

Trust Board Meeting in Public

Held on Thursday 31 March 2016 at 14:30pm

Lecture Theatre
Queen Alexandra Hospital

MINUTES

Present:	Sir Ian Carruthers	Chairman	
	Steve Erskine	Non-Executive Director	
	Liz Conway	Non-Executive Director	
	Mike Attenborough-Cox	Non-Executive Director	
	Mark Nellthorp	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)
Jenny Kynes		Head of Nursing MSK CSC (Patient Story)	
Sue Bradshaw		Matron MSK CSC (Patient Story)	

Item No **Minute**

39/16 Apologies:
John Smith, Non-Executive Director

Declaration of Interests:
There were no declarations of interest.

40/16 Patient Story

The Director of Nursing introduced Jenny Kynes, Head of Nursing (MSK) and Sue Bradshaw, Matron (MSK) who presented the patient story (see attached below).



Patient Story MSK 31
March 2016

The Chairman thanked the team for its presentation and invited questions.

Mark Nellthorp, Non-Executive Director, expressed frustration at the number of referrals that had been made and then rejected. He asked whether there was a facility that would pursue any, and all, social service placements on behalf of the Trust to find the most suitable place for the patient to go.

Steve Erskine, Non-Executive Director, was concerned at the number of different places that

could/should have taken the patient but wouldn't. The Chief Executive felt that this story illustrated that there was no mechanism in place to deal with such situations and suggested using it as a case study.

Liz Conway, Non-Executive Director, asked whether this was a regular or an isolated occurrence. Jenny replied that it was neither regular nor isolated but emphasised that this was a particularly severe case. The main issue had been in trying to find somewhere suitable that would accept her. Mike Attenborough-Cox, Non-Executive Director, also pointed out that the Trust had a duty of care to other patients because the patient was considered to be dangerous. Jenny confirmed that the patient had been constantly monitored throughout her stay in a single room, although she had threatened or attacked a number of our staff. Jenny assured that those members of staff had received appropriate support.

The Chairman thanked Jenny Kynes and her team for all of their hard work.

41/16 Minutes of the Last Meeting – 3 March 2016

The minutes were agreed as a correct and accurate record.

42/16 Matters Arising/Summary of Agreed Actions

All complete.

43/16 Notification of Any Other Business

None.

44/16 Chairman's Opening Remarks

The Chairman acknowledged that the daily agenda was dominated by the situation in urgent care. A new urgent care implementation plan has been agreed and is expected to have a positive effect in the near future. The Chairman thanked all who had provided their input and support to this. Other than unscheduled care, the Trust is performing well and he thanked all staff for their continuing dedication and commitment.

45/16 Chief Executive's Report

The Chief Executive highlighted particular areas from her report – the Department of Health has issued some guidance and support to enable the NHS to better recover costs of care from visitors and migrants and, learning from mistakes.

46/16 Integrated Performance Report

Quality

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

- Overall performance against the quality of care indicators remained positive for February.
- Disappointing to note 4 falls within the month. Work to reduce patient falls continues.
- The Quality of Care Overview presents a positive picture
- There is increased operational pressure on departments.
- The Care Quality Commission, during their formal inspection in February 2015, had indicated that our End of Life Care required improvement. A recent audit has shown that this care has significantly improved and is now above the national average. A Non-Executive Director is needed to lead on End of Life Care.

The Chairman asked for a volunteer from the NEDs to take the lead for End of Life Care. Mark Nellthorp agreed.

Action: Mark Nellthorp to take NED lead for End of Life Care.

- Infection Control - there had been 7 cases of C Difficile in January and 2 in February, bringing the number of 'year to date' cases to 27 cases, against an 'end of year' target of 40 cases. Incidents of MRSA and MSSA remain at zero cases. Overall, infection control is very well managed, despite the relentless operational pressures.
- Our Hospital Standardised Mortality Rate is 101 and within the expected range. This remains similar at weekends.
- The Summary Hospital-level Mortality Indicator is also within the expected range, at 108.
- The number of flu cases has risen in February. Any decrease has yet to be seen.

The Director of Corporate Affairs felt that the commendable improvement in relation to pressure ulcers was worthy of note. The current year-to-date position is 13 avoidable grade 3 and 0 grade 4 pressure ulcers against a year-end target of 24. The Chairman agreed and congratulated all of the staff for this welcome improvement.

