

**Trust Board Meeting in Public**

Held on Thursday 28 May 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
	Richard Eley	Interim Director of Finance
<b>In Attendance:</b>	Peter Mellor	Director of Corporate Affairs & BD
	Lucy Wiltshire	Head of Organisational Development (for agenda item)
	Hannah Jones	Occupational Therapy Team Leader (for agenda item)
	Katie Morgan-Rawes	IT training Specialist (for agenda item)
	Greta Westwood	Deputy Director of Research & Innovation (for agenda item)
	Michelle Andrews	PA to Trust Board (Minutes)

**Item Minute No**

**86/15 Apologies:**

There were no apologies.

**Declaration of Interests:**

There were no declarations of interest.

**87/15 Staff Story**

The Director of Workforce advised that leadership development is a core competence of our organisation and that this example of a staff story illustrates some of the leadership developments in progress.

Lucy Wiltshire, Hannah Jones and Katie Morgan-Rawes were attendance for this item and delivered the following presentation:



Alan Cole believed that this was a tremendous opportunity for staff to develop themselves. He asked how the programme equipped individuals to challenge bad behaviour in the organisation. Hannah Jones felt that the programme had given her the knowledge and theory to be much more confident when challenging individuals. Katie Morgan-Rawes advised that she was promoting and living the Trust values to act as a role model and to influence others.

John Smith felt that historically the NHS was not very good at running its own courses. He asked how the Trust went about selecting the individuals to take part in the programme. Lucy Wiltshire advised that the Trust had been on a journey over the last 2 years to develop and embed leadership behaviours which gave the Trust the opportunity to have a 'talent pool'. It was therefore looking at the leadership development opportunities from the bottom of the organisation up.

The Chairman thought it inspiring to see two such fantastic examples of leadership development.

#### **88/15 Minutes of the Last Meeting – 30 April 2015**

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

#### **89/15 Matters Arising/Summary of Agreed Actions**

**76/15: Assurance Framework** – The Director of Strategy was pleased to report that the situation regarding typing turnaround had improved significantly.

**77/15: National ED survey** – The Director of Nursing advised that the comparison stated within the report was only related to a particular group of Trust's and did not reflect the national picture. A discussion was ongoing about whether it was the right group of Trusts to be compared with and was therefore retendering for a different survey provider to get a more accurate benchmark.

#### **90/15 Notification of Any Other Business**

There were no items of any other business.

#### **91/15 Chairman's Opening Remarks**

The Chairman referred to the newly elected Government, and advised that whilst there would be new policies and direction, it was not yet clear how that would look. It would be an extremely challenging year for the NHS, despite an additional financial commitment from the Government. The total deficit plan for all NHS Trusts was in the region of £822m. The majority of Trusts, including ourselves, were having difficulty in putting together a balanced plan for 2015/16.

Internally, unscheduled care remained the biggest challenge for the Trust. Despite a range of improvements being made over the last year, improvement in performance was not being sustained. There were more attendances and admissions than ever before with a much higher acuity of patients. He thanked the staff across the organisation, particularly those working in the Emergency Department, for their continued delivery of high quality, safe care.

#### **92/15 Chief Executive's Report**

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

- Research Conference – the Trust held its 5<sup>th</sup> annual Research Conference on 15

May 2015 which had highlighted many of the achievements made over the last year.

- Organ Donation - The latest data has been published by the NHS Blood and Transplant service and unfortunately throughout the country, overall organ donor numbers had fallen slightly in 2014/15, as a consequence and fewer people received transplants. It is therefore important that every hospital donation committee redoubles its efforts to make sure that practice is as near perfect as possible and in line with NICE guidance. The Trust will review its current approach and make any necessary changes.

Dr John Smith asked for more information about the new appointments made for both Unscheduled and Scheduled Care. The Chief Executive advised that there had been a strong field of candidates for both posts, however she was pleased to report that the following 2 appointments had been made:

- Gavin MacDonald, Director of Unscheduled Care – has previously worked at a number of Trusts specifically on the Unscheduled Care agenda.
- Michelle Dixon, Director of Scheduled Care – a Nurse by background, with many years' experience in senior management positions, focussed on scheduled care.

