

Trust Board Meeting in Public

Held on Thursday 24 July 2014 at 10:00am
Lecture Theatre
Queen Alexandra Hospital

MINUTES

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| Present: | Sir Ian Carruthers | Chairman |
| | Alan Cole | 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 |
| | Tim Powell | Director of Workforce & Organisational Development |
| In Attendance: | Lorna Wilkinson | Deputy Director of Nursing |
| | Dr Simon Ward | Associate Medical Director |
| | Dr Tim Leach | Chief of Service, Renal CSC (for agenda item) |
| | Mr Paul Gibbs | Consultant Surgeon (for agenda item) |
| | Michelle Marriner | (Minutes) |

**Item Minute
No**

133/14 Apologies:

Apologies were received from:

- Liz Conway, Non Executive Director
- Cherry West, Chief Operating Officer – was due to leave the Trust on 31 July
- Simon Holmes, Medical Director – Dr Simon Ward was in attendance on his behalf
- Nicky Lucey, Acting Director of Nursing – Lorna Wilkinson was in attendance on her behalf
- Peter Mellor, Director of Corporate Affairs and Business Development

Declaration of Interests:

There were no declarations of interest.

144/14 Patient Story

The Deputy Director of Nursing introduced the patient story, explaining that it was a story showing the solution found following a patient complaint.

Dr Tim Leach and Mr Paul Gibbs were in attendance for this item and delivered the following presentation:



Multidisciplinary
Renal Patient Story.p

The Chairman asked what would need to happen to make the process even safer. Mr Gibbs explained that the patients' condition changes daily due to various reasons. Ideally, patients would be seen in clinic as close to their surgery date as possible to identify any changes which might prevent the surgery from taking place. It was a very fine balance as the process can only be made as safe as possible with the population of patients being treated.

Steve Erskine explained that he had undertaken a visit to one of the satellite dialysis units and had been very impressed. The feedback from patients and staff was excellent. He was concerned at the sites being geographically isolated from PHT. He asked if there was an escalation process should something happen at one of these sites. Dr Leach confirmed that the nurses at the sites are fully trained to deal with a number of scenarios effectively and safely. There is always an on-call renal team available 24/7 and if necessary, the staff are able to phone 999 for an ambulance, and the ambulance service has direct access to Portsmouth Hospitals NHS Trust.

Robin Marsh, Governor asked how any changes in science and treatment was managed to ensure the service is current and up to date. Mr Gibbs advised that transplantation is much better saves a lot of money compared to dialysis and gives the patient a much better quality of life. Therefore the money saved is reinvested into the service.

135/14 Minutes of the Last Meeting – 26 June

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

136/14 Matters Arising/Summary of Agreed Actions

The one action on the grid had been completed.

137/14 Notification of Any Other Business

There were no items of any other business.

138/14 Chairman's Opening Remarks

The Chairman reflected on the position of the Trust during the last month. Demand for unscheduled care continued with pressure on flow throughout the organisation. The number of attendances at the Emergency Department (ED) was a huge challenge. The numbers are increasing above those seen during the winter period. An improvement action plan is in place and this is the number one priority for the Trust.

139/14 Chief Executive's Report

This report was noted by the Board.

The Chief Executive drew attention to particular areas of the report:

- Whilst the Trust was facing significant challenges and working hard, she was pleased to report that the Trust continued to innovate with good progress seen with a number of issues.
- Leadership Development Programme – a number of workstreams running with excellent feedback received.
- HSJ Awards - she was delighted that the Trust has been shortlisted for the prestigious HSJ Value in Healthcare Award.
- Bowel Screening – she was pleased to report that the Trust has been approved as a Wave 2 Bowel Cancer Screening Centre which was excellent news for the local population.
- Stroke Peer Review Visit - on 17 July, the Trust had a Stroke Peer Review, which was attended by many stakeholders. The initial findings were positive; however the full report was awaited.
- Gosport Inquiry - An announcement has been made regarding the setting up of a public inquiry into the historic issues concerning Gosport War Memorial Hospital, and the overprescribing of various drugs from 1991. She reminded that at the time of the issues, the hospital was not under the management of the Trust; however the Trust would work with its partners to support the inquiry.

