

**Trust Board Meeting in Public**

Held on Monday 29 June 2015 at 10:00am

Lecture Theatre  
Queen Alexandra Hospital

**MINUTES**

<b>Present:</b>	Sir Ian Carruthers	Chairman
	Alan Cole	Non Executive Director
	Mark Nellthorp	Non Executive Director
	Steve Erskine	Non Executive Director
	Liz Conway	Non Executive Director
	Mike Attenborough-Cox	Non Executive Director
	Dr John Smith	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
Richard Eley	Interim Director of Finance	
<b>In Attendance:</b>	Peter Mellor	Director of Corporate Affairs
	Gemma Hobby	PA to Trust Board (Minutes)
	Michelle Dixon	Operations Director, Scheduled Care
	Nick Tarmey	Consultant in Critical Care
	Sandra Taylor	Senior Sister in Critical Care

**Item Minute  
No**

**106/15 Apologies:**

Simon Holmes, Medical Director

**Declaration of Interests:**

There were no declarations of interest.

**107/15 Patient Story**

Nick Tarmey and Sandra Taylor were in attendance to present a patient story from Critical Care.

John Smith believed that it is not just about the right treatment at the right time, it is about the motivation of patients as every patient is different, so it is important for the staff to motivate each patient as best they can. Congratulations for doing such a good job. Nick Tarmey agreed and stated that the enthusiasm to fight needs to be established before the patient embarks on that journey.

The Director of Corporate Affairs queried how such a fit 50 year old man could pick up pneumonia. Nick Tarmey explained that unfortunately it can and does happen and that this gentleman was just unlucky.

Steve Erskine asked how the patient was now. Sandra Taylor explained that she had recently spoken to him on the telephone and he is well. He is using his new legs and she is due to see him in August.

The Director of Nursing congratulated the Critical Care Team on such a success story and the Chairman also thanked the team for helping to make this Trust so remarkable and felt the team to be an inspiration to us all.

#### **108/15 Minutes of the Last Meeting – 28 May 2015**

The Director of Nursing pointed out that on page 3, under Quality, paragraph 2 should read 2.5 instead of 2.4 and page 5 under Workforce, third line up from the bottom should read 2 years and not one year. Gemma Hobby agreed to amend and recirculate with the minutes.

#### **Action: Gemma Hobby**

The remaining minutes were agreed as an accurate record.

#### **109/15 Matters Arising/Summary of Agreed Actions**

**80/15: Non-Executive Director Report** – The Director of Corporate Affairs advised that he is in the process of splitting the Outpatient actions between the Transformation Programme and his working group.

**93/15: Integrated Performance Report** – The Interim Chief Operating Officer was pleased to report that all errors had now been corrected and the relevant information had been circulated.

#### **110/15 Notification of Any Other Business**

There were no items of any other business.

#### **111/15 Chairman's Opening Remarks**

Following the recent inspection by the Care Quality Commission, the Chairman felt that the Trust had much to be proud of and congratulated the staff for their contributions. Care was ranked as outstanding and he was delighted that this is recognised. The Chairman agreed that there are still areas for improvement, particularly the unscheduled care pathway but it was important not to forget all of the great things that are going on. We can still improve on outstanding. The Chairman wanted to thank both the staff and the public for their positive contribution to the inspection. The next step is the Quality Summit with the CQC and our healthcare partners. The Chairman reiterated his thanks to all those within the Trust and stated that we must never forget what good treatment our patients receive.

#### **112/15 Chief Executive's Report**

This report was noted by the Board. The Chief Executive drew attention to particular areas within it:

- Seven-Day Week NHS – The Chief Executive clarified that this is about time shifting and not staff working seven days a week.
- Monitor – The Chief Executive explained that Monitor will be coming under single leadership with the Trust Development Authority. They will not merge as that would require fundamental changes in legislation. An appointment is still to be made.

John Smith thought that it was really important for the staff to be aware at an early stage of what the implications of a seven day week are likely to be and suggested that this needed to be handled sensitively. John Smith also asked what was the situation regarding our employment of agency staff. The Director of Workforce & OD explained that we were currently reviewing all off framework staff and stated that the issue is not as big as it seems.

Steve Erskine pointed out how good the Team Brief is, particularly the style, however there were a few nuggets of information that used to appear within the Team Brief that would be useful to have again.

