

Trust Board Meeting in Public

Held on Monday 30 July 2015 at 10:00am

Lecture Theatre
Queen Alexandra Hospital

MINUTES

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| Present: | Sir Ian Carruthers | Chairman |
| | Mark Nellthorp | Non Executive Director |
| | Steve Erskine | Non Executive Director |
| | Mike Attenborough-Cox | Non Executive Director |
| | Dr John Smith | Non Executive Director |
| | Ursula Ward | Chief Executive |
| | Tim Powell | Director of Workforce & OD |
| | Simon Jupp | Director of Strategy |
| | Cathy Stone | Director of Nursing |
| | Ed Donald | Interim Chief Operating Officer |
| | Richard Eley | Interim Director of Finance |
| | Simon Holmes | Medical Director |
| In Attendance: | Peter Mellor | Director of Corporate Affairs |
| | Gemma Hobby | PA to Trust Board (Minutes) |
| | Dr Paul Sadler | Director of Education / Consultant |
| | Dr Becky Sands | |
| | Dr Helena Edwards | |

**Item Minute
No**

129/15 Apologies:

Apologies were received from Liz Conway, Non Executive Director and Alan Cole, Non Executive Director.

Declaration of Interests:

There were no declarations of interest.

130/15 Staff Story

The Director of Workforce & Development introduced Dr Paul Sadler, Director of Education and Consultant in Critical Care & Anaesthesia, to present the staff story regarding Doctors in training.



GMC Survey Staff
Story Presentation to

Following the presentation Steve Erskine asked what the reasons/causes were behind the bullying and undermining. Dr Sadler explained that the GMC does not provide narrative, merely the statistics however he does visit departments on a regular basis to see if there are any issues. A range of courses are available within the Trust to help deal with any issues that might be identified.

Two Registrars, Dr Helena Edwards and Dr Becky Sands, provided their personal experiences. Key points as follows:-

- 4 years of working at Portsmouth Hospitals NHS Trust - mainly positive but with some negative experiences
- Huge changes with regards to workload within the Emergency Department - very stressful and not enough cover
- Patients in MAU had already been seen and plans made, so in terms of education, junior doctors are denied a lot of opportunities
- Changes made to systems with no involvement or, indeed, awareness e.g. direct admissions to wards leaving some areas short staffed, out of hours, to cover this work
- Incidents where patients had been inappropriately transferred against medical advice
- Learn most during nights and weekends (out of hours) but little feedback provided about the work done during those periods
- Little, or no, feedback having submitted DATIX incident forms
- No opportunity to attend meetings regarding an incident as no details of meeting times and venues provided - would be helpful to get feedback and learning which might impact on future practice
- Senior support would be valuable when investigating an incident as sometimes out of depth when investigating on one's own
- Increase frequency of 'on calls' in Medicine taking Registrars away from their training opportunities, making it difficult to meet requirements of training
- 'The Medical Grand Round, which is held over the lunchtime period, is poorly attended so loses value and is a missed opportunity. This is treated very seriously elsewhere – chance to meet, discuss, and learn.
- Would absolutely recommend Portsmouth to colleagues as a place to work and train

Dr Edwards explained that despite some of her negative experience there were lots of positives and that she would recommend Portsmouth Hospitals as a place to work. Dr Sands agreed. On the whole, there is very well structured teaching here.

Dr Sadler pointed out that both Drs Edwards and Sands were involved in developing and improving training and thanked them both for their input today.

The Chairman thanked Paul for a very good presentation and for Helena and Becky for sharing their stories and invited question from board members.

John Smith explained that from personal experience some of the issues that they had described were occurring when he worked on the wards and asked Helena and Becky how they would make improvements. Helena felt this was difficult to answer as service provision is important and the hospital is always busy. They both felt that it would be beneficial to ask the question, of how to improve learning and education and how to make it more accessible, of all Juniors and Doctors from the top down. They agreed that classroom education provided both an opportunity to learn and to reflect.

Mike Attenborough-Cox asked Helena and Becky what they would change to make this a better hospital. Becky thought this a difficult question to answer but thought, 'better organised rotas and more time to talk'. The Director of Workforce & Development commented that the same point in relation to rotas had been made at the Operational Board.

The Chairman felt that some of the issues could be resolved by senior managers communicating clearly with their teams.

131/15 Minutes of the Last Meeting – 29 June 2015

The Director of Nursing pointed out that on page 3, under Quality, it should read that 'there is a national benchmark' and not 'recent benchmark'. John Smith stated that on page 4, under Operations, he had corrections in relation to his statement regarding beds in Intensive Care and agreed to give Gemma Hobby the correct narrative.

Action: Gemma Hobby to amend the minutes

The remaining minutes were agreed as an accurate record.

