

**Trust Board Meeting in Public**

Held on Thursday 26 March 2015 at 10:00am

Lecture Theatre  
Queen Alexandra Hospital

**MINUTES**

<b>Present:</b>	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	
	Dr John Smith	Non Executive Director	
	Ursula Ward	Chief Executive	
	Tim Powell	Director of Workforce & OD	
	Simon Holmes	Medical Director	
	Simon Jupp	Director of Strategy	
	Cathy Stone	Director of Nursing	
	Ed Donald	Interim Chief Operating Officer	
	<b>In Attendance:</b>	Peter Mellor	Director of Corporate Affairs & BD
		Debbie Matthews	Clinical Services Manager (for agenda item)
		Nick Bennett	Consultant Plastic Surgeon (for agenda item)
Julia Duggan		Clinical Manager (for agenda item)	
Johann Jeevaratnam		ST Plastic Surgery (for agenda item)	
Anoop Chauhan		Director of Research and Innovation (for agenda item)	
Greta Westwood		Deputy Director of Research and Innovation (for agenda item)	
Liz Burroughs	(Minutes)		

**Item No**      **Minute**

The Chairman welcomed John Smith to the meeting who had recently joined the Trust as a Non Executive Director. John Smith is a retired Surgeon with both national and international experience.

He also welcomed Ed Donald to the meeting who joined the Trust as Interim Chief Operating Officer on 1 March 2015.

He noted that Michelle Andrews, Trust Board Secretary, was unwell and thanked Liz Burroughs for taking the minutes in her absence.

**45/15 Apologies:**

There were no apologies.

**Declaration of Interests:**

There were no declarations of interest.

## 46/15 Staff Story

The Director of Workforce introduced the staff story which focussed on 'waste reduction' in theatres and the impact of Listening into Action.

Nick Bennett, Debbie Matthews, Johann Jeevaratnam and Julia Duggan were in attendance for this item and delivered the following presentation:



Waste Trust  
Board3.ppt

Steve Erskine asked whether there were some instances when the cheaper option is not always the correct option. Nick Bennett advised that they are taking this piece of work slowly and working closely with Procurement Services to ensure the best solutions in terms of reducing waste whilst maintaining the quality of the products used.

Steve Erskine enquired whether there was any negotiation with the suppliers especially around packaging. Nick Bennett responded that there were regular meetings between Procurement and our suppliers over the efficiency of their products, including packaging.

Steve Erskine asked the team to consider the impact of a low stock holding on the quality of care provided to patients, especially over weekends when it may not be possible to replenish quickly.

John Smith enquired how the team would convince staff that the cheaper option will not harm patients and is a viable alternative. Nick Bennett responded that it would be done through education and discussion and will be a collective decision rather than one imposed on staff.

Robin Marsh, Governor, asked whether the Trust had considered working with other Trust's in the region to establish a 'buyers consortium'. Nick Bennett responded that Procurement south of the region wide is being done and are currently in discussions with our neighbouring hospitals to optimise our procurement process.

The Chairman remarked how this was a good example of how Listening into Action is working and how engagement with staff on better ways of working can produce excellent results.

## 47/15 Minutes of the Last Meeting – 26 February 2015

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

## 48/15 Matters Arising/Summary of Agreed Actions

The only action on the grid had been completed.

## 49/15 Notification of Any Other Business

The Director of Corporate Affairs advised that from the 1 April 2015, car parking charges were due to increase. Negotiations had taken place with Carillion which had resulted in a lower increase than first anticipated. 'Short stay' visitors parking for 1.5 hours would be the least affected with the price increasing from £1.70 to £1.80. This price bracket would be fixed for 2 years. The other price brackets would be increasing proportionately. These increased prices were still cheaper than other local hospitals, and parking in Portsmouth City centre. He reminded that there were also concessionary rates for blue badge holders and other appropriate groups, as well as reduced rates for visitors of long stay patients.

## **50/15 Chairman's Opening Remarks**

The Chairman remarked how pleased he was with the recent Trust Board appointments that had been made. Unscheduled care remains the Trust's biggest challenge although some progress has been made, there was still more work to be done. The Chairman thanked the staff for all that they do, at a time when the NHS is continually being challenged.

The Chairman highlighted the results of the National Staff Survey and the much more positive picture it conveys.

