

Trust Board Meeting in Public

Held on Thursday 30 August at 15:00
Lecture Theatre
Queen Alexandra Hospital

MINUTES

Present:	David Rhind	Chairman
	Alan Cole	Non Executive Director
	Liz Conway	Non Executive Director
	Tim Higenbottam	Non Executive Director
	Mark Nellthorp	Non Executive Director
	Steve Erskine	Non Executive Director
	Ursula Ward	Chief Executive
	Cherry West	Chief Operating Officer
	Julie Dawes	Director of Nursing
	Simon Holmes	Medical Director
Tim Powell	Director of Workforce	

In Attendance:	Peter Mellor	Company Secretary
	Steve Gooch	Deputy Director of Finance
	Mrs Lilley	Patient (for agenda item)
	Michelle Marriner	(Minutes)

Item No Minute

123/12 Apologies:

Apologies were received from the Director of Strategy and Business Development and the Director of Finance.

The Company Secretary advised that Steve Gooch, Deputy Director of Finance was in attendance on behalf of the Director of Finance

Declaration of Interests:

There were no declarations of interest.

124/12 A Patient Story

The Director of Nursing welcomed Mrs Lilley to the meeting, who was in attendance to talk about her experience whilst she was an inpatient at Queen Alexandra Hospital and to also talk about how the organisation had learnt from her experience.

Mrs Lilley provided the Board with some background information about herself before sharing her experience of being a patient at QA with the Board..

She advised that since her experience, she had met with the Complaints team to discuss those issues which had occurred during her stay. That meeting had been filmed (with the agreement of Mrs Lilley) and was now shared widely with nurses throughout the hospital.

The Director of Nursing said that Mrs Lilley's experience had been a very extreme case and that many of the issues that had occurred have resulted in a number of changes

being implemented throughout the organisation. She reassured the Board that there had been many lessons learnt from Mrs Lille's experience. The video of Mrs Lilley's meeting is shown to all newly qualified nurses as part of their induction.

The Chairman asked if we could undertake an audit in MAU to ensure that the patient experience had changed for the better. The Chief Executive apologised to Mrs Lilley for the poor standard of care that she had received but emphasised to the Board that Mrs Lilley's experience was an extreme case and absolutely not the norm.. She was very sighted on complaints and reassured the Board that she signs off the response to every complaint before it is sent out.

The Medical Director said that sometimes, because of pressure of patient throughput, MAU had to send patients to wards which were not always best suited to cope with that patient's needs; this might explain the lack of medical input in Mrs Lilley's case.

Liz Conway asked what Mrs Lilley's feelings would be about returning to QAH. Mrs Lilley said that whilst hoping that she would never have the need to attend any hospital, if she did, she would be happy to come to QAH and to see the changes which had been implemented.

The Chairman, on behalf of the Trust Board apologised to Mrs Lilley for failing to meet our normal standards.

125/12 Minutes of the Last Meeting – 26 July

The minutes were approved as a true and accurate record subject to the following changes:

Chief Executive Report, Page 3 – The Director of Nursing asked that the minutes be changed to read 'The Back to the Floor rounds were carried out during the day and night. There are also mock unannounced CQC inspections carried out. The Patient Safety Walkabout Programme was currently being reviewed to consider including evening and night time walkabouts'.

A Patient Story, Page 5 – Mark Nellthorp asked that the minutes be changed to read 'Mark Nellthorp noted that it had been a 99 year old patient who had suffered a stroke so it should have been obvious from the outset that *there was a risk that* she wouldn't be going back to her own home'.

Patient Safety, Page 8 – The Medical Director asked that the minutes be changed to read 'scans would *have been available if they had been requested. The issue was that they had not been requested*'.

Governance Compliance, Page 8 – The Director of Nursing asked that the minutes be changed to read '*Our own quarterly self assessment had shown that outcome 13 was overall compliant but non-compliant in 2 CSC's.*'

126/12 Matters Arising/Summary of Agreed Actions

There were no actions due this month.

127/12 Notification of Any Other Business

There were no items of any other business.

128/12 Chairman's Report

The Chairman advised that this was an unusual Board meeting as the sequence of meetings had been reversed for the benefit of those who would be attending both the

meeting of the Board in public and the AGM.

He was pleased to note that the meeting papers were much shorter than usual. The Board's intention is to discuss as much as possible of its business in the Board meeting held in public, whilst recognising that some confidential matters would need to be considered in private.

We are currently undergoing three external assessments:

- Quality Governance self-assessment – RSM Tenon which was now underway and due to complete by the end of August;
- Board Governance Assurance external assessment completed; the final report was due to be delivered by KPMG on 5 September;

Historical Due Diligence, the first of two phases, PWC are undertaking this work, which commenced on 20 August, with the final report expected on 13 September. He welcomed to the meeting Harriet Aldridge and Rachel Newton-Jones from KPMG who were observing the meeting as part of their assessment.

