

Trust Board Meeting in Public

Held on Thursday 3 March 2016 at 10:00am

Oasis Centre
Queen Alexandra Hospital

MINUTES

| | | |
|-----------------|-----------------------|--|
| Present: | Sir Ian Carruthers | Chairman |
| | Steve Erskine | Non-Executive Director |
| | John Smith | Non-Executive Director |
| | Liz Conway | Non-Executive Director |
| | Mike Attenborough-Cox | 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 |
| | Gemma Hobby | PA to Trust Board (Minutes) |
| | Ricky Somal | Equality & Diversity Manager (Presentation) |
| | Nisa Khan | Lead Clinical Trials Pharmacist (Presentation) |
| | Sarah Bird | Business Manager Medicine (Presentation) |
| | Lucy Wiltshire | Head of Organisational Development |
| | Rebecca Kopecek | Deputy Director of Human Resources |

Item No **Minute**

20/16 Apologies:

Mark Nellthorp, Non-Executive Director

Declaration of Interests:

There were no declarations of interest.

21/16 Staff Story

The Director of Workforce & OD introduced Ricky Somal, Equality & Diversity Manager who explained his role in connection with Equality & Diversity and introduced Nisa Khan and Sarah Bird who shared their staff stories.



Equality & Diversity
Staff Story

The Chairman thanked the team for their presentation and invited questions from Board members.

Steve Erskine, Non-Executive Director, asked how Equality and Diversity is embedded into the organisation and how it works in practice. Ricky Somal explained that each CSC now has its own equality lead and each had been awarded a 'bronze' accreditation. The Learning & Development Department provides sessions for staff which have been well attended. The Trust values underpin this agenda. Nisa Khan explained that the team that she manages is half BME but all have been appointed on merit, not because of their ethnicity. Nisa had noticed a positive difference since joining the Trust.

John Smith, Non-Executive Director, asked how many patients come on a 'pre-visit'. Sarah Bird explained that this was not something that was available to all but was offered to those who were thought most likely to benefit from it. It helps to tailor patient experience to make the patient feel most comfortable.

The Medical Director described another innovation whereby we can use Skype to connect with adolescents with whom it has been very difficult to engage.

The Chief Executive confirmed that the organisation is fully supportive of the Equality & Diversity agenda and suggested holding a 'Listen to Action' event to generate more knowledge of, and support for, it.

The Chairman thanked Ricky, Nisa and Sarah for their continued good work and said how uplifting he had found their stories.

22/16 Minutes of the Last Meeting – 4 February 2016

Steve Erskine, Non-Executive Director, pointed out a correction on page 7, 14/16 with the spelling of a name, which should read; Susanne Hasselmann.

Liz Conway, Non-Executive Director, pointed out that on page 4 where she had referred to planning for the future, she was concerned that not all local healthcare organisations were using the same guru modelling.

23/16 Matters Arising/Summary of Agreed Actions

10/15: Equality & Diversity Annual Report – The Director of Workforce & OD confirmed that the declaration figures that had been requested had been circulated with the previous minutes as a post meeting note, so this action was now complete.

24/16 Notification of Any Other Business

None.

25/16 Chairman's Opening Remarks

The Chairman emphasised the following key points:-

- It continued to be a very challenging time for the hospital particularly with the unscheduled care pathway.
- It is disappointing to report that the anticipated progress with the 4 hour wait metric had not been achieved.
- The provision of safe care is essential and should be the main focus throughout the organisation.
- It is important to recognise the challenges facing our staff each day and look at how we might be able to do things differently.
- The Performance section of the Integrated Performance Report shows how pressure is building on meeting certain national targets.
- As always, lots of excellent things going on throughout the hospital, despite the overall pressures.