## **51/15 Chief Executive's Report**

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

- The report into the events at Morecambe Bay Foundation Trust maternity services will be taken through our normal Governance process to pick up on any learning points pertinent to this organisation.
- 'Every Moment Counts' – the Trust has made significant progress in terms how we are caring for people at the end of their life. Our End of Life Care Team and Palliative Care Team are now working as one unit. Our strategy for how we are caring for people at the end of their life will be brought to a future Trust Board meeting.
- The future of Vascular Services will be made public post May but it is anticipated that the current arrangements will remain.
- There will be a review of Elderly Services across the country and the Trust has been asked to provide examples of good practice.
- There is a growing focus on patient safety throughout the NHS and the Wessex Safety Collaborative met for the first time recently and Ursula will be the Acute Chief Executive on that Steering Group. The initial areas of focus will be Sepsis and Transfers and the risk issues associated with them.
- Contract discussions with our Commissioners for next year are ongoing.

Steve Erskine referred to the Enhanced Tariff for 2015/16 item and asked for clarification on whether we were on the enhanced tariff. Simon Jupp confirmed that we were.

## **52/15 Integrated Performance Report**

### **Quality**

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

- Pressure ulcers – there has been one patient with a grade 4 pressure ulcer reported in February. This had identified an issue around our whole health system and we have worked with the CCG's and other health partners to move forward in a positive way.
- There were five patient falls reported in February (2 severe harm and 3 moderate harm). The Trust year to date position is 40 patient harm events as a result of a fall (6 severe harm and 34 moderate harms) against an improvement trajectory of 30 (annual improvement trajectory of 32). The Trust has not achieved the CQUIN improvement target.
- Last year the Trust did not take part in the End of Life Care Audit. This year we have asked to be considered as one of the pilot organisations that will take the new national strategy forward.
- Patient moves – there have been less than 50 moves after midnight which is a significant improvement. The aim will be to reduce this to no moves after 8pm.
- The Medical Director reported that there were no cases of MRSA in February but the position to date is three bacteraemia, two of which have been described as unavoidable and the third has yet to be attributed to any particular cause and we await the outcome.

- CDifficile – four patients in February and a total of 39 for the year against a trajectory of 31.
- Mortality – HSMR is currently 95.2. The rebased annual HSMR figure is 99.7 for 2013/14. Our weekday HSMR is 99 and our weekend is 101 and is very similar in comparisons to other hospitals. Our SHMI is currently 107 which is higher than we would like but is within the expected range. The Board was reminded that the SHMI does not take into account deprivation and also includes any death which occurs within 30 days of the patient leaving hospital. If these figures are broken down the Trust has a higher proportion of deaths in unscheduled care patients than scheduled care which is determined to be the cause of the higher SHMI figures.

Liz Conway referred to the one medication error and asked for reassurance on what the Trust is doing to ensure that no further incidents occur. The Medical Director reported that new procedures to minimise medication errors would be put in place now that the new Chief Pharmacist was in post.

Liz Conway referred to the Health Care Overview figure currently being red for February but the medication errors against the TDA framework were showing green and so did not correlate. The Nursing Director responded that this was in relation to one SIRS event showing red which would have an impact on the figures and the way they are presented.

John Smith asked why there was a working group established to look at gentamycin. The Medical Director responded that there had been some errors in its use and it was therefore felt a refresh in education on its use would be a good idea.

Steve Erskine asked for the Medical Director's thoughts as to why SHMI had slipped again this month. The Medical Director explained that the figures are retrospective and that relevant diagnostic groups had been closely reviewed but found nothing untoward had been found. The unscheduled care figures were higher and raised the question of whether we were discharging patients too early but there was no associated rise in readmissions to correlate with that.

The Chief Executive asked whether it was possible to establish a direct link back to specific areas of Portsmouth and deprivation. The Medical Director undertook to raise this at the Clinical Effectiveness Steering Group and with Dr Foster.

**Action: Medical Director**

## **Operations**

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

- 7 of the 8 national standards had been achieved. 62 day first definitive treatment has not been achieved due to the pressures in Urology and is at risk for quarter 4. Two new Urologists have been recruited and are now in post. The backlog of patients waiting longer than standard had significantly reduced and there has been an improvement in the 31 day treatment standard.
- The Trust will not achieve the admitted standard for 18 weeks in February and March as it has been planned to further reduce the backlog.
- A&E – the national four hour wait target was not achieved in February and performance was 75.3%. There had been eight breaches of the 12 hour trolley wait standard. Since the end of February the Trust has implemented a number of changes to improve urgent care and the early results are quite positive.
- Cancelled operations 28 day guarantee – due to the unscheduled care pressures there had been one breach of this zero tolerance standard with the patient not having been offered another date for treatment within 28 days; all patients have now been treated.
- The Ambulatory Service has expanded in size which means it can now see more patients and discharge them home on the day whereas previously they might have been admitted.
- Emergency Department patients waiting more than four hours has reduced to 262 which is a reduction of by 253 patients. Ambulances queuing outside had reduced to

seven hours, a reduction of 172 hours, so very positive progress since the start of March.

