

Trust Board Meeting in Public

Held on Thursday 25 July at 14.00
Lecture Theatre
Queen Alexandra Hospital

MINUTES

Present:	Alan Cole	Interim Chairman/Non Executive Director
	Tim Higenbottam	Non Executive Director
	Liz Conway	Non Executive Director
	Mark Nellthorp	Non Executive Director
	Steve Erskine	Non Executive Director
	Ursula Ward	Chief Executive
	Ben Lloyd	Director of Finance, Deputy Chief Executive
	Simon Holmes	Medical Director
	Julie Dawes	Director of Nursing
	Cherry West	Chief Operating Officer
	Tim Powell	Director of Workforce
	Peter Mellor	Director of Corporate Affairs & Business Development

In Attendance:	Michelle Marriner	(Minutes)
	Dr Dan Pearl	Consultant Gastroenterologist
	Sara Courtney	Head of Nursing

Item No **Minute**

120/13 Apologies:

There were no apologies

Declaration of Interests:

There were no declarations of interest.

121/13 A Patient Story

Sara Courtney, Head of Nursing Medicine and Dr Daniel Pearl were in attendance and delivered the following presentation:



Trust Board - Patient
Story 25-7-13.pptx

Steve Erskine asked where the 'nil by mouth' sign had been displayed. Sara confirmed that, for patients within cubicles, it would be displayed at eye level on the door. For patients within a bay, it would be displayed on the wall above the bed.

Steve Erskine asked if something could be attached to a patient to show whether they were 'nil by mouth' as there was a risk that the patient may move to another bay/bed but the sign does not move with them. The Director of Nursing confirmed that standardised processes were being rolled out across the organisation about displaying these signs. However, she

felt that by physical labelling a patient would go against safety guidance, as there could potentially be multiple safety alerts on one patient which could cause confusion.

Mark Nellthorp stated that magnetic boards were being rolled out which displayed a patients name and other warnings such as 'nil by mouth'. Sara Courtney stated that by in carrying out this detailed investigation, it highlighted other areas for learning, for example, the use of bed numbers rather than patient's names.

Steve Erskine was concerned at how this situation could have occurred in the first place. The Director of Nursing briefly explained the 'nil by mouth' procedure but advised that it had been interpreted differently throughout the organisation. A thorough investigation was conducted with significant learning across the organisation. She advised that similar challenges were being faced by many Trusts concerning the interpretation of the 'nil by mouth'.

Tim Higenbottam asked whether there was now a process in place to prevent it from happening again. Sara Courtney advised that since the investigation and change to the process, it was far less likely to occur in the future.

122/13 Minutes of the Last Meeting – 27 June

The minutes of the last meeting were approved as a true and accurate record.

123/13 Matters Arising/Summary of Agreed Actions

All actions on the grid had been completed.

124/13 Notification of Any Other Business

There were no items of any other business.

125/13 Chairman's Report

This Interim Chairman provided a brief update following the recent meeting with the Trust Development Authority.

126/13 Chief Executive's Report

This report was noted by the Board.

The Chief Executive drew particular attention to the following points:

- Public Spending Round 2013
- 7 Day Service
- A review of the Liverpool Care Pathway
- Sir Bruch Keogh's report from the review into the 14 Trusts

127/13 Integrated Performance Report

Quality

The Director of Nursing advised that there was an error within dashboard about the Friends and Family Test. There had been an error in the way the denominator information had been captured. The correct data for the Emergency Department responses was:

April - 1.3%

May - 1.8%

June - 4.9%

Therefore the Trust had failed its quarter one CQUIN target

The Director of Corporate Affairs and Business Development felt that this was an example of poor data quality and assured the Board that it would be addressed.

Elizabeth Conway asked whether we could incentivise patients to complete the survey. The Director of Nursing explained that there were many restrictions to how the survey could be conducted. Many Trusts were struggling with the number of responses within the Emergency Department.

Finance

The Director of Finance advised that the Trust had a deficit of £4.7m at the end of quarter one. This was £2.1m in an adverse position to plan. There is a deficit plan for year-end of £5m.

He felt that there might be some income opportunities through business development work but felt that there needed to be a clear action plan to get the financial position back on track. Steve Erskine felt that the Board needed to see clear evidence of the actions taken.

Operations

The Chief Operating Officer advised that when considering the shadow Monitor compliance dashboard, the Trust would be rated a 2.0 but due to the overriding rules the Trust was rated a 4.0. This was due to a failure of two key metrics:

- Emergency Department
- Cancer standards

She advised that the data on page 32 of the report was incorrect and it was actually eight of nine national cancer targets which had been achieved.

Emergency Department

Performance against the national four hour wait target was 92.4% in month 3, compared to the target of 95%. This was an improved position compared to previous months. She advised that the most breaches were seen at the weekend. The department was currently devising a plan to help improve the medical cover over the weekend.