129/12 Chief Executive's Report

The Chief Executive advised that the Public Health England Structure had been published with an emphasis on professional health leadership through the appointment of three recognised leaders for health protection, health improvement and population health as well as a Chief Knowledge Officer. These three professionals would be complemented by a Chief Executive (Duncan Selbie), Chief Operating Officer, and Directors for Strategy, Programmes, Finance & Corporate Services, and Human Resources. Public Health England would have a publicly appointed Chair, with an Advisory Board consisting of the Chair, three Non Executive Directors and the Chief Executive. As Public Health England would be an Executive Agency of the Department of Health, its Chief Executive would be accountable to the Secretary of State for Health.

The National Quality Board (NQB) has published a report setting out how quality would operate in the new system. It describes distinct roles and responsibilities for quality and explains how the system should operate, in a culture of open and honest transparency and cooperation. Sir David Nicholson has written to all providers, NHS Trust and Foundation Trust Chairs highlighting the importance of this report. The Chief Executive asked the Director of Nursing/Medical Director to bring this back to a future Board meeting to show how it would impact on the organisation.

Action: Director of Nursing/Medical Director

She advised that Monitor has recently published two consultations, which would help ensure that patients' interests would be protected throughout the Health Service. These consultations set out proposals as to how Monitor, as the sector regulator for the health service, would ensure that the new system operates in the best interest of patients. Specifically, the consultations seek views in relation to:

- Licensing
- Procurement, Choice and Competition

The NHS Trust Development Agency (NHSTDA) would be taking over both the performance management of Trusts and management of the NHS Foundation Trust pipeline from 1 October 2012. This is 6 months earlier than the proposed 1 April 2013 date which had been set out in the Health and Social Care Act. At this stage it is not clear how the proposed system would operate and there is a risk of confusion and duplication between the Agency, Strategic Health Authorities and Primary Care Trusts, especially as the latter two organisations would continue to operate, and buildings and personnel would be shared in many instances. What is clear is that the regime is likely to be much more rigid, centrally driven and very performance focused. The Trust is awaiting confirmation of the appointment of a Director of Provider Development for the NHS South of England, this is a key appointment with whom the Trust will seek to build an effective relationship as soon as possible.

She was pleased to report that the Andrew Lansley, Secretary of State for Health, had visited the Trust on 16 August in recognition of our results of the recent National Cancer Survey. Portsmouth Hospitals NHS Trust was the most improved Trust across England. The full report of the National Cancer Survey would soon be available on the website.

The Chief Executive reported that the work undertaken by the Trust in bundling the Productive Ward/ Energising for Excellence initiative and Essence of Care in to one framework, had been presented to the NHS Institute for Innovation and Improvement. The Institute were very impressed with the work that had been undertaken and highlighted that they would like to work with the Trust in promoting the work as the next version of 'productives'. They also felt that the work would be of interest to the Chief Nursing Officer at the Department of Health. The Director of Nursing said that this was due to the fantastic work of Nicky Lucey and Caroline Churcher.

130/12 Integrated Performance Report

The Chief Operating Officer introduced the newly refined Integrated Performance Report and provided a high level summary of each area.

Quality

She advised that in terms of Quality, the dashboard tells a very good story with good progress on all indicators this month. She highlighted those areas with a red score:

- Patient falls – there were 8 reported cases in July but assured the Board that all were being investigated and a full root cause analysis being carried out.
- Patient moves – showed a month on month increase, however work was underway to review the methodology for this metric as planned ward moves, transfers to discharge lounge and closure of escalation beds were currently included in the numbers.

Service Delivery Priorities

Rated green overall for July with an overall amber rating for quarter 2.

Activity

At the end of quarter 1, the Trust was experiencing activity levels above plan for both elective admissions (6% above plan) and non-elective admissions (4.5% above plan). When compared with corresponding activity levels for the same period of last year, elective admission were 6% higher, whilst non-elective admissions were fractionally down on last year. A&E attendances were 6% above plan at the end of June.

Finance

At the end of July, the Trust had a recorded a deficit of £5.9m on income and expenditure. This represents a £1.2m adverse movement from the month 3 position of £4.7m deficit. This position compared to a planned position of £3.8m deficit which meant that the Trust was now £2.2m adrift of plan after 4 months of the financial year.

The reasons for the adverse variance to plan continued to include high levels of temporary staffing expenditure (£2.1m in month) which meant overall staffing was above affordable levels, together with some pressure on non-elective activity which had financial consequences for the Trust owing to the contractual payment regime in place.

