

Trust Board Meeting in Public

Held on Thursday 4 February 2016 at 10:00am

Lecture Theatre
Queen Alexandra Hospital

MINUTES

Present:	Sir Ian Carruthers	Chairman
	Mark Nellthorp	Non-Executive Director
	Steve Erskine	Non-Executive Director
	John Smith	Non-Executive Director
	Liz Conway	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
	Chris Adcock	Director of Finance
	Simon Holmes	Medical Director
In Attendance:	Peter Mellor	Director of Corporate Affairs
	Gemma Hobby	PA to Trust Board (Minutes)
	Ellis Goatley	Operational Manager (patient story)
	Gill Haynes	Head of Nursing (patient story)
	Keith Malcolm	Senior Clinical Manager (patient story)

Item No **Minute**

01/16 Apologies:

Mike Attenborough-Cox, Non-Executive Director

Declaration of Interests:

There were no declarations of interest.

02/16 Staff Story

The Director of Nursing introduced Ellis Goatley, Operational Manager, Gill Haynes, Head of Nursing and Keith Malcolm, Senior Clinical Manager, from the Head & Neck Clinical Service Centre, she explained that rather than give the usual patient story, the team would share a patient experience and success story.



Patient Experience
Head and Neck CSC

The Chairman thanked Ellis, Gill and Keith for their presentation and invited questions.

The Director of Corporate Affairs asked why the numbers of those attending out-patient clinics were going up year on year. Keith Malcolm explained that it was both a consequence of an ageing population and the expertise and specialist equipment within the department attracting more patients. John Smith, Non-Executive Director, asked how patients are kept informed of delays. Keith explained that the flow co-ordinator ensures that all patients are regularly told what is going on and that there is also a white board showing any delays. Patients are given the opportunity to provide feedback through comments cards or the friends and family test. The Director of Nursing stated that this 'waiting problem' was not just a concern within Ophthalmology and asked how these 'lessons learnt' could best be shared with other departments. Ellis Goatley explained that the imperative is to ensure the patient is clear about the process. Steve Erskine, Non-Executive Director, asked what the long term plan was in relation to the ever-increasing volume of patients. Gill Haynes explained that she was working closely with Mandy Mugridge from the Transformation Support Office in looking at how they could further improve flow. The Chief Executive suggested looking at alternative venues for carrying out different interventions. Keith Malcolm agreed, recognising that the diagnostic element of the treatment could be completed both outside, and before the patient came to the hospital.

The Director of Nursing informed the Trust Board that Gill Haynes was due to retire in 2 months time. The Chairman, on behalf of his colleagues, thanked Gill for her splendid contribution to the Trust.

03/16 Minutes of the Last Meeting – 3 December 2015

The minutes were agreed as an accurate record of the meeting.

04/16 Matters Arising/Summary of Agreed Actions

211/15: Risk Register – The Director of Nursing confirmed that this had now been added to the Risk Register.

05/16 Notification of Any Other Business

None.

06/16 Chairman's Opening Remarks

The Chairman emphasised key points:-

- The main issue continues to be Unscheduled Care. He recognised that everyone within the local healthcare system was fully committed to resolving the situation and thanked everyone for their hard work.
- The priority for the Trust must continue to be the safety of its patients.

07/16 Chief Executive's Report

The Chief Executive drew attention to particular areas within her report:

- The recent communications from NHS England emphasise the need to achieve our projected end of year financial position and the need to identify a robust financial recovery plan for the next financial year. She asked that this be addressed during the operation report item, later on the agenda.
- The government has announced a plan to create a new nursing support role, called nursing associates. The Director of Workforce & OD thought that we wouldn't see any fundamental change as a consequence of this role. The Chief Executive was pleased to announce that following negotiations with the University of Portsmouth, nurse training courses will be available in Portsmouth.
- The Chairman asked that a paper detailing the implementation of the Better Care Fund be prepared for a future Board meeting. The Chief Executive agreed.

