

Trust Board Meeting in Public

Held on Thursday 26 June 2014 at 10:00am
Lecture Theatre
Queen Alexandra Hospital

MINUTES

Present:	Sir Ian Carruthers	Chairman
	Alan Cole	Non Executive Director
	Mark Nellthorp	Non Executive Director
	Steve Erskine	Non Executive Director
	Tim Higenbottam	Non Executive Director
	Liz Conway	Non Executive Director
	Ursula Ward	Chief Executive
	Ben Lloyd	Director of Finance / Deputy Chief Executive
	Cherry West	Chief Operating Officer
	Simon Holmes	Medical Director
	Tim Powell	Director of Workforce & Organisational Development
	Nicky Lucey	Acting Director of Nursing
In Attendance:	Peter Mellor	Director of Corporate Affairs & Business Development
	Lorna Wilkinson	Deputy Director of Nursing (observing)
	Greta Westwood	Head of Nursing, Midwifery and AHP Research
	Carly Goodson	Sister, Acute Stroke Unit
	Mandy Houghton	Senior Sister, Head and Neck
	Jane Blake	Ward Manager, Haematology & Oncology Day Unit
	Irene Lebbon	Ward Sister, Renal
	Ruth Davies	Matron, Stroke
	Pam Aspinall	Named Nurse for Safeguarding Children
	Michelle Marriner	(Minutes)

**Item Minute
No**

The Chairman opened the meeting by explaining that he had recently joined the Trust and was both honoured and delighted to be joining such a fine hospital. He thanked Alan Cole for his valuable contribution whilst acting as the Chairman for the past eighteen months and in providing continuity for the Board and the Trust.

113/14 Apologies:

There were no apologies.

Declaration of Interests:

There were no declarations of interest.

114/14 A 'Leadership' Story

Greta Westwood, Carly Goodson, Mandy Houghton, Jane Blake & Irene Lebbon were in attendance for this item.

The following presentation was delivered



Each of the staff gave a brief insight into their experience and learning from the Leadership Development programme.

Alan Cole asked what the Board could do to further support the development of ward staff. Carly Goodson felt that the Board could continue to support similar future events and to encourage other members of staff to take part.

Liz Conway asked if the programme had improved working relationships with clinicians. Carly Goodson felt that it had and had empowered her to challenge and have more confidence in her ability. It had also allowed her to reflect on her own communication skills.

Steve Erskine asked what impact it had had on the managers of the staff who had undertaken the programme. Ruth Davies advised that as Carly Goodson's Manager, she had noticed a positive shift in her attitude and personality and in her ability to reflect on situations.

Sir Ian Carruthers felt that the work undertaken was very inspiring and showed that the Trust on the whole had a very talented and committed workforce. He thanked the individuals for coming and sharing their experiences with the Board and with the public.

115/14 Minutes of the Last Meeting – 29 May

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

116/14 Matters Arising/Summary of Agreed Actions

All actions on the grid had been completed.

117/14 Notification of Any Other Business

There were no items of any other business.

118/14 Chairman's Opening Remarks

The Chairman was pleased to report that the Fracture Liaison Service had been officially opened yesterday by the National Osteoporosis Society and star guest Craig Revel Horwood.

The NHS is facing some significant challenges at the moment and often receives negative media attention. He reminded that, whilst the Trust was facing challenges of its own, there was real commitment and passion from the staff to deliver safe, high quality care to its patients. There are many good things happening in the Trust which sometimes do not receive the attention they deserve.

119/14 Chief Executive's Report

This report was noted by the Board.

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

- Health sector needs new models of care – The Trust was working closely with Commissioners and community partners to look at different models of care for the local population.
- Local Update – Despite the significant pressure facing the organisation, the Trust still continued to innovate. Whilst there were a number of positive stories included in the

report, she reminded the Board that there were many other methods used for sharing success stories with the organisation.

She was pleased to report that the Trust had recently been awarded 'Epi-Centre' status for Colorectal Robotic Surgery. The Trust was the first in the UK, and the second in Europe, to be awarded this status.

She drew attention to a number of quality metrics which had recently been published on NHS Choices website. She was pleased to report that on the whole, the Trust had good outcomes.

The Chief Executive thanked Alan Cole for his support and commitment whilst acting as Chairman during the past eighteen months.

