

Trust Board Meeting in Public

Held on Thursday 29 October 2015 at 10:00am

Lecture Theatre
Queen Alexandra Hospital

MINUTES

Present:	Sir Ian Carruthers	Chairman
	Mark Nellthorp	Non-Executive Director
	Steve Erskine	Non-Executive Director
	John Smith	Non-Executive Director
	Liz Conway	Non-Executive Director
	Alan Cole	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
	Chris Adcock	Director of Finance
	Simon Holmes	Medical Director
In Attendance:	Peter Mellor	Director of Corporate Affairs
	Gemma Hobby	PA to Trust Board (Minutes)
	Paul Gibbs	Consultant Surgeon (Patient Story)
	Penny Emerit	TDA - Portfolio Director
	Jon Burwell	TDA - Head of Delivery and Development
	Max Lai	TDA - Business Consultant

**Item Minute
No**

179/15 Apologies:

Mike Attenborough-Cox, Non-Executive Director

The Chairman took the opportunity to welcome Chris Adcock who has joined the Trust as Director of Finance.

The Chairman also announced the retirement of Alan Cole from his role as a Non-Executive Director. He thanked him for his many years of service, recognising his significant contribution to health and care within the community. The Chief Executive seconded the Chairman's comments and added her personal thanks to Alan for his support; particularly whilst in the role of Acting Chairman.

Declaration of Interests:

There were no declarations of interest.

180/15 Staff Story

The Director of Nursing introduced Paul Gibbs, Consultant Surgeon, who was in attendance to present the patient story.



Renal Patient Story
Oct 2015

Following the presentation the Chairman thanked Paul and then invited questions.

Liz Conway, Non-Executive Director, thanked Paul for his presentation and asked about the contribution from altruistic donors and whether there were any problems associated with this. Paul explained that Portsmouth Hospitals NHS Trust benefits from more altruistic donors than any other hospital in the country; each donation saving the NHS approximately £ 25,000 per year. The Renal unit needed to be very careful about protecting the identities of both donor and recipient, especially when both were present in the unit at the same time.

Mark Nellthorp, Non-Executive Director, thought this to be a potentially problematic situation. John Smith, Non-Executive Director, was also intrigued at the idea of having a donor and a recipient on the same ward and asked how patients were advised about what they should or should not say to one another. Paul explained that neither the donor nor the recipient would be aware of each other being on the ward. A Portsmouth donor does not know they are giving to a Portsmouth patient and vice versa. Paul confirmed that in this instant, the two patients would be kept at opposite ends of the unit and the nursing staff would be briefed accordingly. A donor is only in hospital for 3 days.

Steve Erskine, Non-Executive Director, empathised with how difficult this situation must be and queried if there were any constitutional or ethical standards that the unit should be aware of. Paul explained that the most important rule was to try and protect the patient's confidentiality.

The Chairman recognised that these very sensitive situations were being dealt with all of the time and asked if there was any learning or advice that the rest of the organisation might benefit from. Paul explained that, in a sense, this is a unique situation; living donors are the only patient having no benefit from the surgery other than psychological – the patient has to be at the centre of everyone's focus. The Director of Corporate Affairs felt that a fundamental part of the learning seemed to be the communication between clinician and patient. Paul agreed and explained that we devote as much time as is possible to speak to the patient in a private and confidential manner. The Director of Nursing felt that the other learning to take from this was in relation to consent; looking at what questions we should be asking and ensuring that our younger members of staff were confident to ask those questions.

The Chief Executive acknowledged that the unit had recently celebrated its 50th anniversary and that she and the Director of Corporate Affairs had attended a formal event to celebrate this.

The Chairman stated how much the unit had come on in the last 50 years, thanks to the fantastic work of the staff and clinicians and thanked Paul and the team for their dedication and hard work.

181/15 Minutes of the Last Meeting – 24 September 2015

The minutes were agreed as an accurate record.

