

Trust Board Meeting in Public

Held on Thursday 30 October 2014 at 10:00am
Lecture Theatre
Queen Alexandra Hospital

MINUTES

Present:

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| Sir Ian Carruthers | Chairman |
| Alan Cole | Non Executive Director |
| Mark Nellthorp | Non Executive Director |
| Steve Erskine | Non Executive Director |
| Liz Conway | Non Executive Director |
| Ben Lloyd | Director of Finance / Deputy Chief Executive |
| Tim Powell | Director of Workforce & Organisational Development |
| Simon Holmes | Medical Director |
| Simon Jupp | Chief Operating Officer |

In Attendance:

| | |
|---------------------|--|
| Peter Mellor | Director of Corporate Affairs & Business Development |
| Debra Elliott | Acting Deputy Director of Nursing |
| Dr Sophie Robertson | Locum Consultant Paediatrician (for agenda item) |
| Katrina Adams | Matron Paediatrics (for agenda item) |
| Sally Gray | Practice Nurse Educator (for agenda item) |
| Liz Hall | Head of Nursing (for agenda item) |
| Michelle Andrews | (Minutes) |

Item No **Minute**

178/14 Apologies:

Apologies were received from Ursula Ward, Chief Executive, who was away on urgent Trust business and Nicky Lucey, Acting Director of Nursing. Debra Elliott, Acting Deputy Director of Nursing was in attendance on her behalf.

The Chairman welcomed Simon Jupp to the meeting who would be officially joining the Trust from 1 November 2014 as the Chief Operating Officer.

Declaration of Interests:

There were no declarations of interest.

179/14 Staff Story

Dr Sophie Robertson, Katrina Adams and Sally Gray were in attendance for this item and delivered the following presentation:



Sophie Robertson
Trust Board Presenta

The Director of Workforce felt that this was a good example of the Listening into Action programme and how enabling staff to make changes can lead to improvements for departments. It also linked to the 'well led' domain of the CQC inspection.

Steve Erskine asked how such learning could be shared across the Trust. Sophie Robertson felt that it was important to communicate with patients and their families early on in order to

prevent complaints from escalating. She confirmed that the 'carer escalation' was due to be rolled out across the rest of the Women & Children CSC and would hopefully then be rolled out throughout the Trust. Sally Gray felt that it required real bravery from staff in order to make change and staff need to be empowered by senior staff so that change could happen.

Liz Conway asked how the department compared nationally. Katrina Adams advised that the national Paediatrics survey had recently taken place and the results were currently awaited. However previously, the department had a satisfaction rate of 96%.

The Chairman was very impressed by this and felt that it showed how developing and engaging staff can bring about innovative ideas.

180/14 Minutes of the Last Meeting – 25 September

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

181/14 Matters Arising/Summary of Agreed Actions

All of the actions on the grid had been completed, with the exception of the following:

DIPC Annual Report – The Medical Director was asked to provide a breakdown of the potential virus / infections that the Trust might have to deal with in the future. This information would be provided at a later date.

182/14 Notification of Any Other Business

There were no items of any other business.

183/14 Chairman's Opening Remarks

The Chairman was pleased to report that both Alan Cole and Liz Conway had extended their terms as Non Executive Director's for a further year. There remained one vacancy for a Non Executive Director which was currently out to advert.

Cathy Stone had recently been appointed as substantive Director of Nursing and would be joining the Trust on 1 January 2015.

The Trust's annual Open Day was held on Saturday 4 October. The Chairman thanked those staff and Governors who had taken part in the day for making it such a great success.

He drew attention to the recently published CQC 'State of Care' annual report which highlighted some key findings from the NHS. He recommended that the Board take the time to read this report and asked that it be circulated to Board members.

Action: Director of Corporate Affairs

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. Unscheduled care was the number one priority for the Trust and the Board and every effort was being made to resolve the issues. He extended his thanks to all of the staff who are working extremely hard to help resolve the problems facing the organisation.

184/14 Chief Executive's Report

This report was noted by the Board.

In the absence of the Chief Executive, the Director of Finance drew attention to particular areas of the report:

- Joint letter from Monitor, NHS England and TDA.

- CQC Inspection planned for week commencing 9 February 2015.
- Local achievements within the Trust.

185/14 Integrated Performance Report

Quality

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

- 17 of the quality indicators were currently on target
- 3 indicators were currently at risk of not achieving the target:
 - C.Difficile – position slightly above trajectory. Whilst the Trust continued to be well below the national average, the internal target set was a challenging one.
 - Avoidable pressure ulcers – above trajectory with 18 patients with avoidable pressure ulcers against a trajectory of 14.
 - Mixed sex accommodation – 1 incident against a trajectory of 0. This incident affecting 8 patients had occurred in May.
- 1 indicator off track – SHMI is 104.4 and above the national average of 100 but still within the 'expected range'.