The Deputy Director of Finance said that expenditure on pay was higher than can be afforded with the key expenditure being on temporary workforce. He reassured that the information was monitored on a monthly basis and a that downward trend was being seen.

The Chairman asked if the recruitment of Nurses still only happened once a year. The Chief Operating Officer said that recruitment happened on a rolling basis but that the intake of newly qualified nurses occurred once a year. The Director of Workforce said that he was currently in negotiation with the local Universities to try and increase this to twice a

year. The Director of Nursing pointed out that even if this was agreed, it could not happen until 3 years had elapsed. The Chairman asked if a reduction in temporary workforce would be seen once the new Nurses join from September. The Chief Operating Officer said that the recruitment would be a phased process over the next 3 months and that a reduction in the temporary workforce was anticipated.

Workforce

The Director of Workforce reminded that the National Staff Survey was to be conducted in September. There has recently been an increase in the number of PULSE surveys being completed but as a consequence, there has been a slight decrease in the score. He reassured the Board that communication would go out to the staff prior to the National Survey to try and encourage a better response.

131/12 Foundation Trust Pipeline Update

The Chief Executive advised that the purpose of this report was to an update on progress on delivery of the NHS Foundation Trust Pipeline.

The latest iterations of the Integrated Business Plan (IBP) and Long Term Financial Model (LTFM) had been submitted to the Strategic Health Authority (SHA) on 13 July and feedback received on 3 August 2012. Overall, the feedback was positive. It was seen as being much clearer about the direction of travel of the organisation. There had been a degree of challenge about the LTFM but that was to be expected. We are working closely with our commissioners to ensure that our plans are aligned. The next iteration of the IBP and LTFM are due to be submitted to the SHA on 21 September.

The Single Operating Model produced by the Department of Health is the performance management process that the NHS Trust Development Agency will operate when it takes over performance management of the remaining NHS Trusts from 1 October 2012. A key element of the Single Operating Model is self-certification. She asked the Board to confirm what it thought the responses should be to each statement within the self certification and whether there was enough evidence available to enable a decision regarding the responses. She advised the Trust had provided some commentary for those areas that had been rated as non compliant.

Once the self-certification was approved by the Board, it would be signed off by the Chief Executive and Chairman and then submitted to the Strategic Health Authority on 31 August 2012. The self certification process would continue on a monthly basis until the Trust becomes authorised as an NHS Foundation Trust. It was agreed that it would be the responsibility of the Company Secretary to produce and present future self-certifications to the Trust Board.

The Board considered each statement and discussed whether the response should be a 'yes' or 'no'.

The Chief Executive suggested that statement 11 be rated a 'no' as it was primarily related to the unscheduled care agenda which fluctuates. She said that this rating may change over time. The Chief Operating Officer agreed that it should be a 'no' for the quarter but she wasn't sure whether it would be a 'no' for July. She said that under Monitor guidance, a margin of error of failure with one indicator was tolerated. The Company Secretary suggested that he would seek further guidance and advice from the SHA for future submissions. The Board agreed.

The Company Secretary said that statement 12 should be rated 'no' as we were not yet fully compliant. We were level 1 against the requirement of the Information Governance Toolkit regarding the requirement that all staff be trained in information governance. The Director of Nursing advised that whilst every member of staff receives basic governance training during their induction, the Toolkit states that staff should receive a 2 day training session. The Company Secretary confirmed that a booklet regarding information

governance was being produced for staff.

Of the 15 statements, the Board rated 3 as 'no', these were statements 4, 11 & 12. They rated 12 as 'yes', these were statements 1, 2, 3, 5, 6, 7, 8, 9, 10, 13, 14 & 15. The Board confirmed that they were content with the responses and were content for it to be signed and submitted to the SHA.

The Chief Executive advised that for future Board meetings, a more extensive evidence pack would be produced to help determine each response and that it would be available on request .

132/12 Assurance Framework

The Company Secretary advised that over the last month the new strategic aims had been introduced into the framework and the Risk Department had met with each of the responsible Executive Directors to identify those risks which threatened those strategic aims.

The Company Secretary drew attention to the top 4 risks and the 9 new risks. He asked the Board to assure itself that these risks were indeed the current risks facing the Trust and that the correct management processes were in place to mitigate them.

The Chairman asked if the purchase of the new PACS system should appear on the Risk Register as any delay in the provision of the system would have a considerable impact on the hospital. The Director of Nursing confirmed that it already sat on Clinical Support CSC's Risk Register. It would need to be considered whether it should be escalated to the corporate Risk Register.

Steve Erskine felt that the new Assurance Framework was very good and that it was an accurate log of the current risks. He asked for an update on our relationship with the Clinical Commissioning Groups (CCG's). The Medical Director replied that we enjoy a very healthy relationship with the CCG's and meet on a regular basis to ensure that they are fully aware of our intentions and of any performance concerns. Steve Erskine asked if that translated into actions around delivery of objectives. The Medical Director said that it was difficult to tell but they have a very good understanding of our problems. The Chief Executive advised that they were still finding their feet but they had publically committed to helping us achieve Foundation Trust status.

