

Trust Board Meeting in Public

Held on Thursday 29 November at 10:00
Oasis Centre
Queen Alexandra Hospital

MINUTES

Present:	David Rhind	Chairman
	Alan Cole	Non Executive Director
	Liz Conway	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
	Tim Powell	Director of Workforce
	Richard Eley	Interim Director of Finance
	Dominic Hardisty	Director of Strategy & Business Development
In Attendance:	Peter Mellor	Company Secretary
	Issy Gaylard	For agenda item
	Michelle Marriner	(Minutes)

Item No Minute

182/12 Apologies:

Apologies were received from Simon Holmes, Medical Director and Tim Higenbottam, Non Executive Director.

The Company Secretary explained that the Medical Director was currently in attendance at the Portsmouth Health Overview and Scrutiny Panel and would join the meeting as soon as he was able.

Declaration of Interests:

There were no declarations of interest.

183/12 A Patient Story

The Director of Nursing welcomed Issy Gaylard, Head of Nursing for Emergency Medicine to the meeting. She thanked her for standing in at short notice due to the designated patient having to withdraw at the last minute.

Issy Gaylard delivered a brief presentation about the 'queue' in the Emergency Department (ED) and what it means to the organisation and its patients:



Board Slide.ppt

She provided the Board with an example of a recent incident which had occurred locally. There had been a fatal coach crash in Hindhead, in which 3 people had died. 6 others

injured in the crash, who did not have life threatening injuries, were brought to Queen Alexandra Hospital. On their arrival in ED, there was a queue of patients waiting to be treated therefore they were also required to wait to be seen. The 6 patients had since written to the Trust to thank ED for the excellent care they received. They all stated that the staff had been most kind, considerate and comforting.

The Chairman said that he had visited ED recently and was shocked by how busy the staff seemed to be. Issy Gaylard pointed out that the number of attendances in ED had increased by 20% over the last 2 years. She felt that external support was crucial and that the Trust was working closely with our community partners to try and reduce the number of inappropriate attendances.

Liz Conway said that she had had occasion to visit ED on a recent Sunday afternoon and had been surprised at the large number of sports injuries presenting in ED. She felt that the communication with patients about the reason for any delay needed to be improved. Issy Gaylard said that she would feed this back to the department.

Issy Gaylard explained that a number of patients were redirected away from the department if it is considered that their condition could be better suited elsewhere. She confirmed that the provider to whom the patient was being redirected was consulted prior to that patient being diverted. The Chairman asked if this caused complaints from patients. Issy Gaylard said that it didn't...No patient is forced to leave the department, they are only advised. Some patients choose to continue queuing in ED despite the long wait times.

Steve Erskine asked what the maximum number of attendances was that the department could appropriately deal with. Issy Gaylard said that the optimum number would be 260 patients per day however; the department was regularly now seeing more than 300 patients per day.

Steve Erskine asked about the acuity of those patients attending. Issy Gaylard advised that the majority of attendees were elderly. On a recent day when there had been 342 attendances at ED, 49 needed admitting on medical grounds and another 42 because of surgical need, the rest were able to be treated and sent home – the majority of whom could, and should, have been dealt with by their GP, if only their GP had been available..

Alan Cole asked what the opening times of the local Minor Injuries Units were. Issy Gaylard advised that St Marys was open until 10pm, Gosport until 9pm and Petersfield until 8pm. The Chief Executive asked whether they were well utilised. Issy Gaylard advised that Gosport was very well used but Petersfield, not.

Mark Nellthorp asked what percentage of those that attended ED could be better treated in the community. Issy Gaylard said that whilst it was difficult to quantify, she thought that one third could be more appropriately treated in the community.

The Chief Executive, once again, re-iterated the need for the local community to be made aware of the alternative, and often more appropriate, treatment venues to our Emergency Department.

184/12 Minutes of the Last Meeting – 25 October

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

Page 7, Item 169/12, paragraph 5 – Mark Nellthorp asked that the first sentence be reworded to read, 'Mark Nellthorp said that the feedback with respect to repatriation from the SHA at the readiness meeting was clear'.

