

Trust Board Meeting in Public

Held on Thursday 31 October at 10.00
Lecture Theatre
Queen Alexandra Hospital

MINUTES

Present:	Alan Cole	Interim Chairman / Non Executive Director
	Mark Nellthorp	Non Executive Director
	Liz Conway	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
	Peter Mellor	Director of Corporate Affairs
In Attendance:	Brian Courtney	Interim Company Secretary
	Michelle Marriner	(Minutes)
	Gill Haynes	Head of Nursing (shadowing Julie Dawes)

Item No **Minute**

The Interim Chairman reminded the public that there were various committees which supported the work of the Trust Board and therefore many of the agenda items had already been discussed in detail by the relevant committee. As a consequence, this allowed much of the discussion at Board meetings to focus on items of exception or to answer any questions that might arise from the papers and reports previously circulated.

190/13 Apologies:

Apologies were received from Tim Higenbottam, Non Executive Director

Declaration of Interests:

There were no declarations of interest.

191/13 A Patient Story

The Director of Nursing showed a video which highlighted to the Board of the number of elderly patients who are in the hospital and the issues they face.

192/13 Minutes of the Last Meeting – 26 September

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

193/13 Matters Arising/Summary of Agreed Actions

All actions on the grid had been completed.

194/13 Notification of Any Other Business

There were no items of any other business.

195/13 Chairman's Report

This report was noted by the Board.

The Interim Chairman advised that the Governor's Public Constituency meetings were being held throughout November and would have a presentation about the future of robotic surgery. The dates for these meetings are:

Date:	Time:	Meeting:	Venue:
6 November	6:00 - 8:00pm	Gosport	Lower Hall, Bay House School, Gomer Lane, Alverstoke, Gosport, PO12 2QP
15 November	2:00 - 4:00pm	Fareham	Activity Room, Lockwood Community Centre, Centre Way, Locks Heath, Southampton, SO31 6DX
20 November	2:00 - 4:00pm	Havant & South East	Main Hall, Havant United Reformed Church, Elm Lane, Havant, PO9 1PP
25 November	6:00 - 8:00pm	Portsmouth	Lecture theatre, Education Centre, E Level, Queen Alexandra Hospital, Southwick Hill Road, PO6 3LY

He advised that on 24 October he had a tour of the Pharmacy service including the various establishments including manufacturing and distribution. He was very impressed with the professionalism and enthusiasm of the staff which he had encountered.

On the 25 October the Council of Governors met. The main agenda item was a presentation from a Senior Commissioning Manager from the CCG's about the discharge of patients. The presentation highlighted the vast number of community services available for patients when they are discharged from hospital.

On the 30 October the Trust Board had a Board to Board meeting with the Boards from the three CCG's. The meeting was very well attended with representation also from Social Care and Community Services. The agenda particularly focused on the unscheduled care deep dive and the Trust's Recovery Plan. This is the third similar meeting and there is now a feeling of joint working and common ground for solutions.

196/13 Chief Executive's Report

This report was noted by the Board.

The Chief Executive drew particular attention to the following:

- Unscheduled Care Deep Dive – the Cabinet Office will be conducting a number of deep dives across health systems and Portsmouth has been selected. On the 13 November, the deep dive will take place and will be hosted at the hospital.

- CQC intelligent monitoring report – The Trust has been rated a ‘4’ by the CQC. The Board requested that more information is provided at the next meeting so that the methodology could be understood.
Action: Director of Nursing
- Visits to local groups – she advised that she had visited various external local groups who have an interest in the hospital to look at ways in which all parties can work better together.

197/13 Integrated Performance Report

The Interim Chairman advised that the way in which information will be presented to the Trust Board has changed. From now on, each Non Executive Director who is responsible for a Board Committee will present those agenda items which link to their responsible committee.

Quality

Mark Nellthorp advised that the Governance & Quality Committee had met on 1 October and discussed the following items:

- Electronic Discharge Summary – significant progress now made
- Training – Learning Evaluation Strategy being developed
- Overseas Patients Policy – final policy now signed off
- Emergency Medicine report – significant changes introduced with improvements being seen as a consequence.
- Infection Prevention report
- End of Life Care – the need for a strategy in place before the new process is published.

The Director Nursing drew attention to particular areas of the Integrated Performance Report:

- Dementia CQUIN – all three steps were achieved in October.
- Pressure ulcer prevalence – this was achieved in October for the first time this year.
- C.Difficile – one case away from trajectory which remains a significant concern for the Trust and has a clear action plan in place.

The Chief Executive reminded that a rigorous plan was needed C.Difficile. The Medical Director agreed and advised of some of the steps which have been taken to tackle the issue. He advised that the Trust is very good at identifying and isolating those patients early. The target set for the Trust is very low due to the performance over previous years. Nationally, the Trust is in the top quartile for best performing.

