

Trust Board Meeting in Public

Held on Thursday 31 January 2013 at 13:45pm
Lecture Theatre
Queen Alexandra Hospital

MINUTES

Present:	Alan Cole	Interim Chairman / Non Executive Director
	Liz Conway	Non Executive Director
	Mark Nellthorp	Non Executive Director
	Steve Erskine	Non Executive Director
	Tim Higenbottam	Non Executive Director
	Ursula Ward	Chief Executive
	Cherry West	Chief Operating Officer
	Simon Holmes	Medical Director
	Julie Dawes	Director of Nursing
	Tim Powell	Director of Workforce
	Richard Eley	Interim Director of Finance
 In Attendance:	Peter Mellor	Company Secretary
	Julia Lake	Head of Nursing, Medicine for Older People CSC
	Cherilyn MacNee	Senior Staff Nurse
	Michelle Marriner	(Minutes)

Item No Minute

01/13 Apologies:

There were no apologies.

Declaration of Interests:

There were no declarations of interest.

02/13 A Patient Story

The Director of Nursing welcomed Julia Lake Head of Nursing and Cherilyn MacNee, Senior Staff Nurse from the Medicine for Older People, Rehabilitation and Stroke Clinical Service Centre, to the meeting. She explained that they would be sharing the story of a patient who had been put on the Liverpool Care Pathway (LCP). There had recently been some media interest in the use of the LCP.

Cherilyn MacNee told the story of 'Mr L' who was a 93 year old man who had been diagnosed as having suffered a stroke. His condition had deteriorated following another cerebral bleed. After discussions with the family, it was agreed that he should go onto the LCP. The family continued to be involved in his care until he died.

Following the death of 'Mr L', the family wrote to the Patient Experience team thanking the staff for the professionalism, kindness and excellent care which had been provided, both to the patient and his family.

She circulated the documentation which is used by staff in helping to explain the purpose of the LCP. She explained that the team currently support 80-90 patients each month.

The Chief Executive thanked them for the positive story. She reassured the Board that the recent negative national publicity regarding the LCP had not been associated with this Trust.

Mark Nellthorp noted that up until October, there had been a running average of 50% of appropriate adults on the LCP but the figure for November had dropped. He felt that this drop was partly because of the negative media attention and the public's ill-informed opinions. He believed that, as a consequence, patient care would suffer. The Director of Nursing reiterated that evidence clearly demonstrates that the Liverpool Care Pathway is best practice. She confirmed that the number of patients on the Pathway had increased again in month.

03/13 Minutes of the Last Meeting – 29 November

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

Page 9, Item 200/12 – The Director of Nursing advised that the new Terms of Reference for the Governance and Quality Committee would be effective from 1 April and asked that the minutes be changed to reflect that.

Page 11, Item 205/12, paragraph 3 – The Director of Nursing asked that the minutes be changed to read 'the team would constantly be reassessing the patients need for fluid'.

04/13 Matters Arising/Summary of Agreed Actions

151/12: National Cancer survey – The Director of Nursing confirmed that the action plan was included in the Quarterly Quality Report

192/12: Assurance Framework – The Company Secretary confirmed that he had discussed it with the Head of Patient Safety and the Risk Assurance Committee would focus on it as part of its normal business.

192/12: Assurance Framework – The Company Secretary confirmed that risk 2.2 had been changed.

194/12: Trust Committee Structure – The Company Secretary confirmed that the Trust Committee Structure had been updated to reflect all of the comments made.

195/12: Code of Conduct – The Company Secretary confirmed that the Bribery Act was now referenced.

195/12: Code of Conduct – The Company Secretary confirmed that the staff Code of Conduct was on the agenda.

197/12: Governance & Quality Committee ToR - The Director of Nursing confirmed that the new Director of Finance should sit on the Committee. Steve Smith would represent the Finance Department meanwhile.

197/12: Governance & Quality Committee ToR – The Director of Nursing confirmed that it would be included in the Annual Report

198/12: Risk Assurance Committee ToR – The Director of Nursing confirmed that the Terms of Reference had been updated with the Company Secretary's correct job title.

203/12: Annual Workplan – Liz Conway advised that she would find out the date and send to the Company Secretary.

203/12: Annual Workplan - The Company Secretary confirmed that the Annual Workplan had been updated to reflect all of the suggestions made.

05/13 Notification of Any Other Business

There were no items of any other business.

06/13 Chairman's Report

This report was noted by the Board.

07/13 Chief Executive's Report

This report was noted by the Board.

