

Trust Board Meeting in Public

Held on Thursday 29 August at 14.00
Lecture Theatre
Queen Alexandra Hospital

MINUTES

Present:	Mark Nellthorp	Non Executive Director
	Tim Higenbottam	Non Executive Director
	Liz Conway	Non Executive Director
	Steve Erskine	Non Executive Director
	Ben Lloyd	Director of Finance / Deputy Chief Executive
	Julie Dawes	Director of Nursing
	Cherry West	Chief Operating Officer
	Peter Mellor	Director of Corporate Affairs & Business Development
In Attendance:	Rebecca Kopecek	Head of HR
	Nichola Martin	For agenda item
	Michelle Marriner	(Minutes)

Item No **Minute**

147/13 Apologies:

Apologies were received from Alan Cole, Interim Chairman, Ursula Ward, Chief Executive, Simon Holmes, Medical Director and Tim Powell, Director of Workforce.

Mark Nellthorp chaired the meeting in the absence of the Interim Chairman.

Rebecca Kopecek was in attendance on behalf of the Director of Workforce.

Declaration of Interests:

There were no declarations of interest.

148/13 A Patient Story

Nichola Martin, Head of Nursing, Medicine CSC was in attendance for this item and delivered the following presentation:



patient story.ppt

The Director of Finance felt that this particular case linked strongly to the current flow issues within in the hospital. He was concerned at the consequences of the amount of time the patient spent waiting whilst medically fit.

The Chief Operating Officer felt that it would be useful to understand whether the new ambulatory pathway would have helped this particular case.

Mark Nellthorp asked at what point the physiotherapy appointment would have been booked. He felt that many elderly patients require a physiotherapy appointment at some point so asked why we do not book it at the point of admission.

The Director of Nursing advised that this particular patient fell at home and was systematic of a number of underlying problems. The number of moves this patient encountered whilst in hospital increased the risk of communication getting lost which increases the risk to the patient. This particular patient had avoidable illnesses such as a urinary tract infection and a fall as a result of his extended time in hospital.

149/13 Minutes of the Last Meeting – 25 July

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

Page 3, item 127/13: The Chief Operating Officer asked that it is reworded to say ‘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 Trust failing on one standard for two quarters in a twelve month period, the Monitor overriding rules would apply and the Trust would be rated a 4.0*’.

150/13 Matters Arising/Summary of Agreed Actions

127/13: Integrated Performance Report / 133/13: Staff Health, Safety and Wellbeing - Mark Nellthorp noted a written update provided by the Director of Workforce: ‘*Both of these actions refer to the same issue. Ian Haithwaite from Carillion has agreed to share the policy and procedures that Carillion use to manage health and safety across the Carillion group. This will be included on the Health and Safety Committee*’.

130/13: Annual Workplan – The Director of Corporate Affairs confirmed that the Annual Workplan had been updated and recirculated.

142/13 – Non Executive Director Report – Mark Nellthorp noted a written update provided by the Director of Workforce: *At the meeting with Carillion on the 8 August, these, and other areas of concern were discussed. I’m satisfied that actions are in place to address the issues that have been raised, and a further action in relation to sewage leaks is being taken by the Head of Nursing for Women and Children CSC where the evidence continues to indicate inappropriate discarding of wipes and bandages etc by Trust staff*’.

All actions on the grid had been completed.

151/13 Notification of Any Other Business

There were no items of any other business.

152/13 Chairman’s Report

This report was noted by the Board.

153/13 Chief Executive’s Report

This report was noted by the Board.

154/13 Integrated Performance Report

This report was noted by the Board.

The Chief Operating Officer advised of some changes to the format of the report following recommendations from the Trust Development Agency.

Quality

The number of complaints remained higher than the same period last year. There is a

general increase across the Trust with the top themes remaining broadly the same. Other Trusts are also experiencing an increase in the number of complaints.