A discussion ensued about electronic communication with GP's. The Medical Director reminded of the recent issue with typing turnaround times. This had now been resolved and turnaround times had significantly reduced. The Board discussed how the use of IT could be used to transform some processes.

Operations

The Chief Operating Officer drew attention to particular areas of the Integrated Performance Report:

- ED waiting time standard – detailed measures in place with improvements being seen. Achievement of the 95% this week and month to date.
- RTT – Trust aggregate admitted RTT standard not achieved due to planned increase in the number of patients treated waiting the longest.
- Cancer – 31 day subsequent treatment standard not achieved due to capacity issues within Urology.

Steve Erskine commended the hard work and effort of those staff in improving the ED

performance. The Chief Executive agreed but felt that focus could not be lost as the performance needed to be sustained.

Finance

The Interim Chairman advised that the Finance Committee had recently met and discussed the following items:

- The need for agreement from CCG's about income, including PbR and CQUINs. This is the biggest factor for whether the Trust will achieve its planned £5m deficit.
- Business revenue potential
- Monthly forecasts
- Recovery plan
- Cash and capital

He advised that the external auditors will be placing a section 19 on the Trust for planning to breach its 5 year duty.

Workforce

The Director of Workforce drew attention to particular areas of the Integrated Performance Report:

- Expenditure – increased in month to £21.5m. This is due to an overlap between temporary staff leaving and newly qualified nurses joining.
- Appraisals – decrease in performance to 82.2%. Three CSC's have been put into special measures for appraisals.
- Quarterly Pulse Survey – a decrease in score of the Q2 responses to all questions bar one.
- National Staff survey – has gone out to all staff with a current response rate of 26%
- Flu vaccine – progress being made on the number of staff vaccinated against flu.
- Information Governance Training – the compliance rates as of last Thursday was 92.4% of staff trained. We are doing everything possible to achieve the 95% target by the end of October.
- Revalidation of medical workforce now in place. Since April, 49 Doctors have been revalidated, with 8 which had been deferred

Steve Erskine asked for an explanation about the gap between last year and this year's workforce expenditure. The Director of Workforce advised that there are a number of reasons for the increase in expenditure:

- More staff in post
- Pay inflation
- 1% pay rise
- Auto enrolment of staff into the pension scheme, with fewer staff opting out than expected
- Additional clinical sessions resulting in overtime/use of temporary workforce.

Steve Erskine referred to the steady increase in the numbers of temporary workforce and was concerned that we were beginning to lose control. The Director of Workforce was confident that it was under control and that the recovery plan would help resolve some of the issues causing the need for temporary staff. He reminded that currently there are a number of high cost 'interim' people in post.

198/13 Quarterly Quality Report

The Director of Nursing presented the report to the Board and was pleased to note that on the whole, good progress had been made.

The Director of Nursing advised that feedback had been received from the TDA about the size of the report. However, due to the useful content it was difficult to see how to reduce

drastically without reducing the value of the report. She asked the Board for its opinion on whether it fulfilled its needs. Steve Erskine felt that the report in its current form was very useful. The front sheet used to summarise the report is helpful and the audience can look within the report for more detail if they wish.

The Interim Chairman referred to the number of Freedom of Information Requests (FOI's) and asked how many of them were repeat requests. The Director of Nursing advised that she was concerned at the number of FOI's which are received and the amount of resource needed to manage them. The Chief Executive asked whether more information could be put in the public domain to prevent repeated requests. The Director of Corporate Affairs felt that it might be useful to create a database of the requests and responses on the public website.

The Medical Director drew attention to some of the outstanding clinical outcomes detailed in the report, including:

- Colorectal surgery
- National Hip Fracture Database Report

199/13 Self Certification

The Interim Company Secretary reminded that the Executive Directors had discussed and agreed the responses prior to submission to the Trust Board.

Discussion ensued about Board statement 14, it was felt that whilst the gaps in capacity had been filled, the organisation was vulnerable as some key posts were only filled on an interim basis. It was agreed that this should remain as a risk on the self certification with a resolution date of March 2014.

There were still two areas of non compliance:

- Board statement 10
- Board statement 11

In light of the Director of Workforces report about Information Governance training compliance, the Board decided to move the action date for Board statement 11 to 30 November 2013.

After detailed discussion, it was decided that Board statement 10 action dates should be as follows:

- A&E 4 hour wait – 31 October
- RTT – 30 November
- Cancer – 30 November

The Board approved submission of the self certification to the TDA.

Action: Interim Company Secretary

200/13 Review against Strategic Objectives

The Director of Corporate Affairs reminded that the strategic objectives were agreed by the Trust Board at its meeting on 25 July 2013. There is an identified Executive Director responsible for each objective that provided the information/evidence within this review.

