery.
- Orthopaedic Surgery.
- Thyroid Surgery.
- Intensive Care Unit – continues to have very good results in terms of mortality

The only audit causing disappointment was the Stroke Audit but he reminded the Board that the outcome for patients was still very good.

A discussion ensued about the SNAP audit around stroke which included a whole new range of parameters. The new data released has shown an improvement for the Trust. He reminded that an improvement plan was being overseen by the Stroke Project Board.

10/15 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.

He drew attention to Board statement 10, highlighting the non-compliance for A&E performance. Board statement 11 around IG toolkit remained as a risk on the return.

The Board discussed Board statement 13 and it was agreed to remove the narrative about Fit and Proper Persons Test until the Chairman had seen and was assured that each Board member was compliant.

The Self Certification was approved by the Board for submission to the TDA.

11/15 Assurance Framework

The Director of Nursing drew attention to the risks within the Board Assurance Framework and asked that the Board assure itself that these were the correct risks currently facing the organisation.

12/15 Governance & Quality Committee Terms of Reference

The Governance & Quality Committee Terms of Reference had been updated and ratified by the Committee and now required ratification by the Trust Board.

The Board approved the Terms of Reference.

13/15 Audit Committee Terms of Reference

The Audit Committee Terms of Reference had been updated and ratified by the Committee and now required ratification by the Trust Board.

The Board approved the Terms of Reference.

14/15 Finance Committee Terms of Reference

The Finance Committee Terms of Reference had been updated and ratified by the Committee and now required ratification by the Trust Board.

The Board approved the Terms of Reference.

15/15 Review of Outpatients Administration

It has been recognised that there is a clear need for an improvement of some of the outpatient administrative processes across the Trust and as a consequence a Project Group has been established and has identified different areas of concern. A review was undertaken to better understand and quantify the size of the problem. Following that review a number of workstreams have been identified, as detailed in the paper.

A detailed discussion followed about the scope of the project and the action dates to resolve the issues. Liz Conway asked that information be provided detailing the size of the waiting list and how long patients have waited etc. The Director of Corporate Affairs committed to source the information.

Action: Director of Corporate Affairs

Alan Cole felt that more detail needed to be included such as the aspirations of the project and what the outcome would be. He thought that the project group did not meet regularly enough and felt that more pace was needed around this project.

The Chief Executive felt that this project would benefit from being supported by the Trust's Project Management Office to ensure that it gets adequate project support with a clear aim and identified end date. She felt that the project should be considered in the wider context of patient experience and the scope should be expanded to include a review of clinic starts times and the variability of the number of clinics across the Trust etc. She suggested that the Director of Corporate Affairs invite staff, patient and members of the public to a Listening into Action event to ensure that all concerns and shortcomings are identified and to agree on

clear outcomes.

Action: Director of Corporate Affairs

Steve Erskine felt that these issues required significant change not just incremental change; otherwise there was a risk of only delivering a slightly better version of what currently exists.

Mark Nellthorp referred to patient letters and felt that minor changes to a letter should not be underestimated. He suggested that the engagement of an expert be considered to look at the wording and style of our letters. The Director of Corporate Affairs reminded that the PAS system limited the number of characters allowed in each letter.

The Chairman felt that this was a significant issue for the Trust and had a huge impact on the experience of some of the patients using our services. He felt that this project needed to be included in the wider context of patient experience and clinic waiting times etc.

16/15 Antimicrobial resistance

The Medical Director advised that antimicrobial resistance is a growing problem both nationally and internationally. The Trust is taking steps to manage the anticipated problem.

There are new groups of bacteria's which are becoming resistant to antibiotics yet there have been no new class of antibiotics developed since 1987.

The Trust is seeing increasing cases of antibiotic resistance month on month. The biggest problem is Carbapenemase Producing Enterobacter (CPE's) as it is resistant to everything.

All renal patients transferred to this hospital from any other are screened for 3 main infections:

- Carbapenemase producing enterobacter (CPE)
- Extended spectrum beta-lactamase producing organisms (ESBL's)
- Vancomycin resistant Enterococci (VRE's)

The number of isolation facilities in high risk areas needed to reviewed. The Board agreed.

Alan Cole asked about the timeliness of responses to screening. The Medical Director advised that investment was needed in new equipment as it would result in a much more rapid response. Ideally patients should be isolated until the outcome is known.