The Chairman closed the item by emphasising the importance of using the CQC report as a springboard to move things forward.

**Action: Chief Executive to find time to discuss the seven day week strategy.**

## **113/15 Integrated Performance Report**

### **Quality**

The Director of Nursing drew attention to areas of exception:

- Mortality – the last three mortality indicators are within the expected range. There has been a slight decrease from 107.9 to 107.5 with regards to the SHIMI, which is reported quarterly and does not take into account deprivation. The Clinical Effective Group is very effective in scrutinising any potential anomalies that might appear.
- Infection Control – April and May nationally have been a real challenge, so it is pleasing to note our results for April and May were very positive. We are still zero for MRSA.
- Infection Control C.Diff – there were 2 cases identified last month but zero this month. It would appear April and May are challenging months in general.
- Falls – there is concern with the number of falls increasing and we have recently taken part in a national audit. There is a lot of focussed effort to address this situation.

The Chairman asked what our comparative position is relating to falls. The Director of Nursing explained that part of the challenge is that there is no national benchmark. We are working with a team within NHS England to look at what we can use nationally to compare. We are not at the top but we are in the top quartile and working well.

### **Operations**

The Interim Chief Operating Officer drew attention to particular areas of the report:

- Referral to Treatment Standard – pleased that the Trust has achieved all three standards. Now focussing on improvement plans.
- Diagnostic Waits – the waiting time target was being achieved.
- Accident & Emergency – quality standards were disappointing. A phase 2 plan has been implemented consolidating the work of phase 1. For the first week performance improved to 88% and in the second week to around the 90% mark. He was confident of further improvement.
- Cancer Standards – seven of the eight national standards were achieved. Breast symptomatic 2 week wait was not achieved. Ten patients waited more than the new maximum wait standard of 104 days.

Steve Erskine expressed concern at those elective surgical appointments being cancelled, some for a second time. The Interim Chief Operating Officer explained that this is down to the heavy demand on Critical Care and other areas. We need to prioritise patients and be more proactive in that area. Mark Nellthorp mirrored Steve Erskine's concern regarding the repeat cancellations and recognised that whilst the most recent figures for Accident & Emergency are looking more positive, they are not consistent day to day. The Interim Chief Operation Officer explained that the plan is to focus on staff and help the team grow. The seven day working initiative will also help things improve.

The Chairman felt that we should be discussing with our partners the implications of seven day working. John Smith was concerned about the lack of availability of an intensive care bed for a patient who was very sick and felt that there was no question that we would be looking at a major complaint and problem for the hospital. The clinical judgement needs to be right. Alan Cole queried how much granularity there was about what was expected of all of the healthcare partners within the system. The Chief Executive replied that she had recently attended the Urgent Care Board where the system plan had been presented. It is quite clear what needs to be delivered and by whom. The Trust also needs to have a serious look at the strategy for end of life care as there are inconsistencies within the hospital.

## **Finance**

The Interim Director of Finance highlighted some key areas from the report:

- It has been a disappointing month and overall for end of month 2 we are at £1.83m adverse variance to plan, year to date.
- Pay Budget is the biggest issue, including the impact of the bank holiday.
- The Cost Improvement Programme shows a year to date negative variance of £203k.
- Agency controls have been put in place and we are meeting with CSCs on Monday.
- We are reviewing the investments made in the Emergency Medicine areas.

Steve Erskine queried why there is no current year end forecast within the report as usually reported. The Chairman felt that this was an unacceptable position to be in and needed to be considered in greater detail in the private part of the meeting. Elizabeth Conway queried the frequency of meetings between finance and the General Managers. The Interim Director of Finance confirmed that the accountants are working well with their General Managers and the Director of Nursing clarified that the departments have weekly meetings with finance. Elizabeth Conway also asked about the encoder situation as the contract is due for renewal. It was agreed this should be discussed at the next Risk Assurance Committee. The Interim Director of Finance also agreed to review and feedback.

The Chairman felt strongly that a £16m deficit was not acceptable and insisted that we need to start closing the gaps now. Mike Attenborough-Cox shared the Chairman's concerns and felt that we don't seem to be in control. We seem to be unclear on income and there appears to be no improvement from the last month.

