

Trust Board Meeting in Public

Held on Thursday 24 September 2015 at 10:00am

Lecture Theatre
Queen Alexandra Hospital

MINUTES

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| Present: | Sir Ian Carruthers | Chairman |
| | Mark Nellthorp | Non-Executive Director |
| | Steve Erskine | Non-Executive Director |
| | Mike Attenborough-Cox | Non-Executive Director |
| | John Smith | Non-Executive Director |
| | Liz Conway | Non-Executive Director |
| | Alan Cole | Non-Executive Director |
| | Ursula Ward | Chief Executive |
| | Tim Powell | Director of Workforce & OD |
| | Simon Jupp | Director of Strategy |
| | Cathy Stone | Director of Nursing |
| | Ed Donald | Interim Chief Operating Officer |
| | Richard Eley | Interim Director of Finance |
| | Simon Holmes | Medical Director |
| In Attendance: | Peter Mellor | Director of Corporate Affairs |
| | Gemma Hobby | PA to Trust Board (Minutes) |
| | Lesley Coles | Head of Nursing in W&C (Staff Story) |

**Item Minute
No**

154/15 Apologies:

None

Declaration of Interests:

There were no declarations of interest.

155/15 Staff Story

The Director of Workforce & Development introduced Lesley Coles, Head of Nursing Women & Childrens CSC, who was in attendance to present the staff story.



Staff Story - Talent
Panel

Following the presentation the Chairman thanked Lesley and asked that she also thank Sarah Driver on behalf of the Trust Board. Members were then invited to comment and ask questions.

John Smith felt this was an excellent idea and asked whether it had been rolled out across the Trust. Lesley replied that it has not yet been rolled out and that currently, it was only her department who use it, however she believed that any CSC could benefit from it and she would be very happy to help. The Director of Workforce & Development agreed that it was important to expand the initiative across the Trust to access the latent talent within our 7,000 staff. Mike Attenborough-Cox asked whether it would be an opportunity for a staff appraiser to identify a suitable candidate for a talent panel whilst conducting an appraisal. Lesley agreed that it would. Robin Marsh, one of the Governors, enquired on behalf of one of his colleagues whether the Board was content with the current appraisal system. The Director of Workforce & Development explained that changes to the appraisal system had been implemented during the year and compliance had significantly improved. There is a current compliance rate of 85%; however he suggested that this initiative was more about focussing on leadership than just appraisals. He pointed out that the particular Governor had been invited to join an appraisal training day so that he could better understand what was involved.

The Interim Chief Operating Officer felt that this was an innovative idea and asked how Lesley would like to see it progress. Lesley felt that she would like to see the initiative rolled out across the Trust. The Chief Executive agreed to take this to Team Brief.

The Chairman felt that an appraisal can mean different things to different people and there are not enough conversations during a normal working day where praise is given. People are quick to point out what might not be good but he felt strongly that we need to feedback the good things too and take the time to say “thank you” or “you are doing well”. We need to adopt this and make it part of our culture. A little praise goes a very long way.

Action: Chief Executive to take Talent Panel to Team Brief.

156/15 Minutes of the Last Meeting – 30 July 2015

The minutes were agreed as an accurate record.

157/15 Matters Arising/Summary of Agreed Actions

136/15: Integrated Performance Report – Finance – The Interim Director of Finance confirmed that this action was complete.

158/15 Notification of Any Other Business

None.

159/15 Chairman’s Opening Remarks

The Chairman emphasised key points:-

- The summer had been dominated by the CQC inspection and waiting for their report. The Quality Improvement Plan, that addresses the recommendations within the report, is now the main focus for the Trust.
- In relation to Unscheduled Care, this is better than last year but still not good enough system wide. There is a need to focus and think how we might do things differently.
- Cancer standards management is volatile.
- The overall performance of the Trust is very good and the care being provided by staff was recognised by the CQC as being ‘Outstanding’.
- We are in an extremely challenging financial situation. There is a financial recovery plan in place; however there will be some difficult decisions to make along the way.

