

Trust Board Meeting in Public

Held on Thursday 24 April 2014 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
	Cherry West	Chief Operating Officer
	Simon Holmes	Medical Director
	Tim Powell	Director of Workforce & Organisational Development
Nicky Lucey	Acting Director of Nursing	
In Attendance:	Peter Mellor	Director of Corporate Affairs & Business Development
	Gill Gould	Head of Nursing (for agenda item)
	Neil Routledge	Head of Procurement (for agenda item)
	Michelle Marriner	(Minutes)

Item No Minute

The Interim Chairman reminded the public that there were different 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 that had been previously circulated.

66/14 Apologies:

There were no apologies

Declaration of Interests:

There were no declarations of interest.

67/14 A Patient Story

The Acting Director of Nursing introduced Gill Gould who was in attendance to tell the patient story.

She delivered the following presentation:



Patient Story April
14.ppt

A discussion ensued about this particular ward and it was recognised that more swift action should have been taken to prevent it from deteriorating but the ward had now improved and had recently received its silver accreditation.

Mark Nellthorp felt that there was a trust wide issue with patients not knowing who to talk to if they have a concern. This could result in a concern being raised as a complaint once the patient is discharged rather than the issue being dealt with at the time. The Acting Director of Nursing confirmed that many initiatives were being implemented to improve the staff visibility such as notice boards displaying the staff members on shift and the 'nurse in charge' wearing a specific badge.

68/14 Minutes of the Last Meeting – 27 March

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

Page 3, final paragraph – the new bug should be written in full 'Carbapenemase producing Enterobacteriaceae'.

69/14 Matters Arising/Summary of Agreed Actions

52/14: Integrated Performance Report – There is a national directive to ensure that all Trusts have an action plan in place to prevent the new bug Carbapenemase producing Enterobacteriaceae. The Trust had now begun to screen patients who have been sent from other Trust's but was not able to isolate all patients from other Trust's due to the limited number of single rooms.

52/14: Integrated Performance Report – Patient moves within wards were not updated on PAS and would therefore be difficult to capture as the information would need to be updated manually. It was agreed that this would be done manually for one month to enable a snap shot of the number of moves within wards.

Action: Chief Operating Officer / Acting Director of Nursing

56/14 Assurance Framework – A meeting had been held with Hampshire Fire & Rescue Service, Carillion and the Hospital Company to discuss the ongoing issues related to fire. It has been agreed for the Audit Committee to review the progress of the actions taken.

All other actions on the grid had been completed.

70/14 Notification of Any Other Business

There were no items of any other business.

71/14 Chairman's Opening Remarks

The Interim Chairman reflected on the position of the Trust at the end of the financial year. He recognised the extremely difficult winter period which the Trust had endured with staff continuously working tirelessly to deliver excellent patient care. The pressure within the hospital continued to be a challenge.

The Trust's business planning process was drawing to a close and the Trust was planning for a small surplus at the end of the year. This plan was not without its challenges but there was now much better grip and accountability at CSC level.

72/14 Chief Executive's Report

This report was noted by the Board.

The Director of Finance referred to the concern of the Royal College of Nursing that nurses

may quit jobs following pay decisions and asked whether this had impacted the Trust. The Acting Director of Nursing advised that she was not aware of any impact on the Trust but reminded that there still remained a national shortage of registered nurses. The Trust had recently embarked on another recruitment campaign in Portugal and was pleased to report that 35 appointments had been made.

Steve Erskine referred to the costs associated with small legal cases. The Chief Executive offered to provide a breakdown of the number and costs associated with legal cases against the Trust.

Action: Chief Executive

73/14 Integrated Performance Report

The Interim Chairman advised that the particular Non Executive Director who chairs the Board Committee would present those agenda items which link to their committee.

Quality

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

- Action plan for prevention of Carbapenemase producing Enterobacteriaceae.
- Quality Account priorities
- Capacity within Renal
- Emergency Department – impact of Oceano
- CSC Governance meetings
- Tracking of medical devices

A discussion ensued about tracking of medical devices/equipment. Steve Erskine felt that the new inventory management system should be able to track medical equipment. It was agreed that the Acting Director of Nursing and Director of Finance would speak with Clinical Support CSC and Procurement about whether tracking of equipment was possible.

Action: Director of Finance / Acting Director of Nursing

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

- Friends & Family Test - March saw a small increase in the response rate for in-patient areas, but a decrease in the responses from ED, it is thought this is due to an increase in activity in ED as the response rate correlates with similar increases earlier in the year. This has resulted in a decrease in the total overall Trust response rate.
- Dementia - A discussion ensued about dementia screening and the issue of compliance within some CSC's. The action plan is being closely monitored by the Operational Delivery Group. It was requested that the action plan be brought back to a future Board meeting.
Action: Acting Director of Nursing
- Pressure Ulcers – Despite the huge amount of work to reduce the number of pressure ulcers, an increase has occurred. To date there have been 33 avoidable pressure ulcers against a trajectory of 25; therefore the year-end target has not been achieved.
- Falls – Despite a reduction in the number of falls compared to 2012/13 outturn, the position at year end is 35 reported falls events against a year-end target of 34.
- Complaints – A further increase seen with a total of 76 complaints received in March compared to 62 in February.