## **93/15 Integrated Performance Report**

### **Quality**

The Director of Nursing drew attention to areas of exception:

- Pressure ulcers - 1 reported avoidable grade 3 pressure ulcer in April. The year to date position for avoidable grade 3 and 4 pressure ulcers is 1, against a target of 24. To date over 400 staff have been trained in preventing pressure damage. The Trust would shortly be launching a formula for managing pressure damage.
- Falls – The Trust reported 3 cases of falls resulting in severe harm in April. The national average for falls is 2.5 falls per 1000 bed days. In comparison, the Trust's position is 1.6 falls per 1000 bed days. Whilst this position is positive, the Trust is still doing more to further improve, ensuring that all patients receive excellent care at the right time in the right place.
- Patient moves – whilst performance was improving, the Trust continued to undertake further work to continue to reduce the number of patient moves.
- Serious Incidents Requiring Investigation – whilst this was reported as red on the TDA accountability dashboard, there had been some national variation on what is being reported. A standard variation was now being rolled out to ensure that there are consistent standards nationally.

The Medical Director drew attention to areas of exception:

- Healthcare acquired infections - The Trust reported 1 case of MRSA Bacteraemia in April and the Root Cause Analysis was currently underway. The outturn for last year was no cases of avoidable MRSA. The Trust reported 2 cases of C.Difficile in April, against a trajectory of 4. These were both due to late sampling.
- Hospital Standardised Mortality Ratio (HSMR) – there was no published figure for April, due to technical difficulties with Dr Fosters and its new reporting system. The previous reported figure was 100.3 which was within the expected range.
- Standardised Hospital Mortality Indicator – A decrease has been seen so an improvement in score is expected for the next report, which is published on a quarterly basis.

Mark Nellthorp referred to the medication errors, particularly the second incident which had occurred in April and was still waiting to be graded. The Director of Nursing advised that the investigation was still ongoing, however, she reminded that there was strict guidance about how Pharmacy grades incidents.

Mark Nellthorp noted that medication errors had been graded as red on the TDA accountability dashboard. The Director of Nursing advised that we needed to look at the measure which the TDA use to ensure that we are measuring the same internally.

The Director of Corporate Affairs referred to the Friends & Family Test and was pleased to note that in the last 3 months, less than 1.5% of respondents would not recommend the Trust as a place to receive treatment. He felt that this was a real achievement. The Director of Nursing agreed, however, felt that the response rates still needed to be improved. A discussion followed about Friends and Family Test and the increase in target for response rates.

## **Operations**

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

- Demand continues to increase with 20 extra patients per day through the Emergency Department.
- In April the average bed occupancy rate was 94%, with it peaking at 96%. Due to impact on capacity, this has a real knock on effect to the RTT and Cancer performance.
- Cancer – 5 of the 8 national standards were achieved in April and the number of patients waiting continues to reduce.
- RTT – All standards were achieved at Trust level, with some failures seen at specialty level.
- Diagnostics – all standards achieved during April.
- Stroke – whilst all 4 of the key stroke standards were achieved during April, the continual pressure on capacity was having a knock on effect.

Steve Erskine noted that the number of patients waiting over 35 weeks had continued to increase and asked what the plan was to reduce this number. The Interim Chief Operating Officer advised that he would be working with each of the teams to find out why capacity cannot be found to prioritise these patients.

Steve Erskine referred to the Colorectal capacity and asked why the performance had not improved despite the appointment of another Consultant. The Interim Chief Operating Officer explained that it was because of the way the service is run. Some patients would now be taken through Gastro.

Alan Cole referred to the frail and elderly pathway and felt that the actions previously taken were not scalable. He asked when there would be a proper system plan in place which is scalable. The Interim Chief Operating Officer felt that it was crucial that everybody across the system was aligned in ensuring that this is a priority. The system wide plan was being updated and will include clear milestones.

Mark Nellthorp recognised the difficulty that capacity issues and high occupancy creates, however data published by NHS England showed that there were more than 50 other Trusts with higher occupancy rates than us yet they managed to achieve the 95% performance standard. The Interim Chief Operating Officer advised that in terms of league tables, the top performing Trust had an 87% occupancy rate. He confirmed that the Trust was looking at learning from other similar Trusts. The Chairman reminded that it was a multiplicity factor to improve performance. The Trust would be able to work at a high occupancy rate if the discharge numbers were improved to create flow throughout the organisation.