Operations

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

- This year has been a very challenging operating environment with a 20 % increase in A&E attendance from last year. The hospital is operating at virtually full capacity.
- The urgent care improvement plan is intended to create more capacity within the hospital, as part of the broader system plan.
- The focus is currently on short term capacity and we will report on progress at a future Trust Board meeting.
- Overall, the NHS Constitutional performance key standards are being met with the exception of 62 day cancer standards.
- The diagnostic 6 week target will be at risk going forward.

Steve Erskine, Non-Executive Director, asked about progress with the Stroke service strategy. The Medical Director accepted that we were not yet at our required position – we are still at D level but want to be at C level. A speech and language person has been appointed and this will help the service. The difficulties in scanning patients within one hour link to the pressures within the unscheduled care pathway. Another Consultant has recently been appointed to the service.

Steve Erskine, Non-Executive Director, confirmed that the Finance & Performance Committee had considered the unscheduled care improvement plan in some detail at its meeting earlier today and was well aware of what needed to be done.

Finance

The Director of Finance presented the finance section of the Integrated Performance Report, which details the financial position at the end of February, and highlighted some key points:

- The year to date deficit was £23.3m and the Trust continues to forecast a year end deficit of £23.6m.
- Substantial progress had been made to manage many of the variables contained within the forecast previously presented at meetings of the Trust Board meeting and Finance Committee, emphasising that the key variable will be the management of

actual expenditure against the forecast by CSCs in March.

- It was expected that the Trust would meet its year end cash balance requirements, as previously reported, and the Director of Finance explained the process for securing cash support in the future.
- It is expected that, subject to final technical adjustments, the Trust will achieve its Capital Resource limits for 2015/16.

The Chairman acknowledged that it had been a very difficult year and that there is more work to be done; a new financial year is about to start and we do not want to be in the same position again. He thanked staff for all of their hard work.

Workforce

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

- The position for month 11 is as expected.
- Agency rate caps have been adhered to.
- Whilst compliance with Essential Skills training has improved, there has been a decline in the number of appraisals.
- Flu vaccinations are still available.
- There is another walkout of Junior Doctors scheduled for next week; however emergency care will be covered. We are currently working up a contingency plan for the strike scheduled for the end of April, when a complete withdrawal of labour is expected. The imperative is ensuring that patient safety is not compromised.

The Director of Corporate Affairs sought clarification that the 'all out' strike was planned for 2 days, with a complete withdrawal of labour between the hours of 8am and 5pm and staff returning to duty at the end of the day. The Director of Workforce & OD confirmed that this was correct.

In summary, the Chairman felt that the overall performance of the Trust was very good. We know where we need to improve. We need to rebalance reputational issues.

The Chairman finished by, once again, thanking all staff for their continuing commitment and for their hard work.

47/16 CQC Quality Improvement Plan

The Director of Nursing reported on our progress with the Care Quality Commission Quality Improvement Plan and highlighted the following key points:-

- All actions will be complete by the end of next month.
- The frequent turnover of the Junior Doctors rota provides a challenge.
- We are revisiting all of the actions to ensure that we have a comprehensive audit trail.
- Thanks to Fiona McNeight, Tracey Stenning and the wider Governance team for their commitment to this agenda.

The Chairman congratulated the Director of Nursing and the Governance team for their hard work. Steve Erskine, Non-Executive Director, reported that there had been a good response from the internal audit.

48/16 Results of the 2015 National Staff Survey

Lucy Wiltshire, Head of Organisational Development, presented the National Staff Survey Result 2015 and highlighted some key points:

- We had sent a survey to all members of staff so have a rich source of data. The response rate had been 59% which compared very well with other providers. The results confirm that staff are still committed to providing compassionate care to our

- patients.
- Significant improvement from our position of being in the bottom 20% for key findings last year.
- The graphs on pages 4, 5 and 6 show our engagement improvement trajectory. The areas where we still struggle will be addressed in the overall improvement plan.