The Chief Operating Officer referred to page 29 (annex 10) of last months Integrated

Performance Report, where it stated that the speciality (General Surgery) had obtained agreement from Commissioners that the admitted target would be failed in month 6. Our Commissioners had since contested this statement, saying that whilst they had been made aware of the planned failure, they had not agreed for it to be failed. They had highlighted this because should they wish to impose fines, they would be unable to do so if they had 'agreed' to the fail. She therefore sought permission to amend that last months Integrated Performance Report to read: 'The Trust has therefore advised Commissioners that the admitted target for this speciality will be failed in month 6'. A comment would also be added: 'This proposal is consistent with the agreements set out in the Heads of Terms and RTT discussions and correspondence earlier this year, relating to maintaining a sustainable backlog that supports delivery of 90/95/92%'. The Board agreed.

185/12 Matters Arising/Summary of Agreed Actions

115/12: Staff Health and Well-being Annual Report – The Director of Workforce confirmed that this was on the agenda for today.

137/12: Opportunity for the Public to ask questions relating to today's Board meeting – The Chief Executive confirmed that the map had been amended to reflect Jim Harrison's comments.

151/12: National Cancer Survey 2011 – 12 – The Director of Nursing advised that she had contacted the Cancer Network who was unable to say how we compared to other Trusts.

161/12: Patient Story – The Company Secretary confirmed that the patient had been written to and thanked for sharing his experience.

165/12: Chairman Report – The Company Secretary confirmed that the dates for the forthcoming Public Constituency Meetings had been circulated.

166/12: Chief Executive Report - The Medical Director confirmed that he had discussed this at the Clinical Leaders Group.

167/12: Integrated Performance Report – The Chief Operating Officer confirmed that the action plan was included in the paper for this afternoon.

168/12: Quarterly Quality Report – The Director of Nursing confirmed that the total incidents in 2011/12 for quarter 2 had been reported as being 110. Having double checked the figures, it would appear that there had been an error in pulling over data. This has now been corrected and the correct figures are detailed below: (The numbers in brackets are those that were previously reported).

TOTAL TRUST - MEDICATION INCIDENTS									
mth	Number of Medication incidents		Number of Incidents by Severity					2011/12	
	12/13	11/12	Near Miss	Green	Yellow	Amber	Red	Amber	Red
July 2012	84	100 (110)	6	59	18	1	0	1	0
August 2012	105	110 (115)	13	77	11	4	0	1	0
September 2012	62	115 (325)	5	46	10	1	0	2	0
Quarter 2 Total	251	325 (110)	24	182	39	6	0	4	0

168/12: Quarterly Quality Report – The Director of Nursing advised that claims had increased significantly over the past few years. In 2008 there had been 96 claims and thus far in 2012, there had already been 170 claims received. She said that analysis was

being conducted to identify any trends or themes and that she would report back at a future meeting.

169/12: Foundation Trust Pipeline Update – The Company Secretary said that 18 GP Practices had been written to. Currently, there had been 2 letters of rejection and there was a programme of meetings in place for the others.

171/12: Assurance Framework - The Company Secretary confirmed that risk 2.2 was in relation to patient flow. This risk had been the subject of intense review by the Risk Assurance Committee and had been reassessed and both the likelihood and consequence had changed as a result.

172/12: Annual Planning Process – The Chairman was concerned that the plan appeared to be behind schedule as the first draft of the plan should be available by December. The Interim Director of Finance advised that the plan could not be drafted until the Operating Framework had been received. He confirmed that regular progress updates would be sent to the Board.

173/12: Reducing non elective admissions / plan for front door attendance – The Chief Operating Officer confirmed that an update on progress was on the agenda for the meeting today.

177/12: Diary of events – The Company Secretary confirmed that comments had only been received from Steve Erskine so he would assume that all other Board members were content.

179/12: Opportunity for the Public to ask questions relating to today's Board meeting – The Company Secretary confirmed that the planned maintenance of Northern Bridge was well known and had been well advertised. Portsmouth City Council has acknowledged that there will be some disruption but has committed to keeping it to a minimum.

186/12 Notification of Any Other Business

There were no items of any other business.

187/12 Chairman's Report

This report was noted by the Board.

188/12 Chief Executive's Report

This report was noted by the Board.

