

Trust Board Meeting in Public

Held on Thursday 30 January 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
	Cherry West	Chief Operating Officer
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)
	Mike Quinn	Managing Director, Medicine CSC
	Julia Lake	Head of Nursing, MOPRS CSC
	Greta Westwood	Head of Nursing, Midwifery and AHP Research

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.

01/14 Apologies:

There were no apologies.

Declaration of Interests:

There were no declarations of interest.

02/14 A Patient Story

The Director of Nursing introduced Julia Lake and Mike Quinn who were in attendance to tell the patient story. They delivered the following presentation:



Board Story.ppt

Julia Lake told the story of 'Mr A' whilst Mike Quinn gave some examples of some of the

reasons which can cause delays to the discharge of patients.

The Director of Nursing reminded that these are real examples of patients within the Trust. It is very distressing for the staff to see patients in an acute bed when they would be better suited in a more appropriate setting. The Chief Operating Officer advised that there were between 40 - 80 medically stable patients ready for discharge in hospital each day. There were a number of actions internally which the Trust is taking to try and reduce this number, whilst also working closely with community partners.

03/14 Minutes of the Last Meeting – 28 November

The minutes of the last meeting were approved as a true and accurate record subject to the following change:

Page 1: Liz Conway had sent her apologies so should not be included in the list of attendees.

04/14 Matters Arising/Summary of Agreed Actions

200/13: Review against strategic objectives – The Director of Corporate Affairs advised that the focus of the Joint Board/Governors meeting in April would be to review progress against the existing strategic objectives. He reminded that the Trust's Strategy 2014-17 was currently being developed which would itself identify some new strategic objectives.

All other actions on the grid had been completed.

05/14 Notification of Any Other Business

There were no items of any other business.

06/14 Chairman's Report

The Interim Chairman referred to the recent media attention in relation to the Trust's performance against some key national targets. A detailed update on the performance metrics would be given as part of the Integrated Performance Report update. He reiterated that the Board conducts the majority of its business in public, and would continue to be open and transparent regarding performance against its targets.

His report was noted by the Board. He drew particular attention to Listening into Action which had been very well received by staff. He was impressed by the commitment of the workforce and the valuable work which was on going in using the LiA methodology to implement change within the organisation.

He advised that he had attended a Chair's event on 21 January and offered to circulate the presentation to the Board.

Action: Interim Chairman

07/14 Chief Executive's Report

This report was noted by the Board.

The Chief Executive drew particular attention to the following:

- **Seven Day Working** – Clear guidance and recommendations issued by NHS England in December. The Medical Director and Associate Medical Director would be leading this for the Trust.
- **Accountable Officers Board** – Terms of Reference had now been agreed which the Chief Executive offered to circulate to the Board.

Action: Chief Executive

- **Better Care Fund** – A document compiled by the Commissioners and Portsmouth City Council was presented to the Accountable Officers Board which recognised the need to align business plans. She agreed to circulate this document to the Board.
Action: Chief Executive
- **Oceano** – A new system had been introduced within the Emergency Department to enable more effective management of patients attending the department. In addition to visibility of patients on the pathway, there are also a number of longer term benefits such as the ability to develop a database of reasons of attending to aid the Trust with future commissioning negotiations.

08/14 Integrated Performance Report

The Interim Chairman advised that from now on, 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 advised that the Governance & Quality Committee had recently met and discussed the following items:

- Renal Department – a high quality service but facing huge growth in demand.
- Friends & Family Test – effort being made by the Trust to increase the response rate. It has become apparent that different Trusts are taking different approaches in how the survey is being completed. Whilst the Trust had received a disappointing score, the majority of the associated comments were very positive. There is now huge effort being undertaken to resolve any issues which had been raised.

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

- C.Difficile - The year-to-date position is 27 cases against a trajectory of 21 cases. A root cause analysis had been undertaken for all cases and the majority of cases were related to the use of antibiotics.
- Dementia - December had seen a decline in assessment compliance and therefore there is re-focus to improve compliance and sustainability.
- Falls – There had been an increase in the number of falls seen during December. However, the Trust is on target to achieve its year-end target of 34
- Friends and Family Test – the results remain a concern with a further decline in the score in December. There is concern at a national level as different Trusts are using different methodologies in collecting responses, and it has been recognised that the method of collection can impact the results.

