

Trust Board Meeting in Public

Held on Thursday 27 March 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
	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
	Michelle Marriner	(Minutes)
	Maria Purse	Managing Director (for agenda item)
	Issy Gaylard	Head of Nursing (for agenda item)
	Debra Elliot	Acting Deputy Director of Nursing (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.

45/14 Apologies:

There were no apologies

Declaration of Interests:

There were no declarations of interest.

46/14 A Patient Story

The Acting Director of Nursing introduced Maria Purse and Issy Gaylard who were in attendance to tell the patient story.

They delivered the following presentation:



ED Pt Story March
14.ppt

Liz Conway asked about the level of vacancies with the Emergency Medicine CSC. Issy Gaylard explained that there were very few vacancies in MAU but there had recently been a high turnover in the Emergency Department. There is a national shortage of medical staff but the department was currently at full complement of medical staff. 50% of the Registrar positions were currently vacant.

The Interim Chairman thanked all of the staff within the Emergency CSC for their continued hard work.

47/14 Minutes of the Last Meeting – 27 February

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

48/14 Matters Arising/Summary of Agreed Actions

23/14: Opportunity for the Public to ask questions relating to today's Board meeting -
The Director of Corporate Affairs advised that the project group was shortly due to meet again when an action plan would be established. This would be brought to the next Board meeting.

42/14: Opportunity for the Public to ask questions relating to today's Board meeting –
The Acting Director of Nursing explained that the PALS service offers complainants the opportunity to raise their complaint with the CSC via the Complaints Team but did not direct complainants directly to the person or departments in question.

43/14: Any Other Business – The Chief Executive explained that she had met with Carillion in relation to the pay and display car parking machines and reiterated her concern that the machines do not offer change. Carillion had committed to discussing with The Hospital Company the replacement of the machines. She was pleased to note that the machines did accept credit card payments.

All other actions on the grid had been completed.

49/14 Notification of Any Other Business

There were no items of any other business.

50/14 Chairman's Opening Remarks

The Board noted the Chairman's Report.

The Interim Chairman reflected on the position of the Trust as it neared the end of the financial year. He recognised the extremely difficult winter period with staff working tirelessly to deliver excellent patient care. He also acknowledged the pressure on the Executive Team in planning for the next year. He thanked all staff for their continued hard work and commitment to making the quality of services and patient safety a priority.

51/14 Chief Executive's Report

This report was noted by the Board.

The Chief Executive drew particular attention to the following:

- CQC Visit – an unannounced visit had taken place 2 weeks ago with a particular focus on the pathway for patients with dementia. The written report following the inspection was expected shortly, but feedback on the day showed that there was evidence of good practice, good education and good knowledge with focus from Board to wards. The area which will require extra work is documentation. She thanked Nicky Lucey and her team for the hard work and professionalism in managing this inspection.

- **Unscheduled Care** – As a local healthcare system, performance against the 4 hour wait target continued to be a challenge. There has been recognition that more work needed to be done and as a consequence, an action plan had been developed. An Urgent Care Taskforce has been established which is clinically led and will drive the actions forward. 2 key actions identified by the Taskforce were:
 - Review the management of the Operations Centre
 - Further engagement of specialties needed to support ED and MAU.
- **Vascular Services** – Both the Portsmouth Health Overview & Scrutiny Panel (HOSP) and Hampshire Health Overview & Scrutiny Committee (HOSC) have met in the last week and considered the future provision of vascular services at each meeting. There at last appears to be recognition that moving all vascular services to Southampton would not be the right decision for patients as it would not improve the quality of outcomes for patients. At both meetings, NHS England presented a choice of four options, with their preference being for option four, which would result in a phased approach over the coming months. PHT put forward a proposal for joint working with Southampton in terms of shared MDT's, training and education. The HOSP/C's would now decide whether the preferred option was a 'significant change in service' which would require a formal public consultation. If agreement is not reached, then a public consultation in Portsmouth would commence on 26 May. She reassured the Board that the Trust was being as pro-active as possible in terms of trying to reach an agreement.

52/14 Integrated Performance Report

The Interim Chairman advised that the Non Executive Director who chairs the Board Committee would present those agenda items which link to their particular committee.

Quality

Mark Nellthorp advised that the Governance & Quality Committee had recently met and discussed the following items:

- Pressure Ulcers
- Electronic Discharge Summary – system launched on 17 March
- Performance against a number of quality measures had recently dipped and renewed focus was now being given to get them back on track.