The Chairman noted that on the TDA Accountability Framework dashboard, despite performance against the Breast Symptomatic 2 week wait indicator being 'red' for April, the arrow indicating 'change from the last month' was pointing up. The Interim Chief Operating Officer agreed to rectify. He also offered to circulate what the Trust is doing to improve performance.

**Action: Interim Chief Operating Officer**

## **Finance**

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

- Income is always 1 month in arrears, so going forward, it is essential for both income

and expenditure to be in sync.

- The expenditure in April was £2.98m in excess of income, resulting in a £0.54m adverse variance to plan. Key components included £0.7m non-pay adverse variance in activity, adverse variance in pay pressures of £0.7m and £280k drug costs.
- Trust reserves have a favourable variance of £1.3m.

Mike Attenborough-Cox noted that the Trust had overspent on pay and yet there were 379 vacancies. The Director of Workforce explained that the expenditure on temporary staff works out at over 100 FTE. The plan was to recruit up to substantive and then remove the temporary staff; however the temporary staffing numbers had remained static. There were a number of factors for this including the increases in nursing staffing for safer staffing levels, and also additional staff in ED. He felt that the Board needed to look at how much recurring overspend there is and decide where to scale back. Any WTE over and above establishment will push the deficit even further.

Dr John Smith asked what the difference was in pay between permanent and temporary staff. The Director of Workforce explained that it depended on the level and specification, for example the cost of a locum Geriatrician is double that of a permanent one. There are some very high cost areas due to supply and demand issues in some specialities so many Trusts are recruiting from the same limited pool of staff.

## **Workforce**

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

- Appraisals - there had been a dip in compliance and all CSC's were held to account at Performance Reviews.  
Listening into Action – The latest round of 'Big Conversations' had been completed. Information was now being collated from these events and will be reported back, along with the focus of Listening into Action for the next 2 years.

Mark Nellthorp was concerned that the staff ratio levels were not as they should be and asked what was being done to rectify them. The Director of Nursing confirmed that the staffing levels were reviewed 3 times a day and the skill mix is looked at to see what is needed in terms of patient mix/caseload before any decision is made. She reminded that there was also a national issue with the supply of Nurses. The national requirements are now changing within the Emergency Department. This week there were a further 40 spaces commissioned for Band 4 Healthcare professionals. Once in post for two years, these can be offset against the Registered Nursing numbers. She reminded that it was not just about numbers but ensuring that the Trust has the right people delivering the right level of care.

## **94/15 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.

He drew attention to the non compliance of Board statement 10 due to the 4-hour ED wait standard. He also highlighted the risks around the delivery of the RTT and Cancer performance targets.

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

## **95/15 Quarterly Research & Innovation Report**

Greta Westwood was in attendance for this item and presented the Quarterly Research & Innovation Report. She drew attention to the following key points:

- Research recruitment at 87% of Quarter 4 goal, 3,200 patients and staff recruited (76% at Quarter 3). 2013/14 recruitment 2,837.
- Research income now recorded by income stream. Total income £4,534,555.

£2,351,434 recorded in 2013/14. £200,730 innovation income from AHSN recorded.

- Recruitment performance against our national peers will be reported in Quarter 4 report. Ambition to be in top 20%. Quarter 4 11<sup>th</sup> (42 large acute NHS organisations) – 26%
- Research approvals now 100% compliant.
- Research & Development now re-branded to Research & Innovation
- New website, logo, patient flyer and newsletter.
- 2015/16 CSC recruitment goals now agreed. Total Trust goal is 3,500.

Dr John Smith understood that normally only 10% of clinical research actually impacts on patient care and asked whether this was the case here in Portsmouth. Greta Westwood explained that the Trust only selects studies that directly impact on patient care. There are a few commercial studies which they undertake, however, the majority directly impact on patient care.

Steve Erskine congratulated the team on the progress made. The Chief Executive was pleased to report that Research and Innovation was now firmly embedded in the CSC performance agenda.

## **96/15 Assurance Framework / Risk Register**

### **97/15**

The Director of Nursing asked that the Board assure itself that the risks within both documents are the correct risks facing this organisation.