She advised that the Coroner had recently visited the Trust to discuss falls and to see the initiatives in place to reduce the number of falls. He was reassured by the various actions being taken by the Trust.

The Chief Executive felt that the Board should take the time to read and understand the results and comments from the Friends and Family Test. Whilst every comment was important, she had been surprised to see that the majority of comments were related to non clinical issues. The Director of Nursing advised that it had been recognised nationally that whilst the Friends and Family Test was good for service improvement, the scores should not be used for benchmarking. It is however a good methodology to understand patient views and concerns.

Liz Conway asked whether there were any networks where information/intelligence on best practice was shared internationally. The Medical Director advised that he was aware of sharing of best practice in relation to falls as countries in the Middle East tend to have a lower number of falls. The Director of Nursing advised that each specialty would be

connected to national and international networks through conferences etc.

Operations

The Chief Operating Officer drew attention to particular areas of the Integrated Performance Report:

Month 8 activity had shown how busy the hospital was:

- Elective activity 13.7% above plan
- Outpatient activity 9.3% above plan
- Non elective activity 1% above plan

Whilst this increase in activity had reflected favourably in the Trusts income position, the additional workload and increase bed occupancy may have impacted on some of the quality metrics as already described.

ED waiting time standard

Performance deteriorated in December to 87.5% but for Q3 the Trust had reported performance of 92.85% which was an overall improvement of 5.7% on the same period last year. Issues leading to deterioration in performance for December include:

- 11% increase in the number of ambulance arrivals
- 9% increase in attendance for over 65's
- 11% increase in medical admissions, including higher respiratory admissions - demonstrating an increase in patient acuity
- Higher bed occupancy;
- Increased numbers of medically stable, discharge ready patients occupying acute beds

She detailed some of the initiatives and actions that were in place to improve performance and flow throughout the hospital, including:

- Increased presence of senior clinicians during 'out of hours'
- Increase Ambulatory Care Service to seven days a week
- Multi-disciplinary in reach team to pull patients out
- 'Progress Chasers' implemented to improve discharges

Liz Conway asked about the impact on elective work. The Chief Operating Officer advised that disappointingly, the Trust did have to cancel some elective work during December. The decision was based on clinical priority and patients were rebooked to have their surgery within 28 days.

RTT

The Trust achieved all 3 key RTT metrics at aggregate level for December but with some sub specialty fails:

- Urology - additional capacity continues to be sourced and the specialty action plan is being monitored.
- General Surgery - largely due to growth in the non-admitted backlog position for Colorectal. Additional capacity will address this by end of Q4.
- Trauma and Orthopaedics - due to increasing backlogs in sub-specialities. Additional in-house capacity and outsourcing are being used to address the demand capacity mismatch.

The Trust has been successful in reducing the number of patients waiting for treatment over 35 weeks.

Steve Erskine referred to previous discussion at Board about planned fails where it was agreed that it was the right decision for patients. He asked when the Trust would reach a point when planned fails would no longer be necessary. The Chief Operating Officer advised that there would continue to be some fails for the immediate future due to capacity and demand mismatch. The activity modelling which had been undertaken suggested a

significant growth in activity.

Cancer

Whilst all Cancer standards were achieved in December; there were fails of 2-week wait (92.7% against 93%) and 31-day subsequent surgery (92.1% against 94%) for Q3. She eluded to some possible breaches in January due to capacity demand mismatch for some complicated procedures. There are also some breaches due to patients choosing to wait to have their procedure performed robotically.

PPCI

PCI Door to Balloon standards were achieved, however Call to Balloon (pre hospital) was not achieved with performance of 55.6% against target of 75%.

Stroke

The Trust achieved all Stroke performance standards other than Direct admission 88.7% against 90% standard. There were 9 breaches, all of which had been due to clinical presentation.

