

Trust Board Meeting in Public

Held on Thursday 26 February 2015 at 10:00am

Lecture Theatre
Queen Alexandra Hospital

MINUTES

Present:	Sir Ian Carruthers	Chairman
	Alan Cole	Non Executive Director
	Mark Nellthorp	Non Executive Director
	Steve Erskine	Non Executive Director
	Liz Conway	Non Executive Director
	Mike Attenborough-Cox	Non Executive Director
	Ursula Ward	Chief Executive
	Ben Lloyd	Director of Finance / Deputy Chief Executive
	Tim Powell	Director of Workforce & OD
	Simon Holmes	Medical Director
Simon Jupp	Chief Operating Officer	
Cathy Stone	Director of Nursing	
In Attendance:	Peter Mellor	Director of Corporate Affairs & BD
	Linda Field	Head of Nursing (for agenda item)
	Marianne Treagust	Senior Sister, F4 (for agenda item)
	Greta Westwood	Deputy Director of Research and Innovation
	Michelle Andrews	(Minutes)

Item No **Minute**

27/15 Apologies:

Apologies were received from Dr John Smith, Non Executive Director.

Declaration of Interests:

There were no declarations of interest.

28/15 Patient Story

Linda Field, Head of Nursing and Marianne Treagust, Senior Sister, F4, were in attendance for this item and delivered the following presentation:



Patient story Trust
Board Feb 2015.ppt

The Director of Nursing advised that the purpose of this particular story was to show how the Trust learns from incidents that occur. She was pleased to report that Ward F4 had recently been awarded its gold accreditation.

Linda Field was pleased to advise that there had been no falls resulting in harm since September 2014. The actions put in place to reduce the number of falls have been embedded across all 8 of the MOPRS wards.

Liz Conway asked whether any specific dementia training was provided to the Healthcare

Support Workers working in those wards. Marianne Treagust advised that there was no specific dementia training, however, all staff receive basic dementia training and there is also additional support for those working in those wards with patients with dementia. She felt that there was a need to increase the volume of face to face training for ward staff.

Alan Cole congratulated the team for the reduction in falls resulting in harm. He asked whether there was any resistance from the Trust when trying to roll out these projects. Linda Field advised that there was no issue with authority or money when trying to acquire additional equipment, there was however, an issue with the availability of hi/lo beds at certain times of demand.

A discussion ensued about the issue of portable equipment with lockable wheels. Mark Nellthorp asked whether it was possible to source equipment where wheels automatically lock, which then require action in order to unlock the wheels and move the equipment. The Director of Nursing felt that this was a good idea and would discuss with the National Patient Safety Agency (NPSA).

Action: Director of Nursing

29/15 Minutes of the Last Meeting – 29 January 2015

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

Page 3 – refers to the ‘Acting’ Director of Nursing as opposed to Director of Nursing

Page 4 – Liz Conway was not concerned about the Trust using a healthcare provider, but was actually asking about the volume of work being sent to the private provider.

30/15 Matters Arising/Summary of Agreed Actions

All actions on the grid had been completed.

31/15 Notification of Any Other Business

There were no items of any other business.

32/15 Chairman’s Opening Remarks

The Chairman welcomed Mike Attenborough-Cox to the meeting who had recently joined the Trust as a Non Executive Director. Mike Attenborough-Cox is a qualified accountant with extensive experience working in the public sector. He would bring a wealth of experience and knowledge to the Board.

Dr John Smith has also been appointed as a Non Executive Director and would be in attendance from the next meeting.

The Chairman reflected on the position of the Trust during the last month. Demand for unscheduled care continued with pressure on flow throughout the organisation. Whilst huge efforts were being made to improve the situation, the actions implemented were not having the expected progress. He thanked the staff for their continued efforts in providing safe and effective care whilst working under extreme pressure. The majority of hospitals were previously working at an occupancy rate of 94%, however this year it is 97% which is an indication of the increase in the acuity of patients.

The CQC inspection had taken place during week commencing 9 February. The Chairman thanked the members of the public who had come along and contributed to the listening event. He also recognised the extra work which the inspection had put upon staff, and thanked them for their contribution. The CQC had been very impressed by the welcoming reception and warmth of the staff and the organisation of the whole process in the lead up to the inspection. There would be a number of unannounced inspections taking place over the next few weeks. A draft report would be received during the next 8 weeks, however, the

initial feedback received had highlighted:

- Many good things happening within the Trust
- Unscheduled care was a major issue and needed addressing urgently
- Some recommendations about end of life care

He drew attention to some recent national publications:

- Department of Health – Culture Change in the NHS
- Report on the 'Freedom to Speak Up' review

33/15 Chief Executive's Report

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

- 'Freedom to Speak Up' review – a communication has been sent to all Trust staff about the freedom to speak up and the Trusts open and transparent culture.
- CQC Inspection –
 - The CQC had been very impressed with the interest from both the staff and the public at the listening events.
 - One of the key successes internally, was the engagement of the staff in the inspection process, through the Executive Roadshows.
- She had recently met with the HealthWatch Portsmouth Board to discuss the challenges being faced by the Trust. She was pleased to report that HealthWatch reaffirmed their support of the Trust.
- A Wessex event being launched in April around Acute Kidney Injury
- Team Brief - the presentation slides had been included. These were now in a slightly different format to align to the 5 domains of the CQC assessment.

