

Trust Board Meeting in Public

Held on Thursday 5 May 2016 at 10:00am

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
	John Smith	Non-Executive Director
	Tim Powell	Director of Workforce & OD
	Cathy Stone	Director of Nursing
	Ed Donald	Chief Operating Officer
	Chris Adcock	Director of Finance
	Simon Holmes	Medical Director
In Attendance:	Peter Mellor	Director of Corporate Affairs
	Michelle Andrews	PA to Trust Board (Minutes)
	Samm Coley	Organisational Development Mgr (Staff Story)

Item No **Minute**

56/16 Apologies:
Ursula Ward, Chief Executive
Simon Jupp, Director of Strategy
Mark Nellthorp, Non-Executive Director

Declaration of Interests:
There were no declarations of interest.

57/16 Staff Story

The Director of Workforce welcomed Samm Coley, Organisational Development Manager, who introduced the video which had been produced following the recent increase in staff satisfaction rates. The video would be used widely as part of the new staff attraction strategy. It would also be used in internal communications such as Team Brief.

The challenge will be to ensure that the video is always relevant and to ensure that staff satisfaction rates continue to improve.

John Smith was impressed with the video and felt that it showed a nice balance of realism. He suggested that it be shared with local media to demonstrate the satisfaction of the Trust's workforce. The Director of Workforce agreed that the video would be made as widely visible as possible including on social media etc. However, the Trust has no control over what items the media choose to focus on.

It was agreed to circulate the link to the video to all Board members.

Action: Michelle Andrews

58/16 Minutes of the Last Meeting – 31 March 2016

The minutes were agreed as a correct and accurate record.

59/16 Matters Arising/Summary of Agreed Actions

All complete.

60/16 Notification of Any Other Business

None.

61/16 Chairman's Opening Remarks

The Chairman thanked Steve Erskine for acting as Chairman during his absence. It was still a particularly difficult time with the continuing challenge of urgent care. Whilst fully recognising that everyone is working hard to improve the situation, he felt that a greater pace was needed as the results were some way off where they needed to be.

He referred to the unannounced CQC inspection that had taken place in February 2016 and that had resulted in an enforcement notice being served on the Trust, containing four conditions. The Director of Nursing advised that the Trust was now 100% compliant with three of the four conditions and work to address the fourth was continuing. A paper, detailing compliance against all of the conditions, would be presented at the next meeting of the Trust Board.

He drew attention to the end of the financial year and advised that the Trust was currently conducting an in depth review of 2015/16. The performance on the whole had been sound with 2 areas of difficulty; unscheduled care and financial health. The Trust had achieved its financial plan, albeit a considerable deficit position, subject to audit.

Looking to the current year, the Trust was currently finalising its 2016/17 plan. Whilst there were some outstanding issues, the Trust was in a reasonable position compared to some other Trusts.

He thanked all of the staff for their hard work throughout the previous year; one which he thought to have been one of the most difficult in the history of the NHS.

He drew attention to the Trust's Research Conference and encouraged Board members to attend this hugely popular event. It was asked that the details be circulated to members of the Board.

Action: Michelle Andrews

62/16 Chief Executive's Report

This report was noted. In the absence of the Chief Executive, The Director of Corporate Affairs drew attention to:

- Review of IT in the NHS
- NHS Apprenticeships
- The Carter Review

Steve Erskine referred to the digital transformation review of IT in the NHS which was reviewing how Trusts work together digitally. He advised that the Board would soon be reviewing the eHospital business case and recommended that it be considered in context of the national agenda around IT.

Liz Conway asked what the impact of the Carter Review would be on the Trust. The Director of Workforce advised that it was about efficiency and was pleased to report that the Trust measures favourably overall and was not an outlier. There are 15 recommendations which the Trust is currently working through. There were some quick gains to be had around some

of the workforce efficiencies. The Medical Director advised that from a medical efficiency focus, 20 national Clinical Directors had been appointed to measure the clinical efficiencies in Trusts. The Chairman congratulated Dr Partha Kar, Consultant Diabetes, for being appointed as one of the national Associate Clinical Directors.