132/15 Matters Arising/Summary of Agreed Actions

112/15: Chief Executive's Report – The Chief Executive confirmed that '7 Day Week' would be on the agenda of the Trust Board Workshop in September.

113/15: Integrated Performance Report (Finance) – The Interim Director of Finance explained that there was a risk concerning the encoder but that IT was aware of the problem.

115/15: Patient Safety Strategy – The Medical Director confirmed that the Patient Safety Strategy had been implemented across the Trust.

126/15 Public Questions – In relation to 'appraisals', the Director of Workforce & Development explained that this would be discussed in more detail under the Integrated Performance Report agenda item.

133/15 Notification of Any Other Business

Gosport War Memorial Hospital Panel

The Director of Corporate Affairs reminded of the investigations into several deaths at Gosport War Memorial Hospital at the turn of the millennium. Whilst some areas of concern had been found, no prosecutions were brought. The families of several of those that had died remained dissatisfied and had insisted on another inquiry. A review Panel has been established, under the Chairmanship of the Bishop of Liverpool. Members of the public will be invited, by way of a publicity campaign, to submit any concerns that they might have regarding treatment at Gosport War Memorial Hospital during the period 1980 – 2000, to let the panel know. Portsmouth Hospitals NHS Trust is, and would continue to do so, helping the Panel with its enquiries. The Chairman asked that regular updates be provided within the Chief Executives report.

134/15 Chairman's Opening Remarks

The Chairman made some key points as part of his opening remarks:-

- In relation to the Care Quality Commission the Chairman referred to the Quality Summit that had been held on 2nd July where there had been some very positive outcomes. Some improvements had already been made and the Trust Board looked forward to others. He thanked everyone for their hard work in this area.
- Portsmouth Hospitals NHS Trust had been nominated as one of the best 40 employees within the NHS. The Chairman thanked everyone who had contributed to this success.
- The Chairman referred to the National financial challenges and the pressures facing our own organisation. There is a lot of work that needs to be done to improve our situation but a recovery plan was in place.

The Chairman wanted to thank all of the staff for providing outstanding care, despite all of the challenges – patient care and safety will always be our focus.

135/15 Chief Executive's Report

This report was noted by the Board. The Chief Executive drew attention to particular areas within it:

- It is really important that everyone reads the Secretary of State speech from 16 July as it has some key information that we all need to reflect on.

- In relation to '7 Day Week' we need to be considering how this will be funded, particularly following the gap analysis which showed some significant gaps within the community. This will be considered in more detail at the Trust Board Workshop in September.

136/15 Integrated Performance Report

Quality

The Director of Nursing pointed out that even though the Trust remains exceedingly busy the quality scorecard reflects a positive picture. She drew attention to the following areas, with additional feedback from the Medical Director:

- Maintaining and improving trend with tissue viability which is further translated to both parts of the national safety thermometer, an area previously where the Trust was an outlier.
- The Trust recorded a total of 2.0 falls causing harm per 1,000 occupied bed days in Qtr.1, therefore achieving both the quality contract and quality account targets.
- Although SIRIs have increased, there is no underlying theme or trend.
- The Trust held its first Complaints Committee this month. The complaints report will be presented quarterly to the Trust Board.
- Friends & Family - targeted effort to increase the response rate.
- The SHMI has decreased slightly but it is anticipated that the latest figure which will be published next week will show a further reduction.

Operations

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

- There is currently a huge demand and we are seeing more patients than ever.
- The diagnostic standard is being delivered at a higher rate than the rate for the rest of the South of England.
- A&E service quality standards have shown a significant improvement.
- Working with partners to deliver system wide performance indicators agreed at the Urgent Care Board.
- Cancer standards are improving. Working with the Medical Director to ensure that Cancer Standards Action plan is delivered.
- All operations that have needed to be cancelled because of operational pressures have been rebooked.

System wide partnership working was discussed in detail and the Chief Executive acknowledged the limitations and frustrations to true partnership working because of financial constraints and issues with recruitment. The Director of Corporate Affairs pointed out that Hampshire County Council also fully recognises the concerns and is happy to consider alternatives to the current ways of working.

Steve Erskine queried the increase in the number of patients waiting for more than 35 weeks. He had previously been assured that this number was decreasing. The Interim Chief Operating Officer explained that this had started to show an improvement but had now gone back the other way. Detailed recovery plans for high risk areas have been developed, firstly focussing on recovery and then sustainability.

Finance

The Interim Director of Finance highlighted some key areas from the report:

- The Trust has struggled to match income and expenditure but a system has now been put in place to produce fast track and final income for the trust. This work will be refined over the coming months. The output of the work will be discussed in more detail at Finance Committee.