34/15 Integrated Performance Report

Quality

The Director of Nursing drew attention to those areas of exception:

- Pressure ulcers – the year to date position is 24 patients with avoidable pressure ulcers (not 27 as stated in the report). All reported pressure ulcers are assessed and validated within 48 hours of identification. 2 of the identified cases had been assessed and deemed not pressure damage. She would ensure that data was always validated before being presented to the Board. She advised that there had been 234 patients admitted to the hospital during January with reported existing pressure damage.
- Falls – There were 5 reported patient fall incidents in January. The year to date position is 35 patient harm events, as a result of a fall, against a trajectory of 27. NHS England has visited the Trust recently to look at the FallSafe bundle, and they were satisfied with the actions the Trust was taking to reduce falls.
- There is a 'perfect care' week planned for April with the intention of having zero falls and zero pressure ulcers.
- Patient moves – There has been a deterioration seen in the number of patient moves which have occurred overnight. This is not acceptable and renewed focus has been given to identifying and moving patients earlier in the day.
- Overseas recruitment – The Nursing & Midwifery Council (NMC) and Trust Development Authority (TDA) have raised concern that some Trusts are using overseas nurses as registered nurses, despite them not being registered with the NMC in the UK. She confirmed that this did not apply to this Trust, and that only those registered with the NMC were reported in our registered nurses numbers.
- Healthcare acquired infections – There had been 3 cases of MRSA during January. 1 was deemed unavoidable but still attributable to the Trust. The other 2 cases were awaiting a Post Infection Review Panel. There were 3 cases of hospital acquired C.Difficile during January against a trajectory of 3. The year to date position is 35 patients against an annual trajectory of 31.
- Mortality – Whilst HSMR is below the national average, the SHMI rate continues to be above the national average, but still within the 'expected' range. This has been

considered in detail at the Clinical Effectiveness Steering Group and it seems to be that there is a higher mortality rate for those who come via the non elective pathway. This is reflective of the unscheduled care demand, due to the high acuity of patients and high incidents of respiratory disease.

Steve Erskine was concerned at the number of patients being moved overnight. The Director of Nursing agreed and regretted that an improvement had not been seen. During the last 2 weeks a number of actions had been put in place, including identifying patients who could be moved much earlier in the day. All staff groups were being involved in the decision making around whether a patient could be moved. She reminded that it was crucial that the bed base was correct, and as a consequence an additional medical ward was being opened.

Liz Conway asked whether there was a plan to get those overseas nurses who were not yet registered, registered with the NMC. The Director of Nursing advised that at the point of induction at the Trust, the process began. She reminded that whilst they might not be registered with the NMC, they do still have a valid recognised registration. Overseas nurses from outside the EU undertake further assessments to ensure their ability to do the job.

Operations

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

- Performance against the ED 4 hour standard was 78.7% against the 95% standard. There were a number of contributing factors:
 - Continued high levels of attendances. In January there were 420 more attendances than in December and year to date there had been 1,429 more than the same period last year.
 - A continued high number of acutely unwell patients presenting.
 - A high number of medically fit patients occupying acute beds, significant actions to reduce this are being taken across the whole health economy. The average number for January was 111 patients per day.
 - A continual mis-match between admissions and discharges leading to greater focus being placed on minimising this difference on a daily basis.
- RTT – all 3 standards were achieved at Trust aggregate level, with planned specialty fails of the standards. A recovery plan with a number of actions had been implemented.
- Cancer standards were achieved for quarter 3. All standards except 1 were achieved for January. Once the data validation of breaches is complete, the performance against that standard is expected to turn green.

Steve Erskine noted the big increase in the number of patients going through the Urgent Care Centre and Ambulatory Care Services, but also that it was not having an impact on the performance figures. He therefore asked whether this was the right thing to do. The Chief Operating Officer felt that it was absolutely the right thing to do, and that more of it needed to be done. The issue was the flow throughout the organisation and creating discharges; this was now receiving even more focus.

Alan Cole noted the increase in length of stay and asked whether this was being analysed to understand the impact on bed occupancy. The Director of Finance advised that there was a renewed focus on discharges which would help unblock a number of the medical outliers and which would therefore reduce the average length of stay. The Chief Operating Officer reminded that 85% of the bed base was used on unscheduled care, and this figure was due to increase further, with an additional 2 wards being opened.

Mark Nellthorp asked whether there were any actions in place to increase the number of discharges going through the discharge lounge. The Chief Operating Officer believed that 50% of discharges from the Trust should go via the lounge. He also reminded that some patients go straight home from the ward, and that some wards have their own discharge lounges.

Steve Erskine noted that the plan to reduce the number of patients waiting more than 35 weeks to zero had slipped. The Chief Operating Officer advised that the plan is to have zero patients by the year end.