Diagnostic Waits

Diagnostic wait times deteriorated to 98% against 99% standard. This is due to a large increase in demand.

The Interim Chairman, on behalf of the Board, acknowledged and thanked the staff for their contribution and hard work whilst the hospital was under immense pressure.

Finance

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

- Financial risks and opportunities
- Planning progress for next year and beyond.

The Director of Finance reminded that the Trusts had planned a year-end income and expenditure deficit of £5m, as formally submitted to the Trust Development Authority (TDA). Since the Integrated Performance Report had been published, detailed discussion about forecasted activity had taken place between the Trust and the Commissioners. A joint decision was made to put a year-end fix on income and as a result, the Commissioners had made a further £2m available. In addition to this, the TDA had confirmed that in recognition of the Trust's achievement against its recovery plan, they would make a further £4m available. This would take the Trust to break even position at the end of the financial year.

He advised that the detailed planning process for 2014/14 was on-going.

The Trust had taken a very tough line on monitoring savings and it was estimated that the achievement of cost savings this year would be about £14m. It had been a tough year with difficult decisions made and a number of freezes on investment put in place. Steve Erskine felt that future savings target needed to be achievable as if they were out of reach; the CSC's would lose incentive. The Director of Finance agreed and advised that significant work had taken place with the CSC's with better engagement and alignment.

Workforce

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

- Workforce expenditure decreased in month by £91k to £21.0m.
- Appraisal Compliance is just below target at 84.3% in December.
- All CSCs are compliant with Total Essential Skills Compliance rates and the Trust is currently at 91.4%.
- Information Governance Essential Skills Training remains compliant in December at

95%.

- In-month sickness absence rate remained at 3.6% in November.
- 59.5% of all front line staff have received the flu vaccine, compared with 46.4% at the end of last year's campaign.
- PHT Scored 94.6% in the NICE Health and Wellbeing Audit, compared to 67.2% nationally.
- National Staff Survey – 3750 staff had responded, 57% response rate. The results are not yet available

He advised that he was concerned at the health and safety, in particular RIDDOR incidents. There had already been 12 this year. The Trust was now treating each incident in the same way as a SUI.

A quarterly Friends and Family Test for staff would be introduced from April; it is likely that this will replace the existing quarterly Pulse Survey.

09/14 Quarterly Quality Report

The Director of Nursing presented the report to the Board and was pleased to note that on the whole, good progress had been made. There were similar themes throughout the report as previously discussed. Performance against the majority of targets was on track, with the exception of High Impact Innovation - Discharge summaries (EDS) where some issues had occurred. The Medical Director explained that the electronic discharge summary form had been redesigned and was due to go live in the next week. Paper summaries would be removed to ensure compliance with the electronic system.

In terms of Governance compliance, there had been some hot spot areas within the Medicine CSC. This was partly due to significant nursing vacancies within the CSC. Nurses were moved around the organisation to support those areas in need. A further recruitment campaign was on-going in Portugal, with plans for new nurses to be in place during February. The majority of those would be placed within the Medicine CSC to address vacancies there.

The Medical Director drew attention to the Clinical Effectiveness section of the report:

- HSMR – position continued to improve
- SHMI – remained unchanged
- Intensive Care National Audit – exceptional outcomes with results being much better than national average in all areas.
- Trauma Audit and Research Network (TARN) – there had been deterioration in the data submitted to the national audit. An action plan had been put in place and an improvement had now been seen.
- Patient Reported Outcome Measures (PROMs) – the Trust continues to perform above the national average in all measures.

10/14 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 statement 10 – four areas of non-compliance remained. After detailed discussion, it was agreed that action dates should be as follows:

- Cancer – 31 December
- Friends and Family – 31 January
- ED – 28 February
- RTT – 31 March

Board statement 11 – despite compliance with Information Governance training, the performance needed to be sustained. It was agreed to keep this as a risk on the Self Certification.

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 Board approved submission of the self certification to the TDA, subject to the rewording of the response to Board statement 10.