Quality

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

- She was keen to recognise the contribution from all of our staff who are working in extremely pressurised circumstances.
- The number of patient moves after 10pm is increasing. Attention is being given to improve this.
- She was delighted that the Trust is able to report zero 'grade 3' or 'grade 4' pressure sores for the month. This has been a real team effort.
- We are beginning to see an improvement in the number of patient falls.
- Overall, the safety thermometer remains in the upper quartile.
- An action, resulting from our CQC inspection, which required that all staff receive feedback from incidents reported on our Datix system, was now complete.
- The national maternity patient survey shows improvements in areas where we saw challenges last year. This is a tribute to the Women & Children CSC.
- The Medical Director reported on infections. MRSA remains at zero and there has been one case of CDiff. We now have the lowest rate in the country and have been asked by the Trust Development Authority to advise other hospitals who are struggling. There have been three cases of MSSA, which is the national average and a better position than last year. There is very little change in our mortality rates.

Liz Conway, Non-Executive Director, asked about the recent publicity concerning infections from abroad. The Medical Director confirmed that we continue to monitor the situation.

Mark Nellthorp, Non-Executive Director, thought that the improvement in both patient falls and pressures sores was very impressive and congratulated the Trust on maintaining high standards of patient care whilst experiencing significant operational pressure. The Chairman asked what more could be done during this challenging time. The Director of Nursing suggested asking patients how we could further improve our services.

The Chairman asked whether we still review all deaths. The Medical Director confirmed that deaths are reviewed, using a Trust-designed 'mortality review tool'. John Smith, Non-Executive Director, asked who completes the form for review. The Medical Director explained that it is overseen by the governance lead and/or the responsible clinician.

The Chairman thanked those that had been involved in the development, and improvement, of the mortality review tool.

Operations

The Chief Operating Officer drew attention to particular areas within his report:

- It is a very challenging operating environment at the moment with demand up 6% year on year, which makes it more difficult to maintain Constitutional standards. He was pleased to report that, as of January, there will be no 52 week waits.
- Very challenging in the Emergency Department re 4 hour performance and it will be a couple of months before this begins to improve. He added his thanks to staff for maintaining the high quality of patient care.
- 6 of the 8 cancer treatment standards were met in December; the 99% screening standard was not met for December, the Trust achieved 98.6%.
- In relation to the urgent care pathway, Phase One of the frailty plan is being implemented and we are also looking to incorporate a short-term stay model which is designed to relieve some of the pressure within the Emergency

Department.

- We are starting to see discharge targets being met and an improvement in the number of patients being discharged before midday.
- Beginning to see a greater alignment outside of the hospital with more commitment from our partners.

Mark Nellthorp, Non-Executive Director, asked what could be done to stop those patients that didn't need the services of an acute hospital from getting off the ambulance on their arrival. The Chief Operating Officer felt that the ambulance service needed more senior paramedics, including consultant paramedics, but the Medical Director recognised that it would be a difficult judgement for them to make in the back of an ambulance and that clinicians would be reluctant to do so. Hopefully, the introduction of a 'ticket to ride' scheme will improve this situation. The Director of Corporate Affairs confirmed that at a recent meeting with Commissioners the unscheduled care issue had been fully discussed and that they had reiterated their absolute commitment to making improvements using various initiatives and their determination to providing alternative treatment choices to the Emergency Care department.

The Chief Executive reported on a recent, very productive, session with our local authority regarding the transfer of care and discharge processes. They had recently completed a piece of work which should make a big difference. They had been shocked at how difficult the processes were. She reminded that the efficiency opportunities, identified within Lord carter's report, were predicated on minimising the number of patients who were medically fit for discharge.

John Smith, Non-Executive Director, asked by when these improvements might take effect. The Chief Operating Officer explained that he would be driving forward these initiatives as soon as possible and that we could expect to see improvements around April/May time. The Chief Executive explained that at the recent risk summit it had been made quite clear what each constituent part of the system needed to do and that it had to happen in parallel.

Liz Conway, Non-Executive Director, felt strongly that we shouldn't be surprised at the increase in elderly patients as this has been obvious for years from the local demographic. We should be using those predictions to plan for the future. The Director of Strategy agreed.