26/16 Chief Executive's Report

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

- It is important to acknowledge the work with apprentice schemes which have been running for some years now. These have been very successful and are an important source of future employees.
- Lord Carter's review in relation to the 'model hospital' has concluded and his report is soon to be published. This will contribute to our plan for next year.
- Despite on-going negotiations, the dispute with Junior Doctors continues and there are 3 more strikes planned. We should not underestimate the stress this is causing.
- NHS Improvement to publish its 'Vision for Providers'.
- There is a proposal to increase the Tariff for providers in 2016/17.
- Delighted that there is to be a significant investment in Mental Health Care by 2021.
- The Staff Survey results have been received and the Director of Workforce and OD will share them at the next Trust Board meeting.
- There had been an unannounced visit from the Care Quality Commission last week that had focussed on the Unscheduled Care Pathway. Formal feedback was awaited.

Liz Conway, Non-Executive Director, asked where we stand in relation to the Carter review. The Chief Executive explained that £13M has been identified as a potential opportunity for the Trust following the benchmarking work that had taken place. A detailed review of the report will inform where successes are most likely. A plan of actions will be shared at a future Board meeting. The Medical Director explained that the review had explored all aspects of secondary care hospital working and that a lot of different innovations will result as a consequence. The Director of Nursing felt it important to point out that significant work with staff had been on-going from the time of the Carter visit six months ago.

Steve Erskine, Non-Executive Director, asked whether the Trust was compliant with the recent Agency pay cap rulings. The Director of Workforce & OD confirmed that it was.

27/16 Integrated Performance Report

Quality

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

- Pleased to report that there have been no incidents of Grade 4 pressure sores within the Trust for 365 days.
- There has been 1 avoidable grade 3 pressure ulcer within maternity. A lot of learning has come from the incident and will be shared with all maternity staff.
- Regrettably there has been a mixed sex breach. This occurred as a direct consequence of operational pressures. We are working with the Operational Team to ensure that there is no repeat.
- A high number of complaints had been received during the last quarter. This always peaks in January and has returned to the normal, lower level in February.
- 7 cases of C.Difficile were attributed to the Trust in January. There is no evidence of patient-to-patient cross-transmission. Overall, our healthcare acquired infection position is very good and one of the best in the country. No targets have yet been given for next year.
- MRSA remains at zero.
- MSSA infections reported 3 cases in January.
- Our Hospital Standardised Mortality Ratio is still well within the expected range.
- Our Summary Hospital-level Mortality Indicator has decreased to 105, and is within the official control limits.

Steve Erskine, Non-Executive Director, was pleased to note the tissue viability report and John Smith, Non-Executive Director, acknowledged the decrease in the number of moves after midnight.

Operations

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

- In January the Emergency Department had experienced a 17% increase in attendance. More ambulances come to this hospital than any other in the area.
- Bed occupancy peaked at 98% during January as a consequence of the very challenging operational environment; everyone is focussed on trying to decongest the Emergency Department.
- It has been agreed with Chiefs of Service that patients will not be sent from out-patient clinics to the Emergency Department.
- Pressures on our Referral to Treatment metrics remain high. A number of elective surgery procedures had to be cancelled in January as a consequence of operational pressures.
- In relation to Cancer Standards we are managing to clear the number of patients waiting longer but this is impacting on the 62 day standard.

A lengthy discussion followed regarding the operational statistics and at trying to identify ways of reducing the number of unnecessary admissions to the emergency department. The Medical Director described the 'Ticket to Ride' initiative that, if introduced, would help to improve the situation.

Finance

The Director of Finance advised the Board that the finance report contained within the IPR was now the summary schedule of the full finance report that was presented and reviewed at the Finance Committee each month. The change to the provision of the summary schedule followed the refresh of the committees of the Board and their Terms of Reference. The summary schedule provides the key headline financial issues from the full report.

The Month 10 financial performance was in line with the level expected in order to achieve the Trust's year end forecast of £23.6m deficit. The Month 9 financial performance had been adverse to forecast and the Trust has sought to mitigate the pressures that this created.

The year-end forecast remains at £23.6m deficit and the Director of Finance provided an update on the key risks to that position as recorded in the minutes of the previous board meeting.

