

Trust Board Meeting in Public

Held on Thursday 2 June 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 | Interim Chief Executive |
| | Cathy Stone | Director of Nursing |
| | Chris Adcock | Director of Finance |
| | Simon Holmes | Medical Director |
| | In Attendance: | Peter Mellor |
| Michelle Dixon | | Director of Operations |
| Greta Westwood | | Deputy Director of Research (for agenda item) |
| Michelle Andrews | | PA to Trust Board (Minutes) |

Item No **Minute**

74/16 Apologies:

Ed Donald, Chief Operating Officer
Rebecca Kopecek, Interim Director of Workforce

Michelle Dixon, Director of Operations was in attendance on behalf of the Chief Operating Officer.

Declaration of Interests:

There were no declarations of interest.

75/16 Patient Story

The Director of Nursing welcomed Lesley Coles, Head of Nursing, Women & Childrens CSC. She explained that the aim of the story was to highlight the needs of young people across the Trust. There were approximately two 16-18 year olds in an adult bed at any one time.

Lesley Coles explained that the patient story would be told in the form of a video. The video showed an interview with the mother of an 18 year old who had been a patient on an adult ward. Their experience highlighted that whilst an 18 year old is now classed as an adult, they vary in their independence and therefore a blanket approach is not ideal.

This has resulted in many changes across the Trust including:

- The setting up of an outreach service for young people whereby a senior nurse visits

each young patient that is an in-patient, every day to ensure that their individual needs are being met.

- Trust wide education of all senior nurses and Matrons about young people.
- Young person 'Hub' now available on the Intranet.
- Appropriate reading material for young people available Trust wide.
- Dedicated adolescent clinics
- The University of Portsmouth now includes information about young people in their curriculum for trainee nurses.

Since these changes have been implemented, significant improvement has been seen in the awareness of young people and their needs.

The following initiatives are also planned:

- A lead Medical Physician for young people
- Youth Workers to attend the hospital on a regular basis

The Director of Nursing advised that the restrictions of visiting hours impacted on all vulnerable patients, not just young people. As a consequence, the 'Visiting Policy' has been replaced with a 'Welcoming Policy'.

Mark Nellthorp asked whether the number of young people across the Trust included those in Maternity. Lesley Coles explained that they didn't as those young people were now parents. The outreach service did not extend to Maternity, Critical Care or the Emergency Department; however, the number of young people in these areas is monitored closely.

Steve Erskine said that whilst he welcomed a new policy around visiting hours, he felt that it was important to remember why the policy had been introduced and the need to protect clinical time and patients from the risk of infection etc. He felt that more flexibility around visiting would enable relatives to become more involved in decision making.

The Medical Director felt that outreach services, similar to this and the one that Critical Care provided, were very much the way forward.

The Chairman thanked Lesley and her team for their continuing hard work.

76/16 Minutes of the Last Meeting – 5 May 2016

The minutes were agreed as a correct and accurate record.

77/16 Matters Arising/Summary of Agreed Actions

All complete.

78/16 Notification of Any Other Business

None.

79/16 Chairman's Opening Remarks

The Chairman started his report by acknowledging the recent departure of the Chief Executive, Ursula Ward. He thanked her for her huge contribution to the Trust over the last 12 years and wished her the very best for the future. As a consequence of her departure, Tim Powell, Director of Workforce, had been asked to take over the role of Chief Executive until a permanent replacement was found, and his deputy, Rebecca Kopecek would act up as Director of Workforce. A thorough recruitment process would now start for a substantive Chief Executive.

Unscheduled Care

Early signs of recovery were being seen in the unscheduled care performance but there still remained lots to be done. Over the past month, there had been the highest number of

attendances at the Emergency Department ever seen. He thanked the staff for their continued hard work and dedication during this difficult time.

Care Quality Commission (CQC) Report

Following the recent unannounced CQC inspection, an enforcement notice, containing 4 specific conditions, had been served on the Trust. The Trust was totally committed to meeting those conditions. The full report from the CQC is due to be published within the next 2 weeks and would make for difficult reading, however, he reminded that the report was only a reflection of the findings found in one area of the hospital, albeit an important and significant area, but not the hospital as a whole.

Vascular Services

NHS England has been carrying out public engagement events to explain and share the proposal to centralise Vascular services in Hampshire. Two public engagement events had been held locally, allowing the public to hear the plans and have their say. The proposals will also be presented to the Council of Governors at its next meeting.

80/16 Chief Executive's Report

The Interim Chief Executive drew attention to key areas of his report:

- Controlling the Cost of Agency Spending
- Improving Safety Investigations in Healthcare

He advised that a resolution had been found in response to the ongoing Junior Doctor dispute and Trusts were now working on implementing the new contracts.

81/16 Integrated Performance Report

Quality

The Director of Nursing apologised for the duplication within the report as pages 4 and 31 displayed the same exception report.