Diagnostic Performance

The Trust had been consistently achieving the target but had failed during June due to two contributing factors:

- Increase in the number of referrals
- Recent departure of a Nurse Endoscopist

Steve Erskine felt that there needed to be a contingency plan as the impact on performance due to the loss of one person was significant.

RTT

There continued to be an increase in the number of patients on the 18 week backlog. A number of planned fails had taken place for two specialities in order to reduce backlog size. The impact of those planned fails had not been as positive as planned so another fail was planned for July.

The Director of Finance asked why the admission to stroke unit target had not been achieved. The Chief Operating Officer advised that the standard could be missed for a variety of reasons. For example a clinical reason such as it not being appropriate for the patient to go straight to the Stroke Unit. All breaches were included in the report, even if the decision was clinically correct, not to admit directly to the stroke unit.

The Interim Chairman was pleased to note the improvement made on the Emergency Department performance. He thanked all of those involved and encouraged continuation of the good work.

The Chief Operating Officer advised that the text on page 35 of the report was not quite accurate. She would refine and recirculate to the Board.

Workforce

The Director of Workforce advised that the number of temporary workforce remained to be a challenge for the organisation.

The number of appraisals completed also continued to be a problem with 82.3% achieved against a target of 85%. The Trust Development Authority have requested a recovery plan to improve this result.

He was pleased to report that essential skills compliance had improved and we were now above target. There had also been a significant increase in the compliance of Information Governance training.

He drew attention to the results from the first quarter Pulse survey. He felt that it was a much improved response rate with 1,939 staff responses received. The Director of Nursing asked whether Carillion staff had been included in previous staff surveys. The Director of Workforce advised that they had not been included previously but would be in the future.

Mark Nellthorp remarked that staff turnover was now above average and asked whether the reason for the increase was understood. The Director of Workforce confirmed that he was waiting to see the information from the exit interviews to understand why.

Steve Erskine was concerned at the number of RIDDOR incidents. He felt that there were some issues which had been raised previously but were still not addressed. The Chief Executive asked that the Director of Workforce look whether there was any learning to be had from Carillion who had an exceptional health and safety record.

Action: Director of Workforce

128/13 Quarterly Quality Report

Steve Erskine had asked if the Quality Improvement Framework had been developed by Portsmouth Hospitals NHS Trust. The Director of Nursing confirmed that it had and that it was being rolled out across the organisation.

The Chief Executive felt, in the light of the recent Sir Bruce Keogh report, more information should be included, such as mortality rates. The Interim Chairman asked how prescriptive the report had to be. The Director of Nursing stated that it was up to the Trust to decide how the report was presented but she reminded that the report served many purposes. She felt that the report did not triangulate as well as it might and that we needed to think about how this could be improved.

129/13 Self Certification

The Director of Corporate Affairs presented this item in the absence of the Interim Company Secretary. He advised that the submission date to the TDA had now changed to the end of the month so this would now be considered at the Board meeting on a monthly basis.

He circulated an update to the report to reflect the performance of both RTT and Cancer standards.

He reminded that there were two areas of non-compliance:

- Board statement 10
- Board statement 11

Each of the 12 monitor license requirements had been allocated an Executive Lead.

The Interim Chairman asked for reassurance that we would be compliant by the target dates stated. The Director of Workforce reminded that the statement stated 'that plans in place are sufficient' therefore, it did not necessarily refer to achievement of the target.

It was agreed that for statement 10, there would be two target dates:

- 30 September for ED and Cancer
- 30 October for RTT

The Chief Executive felt that the Executive Team should consider and agree the recommendations before each Board meeting.

130/13 Annual Work Plan

The Director of Corporate Affairs presented this item in the absence of the Interim Company Secretary. He advised that it had been recently updated following suggestions made. The Workplan would be used to help inform the Board agendas.

The Director of Finance felt that more items should be discussed in the Public meeting. The Chief Executive agreed and committed to discussing with the Executive Directors.

Action: Interim Company Secretary

A discussion ensued about the content of the Workplan and whether some items could be moved to the Public agenda. The Director of Corporate Affairs reminded that the Interim Company Secretary had asked for comments on previous occasions. It was agreed that all suggested additions/changes be emailed to Interim Company Secretary for inclusion.

Action: All

131/13 Final sign off of Strategic Objectives

The Board approved the Strategic Objectives.

The Chief Executive felt that a review of the Strategic Objectives would be needed at some point. She asked that the Director of Corporate Affairs coordinates the review and presents to the Board in October.

Action: Director of Corporate Affairs

132/13 Assurance Framework

The Director of Nursing drew attention to the four new risks and three revised risks. She asked that the Board assures itself that these are the correct risks facing the organisation. She advised that some possible risks had been suggested about data quality and ICT which would be discussed in detail at the next Risk Assurance Committee.