Steve Erskine, Non-Executive Director, whilst agreeing that the staff survey demonstrated good improvements throughout the service, expressed his concern at key finding 26 – the percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months. The Director of Workforce and OD explained that the reason for this was not yet fully understood but acknowledged that a clearer and easier reporting process needs to be put in place which would then need to be followed up with swift and decisive action. We need to be doing everything that is possible. Staff Health & Wellbeing is also a challenge at the moment with staff feeling pressured to return to work when still unwell. Steve Erskine, Non-Executive Director, felt that this could be as a consequence of creating a culture that accepts these things. The Director of Workforce & OD agreed that it was essential that staff report these incidents as this sort of culture was unacceptable. Mark Nellthorp, Non-Executive Director, referred to a previous LiA event in relation to bullying and harassment and suggested something similar so that the Trust could fully understand the problem behind the bullying and harassment finding. Lucy Wiltshire confirmed that the Trust was looking into other ways to take this forward. Liz Conway, Non-Executive Director, suggested that this could be addressed during staff appraisals and that thanking staff for their contribution on a regular basis, might improve this. The Director of Workforce & OD did not want to lose sight of the very real improvements within the staff survey return but fully recognised the need to address the issues highlighted within it. Lucy confirmed that the focus for the new year would be around Health & Wellbeing, discrimination and bullying & harassment.

The Chairman thanked Lucy for her presentation and, whilst recognising the good results within the survey, insisted that there was more to be done.

49/16 Audit Committee Report

Mike Attenborough-Cox, Non-Executive Director, and Chair of the committee provided a verbal report from the last Audit Committee meeting, highlighting the following key points:

- The Internal audit plan for 2016/17 had been approved. The plan is flexible.
- The Committee had been concerned at the limited assurance given in relation to the management of IT software and questioned whether we needed a Chief Information Officer.
- The Committee was concerned that the recent meeting of the Risk Assurance Committee had not been quorate because of the limited attendance by nursing representatives. The Director of Nursing explained that this was only because many of them had been obliged to attend the Risk Summit meeting which had been held on the same day.
- Internal audit plan for 2015/16 has been completed.

The Director of Workforce & OD confirmed that the appointment of a Chief Information Officer had been previously considered and rejected. Steve Erskine, Non-Executive Director, felt disappointed that the Trust appears not to have control of something as simple as software licensing as it was only about getting ownership at the appropriate level.

50/16 Charitable Funds Update

The Director of Corporate Affairs presented the Charitable Funds Activity Report. He pointed out that the provision of the stain glass windows on A Level had been sponsored by individuals, families or organisations and the remaining profit had gone to the Rocky Appeal. The Director of Corporate Affairs also highlighted the diverse range of fundraising activities that were taking place in the community.

Mark Nellthorp, Non-Executive Director, explained that the Trust had waited until the windows had been fully funded and that he had received some very positive feedback about them. The windows are beautiful.

51/16 Non-Executive Directors' Report

Steve Erskine, Non-Executive Director, spoke of the recent Wessex Human Factors event that he had recently attended and he promised to circulate the interesting and useful information to his colleagues.

Action: Steve Erskine to circulate information from the Wessex Human Factors event.

Mark Nellthorp, Non-Executive Director, felt it important to share that he had recently been approached by several different local people who had commented on how caring they had found hospital staff when they had attended for appointments etc. They had felt that our staff had been genuinely concerned for their welfare.

52/16 Annual Work plan

The annual work plan was noted.

53/16 Record of Attendance

The record of attendance was noted.

54/16 Opportunity for the Public to ask questions relating to today's Board meeting

Ernie Wells, Governor, asked about the proposed Vascular service reconfiguration as he had received many concerns from Trust members. The Chairman explained that NHS England had decided that local Vascular services should be centralised in order to ensure both sustainability and quality. He felt that there had been a lot of 'hot air' within the media and things are being said that were not factually correct. The final decision will be made by the Commissioners, NHS England. Further updates will be provided at future Trust Board meetings.

Robin Marsh, Governor, asked what effect the transfer of arterial surgery would have on Renal Transplant Surgery at QA Hospital. The Chairman confirmed that he had been assured that there would be absolutely no detrimental effect on our Renal/Transplant services, or on our Interventional Radiology services. He was still awaiting the promised confirmation of this, in writing.

The Director of Corporate Affairs explained that local people would have an opportunity to share their opinions during the public engagement exercise.

55/16 Any Other Business

The Chairman acknowledged that this would be Gemma Hobby's last meeting and thanked her for her hard work and support to the Trust Board over the last year, saying that she had done an excellent job. He also wished her well in her new role within Solent NHS Trust. Robin Marsh (Governor) also took the opportunity to thank Gemma on behalf of the Governors, who admired her for her personality, tact and overall support.

Date of Next Meeting:

Thursday 5 May 2016

Venue: Lecture Theatre, E Level, Queen Alexandra Hospital