The Medical Director explained the difference between HSMR and SHMI and reminded that SHMI included the 30 days after a patient had left the hospital whereas the HSMR did not. SHMI also included patients receiving palliative care which also distorted the figure. Readmissions are monitored to ensure that patients are not discharged too early. A discussion ensued about the readmission rates. The Medical Director explained that an audit was undertaken which had shown that not all patients were true readmissions, some had returned for a planned appointment, or had returned for an entirely different reason. The readmission figures were distorted by how they were reported on PAS. The Chairman asked if this information could be made clearer in the report.

Action: Medical Director / Acting Director of Nursing

The Acting Deputy Director of Nursing drew attention to the Patient Safety Thermometer and Harm Free Care. There was some confusion around the narrative of 'harm free care' and it was felt that it needed to be made clearer.

Action: Acting Deputy Director of Nursing

Operations

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

- A&E performance in September was 80.6% compared to 84.9% in August. Performance to date for October is 83%.
 - Significant actions have been undertaken both internally and system wide, however sustainable improvement in performance has yet to be seen. There is a high level of engagement across the system with determination to improve performance.
 - 'Gold Command' had been triggered last week which required senior representation from each partner organisation to attend 3 meetings per day. Following the gold command, significant progress was seen in the number of discharges made over the weekend, however, the improvement was beginning to slip.
 - Operational resilience money had been received from NHS England, of which the Trust had received £1.7m, which has been appropriately deployed. Further money was anticipated but not yet confirmed and would be invested to further help solve the problem.
- RTT performance during September saw a planned fail of the admitted target at aggregate level with specialty fails of the non admitted and incomplete standards. This enabled the Trust to significantly reduce the admitted and non admitted backlogs and those patients waiting more than 35 weeks. Further work would continue in order to treat all patients waiting over 35 weeks by the end of November. Once complete, the Trust should be compliant for all 3 standards.

- Diagnostic wait times improved with achievement of the 99% standard. Additional capacity has been put in to help sustain performance.
- Cancer – all 9 performance standards were achieved for quarter 2, with 2 failures during September. This required complex daily management of each patient.

Finance

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

- Month 6 has seen an adverse variance against plan of £5.2m, this reflects:
 - £2.5m shortfall on the savings programme
 - £0.8m for escalation beds and nurse specialising
 - £2.2m shortfall on SLA income, despite additional activity.
- A detailed recovery plan has been developed by the Executive Team to improve the financial position and identify further opportunities.
- Some other areas of opportunity, including:
 - Commercial matters with Carillion
 - Fines and penalties with Commissioners
 - Da Vinci consumables

Workforce

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

- Workforce expenditure increased in September by £593k to £22.58m, particularly related to pressures around unscheduled care and the transfer of 70 therapy staff from Solent to PHT.
- Temporary workforce usage increased by 0.8% to 8.9% in September.
- 42.5% of staff currently vaccinated against flu which was a slightly improvement on last year's position at this point in time.
- There was 1 RIDDOR reported in September as a result of a needle stick injury. Work ongoing to increase awareness of RIDDOR incidents.
- Staff retention remains good despite the ongoing pressures in the organisation.

186/14 Quarterly Quality Report

The Acting Deputy Director of Nursing and Medical Director 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 particular attention was drawn to the following:

- Pressure ulcer reduction not achieved
- Healthcare Acquired Infections - C.Difficile cases above target
- Falls
- Dementia – step 2 achieved
- Mixed Sex Accommodation – 1 breach affecting 8 patients
- Friends and Family Test – achieved
- SHMI – despite being slightly higher than national average, was still within 'expected range'.
- National Hip Fracture database – still one of the best performing Trusts in the country.
- Electronic Discharge Summaries – A working group was established to look at other solutions and a system has now been purchased and will be fully rolled out by March 2015. In the interim, it has been decided to revert back to paper discharge summaries, the quality of which will be audited to ensure that the quality is maintained.

187/14 National Cancer Patient Experience Survey results

Liz Hall, Head of Nursing was in attendance for this item and presented the paper. The Cancer Patient Experience Survey was completed by patients who had been admitted and discharged between September and November 2013. Portsmouth Hospitals NHS Trust is

one of the most significantly improved Trust's with year on year improvement since 2010. The response rate to the survey was 69% compared to the national average of 64%. There was significant improvement in 12 questions, with 4 areas in the top 20% of all Trusts. She highlighted the areas of improvement, areas of deterioration and the areas where the Trust was in the top or bottom 20% of all Trusts. The survey provided the Trust with valuable information about the cancer patients' experience. An action plan has been developed and implemented and will enable and encourage a patient focussed approach to quality improvement. This information will be triangulated with real time patient feedback from Friends and Family Test, plaudits and informal and formal complaints.