160/15 Chief Executive's Report

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

- The Trust has submitted a detailed response in relation to the National Tariff proposals.
- The Trust had applied to be part of the Virginia Mason Initiative launched by the Health Secretary. However, we had not been successful but there are things we can take forward from this.
- BMJ Norovirus Publication – The Trust has been very successful in reducing the number of Norovirus outbreaks in recent years through deploying a multidimensional quality improvement initiative.
- Lt Col Sharrock has been appointed as the new Commanding Officer of the military contingent at the Trust and will be with us for two and half years.
- The recent Gosport Public meeting had been very well attended. The presentation had been on the CQC inspection. The feedback from the Lee on Solent/Gosport residents was very positive and will be shared with staff.
- The Trust, in conjunction with colleagues from Wessex AHSN, won a prestigious national HSJ award this week. The award category was Value in Healthcare Awards: Value and Improvement in the use of Diagnostics. Our winning project was MISSION Severe Asthma – Modern Innovative Solutions to Improve Outcomes in Severe Asthma. There had been 532 entries; so this was a significant achievement.

161/15 Integrated Performance Report

Quality

The Director of Nursing drew attention to the following areas, with supporting comment from the Medical Director:

- It is important to acknowledge the hard work of all of our staff which has produced a very positive quality score card; this is not a position seen from many other Trusts.
- The current year-to-date position for avoidable hospital acquired grade 3 pressure sores is 5 and 0 for grade 4. This is a positive improvement.
- Progress is being made with reducing the relocation of patients out of hours. Friends and Family Test – nationally increasing response rate in both in-patients and ED. Our local response rate of 13% is in line with the National rate. When we look at staff and public returns, 2% would not recommend our department but 93% would. This compares favourably with the 88% National rate. However, our aim must be for 100%.
- Healthcare acquired infections: the Trust continues to perform well in this area and is well within the expected trajectory.
- Year-to-date position for MRSA attributable to the Trust is zero. However, there are a number of other infections, which although not reportable, could cause the hospital some concern in the future; we are keeping a close eye on these.
- Hospital mortality is within the expected range.
- We are currently very well advanced in terms of how we manage Acute Kidney injuries, compared to the rest of the Wessex region.

Liz Conway asked for an update on medication errors. The Medical Director explained that this was constantly reviewed by the Patient Safety Group who's lead is a Pharmacist by training. Adverse events are being reported and we have identified things that have not been picked up before such as opiates, insulin and other high risk medication errors etc.

John Smith recognised all of this as encouraging progress but asked how we would improve 'out of hours', patient moves. The Director of Nursing explained that each patient is rated for suitability of moving to help make that judgement. Ideally, the decision to move a patient would be taken early in the evening so that the patient can be moved in the daylight and their relatives made aware.

Operations

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

- In relation to waiting time standards and referral for treatment we are performing better than the national average. The 35 week waits are starting to come down. These are becoming the main focus as we treat more and more patients.
- The team is working incredibly hard to get the diagnostic waiting times down and to deliver that standard. Again, delivery and results are better here than the majority of the rest of the country.
- Performance in August against the A&E Service Quality Standard improved to 87% but there is still more to do. The positive thing is that where we are able to control standards within the hospital, we are making good progress.
- The 'Big issue' for the Board is the number of patients that require support from other partners. During August, we peaked at a record high of 144 patients medically fit for discharge (equivalent to 4 wards). We will share the winter plan next month. We need to decide what to do when our partners are unable to deal with the extra numbers of patients.
- 7 of the 8 national Cancer standards were met during August and there is a recovery plan in place for the 62 day standard. There is an increasing demand in Urology so we will need to monitor the timeliness of transfers of care.
- The number of cancelled operations decreased this month.