Quality

The Deputy Director of Nursing drew attention to particular areas of the report:

- Healthcare Acquired Infections - 3 cases of hospital acquired C.Difficile were recorded in June against a monthly trajectory of 3. The year-to-date position is 12 hospital acquired cases against a trajectory of 9
- Pressure ulcers - 4 avoidable grade 3 and 4 pressure ulcers reported in June, compared to 3 in May. The year-to-date position is 12 avoidable pressure ulcers against a trajectory of 8.
- Dementia - A drop in compliance with step 1 to 82.7% in June from 86.2% in May has been seen. There is huge focus on improving this with daily monitoring.
- Patient Moves - Following the change in reporting methodology in April and concerns raised over accuracy of the data, a further review of the methodology has been completed. The data shows that patient moves are predominately for non-clinical reasons.
- Friends and Family response rate (ED) - The Trust achieved an increase in response rates for June from 4.2% to 20% which is a significant achievement. This resulted in the Trust achieving the quarter 1 CQUIN requirements.

Steve Erskine referred to the C.Difficile rates and asked if the higher than planned number of cases was due to the cleanliness of patient bed areas. The Deputy Director of Nursing explained that there were 2 areas of focus; bed area cleaning and antibiotic prescribing. The Infection Control Team was working with the ward teams to make improvements which included robust checking. It had so far proven to have a positive impact on results.

Mark Nellthorp asked whether the closure of the bed cleaning service had impacted the number of cases. The Deputy Director of Nursing advised that it was a much wider issue than just the bed, as it included the patient equipment around the whole bed area.

Operations

The Director of Finance drew attention to particular areas of the Operational report:

- RTT performance significantly improved during June and all standards were achieved at trust aggregate level. The 'incomplete standard' was achieved by every speciality for the first time since March 2013.
- Cancer, which is measured both quarterly and monthly, achieved all 9 of the standards for quarter 1, with 8 out of 9 cancer standards achieved for June. Breast symptomatic was not achieved in June but was being managed on a daily basis.
- Diagnostic wait times deteriorated to 86.7% against 99% standard. This was demand related for MRI, CT and Ultrasound. This is a critical part to delivery of the RTT and Cancer standards and an action plan is in place to recover performance.
- A&E performance in June, achieved 85.24% which is lower than performance in June last year (92.39%) but attendances were 5% higher.

Electronic discharge summaries were discussed in some detail. Steve Erskine was concerned that electronic discharge summaries were hugely important both internally and externally and would damage the Trust's reputation if the issue was not resolved. It was agreed that an action plan was needed to resolve this.

Action: Director of Finance / Medical Director

Finance

The Director of Finance drew attention to particular areas of the report:

- The cumulative plan to the end of June was for expenditure to be £2.0m in excess of income. Actual cumulative expenditure was £4.7m in excess of income. This is a £2.7m adverse variance against plan.
- At the end of June the Trust delivered £1.4m of savings (CIPs) against a planned

saving of £3.0m, a £1.6m (54%) shortfall. The Trust Board has agreed a range of actions in order to address/mitigate this adverse performance on CIPs.

The Trust continued to plan for a £1.2m surplus at the end of the year.

Alan Cole referred to the tariff for unscheduled care where the Trust only got 30% and asked what the 70% would amount to for the Trust. The Director of Finance advised that it was approximately £5.9m full year. Dialogue continued with the CCG's about how the 70% was being spent.

Steve Erskine made reference to a graph that used to be included in the Integrated Performance Report, which tracked the financial performance/trends over the year. He asked whether it could be reintroduced. The Director of Finance committed to including it.

Action: Director of Finance

Workforce

The Director of Workforce drew attention to particular areas of the report:

- Workforce expenditure increased in June by £105k to £21.8m.
- Temporary workforce was being closely reviewed and usage had decreased by 0.1% to 7.3% in June.
- Improvement in health and safety performance had improved, however a visit from the Health and Safety Executive was expected following a needle stick injury.
- 742 responses were received for the Staff Pulse Survey, which now incorporates the NHS Staff Friends and Family Test. There was an improvement in responses to two key questions compared to the latest National Staff Survey results

He advised that notification had recently been received regarding the possible balloting of members over pay decision. It was imperative that robust plans are in place.