63/16 Integrated Performance Report

Quality

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

- Safety Thermometer – In terms of harm free care, the Trust was consistently above the national average.
- Serious Incident Report – a significant increase has been seen in the number of incidents reported from this time last year. This is partly due to a definition change of what should be reported, which now includes 12 hour Decision to Admit (DTA) Breaches. The Trust actively encourages the reporting of incidents and resolving them before they become serious.
- Friends & Family Test in ED – A sustained improvement in the number of responses had been seen over the last quarter.
- End of Life Care - The National Care of the Dying Audit results were published in March 2016 and the Trust was above average in the majority of domains. NHS Improvement had recently visited and commended the positive approach being taken by the Trust.
- Healthcare Acquired Infections –
 - The Trust reported zero patients with MRSA bacteraemia in March and a provisional year end position of zero cases. There was one case which was currently subject to appeal where the sample became contaminated and, as such, is not a true case of MRSA.
 - There were 2 reported cases of C.Difficile in March, taking the Trust's year end position to 29 cases against an objective of 40. This is the best result ever recorded in the Trust.
 - There were 0 patients reported with MSSA bacteraemia in March which put the Trust below the national average.
- The Trust HSMR for the 12 months to December 2015 is 100.64 which is within the expected range.
- The Trust SHMI for July 2014 to June 2015 is 105.45 which is within the official control limits.

Operations

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

- Continued challenging operating environment with increased levels of demand. Record numbers of emergency admissions seen which has an impact on ED performance with 75.92% achieved in March.
- The Trust did not achieve the RTT Incomplete standard, performance was 91.84% at aggregate level with speciality fails to capacity issues, unscheduled care pressure and junior doctor industrial action.
- There were no patients waiting more than 52 weeks for treatment.
- 6 of the 8 national Cancer standards were achieved. 62 day first definitive treatment and 31 day subsequent surgery standards are currently not being achieved.
- The maximum 6 week waiting time for diagnostics was not achieved with performance at 98.06% for March.

The Chief Operating Officer was confident that both RTT and Diagnostics issues would be resolved and performance would improve over the quarter. The cancer standards were impacted by some long standing issues, particularly in Urology and Colorectal. However, new Consultants have been appointed which should start to improve the performance.

Liz Conway felt that the number of self-discharges from both the Emergency Department and wards seemed high and asked that more information be provided.

Action: Chief Operating Officer

A discussion ensued about the unscheduled care improvement plan and how it was based on national best practice. The Chief Operating Officer advised that the changes being implemented would have a positive impact on performance over the next 3-6 months. The Medical Director advised that modelling had been completed which showed the impact of the changes being made. It was requested that the slides showing this modelling be circulated.

Action: Chief Operating Officer

Finance

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

- The Trust had completed and submitted the accounts for 2015/16 and these were currently being audited. Therefore the reported position was subject to audit.
- The submitted year end position reported a deficit of £23.5m, therefore delivering the Trust's forecasted position. Although the forecast was achieved there had been variation in aspects of delivery from that anticipated. The Trust was reliant on successful management of income risks in relation to a deteriorating income position and one off technical benefits to offset adverse implications elsewhere.
- A detailed analytical review was being carried out to ensure lessons are learnt and incorporated into future plans. This will feed into a comprehensive review of financial control and performance which will be reported through the Finance and Audit Committees as appropriate.
- The Trust achieved its statutory responsibilities in relation to the external financing and capital resource limits and the cash balance requirements.
- Significant steps are being taken to improve the financial position for 2016/17.

The Trust Board approved the delegated authority to the Audit Committee for the Trust's accounts.

The Director of Finance highlighted some key points in the Trust's 2016/17 financial position:

- There were 2 main contracts which have been agreed on a PbR basis:
 - NHS England for specialised services, Public Health and Dental services.
 - Local Acute Services contract with our CCG's and associates.
- Agreement of these contracts has enabled the Trust to avoid arbitration by NHS England. However, there still remained a number of significant areas to be resolved:
 - Outstanding affordability gap in relation to both contracts
 - Agreed joint programme of work to develop a sustainable and transformational QIPP programme.

Workforce

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

- The total workforce capacity increased to 6,804 FTE in March.
- The temporary workforce capacity decreased to 427 FTE in March, which comprises 6.2% of the total workforce capacity.
- Appraisal compliance had decreased to 79.9% in March and continued to be below the 85% target. Work was on-going with CSC's to improve.
- The Trust was struggling to comply with the capped rates set by NHS Improvement but work was on-going with CSC's.
- Continued improvement of essential skills compliance with 87.5% of staff trained in March.
- There were no whistleblowing incidents reported in March.

In summary, the Chairman felt that the overall performance of the Trust was very good with progress made in many areas, however faster improvement was needed in both unscheduled care and financial performance. He reminded that it in order to deliver change, it was important to change expectations and culture in order to determine the result.

64/16 CQC Quality Improvement Plan

The Director of Nursing reported on progress with the Care Quality Commission Quality Improvement Plan and drew attention to the amber and red rated actions.