- Based on the revised income figures the Trust is now £2.5m adverse to the financial plan.
- The key issues are:
 - The cost of agency and Locum staff and there is a need to find a way to avoid paying these costs,
 - Underfunded investments / cost pressures from last year,
 - 3 particular areas of concern MOPRS, Emergency Care and General Medicine, though income in month 3 has improved.
- Board agreed that capital should be restricted and actual spend restricted to 50% of that total in the first instance. Work is being undertaken to ensure that capital requirements are effectively prioritised. (see report).

Steve Erskine asked whether the CQUINS had yet been agreed and also asked if it would be possible to provide a profile on expenditure so that we can compare actual against profile. The Interim Director of Finance explained that because of our serious financial position, we have carried out a major forecasting exercise so we are able to provide this information.

The Director of Strategy provided a brief update on CQUINS and explained that they had yet to be agreed.

John Smith queried where the majority of temporary workforce spend was. The Director of Workforce & Development explained that the majority would be for medical/nursing staff.

Action: Interim Director of Finance to produce a profile on expenditure.

Workforce

The Director of Workforce & OD drew attention to particular areas of his report:

- Challenge not just around cost (i.e. high rates we would normally spend on agency locum consultants), it is with staff capacity and keeping within budgets.
- Temporary workforce capacity increased by 42FTE to 481FTE in June.
- Good progress with appraisals and satisfied with progress in problem areas.
- Essential Skills and Fire Safety training compliance had increased.
- Staff turnover remains the same at 10.9%.
- In-month sickness absences increased in May, however 12 month rolling average remains at 3.5%.

John Smith queried the need for all staff to have annual fire training as things do not change on an annual basis. The Director of Workforce & Development clarified that this was guidance from Hampshire Fire & Rescue Service. The Chairman suggested looking at other ways of managing this so as to avoid adversely effecting productivity.

The Chairman expressed concern that we are not managing temporary staff out as we increase our substantive workforce. He felt this to be a leadership issue.

137/15 Self Certification

The Director of Corporate Affairs 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.

The Director of Corporate Affairs explained that there had been no changes since last month and that the self-assessment reflected the earlier conversations in that we are compliant, apart from statement 10 which shows failure to meet the 4 hour Emergency Department waiting standard, a signified risk against our ability to meet cancer 62 day first definitive treatment and the delivery of RTT. This reflects the position at the end of June. We have been assured that we will continue to have full support from the TDA with regards to our current financial position.

Steve Erskine asked if projected 'completion' dates could be put against each risk. The Director of Corporate Affairs agreed to do so.

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

138/15 Stroke Update

The Medical Director updated the Board on the Stroke Action Plan that had been agreed, following the recent review. There has been a further resignation of a stroke consultant necessitating a recruitment campaign to replace him. There is a stroke trainee within the area who we will encourage to apply. The Trust has been approached by the Isle of Wight to help them provide a stroke service. Steve Erskine applauded the progress, recognising that it had been very hard work but reminded that focus needed to be maintained in order to resolve the outstanding recommendations. The Medical Director pointed out that if we were to work with Isle of Wight it would make this a huge service nationally. John Smith acknowledged the problems with recruitment. The Medical Director explained that this is a problem nationally. The Chairman acknowledged that this was very good progress but reiterated the need to maintain progress.

139/15 Staffing Capacity & Capability Report

The Director of Nursing asked the Board to disregard pages 9, 10 and 16 from the report and proceeded to give an update. The paper represents a biannual review of safer staffing as required by the Department of Health publication, Hard Truths (a response to the Francis Inquiry).

1. A full review of all inpatient wards has been undertaken using the SS Guidance Tool.
2. Opening of 36 extra beds.
3. An initial review of contract hours.

The future development will include ward performance metrics which will link to ward accreditation.

The paper identified that all ward areas were staffed in line with National Guidance.

The Board supported the paper and agreed to implement the recommendation.

140/15 End of Life Care

The Director of Nursing presented the End of Life Care paper that provided an update regarding current end of life care provision within the Trust. The Board noted the contents of the report. The Chairman asked for a copy of the full document to be circulated.

Action: Gemma Hobby agreed to circulate a copy of the full document.

141/15 Board Assurance Framework

The Director of Nursing presented the monthly report to the Trust Board. The major areas of concern had already been discussed during the meeting. The Board confirmed that the framework contained the main risks that confronted the Trust.

142/15 Engagement Strategy

The Director of Nursing presented the Patient Engagement Strategy 2015-17. The strategy describes how we will achieve our vision for the meaningful participation of patients, relatives, carers and community groups. The Board was asked for its feedback on the strategy which, along with feedback from local community engagement groups, will be used to inform the final strategy. Members noted the contents of the report and were fully supportive of it.

143/15 Annual Staff Health & Well-being Report

The Director of Workforce & Development presented the Annual Staff Health & Well-being Report to the Trust Board for noting. The Chairman acknowledged the good work in this area and asked what more needed to be done. The Director of Workforce & Development agreed that more could be done, particularly in relation to accidents/RIDDOR and Health & Safety for staff.