The Chief Executive drew attention to the Liverpool Care Pathway which had been heavily featured in the National press recently. The Trust needs to ensure that there is a robust implementation model and continuous learning on end of life care as it is crucial to the Liverpool Care Pathway. She said that whenever possible, relatives should be involved in discussions regarding admittance to the pathway and it is important to note that the Liverpool Care Pathway does not require hydration or nutrition to be withdrawn. It is a framework for good practice and does not replace clinical judgement. She was pleased to report that currently 53% of appropriate patients within the hospital are on the Liverpool Care Pathway.

She confirmed that the Operating Framework had been received today.

She advised that the Trust was keen to encourage further working with Western Sussex Hospitals NHS Trust and had recently had a constructive meeting with them. She was hopeful that there were potential opportunities which would fit with our future strategy.

She was delighted to report that Sue Atkins who, as a nurse in MAU, had developed and provided local Alcohol Services had recently come runner up in the Nurse of the Year Awards.

She paid tribute to David Rhind who would be retiring as Chairman after 4 years. He had joined the Trust at an exciting but daunting time, when we were just about to move into the new Hospital. She thanked him on behalf of the Board for his leadership over the last 4 years. Alan Cole thanked him on behalf of the Non Executive Directors.

189/12 Integrated Performance Report

The Chief Operating Officer emphasised some key headlines from the Integrated Performance Report. When considering our month 7 performance against Monitor's Compliance, we would be rated 1:0 amber/green due to the failure of the ED 4 hour wait target. If the Trust was to fail the target in Quarter 3, having already failed it in both Quarters 1 & 2, the Trust's governance risk rating would be increased to red, which would be regarded as a 'significant breach' for a Foundation Trust.

Following the failure of the 62-day cancer standards in month 6, the Commissioners had issued a section 47 query notice. Meetings have been held with the Commissioners and a mutually acceptable action plan has been developed; as a result of which, the target was now being achieved.

The Director of Nursing advised of 1 case of MRSA which had been reported in November. This now takes the Trust to 4 cases against a year end trajectory of 4. The Chief Executive said that due to the tiny numbers, it was almost now becoming a case of trying to manage the unmanageable. In terms of patient harm, C.Difficile was a much bigger concern.

The Company Secretary was pleased to report that following recent discussions, the current risks in the Risk Register and Assurance Framework had been cross referenced into the Executive Summary of the Integrated Performance Report.

Steve Erskine recognised that there were a number of financial recovery actions in place but was unable to see when they would start to make an impact. The Interim Director of Finance advised that whilst some of the impact would not be seen until nearer year end, some would be seen from next month. Steve Erskine felt that it would be useful to see a profile of when these actions were intended to start to make an impact.

Steve Erskine asked if the trend arrows on the dashboards were showing a better or worst performance, as they didn't seem to be consistent. The Chief Operating Officer advised that the arrows indicated whether there was an increase or decrease in performance.

190/12 Foundation Trust Pipeline Update

Following the readiness meeting with the SHA on 5 October, a letter had been received setting out a list of immediate actions. She reminded of the importance of ensuring that these actions were achieved. The issue of Board development needed to be resolved.

She confirmed that IMD would be returning to the Trust on 10 January to conduct a Board workshop session on strategy.

Steve Erskine advised that he had recently attended a Kings Fund FT event where he had been surprised at the large range of organisations in the 0-5% financial category. He believed that the priorities for Monitor over the coming 18 months might change because of the current state of some of the existing Foundation Trusts.

191/12 Self Certification

The Company Secretary reminded that the self-certification needed to be approved by the Board to enable it to be signed by the Chief Executive and Chairman before being submitted to the SHA on 30 November 2012.

He advised that there had been 2 changes to the TFA progress due to 2 more milestones having been achieved.

Steve Erskine asked if any feedback had been received from our previous submissions. The Company Secretary advised that no feedback had been received but the Self Certification was used at the monthly SOM meetings with the SHA.

He sought the Boards agreement to sign declaration 2. The Board agreed the self certification and the signing of declaration 2.

The Company Secretary advised that despite there being no Board meeting next month, we would still be required to submit the Self Certification to the SHA. He sought delegated authority from the Board to sign and submit it. The Board agreed.

192/12 Assurance Framework

The Company Secretary reminded the Board that it had been agreed to focus the agenda on the top risks to the organisations. He confirmed that the agenda for the private meeting later today was focused around the current top 2 risks.