- i. The Month 8 year end forecast had contained an assumed benefit of £2.1m through a capital to revenue transfer mechanism. The eventual position agreed with the Trust Development Authority (TDA) was £1.4m and other 'one off' opportunities have been identified to bridge the gap from the original sum.
- ii. Agreement over the funding for additional winter pressures costs that have been incurred is still outstanding. The relevant information has been provided to commissioners which has prompted some questions. The Trust will reply to these as soon as is possible. There is an approximate risk of £0.5m to the year-end position associated with this issue.
- iii. Year-end income agreements – good progress has been made with NHS England in respect of their contracts and there were no material differences reported at the recent contract meeting. There remain a considerable number of challenges associated with the Trust's contract with local commissioners which still present a material financial risk as previously reported. In parallel, the Trust is pursuing a set of agreements with commissioners which will reduce overall system financial risk, and avoid a formal escalation of contractual disputes. Good progress has been

made on this and it is hoped that an agreement will be reached in the next couple of weeks.

- iv. The Trust has not received formal confirmation of the outcome of the Independent Trust Financing Facility meeting on 19 February which had considered the Trust's application for cash support in the current financial year. The Trust is seeking the advice of the TDA in respect of this matter. Other cash related risks relate to the withholding of contract income associated with delays in agreeing Recovery Action Plans with Commissioners. Discussions are on-going in relation to this and it is expected that this will be resolved in the next week.

Workforce

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

- Workforce has remained stable and in line with the forecast however, there remains a significant overspend against budget. Agency caps have been introduced and, as a consequence, April rates have come down significantly.
- Recruitment continues locally, nationally and internationally. However, strict recruitment controls are in place.
- Appraisal compliance remained at 83.3%, slightly below target but total essential skills compliance is above target at 86.5%.
- There had been a whistle blowing referral last month however, there is no cause for concern.
- The Head of Organisation Development will provide a report on the National Staff Survey at next month's Trust Board meeting. Further improvement has been recorded.

Liz Conway, Non-Executive Director, asked whether there had been any areas of deterioration in the Staff Survey. The Director of Workforce & OD confirmed that the survey had revealed that more staff feel pressure to return to work following sickness; so this is an area we need to improve. The Chief Executive explained that nationally there is an issue with bullying and harassment between colleagues.

Mike Attenborough-Cox, Non-Executive Director, queried the revalidation of medical staff and asked whether there is cause for concern. The Medical Director explained that the revalidation of a number of staff had been deferred for a number of reasons; we have assessed by an external board and rated 'green', so there is no cause for concern.

The Chairman asked when the Operational Plan for 16/17 would be available. The Director of Strategy confirmed that this will be shared at the next meeting of the Trust Board and at the next Finance and Performance Committee meeting.

28/16 Self-Certification

The Director of Corporate Affairs presented the Self Certification, which reflects the position at the end of January and highlights the concerns that have been discussed today and the pressures that the organisation is under. The Trust Development Authority has confirmed that it no longer requires this information. It was agreed that the self-certification assessment would now stop as the information provided already appears in different reports.

29/16 Research & Development Strategy

Greta Westwood, Deputy Director of Research and Innovation, joined the meeting to brief the Board on research performance at Trust and Clinical Service Centre level against both local and national benchmarks. She highlighted key points from the stories within the report and the impact the studies have had on the organisation.

John Smith, Non-Executive Director, felt that the examples given demonstrated a significant positive impact on patient care and applauded the overall performance of the department.

Greta invited Board members to attend the Research & Innovation conference on 15 June 2016 at the Marriott Hotel. Gemma Hobby agreed to circulate the details to the Non-Executive Directors.

The Chairman thanked Greta for her report and asked that she pass his thanks, for all of the departments' excellent work, to her colleagues.

Action: Gemma Hobby to circulate information as above.

30/16 CQC Quality Improvement Plan

The Director of Nursing presented the Care Quality Commission Improvement Plan progress report. She reminded that there is a lot of work going on to maintain compliance and that the report highlights achievements against compliance.