144/15 Quarter 1 delivery against Business Plan

The Interim Director of Finance presented the Business Plan to the Trust Board for information. The next step is to produce a full set of year end estimates and an action plan to address any shortfalls. Steve Erskine asked him to explain, for the benefit of those members of the public that were in attendance, what was meant by 'an unfunded investment'. The Chairman explained that it was doing something that you hadn't made any financial provision for. He felt strongly that this was an area that needed to be very strictly managed and controlled.

145/15 Annual Adult Safeguarding Report

The Director of Nursing presenting the report to the Board for information, awareness and discussion, and made the following key points:-

- Significant increase in Adult Safeguarding alerts during the year
- Improvement against the National trend shows the organisation as a healthy outlier. Congratulations to the team.
- Audit highlighted limited assurance for Adult Safeguarding.
- DOLS resulted in increased numbers of applications for authorisation – potential risk.

Mark Nellthorp felt that the court judgement in relation to DOLS had left staff feeling quite vulnerable. The Director of Nursing agreed and suggested that work was needed in relation to regular education and training. The Chairman recognised that this was both a difficult and sensitive area and that it is intended to protect the person from being unfairly constrained and protect them for their own good. Mark agreed and stated that there are all sorts of grey areas.

The Chairman asked that his thanks be passed to all of those who had involvement with this agenda.

146/15 Performance against NHS Constitutional Standards

The Director of Strategy presented the paper which was to provide a summary of performance against NHS Constitutional Rights. The Board noted the paper. The Chairman stated that whilst there were some areas that needed further improvement, overall it was a fairly good position.

147/15 Charitable Funds Update

The Director of Corporate Affairs explained that the usual author of the report was on leave so there was no written report this month.

148/15 Non Executive Directors Report

Steve Erskine explained that the most recent meeting of the Audit Committee had taken place too close to that of the Trust Board to enable him to submit a report.

149/15 Annual Work plan

The annual work plan was noted by the Trust Board. No change.

150/15 Record of Attendance

The record of attendance was noted by the Trust Board.

151/15 Opportunity for the Public to ask questions relating to today's Board meeting

Mr Kennedy commented on the discussion regarding fire safety/training and particularly how important training was. The Chairman assured Mr Kennedy that the organisation does take fire safety very serious and Steve Erskine clarified that the Trust does work closely in conjunction with the local Fire Service.

Andrew McDowell wanted to point out how impressive it was that two Junior registrars felt able to come to the Trust Board meeting and make some criticisms of the Trust. He felt that this says a lot about the openness of the Trust. He felt that they had made some valid points about feedback which he was confident would be taken on board. He also pointed out that in relation to the perennial business of patients being in hospital beds when they would be better off at home, it seemed to him that this was a fragmented system with some partners who appeared not to be fully committed. The only organisation with real incentive to resolve is the Trust. He didn't feel that this situation was likely to be resolved through meetings and discussions. The Chairman agreed referencing Lord Carter's review which had visited 22 health organisations where a common factor had been large numbers of people being in hospital when they no longer needed to be there. He agreed that the incentives were in the wrong place.

Jim Harrison said how he had found the Patient Engagement Strategy very interesting. He explained that he would be attending the 'Pop Up Shop' tomorrow where he would get a lot of information from patients to forward to End of Life Care project team. Jim had been working on a project with Dr Price (GP) and would feedback to him.

Mr Sameed felt disappointed with the safeguarding report in relation to patient safety and thought that specific detail needed to be included about where the risks are. He suggested that the Board be given a list of those care homes and providers where safeguarding alerts are raised. He also made reference to the item regarding local authority investigations and the issue with resources. The Board needs to take action on these things as there is a lack of trust locally. The Chairman thanked Mr Sameed for his suggestions and for the points that he had raised. The Director of Nursing confirmed that if the Trust received a safety alert when a patient comes into the organisation from either their own home or from a care home, we share it with the appropriate body and due process is followed. There is an overarching, local safeguarding committee where these issues are picked up and organisations are monitored by commissioners so that independent assurance can be provided for the public. The Director of Nursing agreed to discuss the problems in more detail, offline, with Mr Sameed. Mr McDowell explained that a few years ago he had visited the wards and had seen staff trying to deal with very difficult situations of dementia, with patients screaming, being physical and also distressing other patients. He wondered how this sort of behaviour had been taken into consideration when designing the guidelines and had concerns that sometimes, people were making profound decisions for the wrong reasons. The Chairman thanked all of the contributors for their comments.

152/15 Any Other Business

None

153/15 Date of Next Meeting:

Thursday 24 September 2015

Venue: Lecture Theatre, Education Centre, Queen Alexandra Hospital