Liz Conway was not confident that all departments were reviewing their local departmental Risk Registers. The Director of Nursing confirmed that the Risk Registers were reviewed as part of the CSC Performance Reviews. Whilst she was confident that the Senior Management Teams review them, she did not know how far down the CSC's this was reviewed. The Director of Workforce felt that it was also about how information flowed up the CSC to be incorporated on the Risks Register. He suggested that this be part of a Listening into Action Big Conversation in the future.

The Medical Director was confident in the focus that staff give to reporting incidents and felt that the same level of focus was needed around risks.

Steve Erskine noted that 8 risks had been re-scoped and asked why this had occurred. The Director of Nursing reminded that an annual re-scope had taken place at the start of the new financial year rather than just rolling over the existing risks.

## **98/15 Nurse and Midwife Revalidation**

The Director of Nursing presented the report to the Board which outlined the arrangements in place to enable Registered Nurses and Midwives to meet the Nursing and Midwifery Council's revalidation expectations which commence in April 2016. There are currently 2330 Registered Nurses and Midwives employed, however, only 93 of them will be required to revalidate between April and June 2016.

Despite the national requirement for revalidation every 3 years, the Trust will have its own internal revalidation process annually.

Mark Nellthorp asked whether this revalidation would have prevented incidents such as the Stepping Hill incident. The Director of Nursing felt that it would never be known, however, revalidation would reduce that risk hence the reason the Trust is going to conduct an internal annual revalidation.

Mike Attenborough-Cox asked what the cost to the Trust would be to revalidate those staff necessary to do so. The Director of Nursing advised that the cost should be minimal as it will be dovetailed into the existing appraisal process. The Medical Director advised that the revalidation process used to be a time consuming exercise, however it was now part of the core business to improve the quality of care and is part of a robust appraisal process.

Dr John Smith asked how robust the revalidation process was for agency and locum staff. The Medical Director advised that a 'Revalidation Officer' was needed from outside of the system, so one could therefore argue that revalidation was not as robust outside of the acute hospital. The Director of Nursing was confident in the revalidation process for those agency nurses provided by NHS Professionals.

#### **99/15 Charitable Funds Update**

The Board noted this report.

The Director of Corporate Affairs was pleased to report that the second of the annual lease payments had been made and was covered by funds in the Rocky Appeal.

He was also pleased to report that lots of positive feedback had been received about the increased presence of the Trust wide charity which enables staff, patients and public to raise/donate funds to the departments and wards across the Trust.

Mark Nellthorp was pleased to report that due to the success over the previous two years, it had been agreed to extend the Nurse Ward Funds for another year.

#### **100/15 Non Executive Directors' Report**

Alan Cole advised that he had recently attended a Listening into Action Big Conversation and had been impressed by the energy and ideas discussed at the event.

Steve Erskine advised that the provision of the internal audit service had recently been retendered. The process was ongoing and the result awaited. He, along with Mike Attenborough-Cox, had attended the presentations from those shortlisted providers.

Steve Erskine advised that the Procurement Quarterly review at the Audit Committee had been reinstated.

Steve Erskine advised that he had recently spent a morning observing the workings of the main reception desk. He was overwhelmed by the volume of people who visit the desk. The key theme from feedback was around the text message reminder service.

#### **101/15 Annual Workplan**

The Board noted the workplan.

#### **102/15 Record of Attendance**

The record of attendance was noted by the Board.

#### **103/15 Opportunity for the Public to ask questions relating to today's Board meeting**

Andy MacDowell, Volunteer, referred to the recruitment of overseas Nurses and the language requirement of them. He felt that the requirements in place to meet level 7 were holding many people back. He felt that this should be challenged to enable more overseas Nurses to work here.

Simon Curtis, Dell Services, referred to the Friends and Family Test and asked whether all eligible patients receive a form. The Director of Nursing advised that all inpatients should receive a form at the point of discharge, however, some patients do not have the cognitive ability to complete the form. Forms are also available in the Emergency Department. All women in the Maternity department should also be given a form, however, it is difficult for new mums as they are often asked the same questions many times after they have given birth. Steve Erskine reminded that the Trust also recognised the importance of choice and whether the patient chooses to complete the form or not.

**104/15 Any Other Business**

There being no further items of any other business, the meeting closed at 12.25pm

**105/15 Date of Next Meeting:**

**Thursday 29 June 2015**

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