120/14 Integrated Performance Report

Quality

Mark Nellthorp advised that the Governance & Quality Committee had recently met and he was pleased to report that significant improvements had been made in a number of areas. There were still some areas of concern which had been discussed in detail at the committee:

- Patient moves – issue of data quality in the reporting of moves.
- Infection Control – issue of hygiene and cleaning around bed areas and a discrepancy between the self-reported and peer-reported audits. The Acting Director of Nursing advised that the Infection Prevention Team was working closely with CSC's and significant improvements had been seen with the self-reported and peer-reported audits now correlating.
- Medicine CSC – despite significant attempts to recruit, there still remained a number of nurse vacancies.
- Orthotics – Despite improvements being made with the backlog at St Mary's, the service provision at QA was not adequate.
- Deprivation of Liberty Safeguards (DoLS) - Backlog of the number of applications with the local DoLS office due to the significant increase seen. Legal advice was being sought. The Acting Director of Nursing advised that this was a national issue following the Supreme Court ruling and had been escalated to NHS England.
- Friends & Family Test – A decrease in the number of responses received for the Emergency Department overall, which includes Ophthalmology and MAU, due to the number of patients declining to complete the form. The Acting Director of Nursing advised that this was a national issue in ED's and the Trust was being proactive in trying to improve response rates. There was increased resource in the department with a number of Interns from Portsmouth University being used to encourage patients to complete the form.

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

- Dementia – There is an on-going issue with VitalPac reporting which needed to be resolved. Until then, reporting will only happen for admission only. Whilst compliance had improved, it was not possible to recover the position for quarter 1.
- C.Difficile – 5 cases recorded in May against a trajectory of 3. There are audits of antibiotic prescribing underway to understand the prescribing and use of them. There is also robust performance management of clinical cleaning. The Chief Pharmacist from the TDA was due to visit the Trust to try and understand why there are more cases than expected.

Operations

The Chief Operating Officer drew attention to particular areas of the report:

- Performance against the 4-hour A&E standard was 85% in May compared to 84.67% in April. The System Director was working with the whole health system to

implement the improvement action plan. The action plan has been shared with the TDA and the governance arrangements have been agreed, with the Trust's Chief Executive as the accountable officer. An internal action plan has also been developed, focussing on:

- Review of the medical model
- Review of bed capacity
- Gold command
- Diagnostic wait times had deteriorated to 87.76% against 99% standard. This was demand related in particular for MRI, CT and Ultrasound. There is a clear improvement plan in place with a trajectory for performance to be back on track by the end of quarter 2.
- The Trust achieved Trust aggregate performance for Referral to Treatment (RTT), although with some specialty fails.
- A month on month improvement seen with 8 out of 9 cancer standards achieved in May. It is expected that all 9 standards would be achieved for quarter 1.
- 3 of the 4 PCI standards were achieved however the call to balloon standard was not achieved. Performance for May was 72% against the 75% standard.
- The Trust achieved 3 of the 4 Stroke performance standards. The direct admission standard was not achieved. Of the 9 breaches, 8 had been for clinical reasons.

Liz Conway asked about the number of patients impacted by the diagnostic backlog. The Chief Operating Officer explained that there were 592 patients waiting for ultra sound, 156 for MRI and 19 for CT. These were, on the whole, routine patients. The patients on complex pathways did not tend to breach as they were prioritised.

Mark Nellthorp was also concerned at the diagnostic backlog and the potential impact on other areas of operational performance at what would be a difficult time for patients. He asked whether there was a plan to match capacity to future demand, as a locum appointment was not a long term solution. The Chief Operating Officer assured that there was a long term plan to match capacity to demand. The Director of Finance reminded that a third MRI scanner was due to be installed shortly.

Steve Erskine pointed out that over the past few years there had been a number of action plans to improve unscheduled care performance across the system and asked what was different with this current improvement plan. The Chief Executive advised that there was now a diagnostic for the problem which the whole system had recognised. An accountable officer has been identified with the full support of the whole system. A system wide model of care was to be developed to simplify access for patients. The Trust also had its own improvement plan with a clear medical model with single leadership.

Tim Higenbottam asked whether there were any plans to improve the physical layout of the Emergency Department as the current environment was not fit for purpose. The Chief Executive agreed that the department was not ideal but felt that the system needed to be redesigned with an agreed medical model and Urgent Care Centre before the physical department could be redesigned.

The Chairman, whilst acknowledging the improvement action plans, felt that some urgency was needed as the pace was far too slow and needed 100% commitment from the whole system. He reminded that this was the biggest priority for the local health system and needed to be treated as such. All the time the issue remained, the local population was not receiving the emergency care it deserved.

