

Trust Board Meeting in Public

Held on Thursday 29 May 2014 at 10.00
Lecture Theatre
Queen Alexandra Hospital

MINUTES

Present:	Alan Cole	Interim Chairman / Non Executive Director
	Mark Nellthorp	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
	Sir Ian Carruthers	Chairman Designate (observing)
	Viv Alexander	Head of Nursing (for agenda item)
	Carly Godwin	Sister (for agenda item)
	Deborah Burrows	Head of Transformation (for agenda item)
	Matt Smith	Managing Director (for agenda item)
	Mandy Mugridge	Project Manager (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.

89/14 Apologies:

Apologies were received from Liz Conway, Non Executive Director

Declaration of Interests:

There were no declarations of interest.

90/14 A Patient Story

The Acting Director of Nursing introduced Viv Alexander and Carly Godwin who were in attendance to tell the patient story. They delivered the following presentation:



A STROKE JOURNEY
presentation.pptx

Mark Nellthorp felt that this particular family was well placed to challenge the staff. He asked to what extent this was typical and whether the process would have run as smoothly if the family hadn't challenged. Carl Godwin felt that all patients and their family would be treated the same regardless. She agreed that some staff deal with challenges better than others.

Steve Erskine congratulated the department for recognising the problem early enough to put it right. He asked how similar lessons were shared across the Trust. Viv Alexander advised that the lessons are shared throughout the CSC but also to other CSC's through various methods such as Governance meetings.

91/14 Minutes of the Last Meeting – 24 April

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

92/14 Matters Arising/Summary of Agreed Actions

52/14: Integrated Performance Report – The Chief Operating Officer advised that the audit of patient moves within wards had recently started. The results would be shared at the next meeting.

73/14: Integrated Performance Report – The Director of Finance confirmed that he had discussed this matter with Procurement and it had been confirmed that there was no functionality within the existing system to track medical equipment. Procurement has been asked to investigate further.

All other actions on the grid had been completed.

93/14 Notification of Any Other Business

The Director of Corporate Affairs reminded the Board that he had been tasked to lead on one of the initiatives which had been identified from Listening into Action (LiA). It had been felt that the website was outdated and required refreshing. He was pleased to report that the website had been redesigned and updated and was due to go live today. He gave full credit to the dedicated team who had worked tirelessly to ensure that this was possible within the short time scale given:

- Sarah Snowdon
- Mike Farley
- Mike Brown
- Charlie Joseph

94/14 Chairman's Opening Remarks

The Interim Chairman reflected on the position of the Trust during the last month. Demand for unscheduled care continued with pressure on flow throughout the organisation.

Nationally the NHS was under increasing financial pressure, both Foundation Trusts and non Foundation Trust. More and more Trusts were posting deficit plans for 2014/15.

Looking ahead, the Better Care Fund would require considerable amounts of money being moved from health to social care. He advised that the Board was fully focussed on this change and the impact it could have on the organisation.

He recognised the ongoing hard work and commitment of the staff who are working tirelessly to keep patients safe and provide a high quality standard of care.

95/14 Chief Executive's Report

This report was noted by the Board.

The Chief Executive drew attention to particular areas of the report:

- New approach needed for care of the frail and elderly
- Urgent and emergency care review
- The 6C's are for everyone
- Inquiry launched into the treatment of patients leaving hospital
- One in four deaths could have been prevented
- QA Hospital sees a significant drop in the number of diabetic major amputations
- NHS Must Care for the Carers – She referenced a recent event which had been led by the Acting Director of Nursing. She asked that the outcome of that event be shared with the Board.

Action: Acting Director of Nursing

She advised that Fiona Wise had been appointed by the local health care system to review unscheduled care and make recommendations on how to improve it. Her findings and recommendations had been shared with the senior representatives from each organisation and would require full system 'sign up' within the next 5 days. The Trust was fully committed to the recommendations and to implementing the necessary actions in order to reach a sustainable position.

96/14 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 following the most recent Governance & Quality Committee meeting, he was concerned about some particular quality performance metrics:

- Dementia – step one and three
- Pressure Ulcers
- Friends & Family Test
- Patient Moves
- Infection Control

He felt that the Trust seemed to be losing grip on some of these areas and that recovery was needed to turn the performance round.