The Chief Executive drew attention to the Liverpool Care Pathway as Health Minister Norman Lamb has stated that it was important to understand what lay behind the reports of poor quality care. Baroness Neuberger has been appointed to oversee and validate the LCP review work, initiated by the National End of Life Care Programme, the Association for Palliative Medicine, and Dying Matters. The review will report next year

She advised that a £120 million National Institute for Health Research (NIHR) scheme was to be launched and would support up to 12 projects. It is part of the Government's commitment to put the UK at the forefront of health research. Previous funding has led to the development of innovative health solutions, such as a new blood clotting drug that reduces the risk of death in patients by 30% and improved follow up care for stroke survivors using a targeted questionnaire. The competition is now open for bids and will close in May 2013.

She advised that the Trust Development Authority has stated that it will look carefully at the quality impact of both CIPs and workforce plans as part of its FT assessment process. The TDA expects Trusts to use the guidelines issued by the National Quality Board to assess the impact of its plans.

She was pleased to announce the successful appointment of the new Director of Finance, Ben Lloyd, who would start in post on 1 April 2013. She paid tribute to Richard Eley, Interim Director of Finance, for his hard work and commitment throughout the last few months.

08/13 Integrated Performance Report

The Chief Operating Officer emphasised the key headlines from the Integrated Performance Report:

- Achieved an in-month financial surplus.
- Achieved a reduction in payroll costs.
- Sustained performance in both quality and operations.
- Actions taken to minimise winter pressures including filling of vacancies and realigning beds.

Further challenges we would face in quarter 4 and for next year would be:

- To continue to reduce staff costs whilst maintaining safety and performance.
- Continue to reduce waiting lists within a system of financial constraints.
- Maintaining improvement in performance against quality targets.
- Internal and external issues around unscheduled care.

Quality

The Director of Nursing was pleased to report that the results for the Dementia CQUIN for January had been received and that we were now fully compliant.

Finance

The Interim Director of Finance was pleased to report a favourable movement of £2.7m within the month. In month 9, a break-even position in terms of income and expenditure had been achieved.

He expected the pressures in terms of unscheduled care to continue over the next 3 months and this would bring further pressure on the income and expenditure position. He was pleased to report that a yearend settlement payment of £6.2m net had been agreed with SHIP PCTs relating to both over and under performance against contracts.

Cash

The Interim Director of Finance confirmed that the Trust had asked the Department of Health for a £7.5m loan as a contingency to mitigate the risk of our deficit position and the uncertainty associated with some material items within the year end forecast. Quite a number of the adjustments that have been made this year are non-cash back items; so whilst our income and expenditure position might improve, there remains a possible issue with cash.

Steve Erskine asked whether the experiences of this year would be used when negotiating next year's CQUINS. The Interim Director of Finance confirmed that they would and that a number of lessons had been learnt.

Steve Erskine sought clarification that the net £6.2m settlement payment was money owed and not an additional payment. The Interim Director of Finance confirmed that it was a payment following an assessment which had been carried out by both the Trust and SHIP.

Workforce

The Director of Workforce advised that the total workforce expenditure had decreased by £135k in December, to £20.45m. This was as a result of a decrease in temporary workforce expenditure.

He estimated the final pay bill for the year would be £248.5m, which was higher than anticipated because of the extra costs associated with the high levels of unscheduled care.

He advised that following the last Trust Board meeting when staff health and safety had been discussed, safety statistics were now included in the report.

He alerted the Board to a whistle blowing incident which was currently being investigated. Such incidents are very rare.

09/13

Quarterly Quality Report

The Director of Nursing emphasised some key headlines from the Quarterly Quality Report:

- Claims – Following the last Board meeting when Steve Erskine had asked whether there were particular trends or themes showing in the claims. She advised that claims were not currently coded; so therefore unable to detect trends. She reassured that they would be coded in future.
- National In-patient Survey results - The results had been received in January and a significant improvement had been made in 12/64 questions but a deterioration in 4.
- CQUIN 5 Key Questions - Significant improvement was reported in 2 of the questions and a further minor improvement in 2 of the questions. However, 1 question had deterioration in score.

- Falls - The Trust is currently on target to achieve a 10% reduction with 24 amber/red incidents against a year-end target of 33.
- Medicines management – some metrics were still not on track and the Director of Nursing reassured the Board that she would be meeting with the Director of Pharmacy to look at this in detail as she felt that the department was not making as much progress as it should...
- Cancer survey – The Trust wide quality improvement action plan to ensure improvement in the survey has been developed and will be monitored by the Cancer Steering Group.