The Director of Workforce referred to risk 5.4 which had been rated 16. He felt that it did not accurately reflect in risk 5.2. The Director of Finance agreed.

The Medical Director felt that a risk against strategic aim one was needed about 7 day working and mortality rates at weekends. The Director of Nursing agreed and committed to updating.

Action: Director of Nursing

Risks Assurance Committee Update

Liz Conway advised that the Risk Assurance Committee had discussed many items including:

- Electronic outpatient letters
- Electronic Discharge Summaries
- Assurance Framework
- Risk Register – three risks added
- CSC Risk Registers – four items to be added to the Trust Risk Register

133/13 Staff Health, Safety and Wellbeing Annual Board Report

The Board noted this report.

Steve Erskine referred to page ten of the report and was concerned that there was a gap in the data since the roll out of the Datix system. The Director of Workforce explained that the issue was with how the staff were entering the data onto Datix. The workforce is regularly reminded of the importance of reporting any incidents on Datix. The Director of Nursing felt that it was one limitation to self-reporting and should therefore not always be relied upon.

The Chief Executive felt that the Trust could learn from Carillion as they had impressive staff safety results. The Director of Workforce agreed to consider how the culture of the staff around health and safety could be improved.

Action: Director of Workforce

Mark Nellthorp asked if there was a plan to increase the staff uptake of the flu vaccination as flu was potentially a huge patient safety and staff welfare risk. The Director of Workforce advised that they would be more accessible this year with more ward based Nurses available to administer the jab.

The Director of Finance referred to the staff sickness target of 3% and asked whether this should be reduced. The Director of Workforce explained that it was a national target to which we compared favourably. He agreed that there might be an opportunity to reduce staff sickness but was unable to quantify at the moment. He felt that if it was reduced, it should be taken as an upside target rather than building it into the savings programme.

134/13 Annual Complaints Report

The Board noted this report.

135/13 Annual Paediatric Safeguarding Report

The Board noted this report.

136/13 Annual Adult Safeguarding Report

The Board noted this report.

137/13 Governance & Quality Committee Report

Mark Nellthorp advised that the meeting had been very productive and had focussed on the following agenda items:

- Electronic Discharged Summary
- Information Governance training – improved compliance
- Report from Renal CSC – proportion of transplants from living donors/altruistic donors

There was a discussion about unresolved facilities issues, including:

- The sink within theatres
- The temperature within Renal

The Chief Executive felt that a long term plan was needed to resolve some of these long standing issues and asked that the Director of Workforce discuss with Carillion.

Action: Director of Workforce

138/13 Audit Committee Report

Steve Erskine advised that the meeting had been very productive and had focussed on the following agenda items:

- Annual Clinical Audit Programme
- Internal Audit on Private and Overseas patients

- Sign off from External Auditors on Quality Accounts and Audit opinion.

He felt that the Committee needed to look at its future role and how it fits with the role of the Finance Committee. He felt that the Board needed to highlight any areas of focus to delegate to Audit committee.

Director of Finance referred to the Section 19 report. If Trust Development Authority approve the Trusts £5m deficit plan, the Trust would be breaching section 19 and would prompt a section 19 report.

139/13 Finance Committee Report

The Interim Chairman advised that the Finance Committee had focussed on particular issues in detail, including:

- Finance report
- Finance team support to Clinical Service Centres
- Reorganisation of Finance Team

140/13 Risk Assurance Committee

This was covered under item 132/13.

141/13 Charitable Funds Update

The Board noted this report.

The Director of Corporate Affairs advised that the charitable income was not as good as had hoped and was being addressed with the Head of Fundraising.

He provided an update on the issue with the Trust's investors, Hume Capital. He advised that they had now instructed their Solicitors and we were now awaiting their reply.

The Director of Finance asked if there was any confidence at raising enough funds to pay for rest of annual lease for the Da Vinci Robot for this year. The Director of Corporate Affairs advised he was not confident based on the current fundraising progress.

The Chief Executive felt that there was a wider issue around fundraising and asked that Mark Nellthorp addresses the issue as matter of urgency.

142/13 Non Executive Directors' Report

Elizabeth Conway advised that she was due to chair the Organ Donation Committee.

Mark Nellthorp expressed concern at the temperature in some areas of the hospital. The Director of Corporate Affairs and Business Development had met with Carillion and agreed for some clarity around instructions about which windows could be left open. The Director of Nursing felt that the Business Continuity plan needed to be updated to reflect the recent weather.

143/13 Record of Attendance

The record of attendance was noted by the Board.

144/13 Opportunity for the Public to ask questions relating to today's Board meeting

There were no questions from the public.

145/13 Any Other Business

There being no further items of any other business, the meeting closed at 4:45pm.

146/13 Date of Next Meeting:

Thursday 29 August

Venue: Lecture Theatre, Queen Alexandra Hospital