She thanked Fiona McNeight, Tracey Stenning and the wider Governance team for their commitment to this agenda. She advised that the improvement plan was now being treated as business as usual and suggested that it be monitored by the Governance and Quality Committee in the future. The Board agreed but felt that visibility was still needed by the Board and asked that the Director of Nursing decide how this could best be achieved.

Action: Director of Nursing

65/16 Board Assurance Framework

The Director of Corporate Affairs referred to the external Governance review which had been undertaken which had recommended that the overall responsibility for the Board Assurance Framework move back to him. The Board Assurance Framework was currently being reviewed and refreshed and should be available in the next two months.

He asked that the Board be confident that the Assurance Framework:

- Contains the correct risks that are currently facing the organisation.
- Has plans in place to mitigate those risks
- Has confidence in achieving those plans

He drew attention to those risks to be removed, as well as the risks with an increased and decreased score.

Liz Conway advised that the Risk Assurance Committee was concerned at the length of time it was taking to update the Assurance Framework. Whilst she appreciated the process needed, she felt that it was taking too long.

Steve Erskine was concerned at the 3 financial risks which had a decreased score. He felt that they were bigger risks than currently rated. The Director of Finance agreed that they needed recasting. The Director of Corporate Affairs reminded that these were risks at the end of 2015/16 financial year and there would be new financial risks for 2016/17.

Liz Conway felt that consideration needed to be given to how often the Trust Board considered both the Assurance Framework and the Risk Register. It was agreed that Liz Conway, the Director of Corporate Affairs and Director of Nursing should agree on the frequency.

Action: Liz Conway, Director of Corporate Affairs and Director of Nursing

66/16 Safer Staffing Report (Nursing & Midwifery)

The Director of Nursing advised that the purpose of this report was to present the review of ward establishments as directed by the National Quality Board. The NQB has stipulated that; Boards must take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability. There is a requirement for the Trust Board to receive a report on staffing capacity and capability every six months.

The Director of Nursing advised that in addition to the guidance from NQB about staffing levels, adjustments are also made according to acuity of patients and layout of the wards.

She drew attention to the Maternity Staffing Review and the use of 'Birthrate Plus' in workforce planning.

A discussion followed about the other staff groups including medical workforce and trainees.

67/16 Audit Committee Report

There was nothing to report as there had not been a meeting of the Audit Committee since the last Trust Board meeting.

68/16 Charitable Funds Update

The Director of Corporate Affairs presented the Charitable Funds Activity Report and was pleased to report that the most recent annual lease cost for the Da Vinci Robot had been paid from the Rocky Appeal funds.

He highlighted two items of charitable expenditure:

- An additional birthing pool in maternity
- Toasters and toast warmers for all wards.

69/16 Non-Executive Directors' Report

Steve Erskine advised that he had chaired the most recent meeting of the Council of Governors and a review of their effectiveness as a shadow Council of Governors had been presented. There had been robust discussion and resounding agreement of their effective contribution to the Trust. He advised that he had encouraged them to act as a Foundation Trust Council of Governors, even though they are in shadow form. Liz Conway agreed and reminded of the importance of the Governors and that they are the voice of the community.

70/16 Annual Work plan

The annual work plan was noted.

71/16 Record of Attendance

The record of attendance was noted.

72/16 Opportunity for the Public to ask questions relating to today's Board meeting

Mr Kennedy, member of the public, was concerned about those people who are in care homes being inappropriately taken to hospital by ambulance when they are close to passing away. He asked whether there was anything that could be done to prevent it and the trauma it causes to those patients and their relatives. The Medical Director agreed that it was totally undignified for those patients and that an end of life care plan should be agreed with their GP.

Mr Kennedy was concerned at reports that he had received about the Urology department being depressing and smelly and not a welcoming experience for those patients who need to visit it. The Chairman acknowledged his concern and agreed to visit the department to investigate.

Roland Howes, Trust Governor, asked how many apprentices were currently working in the Trust. The Director of Workforce advised that we currently employed 120 apprentices which was the highest number in the Wessex region.

Nick Jenkins, ST6 Anaesthetics, advised that he was enjoying his experience here as a Junior Doctor and was hoping to work here as a Consultant in the future.

73/16 Any Other Business

The Director of Workforce made reference to the recent industrial action taken by Junior Doctors. He was pleased to report that the Trust had coped fairly well and patient safety had remained a priority at all times. An official outcome of the strike was still awaited.

Date of Next Meeting:

Thursday 2 June 2016

Venue: Oasis Centre, Queen Alexandra Hospital