Steve Erskine asked how partners respond to the hospital having 4 wards worth of patients that don't need to be here. The Interim Operating Officer explained that there is a lack of places within Care Homes and a general lack of other packages of care. Patients are being assessed in hospital when they are ready to go home which is not the right place, it should be done outside where the patient is more comfortable. Steve reflected that this has been a problem for a considerable time and he couldn't envisage any improvement with the current approach. The Interim Operating Officer explained that there will be improvements within the winter plan but they will come at a cost. Alan Cole agreed that with an increasing elderly population, flow through the hospital was crucial. The Medical Director explained that we are in the top quarter in the country for the number of patients suffering with dementia and whilst we were doing all that we could, sometimes we have no choice but to admit the patients.

Mark Nellthorp felt very strongly that our partner organisations were not doing what was required of them and that commissioning groups are failing to deliver. The Trust needs to accept that this lack of cooperation will continue and that we need to put something in place for those patients that should not be here otherwise patient safety will be compromised. John Smith felt that 144 patients awaiting discharge is a huge problem and queried how this compares to other Trusts of similar size. The Interim Chief Operating Officer explained that all Trusts have a similar problem but that this number is high for this size of hospital and pointed out that out of those 144 patients over 90 of them were frail and elderly. There is a need for some challenging conversations with our CCGs.

The Chairman felt that we should develop our own system; possibly through joint ventures with other organisations. There is a growing number of elderly people (7.7% growth) and the concern is with individual care. The Chief Executive explained that the Trust was currently considering working with different commercial organisations. The Director of Corporate Affairs explained that at the Public Meeting in Gosport on Tuesday many members of the public shared their frustrations with community care and encouraged the Trust to open its own Care Homes.

Mike Attenborough-Cox noted the increasing number of attendance in A&E each day and asked if ambulance staff were doing all that they could, and should, to treat patients at home. The Interim Operating Officer explained that the ambulance 999 service is limited as to alternative options to the hospital, particularly at night, so they will usually opt to bring patients to the hospital. These are big issues for us but it is important to recognise the tireless work from the social workers and community teams that work with us, as they are doing the best that they can.

Finance

The Interim Director of Finance highlighted some key areas from his report:

- The Trust development Authority had asked the Trust to reduce its deficit plan to £9.7m. This reflects the deteriorating national financial position. A further financial recovery plan has been identified, as a consequence.
- The final Income figures improve the financial position by £1,042k.
- The financial position for August is therefore an adverse variance to plan of £1.2m, and a year to date position of £4.2m adverse variance. The actual deficit for the month was £4.6m with a cumulative deficit of £13.5m.
- The financial position has continued to deteriorate, but compared to the phasing for the revised Financial Recovery Plan (FRP) the variance at Month 5 is only £600k.
- A number of months have shown an improvement in the pay cost with small reductions each month. The main part of the recovery plan falls in months 6 onwards so significant further improvements are required in order to achieve the £9.7m deficit ceiling.
- There is a substantial agency cost particularly of Junior Medical Staff; however this is not just for Trust but across the NHS as a whole.
- Decisions will need to be taken about releasing the second 50% of the Capital Programme. Some difficult judgements will need to be made.

The Director of Nursing confirmed that the reduction in agency staff would continue which will lead to reductions in expenditure. The Director of Strategy recognised the determination of the Board that this target be achieved.

Workforce

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

- Total workforce capacity decreased in August.
- Temporary workforce numbers also reduced in August.
- The TDA imposed a cap on nursing agency; however we have been below that cap for the last few months.
- There are still pressures on workforce, particularly with nursing vacancies. There are 348 total FTE vacancies against total budgeted establishment.
- Staff flu vaccinations are being promoted as we approach the winter months. There has been a large bout of flu in Australia which could have an impact.

Mark Nellthorp asked why the turnover of staff was creeping up and explained that he had spoken with staff in different areas where they have felt that they can't provide the level of care that they want. The Director of Workforce & Development explained that a lot of work has been done to look at the correlation of turnover, staff sickness etc. There is no trend that shows any specific problems.