Steve Erskine, Non-Executive Director, expressed his frustration that he had heard all of these promises regarding unscheduled care before; he felt that we were too reactive and waited for things to happen rather than taking the initiative. The Chairman insisted that now was the time for action, not analysis.

Finance

The Director of Finance highlighted the key areas from his report:

- This report sets out the Trust's financial position at the end of December and is the document which was reviewed in detail at the Finance Committee on 28 January.
- The year to date deficit is £21.7M, which is £600K worse than that within the forecast which was presented to the Board in December. Drivers of this adverse performance are:
 - Income has been lower than predicted although we are still heavily over-performing – principally re non electives (0.6M).
 - Pay expenditure was lower than expected for the month (0.3M), although we had made allowance for this in our assessment of prudence within the year end forecast.
 - Non-pay was higher than expected, principally relating to clinical supplies and this is being independently reviewed to establish the facts and to identify any potential weaknesses in our control system.

- We continue to forecast a year end deficit of £23.6M as previously discussed; this despite the fact that performance suggested that the year-end position will deteriorate by £1.5M. The Executive Team has agreed that further deterioration in the position cannot be permitted and that actions and decisions must be taken to recover the position and to help manage financial risk.
- There are a number of other risks contained on the Trust's risk and opportunities schedule which need to be managed/mitigated to deliver the year end position. The key issues are:
 - Capital to revenue transfer.
 - Additional expenditure on winter pressures, not in the forecast, awaiting confirmation of income.
 - Year income agreements with commissioners and escalating challenges.
 - Delivery of quarter 4 CIPs.
- ITFF Application
 - Final request £32M, report refers to £39M – seeking PDC not loan.
 - Will require the Trust to continue to access RWC in 16/17.

John Smith, Non-Executive Director, referred to page 48 within the report which highlighted that the majority of CSC's were in deficit and asked what steps could be taken at CSC level to rectify this. The Director of Finance explained that meetings had been set up with each CSC to review what could/should be done to improve the situation.

Liz Conway, Non-Executive Director, asked what element of the service that was currently being provided was unfunded and was therefore contributing to our forecast deficit. The Director of Finance explained that whilst there are contract negotiations going on, there is not a definitive position but the unfunded capacity supporting unscheduled care has been estimated to be costing in excess of £10m.

Workforce

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

- Workforce Capacity remains pretty much the same. The focus is still on agency staff expenditure.
- There is an increase in level of stress within the hospital in terms of work and resource.
- Currently, 172 staff over our funded establishment.
- Appraisal rate has decreased to 83% and is now just below target.
- In relation to the impending Junior Doctors strike we are fully prepared with plans in place. Although progress seems to have been made in certain areas, the issue of 'unsocial hours' remains a stumbling block. We anticipate that the strike will go ahead and will last for 24 hours. Emergency Care is covered.

John Smith, Non-Executive Director, asked how many junior doctors were expected to strike. The Director of Workforce & OD confirmed that last time there had been 150 Junior Doctors on strike.

Mark Nellthorp, Non-Executive Director, made reference to the sickness absence rate which remains at 3.5%, which exceeds the target of being below 3%. He thought that even if this was only reduced to 3%, it would still contribute towards our financial recovery and he asked how we might help improve this. The Director of Workforce & OD explained that his team already do all of the positive things they can do in relation to health and wellbeing. There is a lot of promotion being done in this area and the Trust is doing very well. Audits from Occupational Health have been really positive. Whilst our sickness policies are strictly adhered to, a significant cause of illness will be stress. This will be reflected in the latest National Staff Survey which will be published next month.

Liz Conway, Non-Executive Director, asked what the average staff age is. The Director of Workforce & OD answered that it is 48. She went on to ask about the Trusts succession planning. The Director of Workforce & OD felt that there was insufficient work going on nationally and that it would become more difficult to recruit Nurses and Doctors, especially those for specialist areas. As a consequence, the Trust was doing a piece of work around role development.

The Chairman asked about agency rates and when the 'cap' would come in to effect. The Director of Workforce & OD explained that if we were to become fully compliant with the 'cap', we would save around £10,000 a week. It will require all Trusts to remain firm in maintaining the 'cap' for it to be effective.