Finance

Alan Cole reminded that the financial plan, which had been approved by the Board, was geared to deliver a financial surplus of £1.2m for 2014/15. At month 2, there was a £2.5m adverse variance against the plan.

The Director of Finance advised that the income for month 1 had been slower than expected

but months 2 and 3 had delivered the expected levels of activity.

He detailed a number of expenditure related risks:

- Shortfall against agreed CIP savings programme
- Costs higher than anticipated in delivering additional activity
- Cost pressures for escalation

He explained that the capital expenditure proposals were being reviewed in particular the ICT investment programme.

Liz Conway was concerned about the level of ownership of the CIP's at CSC level and whether there was the right level of capability to deliver the required savings. The Director of Finance felt that the CSC's were doing all that they could but some CSC's were stronger than others. Support is in place for those CSC's that require it.

Steve Erskine felt that the quality of the plan had noticeably improved with increased buy-in from CSC's so was disappointed to see the position at month two. He was concerned that there might be a disconnect of the senior management and the CSC's. He asked whether there was the right level of buy-in at CSC level and whether the senior management teams understood the accountability. The Chief Executive agreed that there was a need for the CSC's to take accountability and to understand their responsibilities. She was concerned that some of the CSC's had become risk averse and a wider discussion was needed about the level of risk they are willing to take.

The Chairman reiterated the need for a recovery plan to get back on track. The key framework for delivery should ensure safe services and a high quality of care with excellent clinical outcomes in a timely manner.

Workforce

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

- Workforce expenditure increased in May by £242k.
- NQB ward based staffing levels are 100.8% against planned requirements. Ongoing challenges with some nurse vacancies and escalation beds open.
- Appraisal compliance reduced by 1.2% in May. A new performance management process has been implemented with a requirement for all necessary staff to comply with new process by the end of June.
- Friends & Family Test for staff – over 2000 responses have already been received.
- Whistle Blowing – Despite national drive to review process, the Trust has a robust policy and process in place.

Alan Cole noted the continual increase in staff turnover and asked whether there had been any identified themes for staff leaving. The Director of Workforce explained that the reasons for leaving were recorded but there were no obvious themes. He felt that it was more a sign of the economic times with more jobs being available.

Mark Nellthorp was concerned that the NHS was complacent with staff sickness rates as the target had not changed for many years. The Director of Workforce did not agree and reminded that staff health and wellbeing was a huge focus across the NHS. Internally, the Trust has a robust absence management policy and had seen an increase in the number of referrals to Occupational Health.

121/14 Self Certification

The Director of Corporate Affairs reminded 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 Board approved the submission of the self certification to the TDA.

122/14 Quality Account

The Acting Director of Nursing presented the final draft of the 2013/14 Quality Accounts and sought ratification of it. She advised that since the final draft was issued, a revised statement had been received from Healthwatch and would be included in the final version.

She reminded that it had been presented to a recent Governance and Quality Committee meeting.

The Chairman complimented it and felt that it was a good reflection of the hard work undertaken throughout the last year to deliver safe, high quality care.

The Board ratified the 2013/14 Quality Accounts.

123/14 Assurance Framework

Liz Conway thanked the Deputy Director of Nursing/Head of Patient Safety and the Risk Management team for the on-going development of the Assurance Framework and Risk Register and the processes in place to manage the risks.

Liz Conway drew attention to the six top risks, two risks with an increased score and one risk to be removed.

124/14 Safeguarding Children Annual Report

Pam Aspinall, Named Nurse for Safeguarding Children was in attendance for this item.

The Acting Director of Nursing drew attention to:

- Safeguarding children activities undertaken during 2013/14
- Safeguarding arrangements, governance and policies
- Training and supervision for staff

Steve Erskine asked about the future and whether there was any sense of what might be coming which could impact on how the Trust manages safeguarding. Pam Aspinall said that it was imperative that the Trust had the right staff employed at the right time with the necessary skills and competencies to safeguard children. There had been a number of safeguarding concerns highlighted by central government of an increasing number of cases in the UK including sexual exploitation of children and female genital mutilation.

The Chief Executive advised that the Trust is represented on the Public Services Board where such issues are discussed. There are approximately 300 'troubled families' in Portsmouth City which rely heavily on many different public services. She reminded of the need to be mindful of other issues which impact on safeguarding children.

The Board approved the Safeguarding Children Annual Report.

125/14 Audit Committee Report

The Board noted this report.