Steve Erskine was concerned that the right progress was not being made and the review did not tell a cohesive story about overall progress towards achievement of the Trusts strategic objectives. He felt that a summary was needed to detail this.

The Interim Chairman reminded that the Board is responsible for the strategic objectives and had agreed them. There was now recognition that they are not 'SMART' enough and there is a real need for some qualitative measures.

The Chief Executive agreed that she and the Director of Corporate Affairs would meet to

discuss and reshape before presenting to a future Board meeting. The Chief Executive suggested that a Non Executive Director might want to be involved.

Action: Chief Executive and Director of Corporate Affairs

201/13 Winter Plan

The Chief Operating Officer presented:

- Winter/Surge Plan
- Surge and Escalation Management Plan

She advised that the Department of Health have sent a system check list on how to prepare for winter and the local commissioners are due to send a summary of the system wide winter plan.

Once this plan is signed off by the Senior Management Team, monitoring against compliance will commence.

Steve Erskine highlighted the importance of ensuring that it is the right plan and it is sustainable. The Chief Operating Officer advised that a 'post winter' meeting is held which helps to inform the next winter plan.

Mark Nellthorp advised that there was a need for severe weather planning as this winter is forecast to be the worst in recent years, it is therefore imperative that it is properly imbedded with the business continuity plan.

The Board agreed that it was crucial that this plan is imbedded prior to the unscheduled care deep dive planned for 13 November. It was requested that a summary of actions taken prior to the deep dive is shared with the Board at its next meeting.

Action: Chief Operating Officer

202/13 Annual Audit Letter

The Director of Finance presented this item.

The Board accepted the Annual Audit Letter

203/13 Assurance Framework

Liz Conway drew attention to the six top risks, one new risk, two risks with an increased score and two risks with a decreased score.

The Director of Nursing advised that risk 1.5 had been increased to mirror the score on the risk register and not necessarily due to a change in assurance. The Director of Finance asked why the score was so high despite the actions which have been put in place. The Director of Nursing explained that due to the timings of the committee meetings with the Assurance Framework is always a month behind.

The Director of Workforce felt that the wording of risk 4.4 was incorrect and committed to re-writing it.

Action: Director of Workforce

204/13 Portsmouth Hospitals NHS Trust - Response to Neuberger Report on the Liverpool Care Pathway (LCP)

The Director of Nursing presented this report which outlined a number of recommendations set out in the Neuberger Report on the Liverpool Care Pathway (LCP). One of the recommendations was for all Trusts to undertake a review of all complaints about end of life care. She confirmed that this had taken place and had shown that LCP was used appropriately at this Trust. One key theme from the complaints was the lack of

communication.

A national report about a revised end of life care model was still awaited. In the interim, the message to the organisation has been to continue using LCP where appropriate and if content to do so. If not, then to continue with the use of the specialist palliative care team.

Mark Nellthorp was concerned that some of the good work from LCP would get lost in the interim period before the new guidance is issued. He felt that although guidance had been issued to nurses within the Trust, the engagement of medical staff might get lost. The Director of Nursing reminded that whilst not all clinicians will choose to use the LCP, we cannot assume that they will not be putting into an alternative plan of care for those patients. The Director of Nursing agreed to consider whether some guidance and a set of principles was needed for clinicians about the use of LCP.

Action: Director of Nursing

205/13 Charitable Funds Update

The Board noted this report.

The Director of Corporate Affairs advised that there was still a concern at the lack of charitable income into the Trust.

He updated the Board about the on-going dispute of the investment portfolio.

He advised the Board of the upcoming 'Robo Dance' on 22 November where the Trust is attempting to break a world record for the number of people taking part in a robotic dance.

206/13 Non Executive Directors' Report

The Interim Chairman asked for any feedback on the new format of the Board meeting which was trialled today.

Liz Conway advised of some of the activities she had taken part in recently, including:

- Listening into Action Masterclass
- Weekend ED rota
- Joint Board/Governors meeting
- Organ Donation Committee
- Patient Safety Walkabout

207/13 Annual Workplan

The Board noted the workplan.

208/13 Record of Attendance

The record of attendance was noted by the Board.

209/13 Opportunity for the Public to ask questions relating to today's Board meeting

A member of the public asked if some information about the Trust's Recovery Plan could be included in the papers. The Director of Finance explained that some information had been included in the Integrated Performance Report but committed to putting a summary of the plan on the Trust's website.

Action: Director of Finance

210/13 Any Other Business

The Director of Corporate Affairs advised that he had recently attended The News Best of Health Awards on behalf of the Trust and would like to commend all of the Trusts staff who

had been nominated or won awards.

There being no further items of any other business, the meeting closed at 12:45pm

211/13 Date of Next Meeting:

Thursday 28 November

Venue: Lecture Theatre, Queen Alexandra Hospital