**Action: Risk Assurance Committee to discuss coding and Interim Director of Finance to review and feedback.**

## **Workforce**

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

- Total workforce capacity saw a decrease in month 2. There was an increase in substantive resource but a reduction of 42 temporary staff for month 2.
- We are now going through each clinical service centre pay bill line by line to get everyone back within their pay budget and to ensure that they fully understand the consequences.
- We are working closely with the CSCs on agency and interim rates.
- Overall, we have 123 staff over and above our budget establishment; the majority of which are in nursing but some are high cost consultants which are at a considerable cost to the organisation. Will be working with departments to scale back on this.
- Staffing skill mix levels are 65/35 in relation to qualified/unqualified. This is not causing any particular issues only that the last overseas recruitment has required more intense and specific training so we are reviewing why this is the case.
- Appraisal compliance has stayed the same for May. At the beginning of the financial year it had dipped considerably and a stiff message regarding the consequences, if this continued not to improve, had been given to the Trade Unions.

- The Friends & Family staff test is showing a positive movement across the organisation and is reflected positively in the staff opinion results from the previous quarter.
- There had been 1 whistle blowing incident reported in May. This is being independently investigated and we await the results.

Mark Nellthorp felt that, on the whole, absence figures are generally good and recognised that there had been improvements across the organisation apart from in Women's & Children's CSC which was substantially worse than other areas. The Director of Workforce & OD explained that this is due to Midwives, who seem to have a significant sickness absence issue at the moment. The Director of Nursing explained that we have a lot of Midwives on maternity leave; however we are recruiting very positively, we have both an excellent standard of care and a very productive workforce within Midwifery.

The Chairman asked if an assessment was being done on the impact of recent immigration rulings. The Director of Workforce & OD confirmed that this will impact us significantly as it will with most other NHS organisations. Some organisations have appealed to the Secretary of State but the government appears to be standing firm on this. If that is the case, it will create a significant shortfall in nursing.

#### **114/15 Self Certification**

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

The Director of Corporate Affairs explained that this reflected the previous conversations in that we are compliant apart from statement 10 which shows failure to meet the 4 hour Emergency Department waiting standard, a signified risk against our ability to meet cancer 62 day first definitive treatment and the delivery of RTT. This reflects the position at the end of May. We have been assured that we will continue to have full support from the TDA with regards to our current financial position

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

#### **115/15 Patient Safety Strategy**

The Director of Nursing explained that this was the first time this strategy had been brought to the Trust Board. She provided a brief summary. This is now out to consultation within the organisation. Our stakeholders have been involved and we have taken advice on what to include both from an organisational and a national perspective.

The Board was invited to take the strategy away for reading and to contact the Director of Nursing with any comments or questions.

#### **116/15 RTT/Cancer Care Update**

Michelle Dixon read through the figures from the RTT, Diagnostic and Cancer Standards report. Key areas included the current Trust position in relation to the national picture and recovery plans to support future delivery and sustainability.

Steve Erskine asked about the 35 week waiters and by what date we plan to have no patients waiting over 35 weeks. Michelle Dixon assured that this would be as soon as is possible and that all of those patients that had been waiting over 35 weeks had now got dates. He also asked what the latest date was and when would this go down to zero. Michelle Dixon stated that this is 41 weeks (colorectal patients) and we hope to get this down by the end of August. The Chairman asked for a plan to be fully developed as it was vital that we get on top of cancer standards.

### **117/15 Assurance Framework**

The Director of Nursing presented the Assurance Framework report to the Trust Board. Most areas had already been discussed.

Steve Erskine asked that the technical fire risk assessment which is due to come off the assurance framework stays on until the newly defined risk is identified so that we do not create a gap. The Trust Board agreed.

### **118/15 Final Quality Account**

The Director of Nursing presented the Quality Accounts 2014/15 to the Trust Board for ratification. Feedback had been received for our stakeholders and we have set up working parties to take this forward. The Trust Board ratified the report.

### **119/15 Annual Paediatric Safeguarding Report**

The Director of Nursing presented the Safeguarding Children Annual Report 2014/15. We are looking to be compliant with section 2 of the Children's Act. It is worth noting the significant activity that has been undertaken and the positive impact on our young patients which is an encouraging reflection on our staff. We fully recognise the challenges that we face and will be doing a lot of work with the CSC but overall things are very positive.

Elizabeth Conway expressed concern at the frequency of meetings. The Director of Nursing assured the Board that these are not meetings for meetings sake but were connected to the need and capacity of children and parents. The Chairman asked whether our stakeholders were content with our performance. The Director of Nursing confirmed that we are regarded as being very strong in this area; so our stakeholders are happy.