The Chairman summarised the Integrated Performance Report by repeating that the main issue is with Unscheduled Care. However, he was also determined that the many positive things going on within the organisation be recognised.

The Chairman explained that the Chief Executive had needed to leave the meeting due to a meeting with Simon Stevens, CEO of NHS England, his Executive Team and other organisations, for a discussion on the theme of system transformation.

09/16 Self-Certification

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

It reflects our position at the end of December and reflects the concerns discussed today and the pressures the organisation is under.

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

10/16 Equality & Diversity Annual Report

The Director of Workforce & OD presented the report which detailed the progress to date against the Equality Delivery System (EDS2) and Workforce Race Equality Standard (WRES).

Steve Erskine, Non-Executive Director, asked whether this is taken into consideration within our succession planning. The Director of Workforce & OD confirmed that it would be and that that 16.8% of our current workforce is BME.

Mark Nellthorp, Non-Executive Director, queried what declaration rates are like. The Director of Workforce & OD explained that declaration rates are good, disability is low. He agreed to provide further detail.

Action: The Director of Workforce & OD agreed to bring back declaration figures.

Post meeting note from Director of Workforce & OD:

Levels of non-disclosure are low with the data as follows:-

Gender – 0.2%

Disability – 1.2%

Ethnicity – 1.2%

Age – 0.1%

Religion – 11.6%

Sexual orientation – 7.1%

Marital Status – 2.5%

11/16 CQC Quality Improvement Plan

The Director of Nursing presented the Care Quality Commission Improvement Plan progress report and highlighted some key points.

The Chairman recognised the good progress.

The Board noted the report.

12/16 Audit Committee

Liz Conway, Non-Executive Director, highlighted the key points from the most recent Audit Committee meeting.

The Board noted the report.

13/16 Charitable Funds Update

The Director of Corporate Affairs presented the Charitable Funds Activity Report. He drew special attention to the stained glass windows that have now been installed on A level and explained that they had been rescued from the old Royal Hospital demolition. Each window pane has been sponsored by a member of the public. Mark Nellthorp, Non-Executive Director, praised the newly erected signs in the hospital grounds which were promoting the hospital charities. The Chairman reported that he has recently met with Mick Lyons, Rocky Appeal Fundraising Co-ordinator, and felt it important that his significant contribution be recognised.

The Board noted the report.

14/16 Non-Executive Directors Report

Steve Erskine, Non-Executive Director, explained that he has recently spoken with Susan Housman, a neighbouring Non-Executive Director. They had agreed that closer working between the two groups of NEDs would be of mutual benefit.

Liz Conway, Non-Executive Director, described some of the improvements that are being made to the Datix system. She also thought that it would be useful if the Public was made aware of both the role of, and the cost of, the Non-Executive Directors.

15/16 Annual Work plan

The annual work plan was noted by the Trust Board.

16/16 Record of Attendance

The record of attendance was noted by the Trust Board.

17/16 Opportunity for the Public to ask questions relating to today's Board meeting

Roland Howes, Trust Governor, asked whether when recruiting new staff, the Trust was only interested in 'qualifications' and thus ran the risk of overlooking those with significant skill and experience but not the relevant qualifications. The Director of Workforce & OD explained that this would be dependent upon what the position was and what was required to do the role, however he recognised the point being made. Whilst some roles that require a degree, it might be that experience is of more value.

Aileen, Trainee Nurse, asked what plans the organisation had in place for Mental Health. The Medical Director stated that we were well aware of the gap with Mental Health services and that the Commissioners were working to close it. Discussions are taking place, particularly regarding funding issues; however we hope that something is in place by April.

Dr Jana Bujanova, SpR in Diabetes and Endocrinology, explained that she had noticed an improvement in the feedback from incident reporting, which was crucial in encouraging the staff to report. Staff need to know that it is now much easier to report an incident. The Director of Nursing agreed and thanked her for her observations.

18/16 Any Other Business

None.

19/16 Date of Next Meeting:

Thursday 3 March 2016

Venue: Oasis Centre, Queen Alexandra Hospital