11/14 Outline Annual Business Plan

The Director of Finance introduced the Outline Annual Business Plan which was split into two parts:

- Strategic Context
- Financial Plan

He drew attention to key elements within the plan and reminded that this plan would be implemented systematically ensuring alignment with Commissioners.

The Board supported the approach set out in the plan.

12/14 Ward Based Staffing

The Director of Nursing apologised that the appendix referenced within the report had not been included and agreed to circulate to the Board.

Action: Director of Nursing

The Deputy Director of Nursing drew attention to the findings following the ward based staffing review which was undertaken in August 2013 and the recent publication of guidance from NHS England around safe staffing levels. She detailed how the Trust was performing against the 10 recommendations that were set out in the guidance.

The Board recognised the potential problems but was reassured by the information detailed in the report.

Liz Conway was concerned that whilst the hospital was under immense pressure, and with staff sickness and vacancies, it would put extra pressure on Health Care Support Workers to take on additional responsibility. The Director of Nursing advised that this had not been raised as an issue but committed to finding out.

Action: Director of Nursing

13/14 PHT Nursing , Midwife & AHP Led Research

Greta Westwood was in attendance for this item and provided an overview of the Nursing, Midwife & AHP Research Strategy. She detailed the developments of the clinical academic workforce and asked that the Board endorse this strategy to become part of the Trust's Research and Development Strategy.

The Board endorsed the Nursing, Midwife & AHP Research Strategy.

14/14 Assurance Framework

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

Steve Erskine referred to risk 1.10 and asked whether a Programme Manager had yet been appointed. The Director of Finance confirmed that one had been appointed.

15/14 Business Conduct Standards

The Director of Corporate Affairs reminded that at the last meeting, the Board had ratified

the Code of Conduct for Board members. He advised that this was the updated Code of Conduct for all staff members and sought the Boards ratification before displaying the policy on the Trust Intranet.

Steve Erskine referred to the Trust values and felt that they were not explicitly detailed in these standards. The Director of Corporate Affairs advised that these were well known by staff and signed up to by each staff member at the start of their employment.

The Board ratified the Business Conduct Standards

16/14 Audit Committee Terms of Reference

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

The Board ratified the Terms of Reference.

17/14 Equality & Diversity Annual Report

The Director of Workforce presented the Equality & Diversity Annual Report. He drew attention to one area of concern within the report:

- The Trust has a higher than average score for the percentage of staff reporting that they had experience bullying or harassment from colleagues.

He drew attention to the new Equality Delivery System which would report into the Governance and Quality Committee.

18/14 Company Seal

The Board noted this report.

19/14 Charitable Funds Update

The Board noted this report.

The Director of Corporate Affairs reminded that the future of the Da Vinci Robot at the Trust was dependant on generous charitable donations. Whilst there was enough money to fund the current annual fee for the Robot, it was imperative that fundraising continued.

The Director of Nursing made reference to the charitable funds which had been allocated to each ward to spend on essential items and was pleased to report that it had been very well received.

20/14 Non Executive Directors' Report

Steve Erskine advised that the Trust's Internal Auditors had changed ownership from Deloitte to Mazars. This would have no impact on the service provided to the Trust.

21/14 Annual Workplan

The Board noted the workplan.

22/14 Record of Attendance

The record of attendance was noted by the Board.

23/14 Opportunity for the Public to ask questions relating to today's Board meeting

Sue Mullan from 38 Degrees made reference to a previous Board meeting when a

discussion had taken place about the Trust's clinical outcome being excellent, but quite often it was the administrative processes which had caused patients to complain. She had a number of examples which supported that discussion and asked whether any progress had been made in identifying and rectifying those problems. The Chief Executive explained the Executive Management Team discusses this issue regularly and how IT could be used more effectively to slim line some processes. The Director of Corporate Affairs would be looking at these processes and would report back to a future Board meeting.

Action: Director of Corporate Affairs

24/14 Any Other Business

There being no further items of any other business, the meeting closed at 1:20pm

25/14 Date of Next Meeting:

Thursday 27 February 2014

Venue: Lecture Theatre, Queen Alexandra Hospital