The Interim Chief Operating Officer thanked all of the staff that had worked so hard to put these changes in place at the same time as treating acutely unwell patients.

A recently formed Stroke Project Group was working to ensure that patients can access the service more quickly. This work will be led by the Medical Director in-conjunction with the Stroke team.

Liz Conway queried the number of Orthopaedic elective procedures that had been cancelled as this had been quoted as 100 at a previous meeting but current figures show we only managed to rebook 20. The Interim Chief Operating Officer replied that he believed that the figures that he had quoted to be correct but would confirm and report back.

**Action: Interim Chief Operating Officer**

Alan Cole questioned whether staff work patterns were having to change to meet the current demand. The Interim Chief Operating Officer responded that rotas had been altered where deemed necessary and the Trust will be formerly putting those in place to match staff and resources with demand.

Alan Cole enquired whether our partners had plans in place to ensure patients had access to their services throughout the Easter period so as to minimise delays in discharge from the hospital. The Interim Chief Operating Officer responded that there were clear plans in place to ensure this would happen.

Steve Erskine asked whether any patient had waited longer than 12 hours for a decision to admit. The Interim Chief Operating Officer confirmed that they had but that we now track patients for the length of time they have waited from their first presentation to the A&E department and not since the decision to admit. For March we have been under the 12 hour standard.

Steve Erskine asked whether the Trust would achieve an RTT of zero by end of March. The Interim Chief Operating Officer confirmed that we were currently on track to achieve this.

Liz Conway asked whether diagnostics is still on track, the Medical Director responded that one of the scanners had recently broken and cannot be fixed.

The Chairman asked when we would achieve the national 4 hour wait target. The Interim Chief Operating Officer responded that he needed to see the figures running through to the following month and would report back to the Board.

**Action: Interim Chief Operating Officer**

## **Finance**

The Director of Strategy highlighted some key areas from the report:

- During February the Trust had seen a high volume of patients coming into the hospital.
- There was a £0.9m improvement against plan in February, this included a £1.4m favourable adjustment, which was originally phased for March.
- Net risks and opportunities total £3.3m and when combined with CSC forecasts, result in a £1.5m year-end deficit against a planned surplus of £1.2m
- The December 2014 CSC year-end forecast incorporating risk and opportunities was £1.4m forecast deficit and this moved to a forecast year-end deficit of £1.9m in January 2015. The February 2015 year-end forecast deficit of £1.5m reflects continuing elective under-forecast performance and continuing unscheduled care cost pressures. This has been offset by an improvement in adjustments relating to PFI accounting treatment.
- Commissioners have now released the full winter funding monies. The Trust has put in a further bid for some additional money that has been incurred based on

pressures in January/February and await confirmation if that has been agreed.

Michael Attenborough-Cox enquired about the level of confidence in getting the additional winter monies. The Director of Strategy responded there was low confidence at the present time and was dependent on many different factors.

Steve Erskine asked what the level of confidence was that we would be able to reduce the forecasted deficit of £1.5m. The Director of Strategy responded that there was strong confidence that it will reduce.

## **Workforce**

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

- Total workforce capacity had increased by 278 FTE in month. There has been a TUPE transfer of Occupational Therapy staff (52 FTE) and significant levels of temporary staffing in medical and nursing.
- Staffing levels as per NQB Safe Staffing Levels are reported as 99.0% against planned requirements for February.
- Appraisal compliance had increased by 0.1% to 85.7% in February and is above the target of 85%. Those departments whose compliant rate is low have been asked at their Performance Reviews to put a trajectory in place for improving those figures.
- In-month sickness absence rate decreased by 0.1% to 4.1% in January and 12 month rolling average remained at 3.5%
- There is a 10% shortfall in nursing staff and there is a need to have robust plans in place to manage which will include the recruitment of nursing staff from overseas.
- There has been one whistleblowing case in February and an investigation has been instigated.
- The unions have agreed a 1% consolidated pay deal going forward.

Mark Nellthorp raised the recent media coverage regarding sickness due to stress and asked whether it was an issue for the Trust. The Director of Workforce responded that although it is an issue for the Trust, the figures has remained fairly steady and accounts for about 20% of our sick absence.

Liz Conway referred to recent discussions regarding capping the temporary workforce spend. The Director of Workforce responded that Procurement was confident in being able to take £1m out our agency spend for 2015/16 by negotiating agency fees.