182/15 Matters Arising/Summary of Agreed Actions

155/15: Staff Story – The Chief Executive confirmed that Lesley Coles, Head of Nursing, Women & Childrens CSC, had attended at Team Brief to present the concept of the 'Talent Panel' and that other areas were adopting the idea.

183/15 Notification of Any Other Business

None.

184/15 Chairman's Opening Remarks

The Chairman emphasised key points:-

- Whilst the NHS is becoming more financially challenged and finding it more difficult to meet Constitutional standards, there is no cause for alarm as the priorities will always be safe care and care of a high quality.
- Our own staff are highly pressured at the moment but are absolutely focussed on providing safe and high quality care.
- All agencies within the local healthcare system need to join together to resolve the problem with unscheduled care.
- Thank you to the residents of Portsmouth for their continued support and to all of our 7,000 staff for their outstanding work and for going beyond their call of duty.

185/15 Chief Executive's Report

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

- She is particularly aware of the pressure on our staff and the anxiety that this might lead to. As a consequence, she is holding a series of staff briefing sessions, similar to those held prior to the CQC inspection, to try and reassure the staff and remind them of the fantastic service that they all provide on a daily basis.
- There is a serious likelihood of industrial action being taken by Junior Doctors throughout the country. Meetings have taken place with the Junior Doctors to remind them of the need to maintain communication with the BMA and we have sent each of them a letter recognising their concerns.
- The Open Day on 3rd October had been very successful and our staff, who had given up their Saturday to contribute, had been fantastic.
- The Stroke Service, which is one of the biggest in the country, celebrates its 21st birthday today.

186/15 Integrated Performance Report

Quality

The Director of Nursing drew attention to the following areas, with supporting comment from the Medical Director:

- She endorsed the Chief Executive's praise of our staff. Their response to the relentless pressure is superb - we ask and they deliver. However, some nurses are struggling with the constant drive for early discharges so we are providing some educational training for our nurse leaders to help deal with these difficult situations.
- The Director of Nursing meets regularly with the senior nurses within the Trust but intends to meet with our band 5s (newly qualified nurses) to see what we might do to help with any of the challenges that they might be facing.
- It is most disappointing to see the recurrence of avoidable pressure sores and much attention is being given to this concern.
- The number of non-clinical moves after midnight has regrettably increased. Each move after midnight is scrutinised and we are required to undertake a root cause analysis. We talk to the patient, carer and family to identify the impact this has had on the patient and what we could do to improve their journey through the hospital. Steve Erskine, Non-Executive Director, said that he could tell from the complaints that he had read that this caused significant distress and disruption to both the patient and their family. The Director of Nursing agreed.

- In relation to Infection Control, the position is fairly stable. Zero cases of MRSA this year.
- In relation to CDifficile, there had been 1 case in September, making 13 cases for the year against a trajectory of 19 and an annual target of 40.
- Four cases of MSSA in September, which is an improvement on last year. Nationally there is a lack of understanding about exactly why MSSA figures do not mirror the MRSA figures. We will continue to monitor this, even though it is not reportable.
- Flu is gradually spreading across the world. There have been a few cases in Portsmouth and this is expected to significantly increase. It is important to continue to promote the benefits of vaccination to staff.
- Bed occupancies are high; turnaround for beds is short so cleaning is not always as thorough. If this continues, we can expect a negative impact on infection control.
- Mortality rates are stable and SHMI remains within the expected range.

Mark Nellthorp, Non-Executive Director, expressed his frustration at a perceived lack of action from some of our healthcare partners and asked what the escalation process was. The Medical Director explained that there is a clearly defined escalation process for any matters of safety and quality and, particularly infection control. The Interim Chief Operating Officer confirmed that the normal escalation route would be through the Urgent Care Board. The Chief Executive agreed but emphasised the need to be absolutely sure of the situation before escalating any bed occupancy problems. The Chairman felt it important to fully understand the escalation process to enable us to make best use of it and attract the necessary support.