The Medical Director highlighted some good news stories from the Clinical Effectiveness section of the report:

- National Bowel Cancer Audit - demonstrated that the Trust results for the treatment of colorectal cancer are excellent.
- National Intensive Care Audit
- Myocardial Ischaemia National Audit Project - the Trust is the largest provider of Primary percutaneous coronary intervention (PCI) service in the South Central Cardiovascular Network. The Trust achieved excellent outcomes for STEMI patients with a crude in-hospital mortality rate of 5.9%, which is comparable to that for other hospitals in the region and National figures.
- Antibiotic prescribing – inappropriate use is now very low at only 11%

The Chief Executive felt that some of these good news stories should be publicised in the media and offered to speak to the Communications team. Alan Cole remarked that, on the whole, the report read very well and was a testimony to the organisation.

Action: Chief Executive

Tim Higenbottam asked if there were any plans to increase the number of clinical audits that we participate in. The Medical Director advised that national audits were mandatory. We have many local audits on going at any one time. Each clinical area is reviewed every month.

Steve Erskine asked whether there was any reconciliation carried out between the number of complaints received and the number of patients. The Director of Nursing said that in future we would measure the percentage of complaints against the number of occupied bed days.

10/13 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 31 January 2013.

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

11/13 Assurance Framework

The Company Secretary reminded that the new Head of Patient Safety had been conducting a review of the Assurance Framework and Risk Register and would be sharing her findings with the Board at a future workshop.

He drew attention to the top 5 risks. He asked the Board to assure itself that these risks were indeed the current risks facing the Trust and that adequate action plans were in place to mitigate them.

He drew attention to risk 1.1 which had an increased score of 12 and those 6 other risks with a decreased score.

He reminded that at the last meeting, the Chief Executive had suggested including a risk about the negotiations with the newly formed CCG's. He confirmed that the new risk would be included in the Assurance Framework next month. The Interim Director of Finance felt that there were 2 risks:

- There would no longer be a lead commissioner so the 3 different CCG's would need to work together
- Specialised commissioning – concerned at the amount of resource available for specialised commissioning.
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The Chief Operating Officer felt that risk 2.1 should refer to 'attendances' and not 'admissions'. She said that Emergency Department (ED) performance continued to be a problem particularly with the number of attendances and the bed availability. ECIST had recently visited the Trust and have made a number of recommendations; one of which is to see what can be done to support/respond in driving down the number of attendances. She described a number of initiatives that had been put in place to help this:

Emergency Department

- GP's being placed in ED - a pilot is being run to ensure that it achieves the desired impact of reduced attendances.
- Additional resource had been put in ED out of hours
- GP out of hours – the contract was currently with Care UK and the Trust has agreed with them a pathway for patients who should be treated by primary care.
- Ambulatory services pathway has increased
- MAU service extended on Saturdays and Sundays for a 3 months trial period.

Discharges

- A joint venture with Southern Healthcare Trust and Solent Healthcare Trust to be able to discharged medically stable patients more quickly

She advised that there were many other schemes in place to help improve the situation. The Medical Director said that other providers within the local healthcare system were trying to help and that more community beds would be opening in February.

Alan Cole welcomed these schemes but felt that until the inappropriate number of attendees to the Emergency Department was resolved, the problems would continue. The Company Secretary said that it was a national problem and consideration was again being given to the possibility of renaming the Emergency Department for the public to understand that it is for emergencies only.

Liz Conway asked whether the integrated care plans were yet in place. The Medical Director advised that it was work in progress.

Steve Erskine asked what the process would be if the GP working in ED identified a patient who was better suited to being treated in the primary care setting. The Chief Operating Officer confirmed that the GP would send the patient home with instructions to visit his, or her, own GP. Steve Erskine was concerned that the patient would then phone their GP in the morning, be given an appointment in 2 week's time and would then come back to ED because they weren't prepared to wait. He felt that there needed to be a process in place that would inform the GP that one of their patients had attended ED.

12/13 Standards of Business Conduct

The Company Secretary reminded that at the last meeting, the Board had ratified the Code of Conduct for Board members. He advised that this was the updated Code of Conduct for all staff members and sought the Boards ratification before displaying the policy on the Trust Intranet.

Steve Erskine referred to 6.12 which refer to information which is marked as 'commercial in confidence'. He was concerned that some data such as performance data might be confidential but not marked appropriately. He felt that it should be broadened slightly. The Company Secretary agreed to consider this suggestion and update the policy accordingly.

Action: Company Secretary

The Director of Nursing felt that it could be linked to the professional code of conduct for example in her previous trust; all staff were required to sign a declaration of interest. The Company Secretary confirmed that all staff over a certain pay band are required, on an annual basis, to declare any interests which they might have.

The Board ratified the Code of Conduct.

13/13 Audit Committee Terms of Reference

The Company Secretary presented the Audit Committee Terms of Reference for ratification and advised that they had been agreed by the Audit Committee.

The Board ratified the Terms of Reference.

14/13 Company Seal

The Board noted this report.