Mark Nellthorp felt that risk 2.3 (The Trust fails to secure growth in research and development as part of a wide Academic Health Science Network) was not serious enough to warrant the score of '5' for consequence.

The Chairman noted that the risk relating to financial performance was scored 4 x 4 and asked whether it should be scored at a '5'. The Company Secretary advised that the Director of Finance purposely did not use 5 as it was the extreme and there was no where else to go past a score of 5. The Deputy Director of Finance advised that there was a national descriptor for a score of 5. The Company Secretary assured that the risk rating would be reconsidered.

Alan Cole referred to risk 2.1 (Partnership working arrangements do not deliver sufficient reductions in emergency admissions to meet agreed and national targets) and asked if our commissioners fully understood the impact on us. The Medical Director said that they probably did not and that the matter was compounded by the fact that each GP was an independent practitioner..

133/12 Sustainability Plan

The Chief Executive reminded that the Sustainability Plan was first established by NHS organisations operating in the Portsmouth and SE Hampshire area, to set out the

programme of activities local health and social care partners would deliver together to address the £20b savings needed from the NHS. She advised that this was the newly refreshed Sustainability Plan and the Programme Board was now to be chaired by Jim Hogan, Chair of Portsmouth City CCG.

She reported that the Trust had yet to see any significant movement on the unscheduled care agenda but was pleased that there was recognition that they have responsibility to support us. She said that it had been agreed that the Medical Director would take over the lead for unscheduled care for the work to move at a quicker pace. Benefits should arise from the 2 new initiatives:

- 111 Service
- Out of Hours Service

She advised that a quarterly report would be brought back to Trust Board.

Mark Nellthorp noted that the Grange Hospital in Petersfield was not included in the map of estates rationalisation.

134/12 Annual Complaints Report

This report was noted by the Board

The Chairman was pleased to see a clear definition of what was regarded as a plaudit.

The Chief Executive felt that there was further room for improvement regarding the time taken to respond to complaints.. The Director of Nursing whilst agreeing, reminded that a response time was always agreed with each individual complainant.

135/12 Charitable Funds Update

This report was noted by the Board.

136/12 Non Executive Directors' Report

The Patient Safety Walkabout paper was noted by the Board. The Director Nursing advised of a new tool called the '15 Steps Challenge' which she was hoping to incorporate into the Patient Safety Walkabout Programme.

Liz Conway advised that the Trusts 2012/13 Organ Donation Plan was now available. Over the last 2 years, there had been an increase in the number of organ donations. The numbers were still quite low but the impact on the recipient was significant. In 2009/10 there had been 3 donations made and 11 donations made in 2011/12, resulting in a total of 24 patients receiving an organ.

137/12 Opportunity for the Public to ask questions relating to today's Board meeting

Isabel Pine asked if the Trust had successfully managed to recruit a suitable number of Nurses. The Director of Nursing advised that a significant recruitment programme had resulted in a number of appointments of newly qualified nurses and nurses from Portugal.

A member of the public referred to the 'patient story' and asked if there was any correlation between the issues which had arisen and the number of temporary nurses. The Director of Nursing said that she was not aware of any correlation in this particular case.

Gwen Blackett asked if student nurses spent enough time on wards doing hands on training. The Director of Nursing advised that they spent 50% of their time in clinical

practice. The majority of our nurses had learnt their skills at PHT. She advised that there was an ongoing national debate about whether the training should be split between acute and community facilities.

Jock McLees felt that the key issue in the earlier 'patient's story' was lack of communication and that a common theme in the end of life care complaints was communication. The Director of Nursing advised that there was lots of communication training available from basic through to advanced. The training was currently being reviewed and those areas with known communication issues were being targeted.

Jean Robertson asked whether recruiting nurses from Portugal might add to the communication problems. The Director of Nursing confirmed that all of those nurses that had been recruited spoke excellent English and this was tested out at interviews.

Jim Harrison referred to the map in the Sustainability Plan and asked why it still included Havant War Memorial Hospital as it had been decommissioned and sold earlier this year. The Chairman committed to getting it checked and removed.

Action: Chief Executive

A member of the public asked about communication between different health sectors. The Medical Director replied that inter-organisation communication was being improved in a number of areas; for example electronic communications such as VitalPAC to transfer data to community providers.

138/12 Any Other Business

There being no items of any other business, the meeting closed at 17:30pm

139/12 Date of Next Meeting:

Thursday 27 September

Venue: Oasis Centre, Queen Alexandra Hospital