He drew attention to the top 8 risks. He asked the Board to assure itself that these risks were indeed the current risks facing the Trust and that adequate management processes were in place to mitigate them.

The Chairman said that he had been concerned at the progress of the Business Plan but now felt assured. The Interim Director of Finance felt that although it was currently on track, he would suggest that it was considered as a risk. The Chief Executive felt that there might be some risk with next years contract negotiations as it would be the first round of contract negotiations for the newly formed Clinical Commissioning Groups.

Alan Cole said that some organisations lose focus on those risks with low probability and high impact. He felt that the Board needed to be confident in the mitigating actions for those risks. The Chief Executive agreed and asked the Company Secretary to raise with the Head of Patient Safety.

Action: Company Secretary

Steve Erskine said although risk 2.1 referred to partnership working arrangements, he felt that there needed to be a specific reference to winter patient management. The Company Secretary agreed and committed to discuss this at the next meeting of the Risk Assurance Committee.

Action: Company Secretary

193/12 Staff Health and Well-being Annual Report

The Director of Workforce advised that the Department of Health's mandate to the NHS Commissioning Board set out 5 key areas for improvement. The objectives in the mandate recognise the need to support staff and, in particular, the contribution that the NHS can make as an employer by promoting mental and physical health and wellbeing of its own workforce.

He reassured the Board that sickness absence was closely monitored.

The Fit 4 Work programme had been developed to improve the health and wellbeing of

employees, reducing sickness absence and promoting an early return to work. He was pleased to note that there had been some national interest in the programme regarding what we were doing to reduce sickness absence.

He said that the online Datix reporting system for reportable incidents had been rolled out in April 2012. During this period there had been a reduction in the number of incidents reported. These figures may not be the complete representation of the actual incidents which had occurred.

The area of biggest concern remained the number of sharps injuries. This has been the top reported incident for a number of years and any decrease in incidents has yet to be seen. He confirmed that there was close working with those high impact areas. .

The Chairman acknowledged that the Occupational Health Service was a very good service but noted that the income seemed to have dropped. The Director of Workforce advised that some contracts for the provision of the Service to other organisations had recently been lost but the Trust continued to explore marketing opportunities for both the Occupational Health Service and the Oasis Centre.

Mark Nellthorp was concerned at the low staff take up levels of the flu jab and asked how we compared to other Trusts. The Director of Workforce said that there was no comparison data available but historically we had always compared favourably. The Chief Executive said that the risk of flu to the organisation was very high. She asked if the flu jab should be mandated as it is with some other vaccinations. The Director of Nursing felt that the vast majority of those who did not take up the flu jab was because of accessibility. The Director of Strategy believed that it was about convenience for, and engagement with, staff.

Liz Conway was concerned at the number of incidents of physical abuse of staff. The Director of Workforce reassured the Board that the Trust did all that it could to protect its staff and provides them with training on how to prevent and deal with incidents. The Chairman reminded that there was a need for security staff to be present in the Emergency Department at night. The Director of Nursing pointed out that the majority of physical abuse incidents occurred within the MOPRS wards and involved patients with dementia, which were quite different from the usual physical abuse incidents. The Company Secretary advised that the Trust had a very good relationship with the Police and from January 2013, there would a Police Officer based at the hospital.

Steve Erskine was concerned at the number of RIDDOR reportable incidents in 2011/12. The Director of Workforce agreed that the figure was extremely high but assured him that there were preventative measures in place.

194/12 Trust Committee Structure

The Company Secretary advised that the Trust committee structure had been updated in line with feedback from the recent external reviews. He sought approval of the committee structure from the Board and advised that it had already been approved by the Audit Committee.

Mark Nellthorp asked that it be updated to show that a Governor attends the Charitable Funds Committee.

Action: Company Secretary

The Interim Director of Finance asked that it be updated to show the Chief Executive as the Chair of the Finance & Resource Committee.

Action: Company Secretary

[Post meeting note] The Interim Director of Finance noted that the Financial Recovery Group was not included and asked that it be added.

Action: Company Secretary

The Board approved the committee structure subject to the above changes being made.

