

Trust Board Meeting in Public

Held on Thursday 27 February 2014 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
	Tim Higenbottam	Non Executive Director
	Ursula Ward	Chief Executive
	Ben Lloyd	Director of Finance / Deputy Chief Executive
	Simon Holmes	Medical Director
	Julie Dawes	Director of Nursing
	Tim Powell	Director of Workforce & Organisational Development
In Attendance:	Peter Mellor	Director of Corporate Affairs & Business Development
	Nicky Lucey	Deputy Director of Nursing (shadowing)
	Michelle Marriner	(Minutes)
	Alison Fitzsimons	Head of Nursing, Clinical Support (for agenda item)
	Sarah Nolan	Pharmacist (for agenda item)

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 that had been previously circulated.

26/14 Apologies:

Apologies were received from Cherry West, Chief Operating Officer.

The Chairman advised that this would be the last Trust Board meeting for Julie Dawes, Director of Nursing who would be leaving the Trust tomorrow to take up the role of Director of Nursing at Calderdale and Huddersfield NHS Foundation Trust. He thanked Julie Dawes on behalf of the Board for the fantastic contribution she has made to the Trust and the steps she has taken to improve quality throughout the hospital. He advised that Nicky Lucey, Deputy Director of Nursing, would be acting up until a substantive replacement was found.

Declaration of Interests:

There were no declarations of interest.

27/14 A Patient Story

The Director of Nursing introduced Alison Fitzsimons and Sarah Nolan who were in attendance to tell the story of the 'Never Event' regarding the prescribing of Methotrexate

which had recently occurred

They delivered the following presentation



methotrexate never
event v2.ppt

Steve Erskine asked what the impact could have been for the patient if she were to have taken the Methotrexate as incorrectly instructed on the label. Sarah Nolan advised that it was difficult to predict as each patient is different.

Steve Erskine asked whether the introduction of electronic prescribing would have prevented this incident. Sarah Nolan explained that electronic prescribing was not yet in place but was in the pipeline. It would not necessarily prevent it from happening as it would still require some element of human contact. She explained that there are a number of prompts in the current processes which should have prevented this incident from happening, but unfortunately on this occasion, it did not.

The Director of Finance explained that there was national funding for electronic prescribing which should be available from quarter 2 next year.

Liz Conway detailed a personal experience where the process at the dispensary was not followed and the medication was handed over with no instructions on how to take it. Sarah Nolan committed to feeding this back to the department to ensure that the process is followed in the future.

The Interim Chairman asked whether these issues were detailed on the departmental risk register. Sarah Nolan confirmed that there were 2 related risks on the risk register:

- Staffing issues
- The systems inability to identify and correct errors on labels

Alison Fitzsimons confirmed that it was one of the highest risks on the CSC's risk register and was part of the business plan for next year.

28/14 Minutes of the Last Meeting – 30 January

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

29/14 Matters Arising/Summary of Agreed Actions

12/14: Ward Base Staffing – The Director of Nursing advised that she had discussed this with the Heads of Nursing and Matrons and could confirm that despite nurse shortages having an impact on the whole ward, no pressure is placed on Health Care Support Workers to take on tasks which they were not trained to do.

23/14: Opportunity for the Public to ask questions – The Director of Corporate Affairs advised that a small group had been established and had met for the first time on Monday. It had been agreed that the group would focus on a few actions at a time. He committed to update the Board on progress.

Action: Director of Corporate Affairs

All other actions on the grid had been completed.

30/14 Notification of Any Other Business

The Director of Corporate Affairs asked that the Board be made aware of the proposed car parking charge changes from 1 April 2014.

31/14 Chairman's Report

This report was noted by the Board. He drew particular attention to the following:

- Board to Board Meeting – continued working with CCG's towards securing the year end position and business planning for next year.
- Meeting with Chief Executive from Portsmouth Football Club – A number of actions following this meeting to encourage more joint work on a number of items including; community projects and charitable items.

32/14 Chief Executive's Report

This report was noted by the Board.