John Smith, Non-Executive Director, shared the frustration that the same conversations with other organisations in relation to the timely discharging of patients seemed to be constantly repeated. This problem needed to be resolved. Alan Cole, Non-Executive Director, asked whether everyone on the Urgent Care Board treated this problem as urgent. The Interim Chief Operating Officer confirmed that the Urgent Care Board was committed to resolving these problems but felt that it needed to expedite its actions. Liz Conway, Non-Executive Director, was concerned at the risk caused to our patients through these delays.

The Chairman thanked the Director of Nursing and the Medical Director for their update and emphasised the need for all organisations to work more effectively together for the benefit of the patient.

Operations

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

Accident & Emergency

- Significant increase in Urgent Care performance figures.
- Higher attendance with more sick patients being admitted and not enough being discharged. Action is needed in terms of getting support.
- The challenges seem to multiply at the weekend, particularly with the timely discharge of patients who are now medically fit and ready to leave.
- An analysis into the increase of 'avoidable breaches' has highlighted some areas for improvement which are beginning to have a positive effect.

Referral to Treatment

- Pressures at speciality and sub-speciality level.
- There are two 52 week waiters, both for spinal surgery. Procedures are in place to deal with the backlog of demand.
- Expectation is to be green for quarter 2 for all Cancer Standards.

The Interim Chief Operating Officer confirmed that there was a constant focus on meeting the Constitutional standards.

The Chief Executive explained that a detailed piece of work had been carried out to try and provide cross-system clarity and consistency and there is a meeting next week with the commissioners to go through it.

The Chairman thanked the Interim Chief Operating Officer for his update.

Finance

The Director of Finance highlighted some key areas from his report:

- The report is as presented and as discussed at the finance committee earlier this week. The report reflects the revised plan to achieve the stretch target deficit of £9.7m.
- Deficit for September was £2m (£1.7m worse than plan) which has led to an increase in year to date deficit which is some £5.9M behind plan. This has been driven by several things such as:-
 - Significant pay pressures
 - Running with unfunded escalation capacity
 - Generally premium rates relating to temporary staff
 - Shortfall on CIPs on year to date now £1.6M
- Whilst the Trust is recovering considerably more income than originally planned it is increasingly costing more to deliver. This along with the increasing level of challenges from commissioners creates considerable pressure impacting on the Trust's operational and financial performance.
- The Year-end forecast currently stands at £15.2M although this is currently being validated due to the range of risk associated with the assumed delivery of the Financial Recovery Plan. At this point the Trust is half way through the current round of performance review meetings which forms part of the validation exercise.
- CIP forecasts are materially higher the originally planned but are also subject to significant validation and confirmation.
- The most significant financial risk for the Trust at this time is the cash position. Recent notification of changes in the cash support processes would have a major impact on the Trust if unresolved. Members of the Finance team have met TDA representatives in order to agree a resolution to this issue and the Trust will prepare submissions based on the actual cash requirements in due course.

Liz Conway, Non-Executive Director, felt it important that we clearly show what the cost is of providing staff to look after those patients that should have been discharged into the community. The Chairman agreed that the cost would be significant; however he felt it important that we do not aggravate the situation by placing blame on the commissioners. Actions need to be identified to resolve this issue.

Workforce

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

- An establishment control in relation to workforce capacity had been introduced and temporary workforce numbers continue to be scrutinised on a weekly basis.
- There is 'Good News' in relation to nursing recruitment. In November, we will be in a position where all ward based nursing positions are filled; so there should be a significant drop in the use of agency staff.
- Essential skills training for the medical workforce is being promoted via performance reviews and the Chiefs of Service. Specialist Registrars are proving to be the main problem at the moment.

- The take up of staff flu vaccinations is 5% down on this time last year. Despite constant communication, the overall response has been disappointing.
- National Staff Survey returns are above those of last year. We anticipate some staff concerns reflected within them, particularly in relation to work pressures.