Mark Nellthorp asked whether it would be better practice for the patients to be screened by the hospital they are leaving before they are transferred. The Medical Director advised that the patient transfer cannot often be delayed and it is therefore the responsibility of the receiving hospital to undertake the screening.

17/15 Duty of Candour and Fit & Proper Persons Test

The Director of Workforce advised that from 27 November 2014 all NHS Trusts were required by the Health and Social Care Act 2008 to demonstrate that all Directors must:

- be of good character - openness, honesty and integrity.
- Have the qualifications, skills and experience necessary for the position being offered.
- Not have been responsible for any misconduct or mismanagement in the course of any employment with a CQC registered provider.
- Not be prohibited from holding the relevant position under any other law.

The Director of Nursing advised that from 27 November 2014 all NHS Trusts are required by the Health and Social Care Act 2008 to demonstrate compliance with the Duty of Candour requirements.

The Trust incident reporting system (Datix) has been updated to include the requirements of the Regulation for all red and amber patient safety incidents. This provides a clear audit trail

of compliance.

Weekly monitoring of compliance is underway and compliance will be reported each month to the Board.

The Board noted and accepted the content of the paper.

18/15 Organ Donation Annual Report

Liz Conway advised that during 2013/14 there had been 10 deceased donors leading to 23 patients being transplanted, having their lives changed and resulting in savings for the healthcare economy. The team continue to work hard to increase the number of donor referrals by working with staff, patients and relatives to educate them. The Organ Donation Committee is looking for new members as some existing members had been in post for more than 4 years.

19/15 Audit Committee Forward Planner

The Board noted this report.

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

- Update on progress against the draft fire enforcement notices.
- Internal audit reports – process of being signed off by the responsible Executive.
- Business Continuity.
- Debt write offs.
- Local Counter Fraud.
- Charitable Funds Annual Report and Accounts.

He presented the Audit Committee Forward Planner and the Internal Audit Progress Report. He asked that the Board look at the Forward Planner and suggest any items that it feels might benefit from the focus of an internal audit plan.

20/15 Charitable Funds Update

The Board noted this report.

During the last month, the expenditure was higher than the income; however there is strict guidance from the Charity Commission that the funds should be spent and not saved. There is £2.5m in the General Fund.

21/15 Non Executive Directors' Report

Alan Cole reported back from the CQC Steering Group. He also referenced a recent Patient Safety Walkabout which he had attended and was very impressed by the staff and the attention given to the patient Boards at the entrance to each ward.

Liz Conway referenced a Patient Safety Walkabout she had recently attended and was pleased to report that every patient spoken to was very complimentary about the staff and the care received.

Liz Conway advised that she had recently attended the LiA event around patient safety. She was very impressed by how engaged and open the staff were to talk about the values and culture of the organisation.

Mark Nellthorp referenced the employee of the month which was displayed in the main atrium. He advised that the current employee of the month was a receptionist who had received excellent feedback. He felt that it was important to remember that a team comprises of a whole range of people, who all impact on the patients and visitors.

The Chairman thanked the Non-Executive Directors for their ongoing commitment and dedication.

22/15 Annual Workplan

The Board noted the workplan.

23/15 Record of Attendance

The record of attendance was noted by the Board.

24/15 Opportunity for the Public to ask questions relating to today's Board meeting

A member of the public said that she was pleased that the outpatient administrative processes were being reviewed as she had been made aware of a particular incident where a patient had received a letter advising she had been removed from the waiting list. The Chief Executive agreed to pick up offline with the member of the public.

Action: Chief Executive

Andy MacDowell, member of the public, was pleased that the outpatient administrative processes were being reviewed, following a recent experience he had. He felt that some small changes could be made which would make a real improvement. The Chief Executive felt that the LiA methodology should be used to help identify all of the problems around outpatient administration. She suggested that Andy MacDowell and Jim Harrison joined this event. They both agreed and the Chief Executive agreed to invite them both.

Action: Chief Executive

John Kennedy, member of the public, felt that the reason the hospital was so busy was because of its own success and the fact that no patient is ever turned away.

Jim Harrison, member of the public, felt that the Trust should be proud of its cancer performance and he would be happy to be treated here, should the need ever arise.

Jim Harrison, member of the public, advised that he regularly receives feedback from the public who have had a need to attend the Emergency Department and it was clear that despite the sometimes long wait to be seen, patients are treated well and never neglected whilst waiting.

25/15 Any Other Business

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

26/15 Date of Next Meeting:

Thursday 26 February 2015

Venue: Lecture Theatre, Queen Alexandra Hospital