### **120/15 Outpatient Improvement Actions**

The Director of Corporate Affairs and the Director of Strategy provided a summary of their Outpatient Improvement work. The Director of Corporate Affairs explained that a key area has been in relation to inpatient letters and the consolidation of all of the different letter templates that are being used. There is an Outpatient Access and Experience group that meets regularly. The Director of Strategy updated the Board in relation to outpatient transformation which involves reviewing all elective care pathways. The main objective is to make the process significantly more efficient and to increase overall levels of productivity.

Elizabeth Conway commented on the huge number of different letter templates. The Director of Corporate Affairs agreed and explained that the staff involved in the working group have different areas of expertise and are determined to resolve these issues however this work is supplementary to their normal work responsibilities. All of the different areas being addressed by the group impact on patient experience so its members are particularly pleased to be involved.

Steve Erskine queried the timeframe for the one stop shop for diagnostics and consultations. The Chairman suggested that this be tested by the intended recipient to ensure that it works.

### **121/15 Audit Committee Report**

Steve Erskine, in his role as Chair of the Audit Committee, provided a summary of his report. The Governance & Quality Committee continues to have issues with the electronic discharge summaries system (EDS) with the timescale receding. The Director of Nursing reported on behalf of the Medical Director the key points in relation to IT issues that had delayed this initiative. All local GPs have signed up to this and it will be trialled in September.

## **122/15 Charitable Funds Update**

The Director of Corporate Affairs presented the Charitable Funds Activity Report. The Rocky Appeal has raised enough money to meet the second annual payment for the da Vinci Robot.

## **123/15 Non-Executives Directors' Report**

Elizabeth Conway explained that she recently had cause to visit the Emergency Department and wanted to report on the outstanding service that she had received and to give a 'big thank you' to the department.

Steve Erskine reported that he had recently visited Theatres where a lot of innovative work was going on.

John Smith felt that the care in the hospital was outstanding and wished to express how impressed he was with the Medical Directors' team.

## **124/15 Annual Work plan**

The annual work plan was noted by the Trust Board.

## **125/15 Record of Attendance**

The record of attendance was noted by the Trust Board.

## **126/15 Opportunity for the Public to ask questions relating to today's Board meeting**

Robin Marsh, Governor, queried why he could not see a cash output report from the Rocky Appeal. The Director of Corporate Affairs confirmed that this was stated in paragraph 4 on the first page of the report. Dr Marsh also wanted to note his congratulations on what a good job Mick Lyons was doing and hopes that this continues. He also wanted to commend the unique relationship that existed between the Hospital Trust and the people of Portsmouth. The Director of Corporate Affairs thanked Dr Marsh for his recognition of Mick Lyons but reminded that we have many other charities aside from the Rocky Appeal which are also doing very well.

Mr Kennedy, member of the public, brought to the attention of the Trust Board the accident that had occurred on the M275 last week. He was disturbed by the time that the 6 police cars and 3 ambulances had taken to arrive at the scene. They had to come from Market Way and the Rudmore Roundabout and he had sat there for 20 minutes before anyone arrived. Fortunately there had been no fatalities but if there had have been the rescue services would not have been able to get close to them. There were no gaps in the central reservation to get through so perhaps the Highways Authority should put breaks in the central reservation as there are on some other motorways. The Chairman explained that whilst the Trust was unable to resolve this issue we would be happy to pass his concerns on to the relevant authorities.

Roland Howes, Governor, queried the £4,000 that had been spent on a tattoo machine. The Director of Corporate Affairs explained that this is for women who have undergone breast reconstruction; so it is for clinical need.

Jim Harrison, member of the public, felt that the outpatients group was already having a positive effect and wanted to say 'well done' to the team.

Roland Howes asked if there was a new approach being put in place in relation to appraisals. The Director of Workforce & OD confirmed that improvements had been made to the appraisal process and a different approach was in place. He agreed to feedback to a future Trust Advisory Group if required.

**Action: Director of Workforce & OD to feedback to TAG re appraisals if required.**

**127/15 Any Other Business**

None

**128/15 Date of Next Meeting:**

**Thursday 30 July 2015**

**Venue: Oasis Centre, Queen Alexandra Hospital**