Mark Nellthorp, Non-Executive Director, asked whether staff had explained why they are reluctant to have the flu vaccination. The Director of Workforce and OD explained that some had cited a lack of time and others that they thought that the vaccination would make them ill. The Medical Director suggested that some might see the flu as less of a worry because of the lack of any outbreak in the last couple of years.

The Chief Executive expressed her delight at the good news in relation to nursing recruitment. Mark Nellthorp, Non-Executive Director, asked whether the nurses stay in the department to which they are recruited. The Director of Workforce and OD explained that some do move around but that that is to be encouraged. Alan Cole, Non-Executive Director, asked what staff support mechanisms were in place for those suffering from work-related stress. The Director of Workforce and OD explained that support is available from Acquillis (counselling service) who will share trends with the Trust, without breaking confidentiality.

The Chairman summarised the IPR discussion, highlighting key points:

- On the whole the organisation is performing well.
- In relation to Unscheduled Care we need to establish with the TDA, NHS England and CCGs 'one version of the truth'.
- The Trust needs to do more with 'unavoidable breaches'.
- Action plan needed for better weekend discharges.
- Need to encourage regulators to better hold different agencies to account.
- Ensure escalation process is working both within health community and outside.
- Ensure that our own discharge processes are working effectively.
- Need to put together an RTT plan so that we are prepared and dealing with any pressures in this area.
- Need to ensure that staff numbers correlate with financial plan.
- An analysis of any extra costs that we are incurring and what extra services we are providing as a result of delayed discharges.
- Conduct a review of the necessary infrastructure that is needed.

187/15 Self Certification

The Director of Corporate Affairs presented the Self Certification, 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 our failure to meet the 4 hour Emergency Department waiting standard, a risk against our ability to meet cancer 62 day first definitive treatment and the delivery of RTT. This reflects our position at the end of September. We have been assured that we will continue to have full support from the TDA with regards to our current financial position.

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

188/15 Winter Plan

The Interim Chief Operating Officer presented the Executive Summary of the Operational Winter Resilience Plan in preparation for Q3 and Q4 and the measures Portsmouth Hospitals Trust will take to manage the challenges posed by winter. The paper outlines guidance and best practice, including a range of policies. It addresses key issues such as:-

- NHS constitutional standards and contracted activity
- Bed modelling
- Managing winter demand and capacity
- Mitigation for the forecasted bed gap in Q4
- Planning services to meet and manage demand in Dec/Jan
- Escalation status triggers
- Capacity and A&E triggers
- Escalation actions
- Command and control

The Board were invited to ask questions.

Steve Erskine, Non-Executive Director, queried whether 'escalation' was the equivalent to a Plan B. The Interim Chief Operating Officer clarified that this was all included in the plan. The Chairman felt concerned that this was the first time the system plan has been looked at and stated that this it needed to be considered in detail by the Finance & Performance Committee.

John Smith, Non-Executive Director, queried whether the CCG's are aware of their funding liabilities. The Interim Chief Operating Officer clarified that they were and were also looking to include a process if flu hits within the winter plan.

189/15 Revalidation

The Medical Director presented the Revalidation Annual Report to the Board for approval. It is a 5 year cycle where all doctors have to provide evidence of regular appraisals and 360° feedback from colleagues and patients. There are 526 doctors in this hospital who all go through the revalidation process, not including those in training as they go through a different process. Revalidation is there to strengthen the appraisal process and also has quality assurance associated with it. The Board can be reassured that our process is very good.

The Chairman asked what happens with those who do not comply with the requirements. The Medical Director explained that if anyone 'defers the process' they are warned that the GMC will become involved if they continue not to engage in the process.

190/15 Board Assurance Framework

The Director of Nursing highlighted the recent updates to the Assurance framework. She also explained that she will be working jointly with the Director of Corporate Affairs to create a Board Assurance Framework that mirrored current best practice.

Steve Erskine, Non-Executive Director, asked about those risks relating to specialist services and the threat of financial penalties. The Director of Finance explained that this has been picked up within the Finance Committee.