John Smith and the Medical Director discussed the problem around Junior Doctors being unable to add to their qualification as temporary staff.

162/15 Self Certification

The Director of Corporate Affairs 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 Director of Corporate Affairs explained that there had been no changes since last month and that the self-assessment reflected our failure to meet the 4 hour Emergency Department waiting standard, a risk against our ability to meet cancer 62 day first definitive treatment and the delivery of RTT. This reflects the position at the end of August. We have been assured that we will continue to have full support from the TDA with regards to our current financial position.

Steve Erskine asked that the various target dates be reviewed before the next Board meeting.

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

163/15 Annual Planning 16/17

The Director of Strategy presented the Business Planning Process for next year. The process includes lessons learnt from last year and various groups taking forward workforce planning with CSCs. The Board noted the paper.

164/15 CQC Improvement Action Plan

The Director of Nursing presented an update on progress against the Care Quality Commission Improvement Plan. The report provides significant assurance that actions are being closely monitored. The large majority of actions have been closed with some on-going. We have been looking at health partners and their responsibilities and meeting on a monthly basis, working with a list of 'must do's' and 'should do's'. The whole Trust should be involved in getting this right. Mark Nellthorp noted that each item that was flagged blue had had their deadlines extended and suggested amending the wording otherwise it could be misleading.

165/15 Board Assurance Framework

The Director of Nursing presented the recent updates to the Assurance framework. The Chief Executive raised the need for a review of the risk in relation to R&D and suggested bringing this back next month. The Interim Chief Operating Officer highlighted the risk at the front door from a safety perspective.

166/15 Research & Innovation

The Chief Executive introduced Dr Greta Westwood, Deputy Director of Research & Innovation, to brief the Board on research performance by Clinical Service Centres against local and national bench marks. Several senior clinicians within the organisation have developed their own research programmes and this leads to the recruitment of lots of patients to these studies. The plan is to develop our own clinicians to develop these trials and is the key reason we continue to grow. The table within the report shows how we rank against other large acute organisations – very favourably. As well as the award we recently received from the HSJ, the research group has now been shortlisted for another HSJ award for improving care with technology.

The Chairman then invited questions.

John Smith felt this work was very impressive, however he was not clear with regards to table 1.3 in relation to ranking month by month variation and also how the quality of the research is ranked. Dr Westwood explained that the ranking is by numbers of patients and that MHRA inspections monitor the quality of the research. We also have our own research and quality committee who meet quarterly. All these patient studies contribute to patient quality and care.

Mark Nellthorp felt that we should use our growing reputation in research to help with recruiting top-class candidates. The Chief Executive agreed that it was one of the things that attract people to work here. The next challenge is how we use this internal expertise to bring about changes in clinical practise and make those changes standard practise.

The Chairman thanked Dr Westwood.

167/15 Patient Led Assessments of the Care Environment (PLACE) Results

The Director of Nursing presented the results of the most recent assessment. It reflected some positive improvements and a plan for further improvements. The overall result was extremely positive. The Chairman thanked everyone for their hard work.

168/15 Audit Committee Report

Steve Erskine provided a verbal update from the Audit Committee. The final set of internal audit reports had been received before the newly appointed internal audit provider had taken over. They were in attendance for the first time and explained their slightly different approach to internal audit. The Local Counter Fraud and NHS Protect Assessment had recently been carried out and had created some conflict between the assessment and the counter fraud team itself because a cursory glance at the report would suggest a drop in the level of service, which wasn't so.

169/15 Annual Complaints Report

The Director of Nursing presented the annual report and highlighted some key areas. How we value and deal with complaints is key to them being satisfactorily resolved. A new Complaints Committee has been established to oversee the appropriate management of complaints. The number of complaints that were taken to the Ombudsman because the complainant was unhappy with the outcome had fallen.