The Acting Director Nursing was confident that actions were in place to improve those performance metrics. She advised that the Medicine CSC had developed an improvement action plan to address some of the performance issues and she was pleased to report that it had a positive impact on performance.

The Acting Director Nursing drew attention to the pressure ulcers prevention action plan which had been developed and was now beginning to impact on the number of pressure ulcers.

The Medical Director made reference to a new bug, Carbapenemase producing Enterobacteriaceae which was highly resistant. This bug had appeared in some Trust's both nationally and internationally and had resulted in the closure of Intensive Care Units. An action plan had been developed to try and prevent it from coming here, but this action plan has now been accelerated due to the bug being found at Southampton Hospital. A discussion ensued about the risk of the bug being introduced here, in particular with patients being repatriated from Southampton. It was felt that this issue needed to be treated with considerable rigour in ensuring that patients are screened prior to being transferred here. The Board asked the Medical Director and Acting Director of Nursing to ensure that relevant actions were in place.

Operations

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

- Diagnostic wait times continued to deteriorate with performance at 98% against the 99% standard. This was due to the sheer increase in demand.
- PCI door to balloon standards were achieved, however call to balloon (pre hospital) was not achieved.
- All stroke performance standards were achieved other than direct admission. There were 9 breaches, all of which were due to clinical presentation.
- With the exception of the 31-day subsequent surgery indicator, all cancer indicators had been achieved.
- RTT – achieved Trust aggregate performance with the number of patients waiting more than 18 weeks reduced.
- Discharge – the number of patients in hospital for more than 14 days had reduced, whilst the number of medically stable discharge ready patients had increased.

Tim Higenbottam referred to a discussion at the Governance & Quality Committee about patient moves and a change in reporting with a zero tolerance policy for any patients moved after 7pm. The Acting Director of Nursing confirmed that it was being tracked on a daily basis and any areas of concern were being monitored. Mark Nellthorp asked whether patient moves within the ward were monitored as he felt that this could still impact the experience of those patients. The Chief Operating Officer advised that these were not recorded but agreed to consider it.

Action: Chief Operating Officer

Finance

The Interim Chairman advised that the Finance Committee had met on Monday and the following items had been discussed in detail:

- 2013/14 year end financial position
- 2014/15 business plan

The Director of Finance was pleased to report a planned break-even year end position with focus now being given to ensuring there is a robust plan for 2014/15.

Workforce

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

- Whilst the workforce expenditure decreased in February to £21.4m, this was still higher than planned. This is reflective of the higher activity levels.
- Temporary workforce usage decreased by 1.2% to 7.1% in February.
- Staff Turnover increased by 0.3% to 10.0% in February. Analysis of exit interviews has not shown any particular trends of staff groups or reasons for leaving.
- In-month sickness absence rate increased to 4.0% in January and 12 month rolling average remained at 3.4%. There had been an increase seen in stress related sickness when compared to the same period last year.

A discussion ensued about attrition of key staff and the need to work more closely with other local organisations for development of staff.

Mark Nellthorp was disappointed at the number of staff who received the flu vaccination especially when 13% of the sick absence was 'flu' related. The Director of Workforce confirmed that it had been discussed in detail at SMT. Whilst it was recognised that the vaccination could not be mandated for staff, it would be a performance metric for all CSC's and would be monitored through performance reviews.

53/14 PHT Internal Emergency Care Pathway Recovery Plan

This item was discussed in detail during the Chief Executive's Report.

54/14 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.

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

55/14 Clinical Services Strategy

The Medical Director presented the Clinical Services Strategy and reminded that the Board had discussed this on previous occasions. It has been updated to reflect any comments and suggested changes.

He reminded that this strategy was developed from the bottom up with input from the CSC's. A professional writer has been asked to review the document and input into the scripting. Once finalised, it would be shared with the CCG's and published on the Trust's website.

A discussion ensued about provision for long term conditions and the need for an integrated service.

Steve Erskine was concerned that a disconnected approach might have been taken when developing the business plan. It should be aligned to this strategy and be clinically led.

56/14 Assurance Framework

Liz Conway drew attention to the three top risks and one new risk.

The new risk 4.5 was related to the local and national shortage of staff in some key skill areas. This would be reflected in the Workforce Strategy which needed to look at a different shape workforce.

Steve Erskine referred to risk 1.5 and felt that it did not accurately reflect the unscheduled care problem. If all of the actions were complete, the risk would still not be fully mitigated. The Acting Director of Nursing agreed and advised that the risk would be updated in line with the new Urgent Care Taskforce.