Liz Conway asked what was being done to improve the number of responses to the Friends and Family Test in ED. The Acting Director of Nursing advised that it was being made more

visible throughout the department and that more volunteers were being used to encourage and support completion. ED was nationally the most difficult area to get responses. Other Trusts have implemented a token system but we would not consider this option as it does not allow for the opportunity to get comments or feedback from patients.

Liz Conway said that the biggest theme from patient feedback related to communication and felt that it needed resolving in order to improve patient experience. The Chief Executive advised that it was an overarching theme nationally and the Trust was fully committed to finding a resolution. Many innovative ways are being implemented to improve communication with patients.

Steve Erskine advised that he had undertaken a deep dive into a number of complaints and felt that accountability at CSC level needed strengthening. Lessons need to be truly learnt to prevent similar complaints occurring. The Acting Director of Nursing confirmed that a dashboard was now circulated to each CSC outlining the number of complaints and their status. Each CSC is held to account for any complaints on the backlog at their monthly performance reviews.

Operations

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

- A&E - performance in March, achieved 89% but for Q4 the Trust is reporting 87.5%. Outturn for the year is 90%.
- RTT - the Trust achieved Trust aggregate performance with specialty level fails. 3 standards improved marginally, however the number of patients waiting >35 weeks increased to 57. It is imperative that there is adequate capacity to manage demand, with continued speciality fails in some areas over the coming months to prevent the 18 week backlog from increasing.
- Cancer - all 9 standards were achieved, the improvement in performance meant that all of the standards were achieved for Q4 and the year as a whole.
- Diagnostic wait times deteriorated to 95.39% against 99% standard. This was demand related with a continual increase in referrals. An improvement programme is being developed to look at how demand could be better managed.
- PCI Door to Balloon and Call to Balloon standards were achieved.
- Stroke - the Trust achieved all four performance standards.

Mark Nellthorp asked why demand for imaging at the ISTC was not as high as demand at QA. Is there a reason why GP's are not referring as many patients there. The Chief Operating Officer explained that the ISTC do not have a full range of diagnostics and only offer a Sonographer led service.

Finance

The Interim Chairman advised that the Finance Committee had met on Monday and the following items had been discussed in detail:

- Achievement of a surplus of £800k at year end.
- Business Plan for 2014/15

The Director of Finance advised that the surplus was still subject to audit but felt that it was significant achievement for the organisation.

He eluded to the robust planning process which was underway with early warning systems being developed. Attention was now turning to the financial out turn at month 1.

Workforce

The Acting Director of Nursing reminded that a report detailing the ward based staffing levels was now included in the monthly Integrated Performance Report. This is now required of all Trusts, but there has not yet been any nationally set directive on how that information

should be reported, so this information would be fine-tuned over the coming months.

The Director of Workforce advised that there had been a further increase in staff turnover – which is also reflective of the national position. The biggest reason for leaving is still unknown but a more effective process for identifying and recording reasons for leaving was being developed.

Liz Conway referred to the whistle blowing process and asked how the Trust can ensure that staff are not victimised following a whistle blowing incident. The Director of Workforce advised that he was not aware of this being an issue anecdotally or through formal processes. The National Staff Survey results would be the biggest indicator if there were a problem. The importance of whistle blowing is advised to all staff during the induction process. There are not many cases of whistle blowing, but those that do occur are fully recorded and followed through appropriately.

74/14 **Quarterly Quality Report**

The Acting Director of Nursing drew attention to the key exception headlines of the report:

Patient Safety

- Pressure Ulcer reduction 10%
- Falls
- Healthcare Acquired Infections

Clinical Effectiveness

- Enhanced Recovery Programme
- Discharge Summaries
- Emergency Care Pathway
- NICE
- NICE TAG 161 – Osteoporosis secondary prevention including strontium ranelate
- NICE TAG 276 – Cystic Fibrosis (pseudomonas lung infection)

Patient Experience

- Friends and Family
-

Governance Compliance

- Care Quality Commission – quarter 4 self-assessment
- Care Quality Commission – Intelligent Monitoring report

The Medical Director drew attention to the HSMR data.

75/14 **Self Certification**

The Director of Corporate Affairs reminded that the Executive Directors had discussed and agreed the responses prior to submission to the Trust Board.

Board statements 11 and 14 remained as a risk, whilst Board statement 10 remained as non compliant.

Despite compliance with the Information Governance training target, it was agreed to keep Board statement 14 as a risk, until compliance had been sustained for 3 months.

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

76/14 **Annual Procurement Plan**

Neil Routledge, Head of Procurement was in attendance for this item.