15/13 Governance & Quality Committee Report

Mark Nellthorp felt that the recent meeting had been very productive, with focus on the following agenda items:

- Extensive discussion about ED
- Discussion about LCP and the recent media interest
- Dementia report – he was keen that the excellent progress should be recognised and that the results achieved were very good.
- Reports received from each CSC.
- Essential skills handbook – brings together all of the guidance on essential skills
- Transcription services – turnaround times had been discussed as they had recently not been as good as they should have been, with some occasions where the letter had taken over 10 days to be typed.

The Chief Operating Officer reassured that regular meetings were being held with the Transcription team and weekly reporting is being provided. A target of 5 days had been set last year and as of last Tuesday, all specialities, apart from Renal, were achieving that target. The Medical Director advised that there had been some unintended consequences of the recently installed digital dictation system. The Chief Executive asked whether even 5 days was too long and thought that we should be more ambitious – she advocated sending the letter the same day as the consultation. It was agreed to take the matter offline and discuss at the Executive Management Team meeting.

Action: Chief Executive

- Flu vaccination – only 60% uptake of staff.

The Chief Executive felt that the Trust needed to think about how the uptake could be

further increased. The Director of Nursing suggested training for nurses so that they would be able to deliver the vaccination to their colleagues, thus making it much more convenient.

16/13 Finance Committee Report

Alan Cole advised that the issues covered in the Finance Committee had already been discussed today:

- Contract negotiations.
- Income and expenditure.
- Current position.

17/13 Audit Committee Report

Steve Erskine reported that the recent Audit Committee meeting had focussed on the following agenda items:

- Standing items
- Code of Finance Procedures
- The role of the Audit Committee in reviewing the Assurance Framework
- VitalPac
- Local Counter Fraud Report – performance of the team is the best in the country
- Audit Plan

He reminded that Jim Yates, Financial Controller would be retiring at the end of January and acknowledged his outstanding work, particularly that in support of the Audit Committee.

18/13 Charitable Funds Update

This report was noted by the Board.

Mark Nellthorp was pleased to report that a better response had been received from Clinical Service Centres in terms of expenditure plans. There were lots of ideas amongst staff about focussed expenditure that would make a real difference to patients.

The Chief Executive suggested inviting the new Head of Fundraising to a future meeting so that he could share his ideas/plans.

19/13 Annual Workplan

The Company Secretary introduced the updated Annual Workplan and advised that it would continually be updated.

20/13 Non Executive Directors' Report

Liz Conway advised that she had attended a Patient Safety Walkabout in Renal and had used the 15 Steps Challenge as a guide. She had found the department to be very clean, calm and tidy and was very impressed with the communication between the patients and the staff.

Liz Conway advised that the Organ Donation Plan was on-going. The Trust would once again be working with Portsmouth University to provide some artwork for another project.

21/13 Record of Attendance

The record of attendance was noted by the Board.

22/13 Opportunity for the Public to ask questions relating to today's Board meeting

A member of the public asked whether patients put on the Liverpool Care Pathway were warned that after 9 hours, their liver/kidneys would fail. The Chief Executive was concerned that this was an ill-informed opinion and invited him to meet with the Director of Nursing so that he could better understand the various stages of the LCP.

Lez Ward felt that posters should be displayed around the hospital showing the good news stories from the Trust particularly focussing on where improvements/achievements had been made. He believed that this would be a boost for patients and would reassure their confidence in the Trust. It was agreed that this was a good idea and it was suggested that the Company Secretary look into the possibility.

Action: Company Secretary

Lez Ward believed that one of the reasons for the high number of attendances in ED was because patients had faith in the quality of the care they would receive there.

Lez Ward asked whether the annual Clinical Governance Awards would be taking place this year. He believed them to be an important opportunity for staff to make improvements to the patient experience. The Director of Nursing confirmed that they would be and that over 30 applications had been received.

Cllr Phil Smith advised that many agenda items discussed by the Trust Board today had also been discussed at the Portsmouth Health Overview and Scrutiny Panel (HOSP) earlier today. He advised that the Portsmouth HOSP were reassured that the Trust was doing all that it could to resolve the ED situation and that the HOSP was in full support of the Trust.

Cllr Phil Smith agreed that the public's faith in the out of hours service was very low and the faith in ED was very high, hence the reason for the high number of attendances. He said that the Trust must not think that this can't change. He believed that if the out of hour's service was to be correctly resourced and was monitored correctly, it could improve significantly.

23/13 Any Other Business

There being no items of any other business, the meeting closed at 15:45pm.

24/13 Date of Next Meeting:

Thursday 28 February

Venue: Lecture Theatre, Queen Alexandra Hospital