The Acting Director of Nursing disagreed and felt that on the whole, the Trust was performing well considering the pressure on the organisation. She reassured the Board on the current position:

- Dementia – this was being continually monitored and challenged where necessary. She reminded that the Trust took the decision to implement VitalPac for Dementia screening whilst recognising the potential risk in going paperless. Whilst it had a negative impact on results, figures for early May had shown an improved position.
- Pressure Ulcers – remained a challenge for the Trust. Two areas have been put into 'special measures' to try and reduce the number of pressure ulcers.
- Friends & Family Test – the issue mainly related to response rates within ED, which reflected the national situation. The Trust was continually looking at other methodologies to improve the response rate, whilst also learning from other Trusts. A methodology needed to be found which best suited our local population.
- Patient Moves – this would continue to remain a problem as it was directly linked to the ongoing unscheduled care and flow issues across the Trust and local health system. The patient moves had been reported differently this month in order to be more transparent.
- Infection Control - there is an ongoing challenge with C.Difficile due to the broad spectrum use of antibiotics locally and patients bringing the infection in from the community.

There was a detailed discussion regarding patient moves and it was recognised that there

needed to be a zero tolerance on non clinical patient moves, but the ongoing 'flow' issues would need to be resolved first.

Operations

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

- A&E - performance in April, achieved 84.67%.
- 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 86.
- Cancer – eight of the nine standards were achieved, but breast symptomatic failed to achieve the standard.
- Diagnostic wait times deteriorated to 91.42% 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 standard was achieved but Call to Balloon standard was not achieved.
- Stroke - the Trust achieved three of the 4 performance standards.

Finance

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

- Improvements made to the reporting process:
 - Early warning tracker
 - CSC Dashboards
- Financial outturn at month one

The Director of Finance advised that the 2014/15 plan was signed off last month to deliver a £1.2m surplus against planned SLA Income of £416.4m. The plan incorporates £9.4m of activity related investments required to proactively and efficiently achieve the capacity level necessary to deliver patient access targets within agreed demand projections.

He referred to the financial position at month one. The April expenditure had been £1.3m in excess of income. This is a £1.6m adverse variance against plan and comprises £1.0m of savings variances and £0.6m of other variances. April pay is £1.0m adverse of budget and non-pay £0.4m adverse. At the end of April the Trust delivered £0.2m of savings (CIPs) against a planned saving of £1.1m, a £0.9m shortfall. However, this primarily reflects the prudent approach taken to the phasing.

The first round of performance reviews for 2014/15 had taken place with good engagement and reporting from the CSC's. There was a mixed level of assurance about the mitigating actions needed to get back on plan. Three of the CSC's have been moved to fortnightly meetings to further support them in getting back on plan.

He detailed the areas of risk around the savings plan and felt that workforce savings presented the biggest area of risk.

Steve Erskine felt that the quality of the plan had noticeably improved with increased buy-in from CSC's so was disappointed to see the position at month one. He was concerned that there might not be the right level of commitment of middle managers within the CSC's. The Director of Workforce agreed that the 30 senior managers could not deliver the plan alone and needed support throughout the organisation. It is intended to suspend corporate meetings within the Trust for a period of 4 weeks from 16 June. This is to give senior staff the time to better engage with staff within their CSC's and throughout the organisation.

The Director of Finance sought the approval of the capital programme. The Board signed off the capital programme.

Workforce

A detailed discussion ensued about staff experience.

The Director of Workforce was pleased to report that the National Quality Board (NQB) Ward based staffing continues and 99.7% of shifts within the Trust had the correct number of staff on duty.

A framework for the 'well led organisation' was launched at the Senior Management Team meeting last week. The Executive Director's will be coaching and supporting the CSC's through a self-assessment.

The quarterly staff Pulse survey would be launched during July. It would have 10 questions, 2 of which are a requirement of the Friends and Family Test. It would be a good gauge for the Board to better understand the feeling of the workforce.

He was pleased to report that the Trust had been recognised as an NHS employers beacon site in recognition of the organisational change work carried out in Portsmouth.