Steve Erskine drew attention to particular areas of the report:

- Ernst & Young Audit Results Report
- Fire Risk Assessments
- Annual Report, Accounts and Governance Statement

The Audit Committee Annual Report was also included to update the Board on the work

conducted by the Audit Committee in 2013/14.

It was felt that consideration needed to be given as to how the Board and the Audit Committee could work together and escalate any potential items of focus. It was agreed that the Audit Committee Forward Planner should be presented to the Board twice a year.

Action: Steve Erskine

126/14 Charitable Funds Update

The Board noted this report.

The Director of Corporate Affairs drew attention to a letter which had recently been received detailing a legacy of £465k which had been split jointly between Portsmouth Hospitals NHS Trust and University Hospital Southampton NHS Foundation Trust.

He provided an update about the issue with Hume Capital and the incorrectly invested loan notes.

Mark Nellthorp was pleased to report that Charitable Funds were being used to purchase smaller items such as freezers for the provision of ice cream for patients.

127/14 Non Executive Directors' Report

Alan Cole provided feedback following a Better Health, Better Care conference which he had attended.

Liz Conway advised that she had chaired some Consultant interview panels and was pleased to report the high calibre of staff being appointed.

Tim Higenbottam drew attention of the Board to the issue of drug wastage.

The Chairman thanked the Non Executive Directors for their contribution to the Board, to the work of Committees and for other tasks which they had undertaken.

128/14 Annual Workplan

The Board noted the workplan.

129/14 Record of Attendance

The record of attendance was noted by the Board.

130/14 Opportunity for the Public to ask questions relating to today's Board meeting

Sue Mullan, 38 Degrees, raised concerns about the Better Care Fund. Whilst she welcomed integration of health and social care, she was concerned at the lack of transition funding and the direct impact on the hospital. The Director of Finance advised that the Trust was fully engaged with Commissioners on this subject. The Better Care Fund was expected to reduce the number of emergency admissions to the hospital and therefore had a financial impact of approximately £2m next year on admission avoidance.

Ernie Wells, Governor, felt that the NHS regularly received negative media attention and felt that the Trust needed to do more to highlight its many success stories. He asked whether a regular communication could be circulated to staff reminding them of these success stories. The Chief Executive agreed that the Trust was not always as pro-active as it could be and that the Board needed to be even more focussed on staff engagement. However, there are a number of methods of communication for staff, including Team Brief, Weekly Message, Link magazine.

Dr Robin Marsh, Governor, felt that a key element of appraisals is staff morale. He asked whether there was a process in place for monitoring the quality of appraisals. The Director of Workforce explained that a new appraisal process had been developed and implemented. There is extensive training for managers on how to appraise their staff. There are audits conducted to monitor the usefulness of appraisals. All appraisals for medical staff are checked and quality assured.

A Trainee Orthopaedic Surgeon referred to the diagnostics demand issue and asked whether there was a strategy for understanding referrals and the appropriateness of them. He asked whether there was a feedback mechanism to the referrer about their appropriateness. The Chief Operating Officer explained that the Clinical Support CSC was due to meet with the local GP leaders to look further at the referral criteria.

Frances Bates, Governor referred to the backlog of DoLS applications and asked whether there is a process in place to help those patients 'stuck' in the system. The Acting Director of Nursing explained that any issues are escalated to NHS England and there is a process in place for filtering those patients of most concern. The Trust ensures that the safety of patients is a priority at all times.

131/14 Any Other Business

The Director of Corporate Affairs drew attention to Operation Yewtree, an investigation conducted by the Metropolitan Police into the alleged assaults of Jimmy Savile. There was an alleged incident which occurred at the Royal Hospital in Portsmouth. Trust had fully investigated the complaint and had produced a report. The Trust was one of many where an alleged incident had occurred. The Department of Health had today published all of the reports.

The Chairman thanked two Board members who were leaving the Trust; Professor Tim Higenbottam, Non Executive Director who would be leaving the Trust at the end of June after 3 years in post and Cherry West, Chief Operating Officer, would be leaving the Trust at the end of July to take up post as Chief Operating Officer at University Hospitals Birmingham NHS Foundation Trust. He thanked them both for their significant contribution over the past few years and wished them all the best for the future.

He congratulated Lorna Wilkinson, Deputy Director of Nursing who would also be leaving the Trust at the end of July, on being appointed Director of Nursing at Salisbury NHS Foundation Trust.

There being no further items of any other business, the meeting closed at 13:00pm.

132/14 Date of Next Meeting:

Thursday 24 July 2014

Venue: Lecture Theatre, Queen Alexandra Hospital