The Chief Executive drew particular attention to the following:

- Friends and Family Test for Maternity Services – results for Portsmouth Hospitals NHS Trust show our services as being amongst the best in the country.
- Hot House Event – A whole system event will be taking place on 27/28 February to ensure alignment of strategies for all local NHS and authorities going forward.
- Unscheduled Care – The Trust continues to struggle with performance against the 4 hour wait target. There is recognition that it is a whole system problem, and therefore a 'summit' was due to be held this afternoon to find a more sustainable solution. The event will be hosted by the TDA and would include participation from all local services.
- The Nursing Technology Fund (NTF) - Established by the Department of Health with the stated purpose of allowing providers of nursing services to the NHS to invest in new technology-enabled solutions to deliver safer, more effective and more efficient care. The Trust has been successful in its application to secure funding for our Hospital at Night system. She extended her thanks to Howard Buchan, Greta Westwood and others for their hard work.
- SENSOR Trial - Working with a company called Aseptika, the Trust has been awarded a £1m Small Business Research Initiative (SBRI) grant to develop and test a new product in respiratory infection. She thanked Anoop Chauhan for his hard work and continued commitment to the innovation agenda.
- Paediatric Diabetes Peer Review – she was pleased to report that the Trust had come out very well in terms of the level of service provision.

33/14 Integrated Performance Report

The Interim Chairman advised that 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 was concerned that many indicators were moving in the wrong direction which was an indication of the pressure which the hospital is under. Many of those indicators were discussed in detail at the Governance & Quality Committee:

- Never Events.
- Dementia – despite the target still being achieved, performance is moving in the wrong direction.
- Mortality Review Tool – increased focus on reviewing every death.

The Governance & Quality Committee also discussed the Quality Governance Gap Analysis which needed revisiting. It was agreed that this needed to be done by the Board and would therefore be scheduled for a future Trust Board Workshop. The Director of Nursing was concerned that this was one of many items which needed revisiting since the Foundation Trust Project Committee had ceased to meet.

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

- MRSA - 1 case of MRSA reported in January, although not yet formally reported as a SUI due to the investigation panel having only just concluded
- C.Difficile – year to date position of 28 against a target of 30
- Dementia - The Trust has achieved all steps for three consecutive months and has therefore achieved the CQUIN requirements. Although an increase has been seen in compliance in all steps in January, sustaining compliance remains challenging due to the process being resource intensive and recent IT issues. The VitalPac upgrade has been rolled out to MAU and SAU, with full rollout to all areas to be completed by 1 April 2014. It was expected that performance would be back on track by the end of March.
- Friends and Family Test – there had been a decrease in response rate from 26% in December to 15.7% in January. This is as anticipated due to a number of changes made in December, predominantly relating to data collection methodology. An increase has been seen in patients who are extremely likely/likely to recommend the Trust from 80.5% in December to 96.7% in January. A significant decrease has been seen in patients who would not recommend the Trust from 17.9% in December to 3.3% in January. A significant increase noted in the net promoter score from 42 in December to 72.2 in January. She paid tribute to Nicky Lucey for her hard work in introducing processes to enable the patients to better understand what each score means.
- Pressure Ulcers - A total of 8 grade 3 and 4 avoidable pressure ulcers were reported in January; this compares to 2 in December. 4 unavoidable grade 3 and 4 pressure ulcers were reported in January, this compares to 2 in December. The year to date total of avoidable grade 3 and 4 pressure ulcers is currently 31 against a trajectory of 21, therefore, the year-end target of 25 has been exceeded. A complete review of pressure ulcers is due to take place.
- Falls – Whilst still on track to achieve the target, the number of falls is increasing. It was felt that this was again linked to the pressure which the hospital is under.

The Trust was currently awaiting the formal publication of the CQC's intelligent monitoring report where the Trust has been rated a '6' as opposed to a score of '4' in the last report. This is a significant improvement for the Trust, as '6' is the highest score possible.

Steve Erskine was concerned that a number of performance metrics were deteriorating and asked how the Board can be assured that this was due to operational pressures and not an underlying problem. The Director of Nursing was confident that there was not an underlying problem and the current deteriorating metrics were partly due to the pressure the hospital was under and partly because of the time of the year. She reassured the Board that the performance was closely monitored, in particular, looking for any trends that might be developing.

Steve Erskine felt that the report was not as integrated as it might be and that the Executive Summary was just a roll up of the detail within, rather than an executive view of the position. The Director of Corporate Affairs reminded that the Executive Directors were committed to making the report more integrated and succinct.