Simon Holmes advised that the national Stroke audit had now changed and included a much larger range of metrics. A review was undertaken and an action plan developed. He reminded that the audit data is 3 months in arrears, which means that it will take at least 3 months for any improvements to be seen.

Finance

The Director of Finance reminded that the financial report had been scrutinised in detail at the Finance Committee earlier this week.

He reminded that the safety of patients was the top priority of the Trust. The unscheduled care issues and additional associated costs were having a detrimental effect on the Trust's financial position.

He highlighted some key areas from the report:

- The financial position of the Trust remains challenging with a £0.8m deterioration against plan in January to give a cumulative year to date adverse variance against plan of £6.7m.
- CSC's are forecasting a year end variance to plan of £5.5m, which is a £3.8m deterioration from the previous forecast, including:
 - Cost improvement delivery, of £13.7m which is £3.8m adverse of plan.
 - PbR income under-performance of £0.5m
 - Expenditure on escalation beds and nurse specialising of £0.4m
 - Other over-spends against budget of £0.8m.
- The financial forecast as currently stands is extremely difficult to achieve. In addition, the estate has been re-valued and has increased by £30m, resulting in an increased dividend payment due of £0.4m.
- Incorporating the Recovery Plan actions, net risks and opportunities total £2.4m and, when combined with CSC forecasts, results in a £1.9m year-end deficit; against a planned surplus of £1.2m.
- The Trust was due to receive an allocation of funds to support winter pressures with the aim of sustaining and improving operational performance. The total allocation of funds was £3.8m and expenditure commitments against this were currently forecast at £4.2m. There is a risk around securing this money in full as all key targets had not yet been met.

The Chairman was concerned that despite the agreement of a breakeven position with clearly identified recovery actions at the last meeting, the position had deteriorated further. A discussion followed and the Director of Finance detailed the main reasons behind the worsened position.

Workforce

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

- Total Workforce Capacity had increased by 87 FTE in month.
- Temporary Workforce increased by 47 FTE in January
- Staffing levels (as per NQB Safe Staffing Levels) are reported as 99.1% against planned requirements for January.
- In-month sickness absence rate increased by 0.5% to 4.2% in December, and 12 month rolling average increased to 3.5%.
- Appraisal Compliance increased by 1.1% to 85.6% in January and is above target.
- National Staff Survey – results published and would be presented to the Trust Board at its next meeting. There was a significant improvement in many areas.
- There were 0 cases of whistleblowing in January, however, there has been 1 reported case in February. The Whistleblowing policy is being reviewed in line with

the recent publication of the Francis Report.

Liz Conway asked whether the Executive Team was confident that there were the right people in place at senior and middle management in order to deliver the Trust's Strategic Objectives. The Director of Workforce felt that there were the right people in place, however, he was not confident that the accountability/performance framework was effective in all CSC's but that this was being addressed.

35/15 Self Certification

The Director of Corporate Affairs and Business Development 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.

He pointed out the additional risks within Board statement 10 around the delivery of the RTT and Cancer performance targets.

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

36/15 Quarterly Innovation Report

Greta Westwood, Deputy Director of Research and Innovation was in attendance for this item.

The Chief Executive highlighted the success and importance of both Research & Development and Innovation within the Trust, and sought the Board's support in integrating all elements of research and innovation.

Greta Westwood presented the paper, outlining the research activity undertaken. The report on activity would be presented to the Board on a quarterly basis.

Steve Erskine asked why the research recruitment numbers were below the target. Greta Westwood explained that they had looked at this in detail, comparing the Trust to other Trust's and it was clear that they had better numbers in research recruitment because they were the host for a number of 'single site' studies, which means they are the only site hosting those particular studies. She assured that the quality of research undertaken here is of high quality, but the Trust was pushing towards becoming a driver of studies as opposed to just participators.

37/15 Assurance Framework

The Director of Nursing drew attention to the risks within the Board Assurance Framework and asked that the Board assure itself that these were the correct risks currently facing the organisation.

Steve Erskine noted the decrease in score for the risk around RTT, despite the discussions had earlier today. Liz Conway reminded that the Assurance Framework is one month behind, and this would be discussed in detail at the next Risk Assurance Committee.

38/15 Charitable Funds Update

The Board noted this report.

The Director of Corporate Affairs advised the Board that the official launch of the Trust's Charity would be taking place on 23 March.

39/15 Non Executive Directors' Report

Steve Erskine advised that he had recently undertaken a visit to the stroke wards and was very impressed by the high level of care given to patients.

40/15 Annual Workplan

The Board noted the workplan.

41/15 Record of Attendance

The record of attendance was noted by the Board.

42/15 Opportunity for the Public to ask questions relating to today's Board meeting

Roland Howes, Governor, noted that whilst the overall appraisal compliance rate was above target, there still remained 4 CSC's below target. The Director of Workforce recognised this and explained that it was a direct impact of the unscheduled care issue facing the organisation.

43/15 Any Other Business

There being no further items of any other business, the meeting closed at 12:20pm.

44/15 Date of Next Meeting:

Thursday 26 March 2015

Venue: Lecture Theatre, Queen Alexandra Hospital