97/14 Update on 3 key productivity projects

Deborah Burrows, Mandy Mugridge and Matt Smith were in attendance for this item and delivered a presentation detailing the three key productivity projects:

- Length of Stay
- Outpatients
- Theatre Productivity



TB briefing on LOS
OP Theatres 3.pptx

Steve Erskine asked what was being done differently this year. The Director of Finance advised that there was Trust-wide recognition that the opportunities exist and there was clear CSC ownership of the schemes.

98/14 Summary following unannounced CQC Inspection

The Acting Director of Nursing advised that the CQC had been undertaking a themed inspection programme looking at the quality of dementia care. On the 13 March 2014, the CQC conducted an unannounced inspection at Queen Alexandra Hospital as part of their programme. Following the inspection, the Trust has received the draft report; and is now awaiting the final report. The Trust was found to be compliant with all three outcomes inspected. She drew attention to the areas of notable practice and the areas for further improvement identified by the Trust. The Dementia Steering Group will oversee these improvements.

99/14 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. There were 2 areas within Board statement 10 which would be flagged as a risk, whilst 2 areas will be recorded as non compliant.

He drew attention to the drop in compliance with the Information Governance training. It was felt that this was because several staff members training had lapsed at the end of the year. He was determined that compliance levels would improve.

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

100/14 Assurance Framework

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

Risk 1.11 relating to fire had been reworded and now accurately reflected the position. A thorough discussion had taken place at the Risk Assurance Committee and it would be discussed at the Audit Committee next week.

101/14 Risk Register

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

Steve Erskine asked for more information about risk 4.7 relating to the complaints service. The Acting Director of Nursing explained that two key members of staff were off sick; this had been mitigated by moving other staff into the department to cover. An Interim Head of Patient Experience was also being sought.

102/14 Inpatient Survey Action Plan

The Acting Director of Nursing advised that statistically the 2013 results were unchanged from the 2012 result and that this was disappointing. The overarching theme identified in the lowest scoring areas was the communication of staff with patients and relatives. This also correlates with the overarching theme from the Staff Survey, where it was identified that communication between staff was an area for improvement. Therefore a main priority for the Trust is the development and implementation of the Communication Strategy, due summer 2014.

One area of surprise was in relation to results to question 11: single sex accommodation as the Trust has a robust management and monitoring process which had not highlighted any breaches during 2013.

The action plan will be monitored via the Patient Experience Steering Group and any areas of escalation will be reported to the Governance and Quality Committee. An update will be provided to the Board in 3 months.

103/14 Senior Information Risk Owner (SIRO) Report

The Board noted this report.

The Director of Corporate Affairs was pleased to report that for the first time the Trust was fully compliant with the standards of the NHS Information Governance Toolkit.

He complimented the hard work and commitment of James Taylor, Information Governance Manager for moving the information governance agenda forward and of Lynn Hansell and the Learning & Development Team for supporting the workforce in information governance training.

104/14 Trust's Charity Objectives

The Board approved the Trust's Charity Objectives.

105/14 Audit Committee Report

The Board noted this report.

106/14 Charitable Funds Update

The Board noted this report.

The Director of Corporate Affairs advised that it is expected that Hume Capital will have redeemed the incorrectly invested loan notes by the end of May.

The Trust was looking to replace the Head of Fundraising in the coming months.

Mark Nellthorp was pleased to report that the Charitable Funds Committee had agreed to continue with the nurse ward funds for this financial year.

107/14 Non Executive Directors' Report

There was nothing to report.

108/14 Annual Workplan

The Board noted the workplan.

109/14 Record of Attendance

The record of attendance was noted by the Board.

110/14 Opportunity for the Public to ask questions relating to today's Board meeting

Roland Howes, Governor referred to a discrepancy within the Integrated Performance Report regarding appraisal rates. The Director of Workforce offered to discuss with Roland after the meeting.

111/14 Any Other Business

There being no items of any other business, the meeting closed at 13:40pm.

112/14 Date of Next Meeting:

Thursday 26 June 2014

Venue: Lecture Theatre, Queen Alexandra Hospital