The Chairman asked whether there were any detectable trends within the complaints. The Chief Executive stated that the common theme is linked to communication i.e. telephone calls, letters, but this is something the Director of Corporate Affairs is picking up via a working group; most other complaints are linked to care and compassion. Alan Cole explained that he and Liz Conway had worked with the complaints department and suggested to the other Non-Executive Directors that they might like to do the same and pull out complaints at random for review. Their feedback would be helpful for the Complaints Committee. Steve Erskine felt that following a review of complaints and speaking to complainants their main concern was the variation in how different CSC's dealt with them. The Director of Nursing has worked with the heads of services to agree a consistent approach. The Chief Executive, whilst recognising some improvement, felt that there was still a need for further education and training of staff to ensure consistency. The Chief Executive, who sees all of the organisation's responses to complaints before they are sent out, promised to continue to monitor their quality. The Director of Nursing reminded that there is a monthly triangulation meeting where each complaint is looked at. The Board noted the report.

170/15 DIPC Annual Report

The Medical Director presented the annual report on infection prevention and control and directed attention to the developments, achievements and challenges with Infection Control.

The Chairman thanked the staff and the infection control team in particular, for their commitment to the infection control agenda.

171/15 National IT Direction of Travel

The Director of Strategy presented the paper 'Personalised Health & Care 2020 Using Data Technology to Transform Outcomes for Patients & Citizens – Work Streams'. It is thought that money will be released by the Centre for this so we need to make sure we are in a position to be able to apply for it.

Steve Erskine felt that this was a really good opportunity. It is about enabling technology to enable business. Liz Conway recognised that IT was a complex issue but when comparing the current issues and the benefits from such a project, thought that it was something that the Trust must pursue. Mike Attenborough-Cox agreed, stating that it was vitally important to have clarity and good project management.

172/15 Charitable Funds Update

The Director of Corporate Affairs presented the Charitable Funds Report. The Charitable Funds team had raised their profile massively since being appointed. There is now a dedicated fundraising page on the website and a regular fundraising newsletter.

Mark Nellthorp explained that with the funding difficulties within the NHS, we are encouraging departments to make good use of any funds they might have.

The Director of Corporate Affairs explained that he recently attended a forum in London for NHS charities which had shared some innovative ideas for the use of charitable funds.

The Director of Corporate Affairs wanted to recognise the generosity of Sainsbury's plc. who had been donating freshly cut flowers for use throughout the hospital and will do so for the rest of the year. This is attracting lots of very positive comments from patients and visitors.

173/15 Non-Executive Directors Report

Nothing to note.

174/15 Annual Work plan

The annual work plan was noted by the Trust Board. No change.

175/15 Record of Attendance

The record of attendance was noted by the Trust Board.

176/15 Opportunity for the Public to ask questions relating to today's Board meeting

Mr Nick McNally explained that his wife had been a patient in the hospital last year and there had been cause to raise a complaint. They had met with the Chief Executive and Mr McNally had been very happy with the way the complaint had been dealt with and with the information he had been given (mainly by the Director of Nursing). Some complaints are difficult to follow through but he had first-hand experience of how well this hospital deals with them. Mr McNally explained that he would be leaving the Board meeting and visiting the Nurse who had treated his wife as she deserves to be highly praised for her work. Mr McNally had needed to feel confident in case he had to return to the hospital as a patient – he now had that confidence. The Chairman expressed his sympathy at the loss of Mr McNally's wife and thanked him for his feedback today.

177/15 Any Other Business

Disablement Centre

The Chief Executive acknowledged the work going on at St Mary's in the Disablement Centre and recommended that others go and visit to see the amazing work that goes on there. It is important that we do not neglect our peripheral sites.

Farewell to Interim Director of Finance

The Chairman thanked Richard Eley for his time and effort in his role as Interim Director of Finance, as this was his last Trust Board meeting.

178/15 Date of Next Meeting:

Thursday 29 October 2015

Venue: Lecture Theatre, Education Centre, Queen Alexandra Hospital