Steve Erskine asked if we were confident of a further improvement again this year. Liz Hall was very confident, particularly in those areas of concern where action had since been taken.

Alan Cole gave a particular example of feedback where a patient had complimented the superb care they had received.

188/14 Self Certification

The Director of Corporate Affairs and Business Development presented the Self Certification to the Board, seeking approval for the Chairman and Chief Executive to sign it off prior to submission to the Trust Development Agency at the end of the month.

He drew attention to Board statement 10, highlighting the non-compliance for A&E performance and the risks relating to sustaining performance for RTT, Cancer and Diagnostics. It was agreed that the action date for A&E needed to be reconsidered before submission to the TDA.

Board statement 11 - He advised that he had written to the General Manager for each CSC bringing to their attention those staff that were not compliant with the Information Governance essential skill.

Board statement 14 - It was agreed that from next month, the risk needed to be removed as the Trust now had a full complement of senior managers.

The Self Certification was approved by the Board for submission to the TDA.

189/14 Assurance Framework

The Acting Deputy Director of Nursing presented the Board Assurance Framework and drew attention to the top 8 risks, 1 risk with an increased score and 1 risk with a decreased score. There were 2 risks with a score of 20:

- Repeated and prolonged overcrowding within ED results in poor patient experience, compromised safety and impacts on staff wellbeing
- Patients that are Medically Fit and Discharge Ready (MFDR) have a prolonged length of stay in an acute bed

Liz Conway was concerned at the low attendance rate at the Risk Assurance Committee and felt that a review of the membership was needed.

Action: Liz Conway / Acting Director of Nursing

Steve Erskine asked whether the risk around budgetary control still had an appropriate score based on the information provided in the Integrated Performance Report. The Director of Finance was content with the score for that particular risk and had a high level of confidence in delivery of the plan.

190/14 Charitable Funds Update

The Board noted this report.

The Director of Corporate Affairs was pleased to report that the majority of investments held with Hume Capital had now been removed.

He reminded that a new Fundraising Manager had recently joined the Trust and would be working alongside Mick Lyons to complement the existing the Rocky Appeal. Mark Nellthorp was pleased to report of the immediate positive impact made by the new Fundraising Manager.

191/14 Non Executive Directors' Report

Alan Cole advised that he had recently attended one of the Council of Governor's Public Constituency meetings which had been very well attended. The meeting enjoyed a very good presentation from Greta Westwood about how research is improving healthcare.

Liz Conway advised that the Trusts Organ Donation Annual Report would shortly be published and offered to present it at a future meeting.

192/14 Annual Workplan

The Board noted the workplan.

193/14 Record of Attendance

The record of attendance was noted by the Board.

194/14 Opportunity for the Public to ask questions relating to today's Board meeting

Sue Mullan, 38 Degrees, complimented the Trust's Annual Report, particularly the presentation of the document and how easy it was to read. The Director of Corporate Affairs thanked Sue for her feedback, and extended his thanks to the Communications team for the creation of the Annual Report.

Sue Mullan, 38 Degrees, referred to the recent article in the media about the future of GP's in the Urgent Care Centre, and asked for the facts surrounding this initiative. The Director of Finance confirmed that a new contract with the CCG's had been signed in September which was less reliant on GP's and made the Urgent Care Centre a more nurse led service, with some GP presence, particularly at weekends. He felt that the CCG's were fully committed to the expansion of the Urgent Care Centre, however the media article did not portray that message.

Sue Mullan, 38 Degrees, was concerned at how the PFI payment might affect the Trust's financial performance and whether the PFI contract included replacement of large pieces of medical equipment. The Director of Finance advised that the new hospital had now been open 5.5 years and some of the equipment needed to be replaced, which was the responsibility of the Trust to do outside of the PFI contract. He felt that the new hospital building was a fantastic asset to have and the PFI contract enabled the Trust to utilise this great asset and get the best it possibly could from it.

Jim Harrison advised that he was a member of different participation groups and regularly receives feedback about the hospital. Recent feedback received had been about end of life care and that the attitude of some members of staff seemed uncaring. He felt that it might be linked to the uncertainty around a defined process for end of life care and asked whether there was any progress toward finding a replacement process since the removal of the Liverpool Care Pathway. The Medical Director was sorry to hear of this feedback. He advised that the Trust was part of a local group in the region that was working together to develop a consistent process and approach.

195/14 Any Other Business

There being no further items of any other business, the meeting closed at 12:25pm.

196/14 Date of Next Meeting:

Thursday 27 November

Venue: Lecture Theatre, Queen Alexandra Hospital