Operations

In the absence of the Chief Operating Officer, the Director of Finance presented the Operational section of the report. He drew attention to particular areas of the report.

ED Performance

The Trust continued to fail the 4 hour target. An unscheduled care 'Summit' was due to be held which would focus on three particular issues:

- Variability of attendances at ED
- How the healthcare system moves in synchronisation with the pressure in ED
- Capacity across the system

Liz Conway asked whether the Trust had cancelled any elective work as a result of the

unscheduled care pressure. The Director of Finance confirmed that no elective work had been cancelled as the Trust has the ability to open escalation beds. Whilst it is recognised that opening escalation beds is not ideal in terms of patient experience, it allows the Trust a degree of flexibility.

RTT

The Trust achieved Trust aggregate performance for RTT (with subspecialty fails). The admitted backlog deteriorated however, the number of patients waiting >35 weeks continued to improve. In terms of activity levels, January had been the busiest month of the last two years. Every theatre session is utilised with additional work being conducted at weekends.

The business planning process for next year continued with the Trust preparing for additional capacity with more permanent arrangements for evening and weekend working. Whilst the overall achievement at aggregate level was forecast, full compliance in all areas was not expected until quarter 2.

The Interim Chairman asked whether there was a referral pattern from GP's which might have caused the increased demand in January. The Director of Finance explained that it was purely a demand/capacity mismatch and a more pro-active planning process was needed to foresee what future capacity would be needed.

Cancer

There had been 3 fails of the cancer standards, including 31-day subsequent; 62-day first definitive, and 31-day subsequent radiotherapy. These fails were partly due to patient choice and to the demand pressures within some areas such as Urology. There is now a level of confidence in the process in place to track all cancer patients through the pathway.

Diagnostics

Diagnostic wait times deteriorated to 97.8% against the 99% standard. This was due to increased demand. Additional capacity would be needed to sustain the performance.

Finance

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

- Forecast for the end of year financial position – reasonable assurance to reach a break even position.
- Business Plan for 2014/15 – ongoing difficult discussions with Commissioners. The Director of Finance committed to updating the Board on the contract negotiations at the next Trust Board Workshop.

Action: Director of Finance

The Director of Finance eluded to an agreement made with the Commissioners which would result in the Trust receiving a further £2m payment. This has therefore released some key staff to focus on the business planning process for next year. Since this agreement had been reached, the Trust has seen an increase in activity which was having a detrimental effect on the financial position.

Steve Erskine asked for further detail on the how the Trust was expected to achieve a year end breakeven position. The Director of Finance explained that a further £2m was to be received from the CCG's for the additional work above plan that had been undertaken by the Trust. In support of the Trust's change programme, and recognition of the work undertaken, the TDA have made available a one off additional payment of £4m to the Trust. Further detail regarding each of these payments will be available next month.

Workforce

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

- Workforce expenditure had increased in January by £610k to £21.7m.
- Temporary workforce usage increased by 2.5% to 8.3% in January.
- Appraisal Compliance is just below target at 84.7% in January, an increase of 0.4% from 84.3% and above target in 6 CSCs.
- All CSCs are compliant with Total Essential Skills Compliance rates and the Trust is currently at 91.3%.
- Information Governance Essential Skills Training in January is at 94.2%.
- Staff Turnover remained at 9.7% in January.
- 59.9% of all front line staff have received the flu vaccine, compared with 46.4% at the end of last year's campaign.
- In-month sickness absence rate increased to 3.9% in December and 12 month rolling average remained at 3.4%.

The increase in sick absence is partly due to the time of year but also as a result of the pressure which the organisation is experiencing. The health and wellbeing agenda for staff has recently been re-emphasised.

The new performance management framework had recently been ratified by the Senior Management Team and would result in improved quality of appraisals as well improved compliance rates.

The results of the National Staff Survey had been published on Tuesday and would be presented to the Trust Board at its next meeting. The results were a more accurate view of staff as 57% of the sample of 6558 staff responded as opposed to previous years when the sample size was only 800 staff. Whilst there had been an improvement in score, the Trust is still below the national average.

Due to the ongoing pressures within the hospital, there has been an increase in incidences where staff are not treating each other with respect. Much work has gone into reinvigorating and reminding staff of, the expected behaviours and values. Mark Nellthorp was concerned to see a recent whistleblowing case of bullying amongst volunteers. He asked whether the behaviours also extended to volunteers. The Director of Workforce confirmed that it included all staff including volunteers.