The Chairman felt that the CQC frequently question our ability to maintain mandatory and statutory training and asked what could be done to help. The Director of Workforce & OD explained that we continue to make slow progress with this but the main issue is with Doctors. If Junior Doctors have completed essential skills through the deanery, is it really necessary for them to have to do it again at each Trust they rotate through. Training and Essential Skill compliance is discussed during each CSC performance review.

The Director of Nursing and Medical Director spoke of integrated services with community and commissioners including end of life care.

The Chairman asked how the Trust could be certain that things are improving. The Director of Nursing explained that a group of nurses go to different areas and wards within the Trust at different times of the day as part of the review process. The Chief Executive referred to the importance of the improvements made to the Datix system.

The Board noted the report.

31/16 Quarterly Complaints Report

The Director of Nursing presented a report following a recommendation to the Trust to undergo an in-depth analysis of all aspects of the complaints process. The report has been reviewed at the Trust's Patient Experience Committee.

Liz Conway, Non-Executive Director, explained that she had noticed a significant improvement in the quality of the complaints paperwork process. It is now much easier to detect trends within complaints as a consequence of the enhanced Datix system. Our Governors have expressed an interest in 'helping' with complaints and arrangements are underway to enable them to do so.

Steve Erskine, Non-Executive Director, asked where the volunteers come from. The Director of Nursing explained that PALS volunteers were recruited through advert and are managed within the PALS department. There is a national programme which the Director of Nursing and Marion Brown, Head of Complaints & PALS are committed to.

The Chairman asked what could be done to address the issues within Ophthalmology. The Director of Nursing explained that they are in the process of looking at the Ophthalmic pathway and how we might better communicate with our patients.

Liz Conway, Non-Executive Director, took the opportunity to thank both the Director of Nursing and Marion Brown for their hard work with complaints.

32/16 Audit Committee

There had been no Audit Committee since the last meeting of the Trust Board.

33/16 Charitable Funds Update

The Director of Corporate Affairs presented the Charitable Funds Activity Report. He was pleased to report that the charitable funds department was now promoting the use of Facebook and Twitter and that they were now producing a joint newsletter with the Rocky Appeal.

The Chairman had recently met with Mick Lyons, Trust Fundraising Co-ordinator for the Rocky Appeal, and had been very impressed with his commitment.

The Director of Corporate Affairs also reported on the recent volunteer's event that had been hosted by Mark Nellthorp, Non-Executive Director, at the Marriott Hotel. This had mirrored the Trusts Best People & Team awards ceremony. The event had been funded by charitable funds and had been very well received by our volunteers. The Chairman thanked Mark for hosting such a successful event.

Mike Attenborough-Cox, Non-Executive Director, described an event that he had recently attended called 'Your Army' which was about how the army engage with the local community. They would be delighted to 'engage' with the Trust. It had been both a very good and worthwhile event.

34/16 Non-Executive Directors Report

Nothing to report.

35/16 Annual Work plan

The annual work plan was noted by the Trust Board.

36/16 Record of Attendance

The record of attendance was noted by the Trust Board.

37/16 Opportunity for the Public to ask questions relating to today's Board meeting

Mr Kennedy expressed his frustration at the perceived lack of coordination with, and within, the Ambulance Trust. He tasked why ambulances do not take patients from Southsea to St Mary's Hospital as it is much closer than Queen Alexandra Hospital. The police are always on the scene at an accident and can ask for what support is actually needed from the Ambulance Service rather than allow several different ambulances to attend the same incident.

He knew of an elderly patient who had refused to trouble the Ambulance service yet was also aware of others who didn't hesitate to call an ambulance for the most trivial of conditions.

The Chairman acknowledged Mr Kennedy's comments and explained that the Trust would feed his comments back to the Ambulance Trust.

38/16 Any Other Business

None.

Date of Next Meeting:

Thursday 7 April 2016

Venue: Oasis Centre, Queen Alexandra Hospital

Please note – this meeting has now been moved to 31 March. Venue – to be confirmed.