195/12 Code of Conduct for Members of the Trust Board

The Company Secretary sought approval of the Code of Conduct for the Board of Directors.

The Chairman felt that the Bribery Act should be referenced in section 9.

Action: Company Secretary

The Chairman noted some typing errors in sections 9.13 & 9.14. The Company Secretary committed to correcting these.

Action: Company Secretary

After discussion it was agreed that 'negligible sum' should be removed from section 10.1.

Action: Company Secretary

The Company Secretary reminded that senior Trust staff are required to declare any conflict of interests that they might have. He suggested providing a report on anything significant which might be declared.

Mark Nellthorp said in his experience when a gift was offered, it was accepted on behalf of the organisation and the staff were required to buy it back from the organisation. The Medical Director said that in his experience, when a gift was received, it was distributed amongst the staff. He said that historically there used to be lots of hospitality from pharmaceutical companies but that had now noticeably reduced. The Company Secretary confirmed that there existed a hospitality register but it was dependant on staff declaring any offers of hospitality to him.

The Chief Executive suggested that the Code of Conduct for all staff be shared with the Board with a view to updating it.

Action: Company Secretary

The Board approved the Code of Conduct for Trust Board Members subject to those minor changes.

196/12 Update to Financial policies

The Interim Director of Finance advised that the paper set out the proposed changes for the following financial policies:

- Standing Financial Instructions
- Reservation of Powers to the Board of Directors and Delegation of Powers
- Detailed Scheme of Delegation

These changes had been approved by the Audit Committee.

The Company Secretary requested another change to the Standing Financial Instructions in addition to the proposal set out in the paper. Paragraph 16.2.6 – Duties of Managers and Officers currently reads as 'All goods, services, or works are ordered on an official order except works and services executed in accordance with a contract and purchases from petty cash'. He proposed that it be changed to 'Goods, services or works are normally ordered using an official order however in some cases an order may not be appropriate for the goods and services being received. In these cases agreement must be reached with the Director of Finance and Investment that an order is not appropriate but that there are processes in place to ensure the Trust is receiving value for money'.

The Board approved all of the proposed changes.

197/12 Governance & Quality Committee Terms of Reference
198/12 Risk Assurance Committee Terms of Reference

The Director of Nursing advised that both the Governance & Quality Committee and Risk Assurance Committee Terms of Reference had been updated following feedback from the external reviews. Change had been made to the membership of both committees.

The Director of Nursing felt that a representative from the Finance team would benefit the Governance & Quality Committee. The Board agreed. The Director of Nursing & Interim Director of Finance would agree who that should be.

Action: Director of Nursing & Interim Director of Finance

The Chairman felt that the work of the Board Committees should be reported in the Annual Report. The Board agreed.

Action: Director of Nursing

The Company Secretary asked that his job title on the membership on page 2 of the Risk Assurance Committee Terms of Reference be changed to 'Company Secretary'.

Action: Director of Nursing

Mark Nellthorp felt that the quorum of the Risk Assurance Committee was not worded correctly.

Liz Conway pointed out that the Risk Assurance Committee Terms of Reference stated that agenda items must be sent to the Committee Secretary 7 days prior to the meeting. It also states that agenda will be sent out 1 week prior to the meeting. This would not be possible.

The Board approved the Terms of Reference subject to some minor changes.

199/12 Update on Staff Survey Action Plans

This report was noted by the Board.

The Chairman referred to the questions in the Staff Survey regarding the recommendation of the Trust as a place to receive treatment. The Director of Workforce said that it was a key question on the National Staff Survey which always had a very poor response. The local Pulse Survey compares favourably to the National Staff Survey.

200/12 Governance & Quality Committee Report

Mark Nellthorp said that as the new Chairman of the Governance & Quality Committee he would like highlight the changes made to the Terms of Reference. The membership of the Committee had changed and CSC representation had been removed but he reassured that the Committee was keen to maintain a good level of engagement with the CSC's. A big focus for the Governance & Quality Committee would be to review the activity of other committees and report to the Board when appropriate.

201/12 Finance Committee Report

Alan Cole reported that the recent Finance Committee had been a very productive meeting with focus on 3 main agenda items:

- The current financial position
- The capital programme
- The cash flow forecast

The Committee membership had been strengthened by fellow Non Executive Director, Liz Conway and would shortly also be joined by Mark Nellthorp.