She drew attention to the following areas, with supporting comment from the Medical Director:

- Pressure ulcers – 4 avoidable grade 3 pressure ulcers confirmed in April. 2 of these related to medical device pressure injury to patients receiving oxygen. Prompt action taken to reduce harm and disseminate learning
- Falls - With the introduction of the upgraded Datix system, and to conform with the National Reporting and Learning System reporting requirements, changes have been made to the grading of incidents. This was causing some difficulty in reporting.
- The number of non-clinical moves after midnight had increased from 135 in March to 155 in April. The Director of Nursing was confident that a significant reduction would be seen over the next 3 months.
- The National Nursing Strategy had recently been launched and the Trust was working hard on maintaining nursing levels.
- The Director of Nursing reminded of the importance of reporting incidents and that a high reporting rate was a sign of a healthy organisation.
- The Trust had performed well in the National Care of the Dying Audit, performing above average in the majority of domains.
- Healthcare Acquired Infections-
 - 0 reported cases of MRSA bacteraemia in April.
 - 4 patients with C.difficile reported in April, against a monthly objective of 4.
 - 1 patient with MSSA bacteraemia reported in April.
- Mortality –
 - HSMR for the 12 months to January 2016 is 99.46 which is 'within expected range'.
 - SHMI for October 2014 to September 2015 is 107.32. Whilst this figure is above the National Average of 100, it is within the official control limits.
- 2 new measures now reported:

- Acute Kidney Injury (AKI)
- Sepsis
- 1 Never Event was reported in April. This related to a retained foreign object post-surgery. Investigation is currently underway, with learning being shared to prevent it from happening again.

A discussion followed about the new CQUIN around sepsis. The Medical Director detailed the 2 indicators and explained that it would be difficult to compare to other Trusts as each does things differently, so the Trust was working to its own trajectory as had been agreed with the Commissioners.

Liz Conway referred to the medication incidents which were detailed within the report. She felt that it needed to be made clearer that there had been no harm to the patients as a consequence of the incidents.

Action: Director of Nursing / Medical Director

Operations

The Director of Operations advised that April continued to be a challenging month for the Trust and drew attention to particular key areas in his report:

- The Trust had run at 98% occupancy during April, with 55 escalation bed open. There were between 150-180 medically fit patients in the hospital.
- As a result of these pressures, the ED performance had been 76.2%, with 22 breaches of the 12 hour standard.
- Despite the pressures and 4 day industrial action taken by Junior Doctors, the Trust had achieved 92.2% RTT incomplete standard.
- The Trust was forecasting achievement of 5 of the 8 national cancer standards with 62 day first definitive treatment, 62 day screening and 2 week breast not being achieved. All standards were expected to improve once validation was complete. 8 patients had been treated outside of the 104 day maximum wait standard.
- The maximum 6 week waiting time for diagnostics was not achieved; performance was 97.4% against the improvement trajectory of 97.8% (national standard 99%).

The Medical Director provided a brief update on Stroke:

- A new Clinical Director for Stroke had been appointed.
- Report provided in response to the CQC concerns. Highlighted that the CQC were looking at the wrong code.
- More speech and language therapists appointed as detailed in the Stroke Improvement Plan.

Finance

The Director of Finance presented the finance section of the Integrated Performance Report:

- The Trust has a £1.2m surplus as its planned financial outturn for 2016/17.
- Savings of £0.53m have been recorded against a plan of £0.55m.
- Income was marginally adverse to plan by £0.16m.
- Cash levels remained a concern requiring contingency arrangements to be identified.
- £0.6m of the capital programme had been spent in month 1.
- Some of the Trusts initiatives including the improvement plan for unscheduled care had had a negative impact on the Trusts financial performance.

A detailed review at the end of each quarter would take place at the Finance and Performance Committee before being presented to the Trust Board.

A detailed discussion followed about the processes in place to ensure accountability.

Workforce

The Interim Chief Executive presented the Workforce section of the Integrated Performance Report:

- Whilst the Trust was on plan for April, if it continued at its current rate the pay bill would be overspent by £8m at year end.
- The total workforce capacity had decreased by 19 FTE in April.
- The temporary workforce capacity decreased by 15 FTE in April, which comprises 6.2% of the total workforce capacity.
- Robust control processes were in place to ensure that establishment levels were maintained. Processes around maintaining nursing levels were as robust as they had ever been.
- Appraisal compliance had decreased again in April. A formal process, linked to pay progression, had now been introduced.
- Continued improvement in essential skills training with 87.2% of staff trained in April.
- Sickness absence levels remained above target at 3.5%. There had been a consistent increase for 7 consecutive months.

Mark Nellthorp was particularly concerned at the sickness absence rates and felt that the rate of increase was not sustainable. The Interim Chief Executive agreed and advised that there were robust processes in place to try and reduce this. There were 2 main areas of focus:

- The firm application of the Trusts 'Attendance at Work' policy and processes.
- Health and Wellbeing of staff and understanding any pressure points across the Trust, for example those working in the unscheduled care pathway.

Mike Attenborough-Cox asked whether we believed that we had the right workforce with the right skills in the right places. The Interim Chief Executive felt that due to the size and complexity of the workforce, and the many different views, it was difficult to be absolutely certain. However, the current workforce model was expensive and not sustainable. He drew attention to a report from NHS Employers about how the face of the workforce in the NHS needed to change.