Steve Erskine was concerned that the risk around implementation of the IT Strategy had not been updated. The Director of Corporate Affairs confirmed that it would be discussed at the next Risk Assurance Committee.

Tim Higenbottam referred to the risk around fire which had been on the Risk Register for some time. He asked when the actions were likely to be completed. The Director of Corporate Affairs confirmed that this risk was discussed at length at every Risk Assurance Committee and had recently been discussed with the Director of Carillion who agreed to progress the issues. He committed to finding out when the actions were likely to be completed.

Action: Director of Corporate Affairs

57/14 Ward Based Staffing

Debra Elliott, Acting Deputy Director of Nursing was in attendance for this item.

She presented the paper which continues from the Board Paper presented to the Board in January 2014. It presents the findings of the December 2013 Safer Staffing Review (AUKUH), makes recommendations to the Board for investment and provides the analysis of

the staffing outcome from this potential investment. The paper outlined the recommended ward establishments based on the Safer Staffing Review (AUKUH & nurse to bed ratios), professional judgement and professional guidance

Mark Nellthorp was fully supportive of the investment to ensure safe staffing levels.

The Acting Director of Nursing confirmed that the investment would be phased throughout the year and the funding source had already been allocated and was detailed in the business plan.

Tim Higenbottam felt that due to the shortage, it was not sustainable to keep increasing the numbers of registered nurses employed and therefore consideration needed to be given to using other staff groups to fill the gap. The Acting Director of Nursing confirmed that it had been considered as part of the workforce planning to look at developing other roles. There is an on-going national debate about registration of nurses. The Director of Workforce confirmed that there has been recognition from Health Education England about the need to develop bands 1-4 staff and funding available to do so.

The Board fully supported the recommendations set out in the paper and approved the investment.

58/14 National Staff Survey

The Director of Workforce delivered the following presentation:



58.14 Portsmouth
2013 Staff Survey Pri

A discussion ensued about communication being a key skill. The Chief Executive felt that communication should be part of the essential skills training which all staff undertook.

Liz Conway was concerned at the lack of engagement with middle management, in particular around understanding that the Trust's strategic objectives are to improve patient outcomes and are not just a management process. The Director of Workforce agreed and felt that there were significant differences in capability at middle management level. A number of actions were in place to improve this including; leadership development programme and performance management.

59/14 Charitable Funds Update

The Board noted this report.

60/14 Non Executive Directors' Report

Steve Erskine advised that the Audit Committee had recently met and discussed the following:

- Sick absence reporting
- Quality of clinical coding
- Local Counter Fraud
- Assurance Framework and the role of the Audit Committee
- Clinical Audit Plan
- Earnings/cost ratios of charitable funds

Ursula Ward made reference to Karen Travers, Local Counter Fraud Officer who had recently left the Trust. She thanked Karen for her hard work and commitment in the management of counter fraud. The Interim Chairman committed to writing to Karen on behalf of the Board.

Action: Interim Chairman

61/14 Annual Workplan

The Board noted the workplan.

62/14 Record of Attendance

The record of attendance was noted by the Board.

63/14 Opportunity for the Public to ask questions relating to today's Board meeting

A member of the public advised that he regularly receives feedback from members of the community and felt that one issue needed bringing to the Boards attention. He explained an incident surrounding the administering of local anaesthetic before a procedure. The Medical Director was not aware of such incidents occurring and reassured that local anaesthetic is administered when appropriate.

A member of the public asked whether the number of thefts within the hospital had increased. The Director of Corporate Affairs confirmed that unfortunately they had and the Trust was working closely with Security and the Police to attempt to eradicate the problem. There has been a lot of focus given to improve the safe keeping of patients belongings, including the installation of safes within wards.

A member of the public was concerned that patients were being discharged from hospital too early so that the hospital can reallocate the bed. The Chief Executive explained that this was absolutely not the case and patients were not discharged until medically ready for discharge with the appropriate care structure in place for when the patient returns home.

Sue Mullen from 38 Degrees asked for feedback from the meetings with the CCG's following their letter detailing concerns about the management of the Trust. The Interim Chairman was happy to confirm that this issue would not compromise the future working relationship between the Trust and the CCG's.

64/14 Any Other Business

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

65/14 Date of Next Meeting:

Thursday 24 April 2014

Venue: Lecture Theatre, Queen Alexandra Hospital