He presented the Annual Procurement Plan, in detail, covering the following items:

- Performance indicators 2013/2014
- External view
- Summary of benefits realisation 2013/2014
- Strategic landscape and direction
- Procurement programme 2014/2015
- Procurement plan 2014/2015
- Delivery approach
- Procurement objectives and priorities
- Challenges for 2014/15 and beyond

A discussion ensued about the Trust's corporate social responsibility and the Chief Executive felt that the Trust needed to be more pro-active in engaging with the community. She felt that the Executive Team needed to discuss in more detail.

Action: Executive Management Team

The Director of Corporate Affairs recognised the savings which Procurement had achieved for the Trust but was concerned that the level of standardisation had now lost the ability to be flexible with one off products/projects. Neil Routledge confirmed that this was not the case and that Procurement worked closely with the CSC's to support one off projects. The status quo was continually being challenged.

The Chief Operating Officer referred to the costs for maintenance of equipment and asked whether more could be done to challenge those companies. Neil Routledge agreed that more could be done and new ways of working needed to be considered. Procurement was working closely with Clinical Engineering to further improve.

77/14 Final Annual Business Plan

This item had been discussed in detail at the Finance Committee earlier in the week.

The key points to note are:

- Misalignment with Commissioners around RTT for Q3 and Q4
- QIPP – still awaiting detail of these schemes
- The contract negotiations are still not concluded following the arbitration process.
- Budget plans for all CSC's have now been signed off with excellent engagement with all CSC's.

He eluded to the areas of risk:

- Medical Workforce reductions
- Unallocated savings target of £3m

The Director of Workforce reminded that it was not just about making workforce savings, but also about having the right resource in place to deliver the income.

The Medical Director advised that there was currently an estimated gap of 55 medical staff between what is needed and what is anticipated so overseas recruitment was being considered. Recruitment was now occurring much sooner to recruit into vacancies as soon as they appear to prevent the need for locum staff to fill short term gaps.

78/14 Assurance Framework

Liz Conway drew attention to the two top risks and fives risks with a decreased score.

Steve Erskine was concerned to see that risk 1.11 had a decreased score despite the issue of fire being escalated to the Audit Committee for review. The Director of Corporate Affairs agreed and committed to ensuring that the scoring be reviewed. The fire agenda in its totality has been escalated to the Audit Committee.

The Director of Workforce asked whether the score of 16 was appropriate for risk 1.5

relating to ED considering this is the biggest risk currently facing the organisation. The Acting Director of Nursing advised that a review of this risk and its score would take place at the next RAC.

79/14 Inpatient Survey Results

The Acting Director of Nursing presented the National inpatient Survey results for 2013 and reminded that it had been completed by inpatients during August 2013. The results were published during March 2014.

Due to the common themes in both this survey and the National Staff Survey, the action plans are aligned.

'Noise at night' remained a concern but was already being addressed by the Hospital at Night Team.

A detailed quality improvement action plan was being developed and would be brought back to the next meeting. The Patient Experience Steering Group is overseeing the implementation of the actions.

The Chief Executive felt that an action plan for improvement was not enough and a fundamental rethink was needed in terms of seeking patient feedback and improving patient experience. It was agreed that the Executive Team should discuss this in more detail.

Action: Executive Management Team

80/14 Action Plan to improve administrative processes

This is part of a much larger transformational project, covering:

- Length of stay
- Theatre Productivity
- Outpatients

It was requested that the lead for each project be invited to a future Trust Board Workshop to give the Board an insight into each project.

Action: Director of Finance

81/14 Letter from Sir Bruce Keogh

The Medical Director drew attention to the letter received from NHS England in relation to:

- Disposal of Foetal remains
- Patient Moves

He confirmed that the Trust was already following procedures in both of these areas.

82/14 Charitable Funds Update

The Board noted this report.

The Director of Corporate Affairs was pleased to confirm that charitable income for 2013/14 amounted to £1.18m.

83/14 Non Executive Directors' Report

Liz Conway advised that she had attended the QA@Home Project Board and was very impressed with the project and commended the project team for their dedication.

Mark Nellthorp advised that he had attended various events and walkabouts and shared some positive experiences of QA from the people he had met.

Steve Erskine advised that the Audit Committee had recently met and the meeting had been dedicated to discussing the following items:

- Annual Accounts
- Annual Governance Statement
- Annual Report

84/14 Annual Workplan

The Board noted the workplan.

85/14 Record of Attendance

The record of attendance was noted by the Board.

86/14 Opportunity for the Public to ask questions relating to today's Board meeting

A member of the public advised that he was a member of Hampshire Healthwatch and regularly hears feedback about experiences at QA Hospital. He provided some particular examples of poor patient experience. The Board agreed that the Trust needed to identify a way of working more closely with Healthwatch in order to gain more real time feedback in order to improve patient experience. The Chief Executive asked the Acting Director of Nursing to make contact with Jim Harrison to discuss further.

Action: Acting Director of Nursing

87/14 Any Other Business

There being no items of any other business, the meeting closed at 13:00pm.

88/14 Date of Next Meeting:

Thursday 29 May 2014

Venue: Lecture Theatre, Queen Alexandra Hospital