He drew attention to the safer staffing levels for maternity detailed on page 64. He explained that the 'nurture programme' was aimed at building competence across support workers, meaning that the current 1:33 ratio is entirely appropriate as opposed to the recommended 1:28 ratio. This is further supported by the Trust's clinical outcomes for maternity services. He provided context around the 3 individuals who were transferred to Chichester and explained that the Trust worked closely with Chichester in doing so as a consequence of high demand felt across the region which had seen Southampton and Hampshire Hospitals close maternity services and not as a result of inadequate staffing.

A discussion ensued about RIDDOR incidents and how the Trust should aim for a 0 target.

Sir Ian Carruthers asked for more information about the safer staffing levels. The Director of Workforce explained that there are robust reporting processes with a report compiled daily showing the staffing levels across wards. The Trust compares favourably to other Trusts, but does experience challenges particularly when escalation beds are open. The temporary staffing bank sometimes struggles to meet the demand so difficult decisions are made about moving staff around so as to ensure an appropriate skill mix at all times.

141/14 Quarterly Quality Report

The Deputy Director of Nursing presented the Quarterly Quality Report which detailed performance against local and national targets during the last quarter. Many of the areas had already been discussed, however she drew particular attention to the following:

- Duty of candour fully implemented with robust processes in place.
- Deprivation of Liberty Safeguards (DoLS) – a sharp increase seen following the Supreme Court ruling in March 2014. The Trust is working closely with the DoLS office and legal teams to ensure processes are adhered to.
- Enhanced Recovery Programme ERP compliance is reported one quarter in arrears. Out of the 10 procedures covered, 3 at the end of quarter 4 did not achieve

compliance with the target.

- Discharge Summaries - In June the Trust received a 'Contract Query Notice' from the Commissioners due to non-compliance with the required schedule. The Trust is working with Commissioners to develop a remedial action plan.
- Emergency Care Pathway - The Trust achieved an arrival to assessment time of 75 minutes in quarter 1 against a target of 15 minutes. Monitoring of ward moves and outliers has commenced.
- Friends and Family Test - Significant focus given throughout quarter 1 has resulted in achievement of the CQUIN requirements. In particular, ED response rate increased from 4% in May to 20% in June resulting in achievement of the overall CQUIN.
- Care Quality Commission (CQC) Intelligent Monitoring report - The third CQC Intelligent Monitoring report is due to be published on the 24 July 2014. The Trust is currently banded as 6 (lowest risk).

Alan Cole referred to the clinical coding audit on page 29 and asked why 10% of the patient notes were not available during the audit. The Deputy Director of Nursing committed to finding out.

Action: Medical Director

142/14 Self Certification

The Chief Executive presented this on behalf of the Director of Corporate Affairs. She reminded the Board that the Executive Directors had discussed and agreed the responses prior to submission to the Trust Board.

Board statements 11 and 14 remained as a risk, whilst Board statement 10 remained as non compliant. There were 3 areas within Board statement 10 which would be flagged as a risk, and 2 areas would be recorded as non compliant.

The Director of Finance asked that the 'timetable to achieve compliance' for ED be checked prior to submission as it currently showed as 31 July, which was not consistent with the improvement action plan.

Action: Chief Executive

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

143/14 Assurance Framework

The Deputy Director of Nursing drew attention to the 6 top risks and 2 risks with a decreased score. She advised that whilst the Risk Assurance Committee had not met in July, the risks had been updated by the responsible owners.

She asked that the Board consider whether these were the right risks facing the organisation or whether it was felt that any were missing. Steve Erskine felt that the decision taken by the Board around investments might have an impact on some existing risks or identify new risks.

Steve Erskine referenced risk 1.11 and felt that the title of the risk needed to be more explicit that it was about fire. The Deputy Director of Nursing agreed and committed to updating.

Action: Deputy Director of Nursing

Alan Cole felt that the Board needed to discuss the risk appetite within the organisation.

144/14 Annual Adult Safeguarding Report

The Deputy Director of Nursing drew attention to:

- Safeguarding adults activities undertaken during 2013/14

- Safeguarding infrastructure, governance and policies
- Priorities for 2014/15

Good quality of service was continually delivered despite increased activity. The team works closely with the children's safeguarding team to ensure cohesive processes.