The Chairman asked whether the Board was satisfied that these are the main risks that threaten our strategic aims and with the mitigation that was in place to manage those risks. The Chief Executive agreed that these were the main risks but suggested focusing more on litigation to see if any trends could be detected and also felt that we must not underestimate the pressures on our staff.

The Director of Corporate Affairs confirmed that he was currently reviewing the committee terms of reference with the Chair of each committee. He intends to present these for ratification at the next Board meeting.

191/15 Quarterly Quality Report

The Director of Nursing presented the progress with the Care Quality Commission Quality Improvement Plan. Overall the Quality Improvement Plan is showing good progress.

Mark Nellthorp, Non-Executive Director, felt that the delivery rating column showing the progress of our partners should be flagged red. The Director of Nursing explained that this had been considered by the Urgent Care Board that morning; so this will be amended.

192/15 Quarter 2, Delivery against Business Plan

The Director of Strategy presented his report explaining that he felt it was too financially dominated. Whilst it shows the key numbers, it will need a refresh for the next quarter. The Chairman agreed and suggested cross-referencing with the performance report, looking at where we are going and where we need to be.

The Board noted the report.

193/15 Information Risk SIRO Annual Report

The Director of Corporate Affairs presented his annual review of Information Governance within the Trust. He took the opportunity to praise and thank James Taylor, Information Governance Manager, for his driving of this agenda. The Trust is doing very well.

Steve Erskine, Non-Executive Director, referred to section 6 of the report, under Information Asset Registers, and noted that this was an area that needed improvement. The Director of Corporate Affairs explained that this is being managed through the CSCs and a lot of work is going on behind it. The Chairman suggested in future having a table that shows how we compete with the rest of the country rather than just our peers. The Director of Corporate Affairs agreed to provide one.

Alan Cole, Non-Executive Director, queried whether an assessment has been done on how easy it is to hack into our systems. The Director of Corporate Affairs reminded of the IT security audit that had been carried out a couple of years ago and suggested that it needed to be done again. Several shortcomings had been identified at the time and it is important to see whether they have been resolved.

The Chairman thanked the Director of Corporate Affairs and James Taylor for the report.

Action: Director of Corporate Affairs to feed information back to James Taylor and revisit audit as above.

194/15 Charitable Funds Update

The Director of Corporate Affairs presented the Charitable Funds Report. Pleased to report that Mick Lyons, Trust Fundraising Co-ordinator, has now returned from sick leave and continues to raise money for the Da Vinci Robot. The Charitable Funds Team is continuing to raise its profile and is working well.

195/15 Non-Executive Directors Report

Steve Erskine, Non-Executive Director, reported that he had been working with the complaints team and would be going back to work with them again next week. He had also spent some time with the Stroke team and was pleased to report on what excellent progress was being made.

196/15 Annual Work plan

The annual work plan was noted by the Trust Board. There were no changes.

197/15 Record of Attendance

The record of attendance was noted by the Trust Board.

198/15 Opportunity for the Public to ask questions relating to today's Board meeting

Mr Kennedy felt that the public in general seemed to have a lack of respect for the NHS and thought that as it is free, it has no value. He was concerned at the monetary loss to the NHS, caused by drug and prescription fraud. The Chairman accepted that the NHS was facing significant challenge but was convinced that most members of the public thought the service to be magnificent. The NHS was designed to be free at the point of need. There is a robust system in place to prosecute the frauds that are committed within the NHS; the majority by pharmacies and GPs. The Chairman thanked Mr Kennedy for his comments.

Roland Howes referred to the example of a consultant taking 3 hours to submit his expenses claim because of the 'clunkiness' of our IT systems. The Director of Workforce and OD explained that expenses are now done online via epay, which is a simple process, so couldn't understand why it had taken him so long.

199/15 Any Other Business

None.

200/15 Date of Next Meeting:

Thursday 3 December 2015

Venue: Lecture Theatre, Education Centre, Queen Alexandra Hospital