Whilst we remain under trajectory for the number of C.Difficile cases year to date, there has been a rise in the number of cases in month. This is being closely monitored.

The Trust has a target of 15% overall response rate to the Friends and Family Test which had been achieved in July. 90.7% of patients responded extremely likely/likely. A methodology had been applied by NHS Choices prior to the scores being published. The calculation used excludes any responses rated 'likely' or 'don't know' as these are considered a negative response. Using this calculation, the Trust score for July was 67%. There has been lots of national concern about the methodology applied. Some Trusts have opted to inform their patients not to use the 'likely' option which would now skew the response rate.

An internal reduction target of 10% grade 3 and 4 pressure ulcers had been set but in July an increase in the number had been seen. A review has been conducted for quarter one looking at the root cause of all grade 3 & 4 pressure ulcers. It is not clear when identifying pressure ulcers, which grade they should be. An external team will be visiting the Trust to check our process for recording pressure ulcers.

The Safety Thermometer is suggesting that there is an increase in the number of pressure ulcers yet the data in Datix shows a downward trend. It is currently being investigated to try and understand the reason for the mismatch.

Finance

The financial position was discussed in detail at the Finance Committee yesterday where detailed scrutiny had taken place.

At month 4, the Trust had a recorded deficit of £4.2m which is an adverse position of £2.2m against the plan. A bottom up forecast had taken place with the CSC's which resulted in a £7.7m deficit plan for year end. The risks and opportunities were then explored which improved the position, resulting in a forecasted £4.7m deficit for year end.

The Trust had a difficult first quarter in terms of the number of fines and penalties. The Majority of the fines link to the issue with unscheduled care and ambulance hand over times.

The financial position would be significantly improved if the unscheduled care issue was resolved. He confirmed that the Trust had submitted a bid to receive additional funding for unscheduled care.

Significant improvements were being made to the depth of coding which should create some additional financial opportunities.

Operations

At month 4, an improved position of the ED 4 hour wait target had been seen but deterioration had since been seen during August. The month to date achievement of the target is currently only 89%. Based on the current performance and pressures within the organisation, it is unlikely that the target for quarter two would be achieved.

The Trust is working closely with its Commissioners to develop an urgent care model. The Trust would have the opportunity to submit a tender to run the urgent care centre.

The Chief Operating Officer drew attention to the exception reports which had been included for:

- Performance against the cancer standard
- Performance against RTT target

The Board were fully supportive of the actions taken to improve the current unscheduled

situation.

Workforce

Rebecca Kopecek advised that a cohort of junior doctors were due to join the Trust shortly. More vacancies have been filled than previous years which should have a positive impact on the number of agency staff needed.

She provided an update on the number of staff on maternity leave which currently stands at 147. Sick absence had remained static at 3.2%.

She was pleased to report that the appraisal rate in some CSC's was now at 90% and the Trust was close to achieving its target of 85% overall.

Essential skills compliance rates have increased to 88% which is above the Trust's target of 85%. Information Governance compliance had also increased to 81.1%. The Director of Corporate Affairs reminded that the Trust needed to achieve 95% of its staff trained on Information Governance by the end of October.

The Director of Nursing felt that the level of turnover could be an indication of the pressure the organisation is facing. She felt that it would be good to see the turnover breakdown for each CSC and any themes from exit interviews.

Action: Director of Workforce

The Director of Corporate Affairs drew attention to the good results from the recent PLACE assessment and felt that staff should be recognised for their hard work towards achieving this good result.

155/13 Self Certification

The Director of Corporate Affairs presented this item in the absence of the Interim Company Secretary. He reminded that the Executive Directors had discussed and agreed the responses prior to submission to the Trust Board.

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

- Board statement 10
- Board statement 11

And one area with an identified risk:

- Board statement 14

The Chief Operating Officer advised that wording within Board statement 10 was not accurate and asked that it be updated prior to submission to the TDA.

A discussion ensued about the risk around Board statement 14. It was noted that there were many significant actions which had been taken and this risk should be mitigated within the next month.