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 with both unscheduled care and financial performance.

82/16 Quarterly Research & Innovation Report

Greta Westwood, Deputy Director of Research, was in attendance for this item and drew attention to key areas of the report:

- New features of the report included:
 - A patient experience story
 - Two research impact stories recently published in high impact journals
 - Finance Report – income & expenditure for 2015/16
 - Progress against the 100,000 Genomes Project
- Annual recruitment target achieved for 2015/16.
- Recruitment performance against our national peers - 9th most research active large acute NHS organisation.
- Ranked in the top 3, nationally, for recruitment in specialities: Haematology, Gastroenterology, Hepatology, Respiratory, Ageing & Ophthalmology.
- Ranked in the top 10, nationally, for recruitment in the additional following specialities: Surgery, Renal, Dermatology, Critical Care, Health services research, MSK.

The Medical Director felt that it was important that the number of Medical staff who have been research trained needed to be increased. Greta Westwood agreed and felt that senior nursing staff needed to be targeted as it should be the medical staff leading the way with research.

83/16 Final Quality Account

The Director of Nursing sought ratification of the final Quality Account prior to publication on

the 30 June 2016.

She presented the final draft and advised that those comments that had been fed back had been incorporated. This included feedback from the Council of Governors, CCG's and other external stakeholders.

The external audit limited assurance report would be included. The Statement of Directors Responsibility would also be included once it was signed by the Chief Executive and the Chairman.

It was felt that advice should be sought about who should sign off the Trust's Quality Account as the Accountable Officer.

Action: Director of Nursing / Interim Chief Executive

The Chairman suggested that advice also be sought regarding the signing of the Trust's Annual Report.

Action: Director of Corporate Affairs

84/16 Annual Paediatric Safeguarding Report

The Director of Nursing presented the Annual Paediatric Safeguarding Report and thanked the Women's & Children CSC for their continuing hard work and commitment to keeping children and young people safe. She drew attention to key points in the report:

- Activities of Children's Safeguarding Team in 2015/16.
- New and re-profiled arrangements within the Safeguarding Team.
- Arrangements for local inter agency working.

She highlighted both the Goddard Enquiry and Bradbury Report and enforced the Trust's commitment to compliance with both of these.

Mark Nellthorp felt that some of the categories in the 'Pregnancy Referral by Cause' table at the type of page 18 needed elaborating, particularly 'pregnant' and 'concern'. The Director of Nursing agreed to follow up.

Action: Director of Nursing

Dr John Smith noted a slight error at the top of page 19, 'invite' should be 'invitation'.

Action: Director of Nursing

85/16 Audit Committee Report

Mike Attenborough-Cox advised that the Audit Committee had recently met and the following items had been discussed:

- The Committee received the Annual Accounts, Annual Report and Annual Governance Statement, and approved them subject to the completion of the work of External Audit.
- The Committee received the draft External Audit Annual Results Report. Based upon the work at this stage of the audit, it is anticipated that an unqualified opinion would be issued on the Trust's Financial Statements. The Chair of the Committee had been asked to note that the Auditor would need to reference the significant pressure for next year.
- Tiaa Outstanding Recommendations - IT Software packages - not able to be funded due to the lack of capital funding.
- Tiaa Head of Internal Audit advised that the overall opinion for the Internal Annual Report was one of 'Reasonable Assurance'. Out of the 9 audits undertaken; 4 had been issued with 'limited assurance' and 5 with 'reasonable assurance'.

86/16 Charitable Funds Update

The Director of Corporate Affairs presented the report and drew particular attention to the forthcoming sponsored skydive in support of the charity.

He advised that the Fundraising Team had organised many different events and was pleased to report that the recent 'Ward Walk' had so far raised £6k.

Mark Nellthorp was pleased to report that the Committee had again agreed to continue with the ward funds.

87/16 Non-Executive Directors' Report

Liz Conway was pleased to advise that the Trust's Risk Management Strategy had been updated and was now available.

88/16 Annual Work plan

The annual work plan was noted.

89/16 Record of Attendance

The record of attendance was noted.

90/16 Opportunity for the Public to ask questions relating to today's Board meeting

Roland Howes, Governor, referred to appraisal compliance and asked what actions were being taken to address the declining rate of compliance. The Interim Chief Executive advised that a formal process, linked to pay progression, had now been introduced and would be applied to those who were not compliant.

Roland Howes, Governor, asked whether the Trust had ever undertaken a fire drill. The Director of Corporate Affairs advised that whilst a full evacuation had never taken place, evacuation exercises had been undertaken in many areas. Fire is taken very seriously in the Trust, and as such, the fire alarms are tested throughout the site, every Wednesday. The Chairman asked that information about the Trust's approach to fire was included in the next Chief Executive Report.

Action: Interim Chief Executive

91/16 Any Other Business

None.

92/16 Date of Next Meeting:

Thursday 7 July 2016

Venue: Lecture Theatre, Queen Alexandra Hospital