The Director of Nursing asked if there was a breakdown of cases of sick absence to enable a better understanding of whether there was an underlying reason. The Director of Workforce advised that there was nothing to indicate that the recent increase in sick absence was stress related but committed to providing a breakdown of cases to the next meeting.

Action: Director of Workforce

34/14 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.

Board statement 14 – it was agreed to keep this as a risk for the rest of the financial year whilst new substantive appointments were embedded in the organisation. The Director of Workforce confirmed that the Senior Management Team has discussed and agreed that the current clinically led structure was the right structure for the organisation and governance would be strengthened through appointing a Deputy Chief Operating Officer. There still remained some concern around the level of interim resource at senior management level.

Board statement 10 – four areas of non-compliance remained.

Board statement 11 – It was recognised that the performance needed to be sustained. It

was therefore agreed to keep this as a risk on the Self Certification.

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

35/14 Assurance Framework

Liz Conway drew attention to the five top risks, one risk with an increased score and one risk with a decreased score. There were two risks with an action date change.

The Director of Nursing felt that the Self Certification and Assurance Framework needed to be better aligned as some of the actions within had different expected completion dates. It was agreed that the Self Certification should be taken to the Risk Assurance Committee to ensure that the responses and timescales within are aligned with those in the Assurance Framework.

Action: Director of Corporate Affairs / Deputy Director of Nursing

36/14 Finance Committee TOR

The Director of Corporate Affairs advised that the Terms of Reference had been reviewed and ratified by the Finance Committee. It now required formal ratification by the Trust Board.

It was agreed that only 2 Non Executive Director's should be included in the membership. The Director of Corporate Affairs committed to updating the Terms of Reference accordingly.

Action: Director of Corporate Affairs

The Board ratified the Terms of Reference subject to the above change.

37/14 Company Seal

The Board noted this report.

38/14 Charitable Funds Update

The Board noted this report.

Mark Nellthorp advised that since the 'ward fund' had been introduced, only five applications had been made. The Director of Nursing advised that there had been some issues with accessing funds but these had now been resolved so more applications were anticipated.

The Director of Corporate Affairs advised that Paul Morgan, Head of Fundraising would be leaving the Trust tomorrow. He thanked him for his effort and contribution and wished him well for the future. A recruitment campaign would begin to find a suitable replacement.

39/14 Non Executive Directors' Report

Steve Erskine advised that he would be continuing his 'deep dive' into examples of complaints and would feedback to the Board.

40/14 Annual Workplan

The Board noted the workplan.

41/14 Record of Attendance

The record of attendance was noted by the Board.

42/14 Opportunity for the Public to ask questions relating to today's Board meeting

A member of the public advised that he was a representative on many local groups and had recently received feedback about the Trusts complaints process. The feedback has suggested that PALS were now directing complainants to make their complaint directly to the person/department in question. The Director of Nursing explained that emphasis had been placed on encouraging the CSC's to take ownership of their complaints and therefore PALS were directing complaints to each CSC. She committed to finding out more and reporting back at the next meeting.

Action: Deputy Director of Nursing

43/14 Any Other Business

The Director of Corporate Affairs advised the Board of the proposed changes to the car parking charges from 1 April 2014. He reminded that as part of the PFI contract, Carillion were entitled to increase the car parking charges as long as those changes were within the Retail Price Index (RPI). He was pleased to report that Carillion had listened to the feedback from a local MP and City Councillor on behalf of patients and as a consequence had increased the first price bracket from 1 hour to 1.5 hours and had not increased the price. It was believed that this would benefit a large proportion of visitors. With the new price increased, Carillion have stated that 38% of visitors would see no change at all to the price or even a decrease in price.

A discussion ensued about the pay and display machines not giving change. The Director of Corporate Affairs advised that Carillion were committed to replacing these with more modern machines, but not until the time came when they required replacing due to wear and tear. The Chief Executive was not happy with this decision due to the impact on the patients experience. She committed to personally following this up with Carillion.

Action: Chief Executive

There being no further items of any other business, the meeting closed at 12.20

44/14 Date of Next Meeting:

Thursday 27 March 2014

Venue: Lecture Theatre, Queen Alexandra Hospital