Audit Committee Report

Steve Erskine advised that he had now taken over the Chairmanship of the Audit Committee. The last meeting had focused on the following agenda items:

- Electronic Discharge Summary
- Roll out of VitalPAC
- Signing off of the new Counter Fraud Policies
- Signing off of the updated Financial Policies
- Internal Audits

He noted that whilst there was a need for continuity between the Finance Committee and Audit Committee, there was also a need to avoid duplication. Alan Cole said that the Terms of Reference of both committees would confirm the purpose of each committee.

202/12 Charitable Funds Update

This report was noted by the Board.

Mark Nellthorp advised of some issues around investment portfolios. He confirmed that the new Company managing our investments had agreed to our expectations of returning our portfolio to meet our investment requirements. This was expected to be with no detriment to the Trust.

203/12 Annual Workplan

Steve Erskine felt that the Annual Workplan needed to be a rolling work plan for the following 12 months. He felt that there should be more included such as:

- The milestones for the Business Plan
- The milestones for our Foundation Trust application.
- Milestones within the Assurance Framework
- 30, 60, 90 day action plan

Mark Nellthorp felt that the Workplan should also include the Remuneration Committee dates.

The Chairman felt that the National Staff Survey results should be presented in public.

Liz Conway asked that the Organ Donation Annual Report be added to the Workplan and committed to providing the Company Secretary with the date of when it should be presented.

Action: Liz Conway

The Company Secretary agreed to consider all of the suggestions made and update the Workplan accordingly.

Action: Company Secretary

204/12 Non Executive Directors' Report

Liz Conway said that the timely delivery of stock to the ward areas was being seen as a recurring issue during the Patient Safety Walkabouts. The Director of Nursing advised that there were two types of stock; one which could be put away by Carillion staff and the other which needed to be put away by the ward staff. She said that there were problems with both stock levels and storage space.

Steve Erskine advised that it had been agreed that the monitoring of the actions emanating from the Patient Safety Walkabouts be given to the Patient Safety Working Group.

The Director of Nursing confirmed that the Head of Patient Safety would be coming to the next Trust Board Workshop to feedback on her review of the Patient Safety Walkabout Programme.

205/12 Opportunity for the Public to ask questions relating to today's Board meeting

A member of the public asked what 'CSC' meant. The Chairman confirmed that 'CSC' stood for Clinical Service Centre. Each specialty was grouped under a particular CSC and each CSC had their own management team.

A member of the public asked about the Trusts policy on 'Do Not Resuscitate'. The Medical Director confirmed that the Trust followed the policy which had been set out by the Strategic Health Authority. He advised that it was also now printed on the electronic discharge summary. The Chief Executive was confident that the Trust adhered to the policies and guidelines associated with this subject.

A member of the public referred to the Liverpool Care Pathway and the previous statement 'that nutrition/hydration was not always removed from the patient'. He felt that this was incorrect as 3 independent reports that he had recently read had clearly stated that nutrition/hydration was removed from the patient. The Director of Nursing confirmed that the Liverpool Care Pathway was designed to facilitate discussions between clinicians and the family to provide a plan for patients who were coming to the end of their life. Sometimes a decision was made to remove fluid from the patient but this was not in every case. The member of the public asked if there was any financial benefit paid to the Trust for putting a patient on the Liverpool Care Pathway. The Director of Nursing advised that Trusts had been asked to increase the number of appropriate patients on the Liverpool Care Pathway to 50% as it was regarded as best practice for those patients who were approaching the end of their life to be on the pathway. It is a local target that has been set for the Trust and is part of the quality contract. There is no direct financial payment for putting a patient on the pathway. The Chief Executive reiterated that the target was not financially motivated.

A member of the public asked if the Trust had experienced any metal theft. The Company Secretary confirmed that lead from the Weather Vane from the old South Block which was now a feature of the memorial Garden had been stolen overnight about 1 year ago. There were no other known thefts within the Trust.

206/12 Any Other Business

There being no items of any other business, the meeting closed at 13:00pm.

207/12 Date of Next Meeting:

Thursday 31 January

Venue: Lecture Theatre, Queen Alexandra Hospital