Alan Cole asked whether any groups of staff had been disadvantaged by the current pay award. The Director of Workforce responded that the pay deal will give those on the lower end of the scale a much higher increase. He meets with unions on a regular basis but there had been no representation from them regarding this.

## **53/15 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. There was also an additional risks within Board statement 11 relating to the Information Governance Toolkit but hoped for an improved position by the end of March.

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

## **54/15 Research & Development Strategy**

The Director of Research and Innovation presented the report to the Board. The department has made great strides in research and their new five year plan has been

developed in consultation with patients and staff and outlines how research and innovation will be further developed over the next five years.

The vision is to be an internationally recognised centre of clinical research and innovation which will improve the health and wealth of our patients in Portsmouth. The team has worked with organisations and have increased the number of research funders and sponsors and is now a provider of choice for many commercial companies.

Liz Conway congratulated the team on an excellent brochure and asked with over 3,000 patients on trials, how we oversaw their safety. The Director of Research and Innovation responded that patients are either recruited through the acute pathways and outpatient clinics. For patients with long-term conditions they are managed within outpatients but going forward with the five year plan this will be in-conjunction with our CCG partners to work within the community. All patients taken on trials are fully aware what the commitments are under a research trial but there is also very restrict recruitment criteria and a robust external governance process.

Steve Erskine asked how other parts of the organisation could support the department. The Director of Research and Innovation responded that every person has a role to play but that there have been times when really good ideas had not come to fruition because the business case had not stood up to scrutiny.

John Smith asked what the Board could do to help in terms of funding. The Director of Research and Innovation responded that they need to fund key staff to manage the process and attract the right individuals to the Trust.

Mark Nellthorp commented that whilst there is a very good story to tell on innovation asked how good is the Trust on taking that innovation forward so that the Trust and patients both benefit from it. The My Birthplace App, which was extremely good had not been rolled out elsewhere. The Director of Research and Innovation agreed that we were not as good as we should be and that it is something that we need to improve on.

Alan Cole asked whether the recent announcement of George Freeman, Life Science Advisor who is going to make millions of tests available funded by the health companies would that be a help or hindrance to our research programme. The Director of Research and Innovation responded that it will be of benefit to apply for grants centrally and focus partners to help deliver some of the vision so it should be seen as an opportunity.

#### **55/15 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.

#### **56/15 National Staff Survey**

The Director of Workforce reported that the results of the survey placed the Trust in the top 20% of Acute Trusts nationally and also in the top 20% in ten key findings when compared with other Acute Trusts. The Board were asked to endorse the proposals for priority areas of focus for the forthcoming year.

The Chairman commented on the outstanding improvement in results and the positive continuation of Listening to Action. Thanks were given to the Director of Workforce and his team, particularly Lucy Wiltshire, who had put an enormous amount of work into this.

#### **57/15 Charitable Funds Accounts**

The Director of Corporate Affairs and Business Development reported that the annual accounts had already been approved by the External Auditors. They were accepted by the Trust Board.

**58/15 Charitable Funds Terms of Reference**

These were reviewed and approved.

**59/15 Charitable Funds Update**

The Board noted this report. The Director of Corporate Affairs and Business Development updated the Board on the new Fundraising Team.

**60/15 Non Executive Directors' Report**

Mark Nellthorp praised all staff concerned in his recent hospital stay.

Steve Erskine referred the Board to the Debt Write-off paper relating to one overseas visitor owing £186,724.00. The Chairman asked whether the Trust has good processes in place to ensure that this situation does not occur again. Alan Cole confirmed that it did but there was no guarantee.

Steve Erskine reported that during 2014/15 a number of technical accounting adjustments have required consideration to ensure that the Trust Accounts comply with appropriate accounting practice and provide a true and fair view of the transactions, assets and liabilities of the Trust. The Board noted the report and accepted the associated risks.

**61/15 Annual Workplan**

The Board noted the workplan.

**62/15 Record of Attendance**

The record of attendance was noted by the Board.

**63/15 Opportunity for the Public to ask questions relating to today's Board meeting**

One member of the public asked that the Board papers be written in plain English as they can be confusing.

Jim Harrison, HealthWatch Hampshire, raised the issue of departments not communicating with each other. The Chairman asked if he could be given some specific examples of this so that the Trust could investigate further.

Roland Howes, Governor, raised issue with some of the wording and graphs contained within the Performance Report. The Chairman reiterated his points above regarding authors of reports ensuing they use plain English.

**64/15 Any Other Business**

There being no further items of any other business, the meeting closed at 12.40pm

**65/15 Date of Next Meeting:**

**Thursday 30 April 2015**

**Venue: Lecture Theatre, Queen Alexandra Hospital**