Following presentation to the Board, the report would be shared with the Portsmouth and Hampshire Safeguarding Boards.

145/14 Annual Staff Health and Well-being Report

The Director of Workforce presented the Staff Health and Well-being Report and reminded that this was an annual report detailing progress within the year.

He advised that a stress audit had been undertaken within the organisation. It showed that 37% of the organisation was stressed. More work was needed to further understand the stress factors within the organisation.

He drew attention to particular areas of the report:

- Sick absence nationally in the NHS was at its lowest. The Trust compared favourably to other local Trusts.
- Health and Wellbeing – the Trust continued to use the Oasis Centre for staff rehabilitation.
- Aquillis continued to provide counselling services to the Trust. Aquillis was involved in a LiA workstream regarding bullying and harassment.
- Occupational Health – continued to provide services to other organisations in the area. Consideration was being given to growing the function to further support more organisations.

Steve Erskine felt that there was not enough information included in the report about health and safety. The Director of Workforce agreed but assured that there were robust processes in place. He felt that more work was needed to further reduce the number of incidents which occur.

146/14 Audit Committee Forward Planner

The Board noted this report.

Steve Erskine felt that there was a lack of items on the forward planner driven by the Trust Board. The Director of Finance felt that the Audit Committee might be used to help find a solution for the Electronic Discharge Summary.

A discussion ensued about data quality and whether the Audit Committee needed to undertake a piece of work. Steve Erskine agreed to discuss with the Director of Corporate Affairs in his role as SIRO.

Action: Steve Erskine / Director of Corporate Affairs

The Chief Executive referred to the number of audits and reviews undertaken both internally and externally and asked whether there was one central log to monitor any recommendations / actions. It was agreed that the Chief Executive would discuss with Steve Erskine to identify a solution.

Action: Chief Executive / Steve Erskine

14714 Charitable Funds Update

The Board noted this report.

Mark Nellthorp was pleased to report that the dedicated ward funds were now being used effectively.

He advised that all incorrectly invested loan notes had now been disposed of and the cash was back in the Trusts bank account. The Trust was now due to go to tender for new fund managers.

148/14 Non Executive Directors' Report

Alan Cole provided feedback following the recently undertaken quality stocktake. He felt that the process had been very well supported by the Acting Director of Nursing and her team. Detailed feedback would be shared with the Board at its next Workshop. He was pleased to report that the stocktake had not uncovered any new problems, however it did reemphasise some issues which required an increased focus.

Mark Nellthorp referred to the 'time to lead' initiative during July which had seen the cancellation of many meetings to allow senior managers time to undertake 'back to the floor' with their front line staff. He felt that as a Non Executive Director, he had felt distanced with no meetings to keep him informed. The Director of Workforce agreed and felt that it had highlighted the importance of some meetings more than others. The Associate Medical Director advised that it had been very useful for the CSC's but it highlighted the need to consider reducing the number of meetings and which meetings are key to driving the Trusts business.

149/14 Annual Workplan

The Board noted the workplan.

150/14 Record of Attendance

The record of attendance was noted by the Board.

160/14 Opportunity for the Public to ask questions relating to today's Board meeting

Robin Marsh, Governor, acknowledged the significant funds raised through the Rocky appeal by Mick Lyons. He asked whether the Trust had considered borrowing money from the residual funds to pay off the lease of the Da Vinci Robot. The Director of Finance explained that it was not possible as the Trust had entered into a 5 year lease. The lease had a number of benefits which would not be available if the Robot was owned outright.

Jim Harrison, Hampshire LINK, advised that the standard of cleaning in the main entrance was not very good. The Chief Executive advised that she would look into it and resolve any issues.

Action: Chief Executive

A member of the public raised the concern that hospitals seem to have many targets, however, she felt that some of the targets added no benefit to the patient for example Friends and Family. The Deputy Director of Nursing explained that the Friends and Family test was a valuable tool which provided real time feedback at ward level. The information from the feedback is publicised and can be used to aid the patient when making a choice about where to go for treatment. The Chairman advised that there are many targets which Trusts need to measure itself against and they are not optional for the Trust.

161/14 Any Other Business

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

132/14 Date of Next Meeting:

Thursday 25 September 2014

Venue: Lecture Theatre, Queen Alexandra Hospital