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

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

156/13 Capital Programme

The Director of Finance advised that the capital programme for 2013-14 had been revised and reduced to secure an overall improvement to the Trust's liquidity position of £2.5m.

An increase of £500k has been allocated for the MRI scanner replacement to reflect inclusion of all associated costs.

He summarised some of the changes included in the revised capital programme. Steve Erskine asked what the consequences would be of these changes. The Director of Finance advised that it would result in an improvement of £2.5m on the Trust's liquidity position.

Mark Nellthorp was concerned at delaying some expenditure. He felt that the Trust might be taking risks by extending the life cycle of some vital equipment. The Director of Finance advised that there would be an element of risk but reminded that projects would only be delayed by two months.

The Board supported the revised capital programme.

157/13 Assurance Framework

The Director of Nursing drew attention to the six top risks, two new risks and those five with an increased score.

She eluded to a new risk which was being presented at the Risk Assurance Committee around the capacity of the senior management team.

The Director of Finance felt that there needed to be a risk added for 'alignment/engagement of clinical workforce of the change programme'. The Director of Nursing agreed to update risk 4.1 to incorporate this.

Action: Director of Nursing

Mark Nellthorp referred to risk 1.9 and felt that the word 'equitable' was not the right term. The Director of Nursing committed to change this.

Action: Director of Nursing

Risk Assurance Committee Update

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

- Implementation of the IT Strategy
- RTT
- Review of the Trust Risk Register with the followings risks added:
 - Data Quality across the Trust systems
 - Cash management – insufficient liquidity
 - Orthotics service risks – reduced staffing leading to patient backlog
 - Outlier management
 - Staff engagement/staff survey results
- Review of Board Assurance Framework
- Business continuity for specialist It systems
- Risk management action plan 2013/14 – quarterly report
- CQC quarterly report presented
- CSC Risk Registers

158/13 Governance & Quality Committee Report

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

- Electronic Discharge Summary – the Trust was now looking at alternative solutions and an interim solution until the issue is resolved.
- Medical Assistants – a pilot had recently been trialled and was very successful. A suggestion had now been made to develop a Portsmouth specific training course for a particular qualification for this role.

159/13 Finance Committee Report

The Director of Finance advised that the Finance Committee undertook detailed scrutiny of:

- Financial forecast
- Risks and opportunities
- Quality impact assessments

160/13 Risk Assurance Committee

This was covered under item 157/13.

161/13 Charitable Funds Update

The Board noted this report.

The Director of Corporate Affairs was pleased to report that a legacy of £126k had recently been received.

162/13 Non Executive Directors' Report

Liz Conway advised that the Organ Donation Annual Report would be presented at the next Trust Board meeting.

Steve Erskine advised that he had chaired the first IT Strategy Committee when the Capital Programme had been discussed.

163/13 Annual Workplan

The Director of Corporate Affairs advised that the document had been updated to include all of the suggested changes including the change in balance between items being discussed in public and private. He reminded that it was a dynamic document and would be regularly updated.

164/13 Record of Attendance

The record of attendance was noted by the Board.

165/13 Opportunity for the Public to ask questions relating to today's Board meeting

Adel Resouly, Governor was pleased to note that the Board were discussing particular patient stories in public.

A member of the public asked whether patient questionnaires were confidential as he felt that many people were deterred from completing them due to being concerned about the possible impact on their future care. He felt that it needed to be made clearer to patients that questionnaires were anonymous. The Director of Nursing confirmed that all questionnaires were anonymous. Any feedback provided to the Trust was linked to patient records or notes and therefore could and would not affect the quality of care provided. She was keen to hear of any suggestions on how this message could be made clear to the public.

166/13 Any Other Business

There being no further items of any other business, the meeting closed at 16:10pm

167/13 Date of Next Meeting:

Thursday 26 September

Venue: Lecture Theatre, Queen Alexandra Hospital