Portsmouth Hospitals NHS
NHS Trust

Trust Board Meeting in Public

Held on Thursday 7 July 2016 at 10:00am

Lecture Theatre
Queen Alexandra Hospital

MINUTES

Present:	Sir Ian Carruthers	Chairman
	Steve Erskine	Non-Executive Director
	Liz Conway	Non-Executive Director
	Mike Attenborough-Cox	Non-Executive Director
	Mark Nellthorp	Non-Executive Director
	Tim Powell	Interim Chief Executive
	Cathy Stone	Director of Nursing
	Chris Adcock	Director of Finance
	Simon Holmes	Medical Director
	Ed Donald	Chief Operating Officer
	Rebecca Kopecek	Interim Director of Workforce
	Simon Jupp	Director of Strategy
In Attendance:	Steve Thomas	Chair of JCNC (for agenda item)
	Michelle Andrews	PA to Trust Board (Minutes)

Item No **Minute**

93/16 Apologies:

John Smith, Non-Executive Director
Peter Mellor, Director of Corporate Affairs

Declaration of Interests:
There were no declarations of interest.

94/16 Staff Story

Steve Thomas, Staff side Chair of JCNC was in attendance and delivered the following presentation:

Board Presentation - B+H v3.pptx

He informed the Board that an anti-bullying and harassment campaign was soon to be launched across the Trust.

Liz Conway was shocked at the stark results and asked how the Trust protected those staff who had alleged bullying or harassment, particularly during the time of the investigation. Steve Thomas advised that a thorough fact finding exercise would be conducted which would include meeting with the alleged perpetrator where possible. The complainant would be moved from the department if necessary.

The Medical Director reminded that the results had shown that often the perpetrator was a member of the senior medical staff. The Trust requires the HR Department to thoroughly investigate any reports of bullying or harassment.

Steve Erskine asked why it was thought that some people behave in that way. Was it the culture of the organisation that allowed it or the lack of skills of the individual making them unable to carry out their role successfully? Steve Thomas believed that it was often a combination of the two however he found it hard to reconcile the numbers within the staff survey with the feedback that he received from staff and the good atmosphere that he encountered on his walkabouts around the Trust.

The Interim Chief Executive insisted that there be swift intervention as soon as any incident is reported. He welcomed the new campaign but reminded that it would take a long time to change the ethos across the Trust.

The Director of Nursing reminded that the behaviours and values of directors and senior managers needed to reflect those of the organisation.

Mike Attenborough Cox asked whether part of the problem was due to the perpetrator feeling under stress or pressure. The Interim Chief Executive recognised that there were many pressurised areas within the Trust and that it required managerial resilience in maintaining values and behaviours at all times.

Mark Nellthorp was concerned that robust performance management was often mistaken as bullying. Focus should be given to promoting positive behaviours whilst preventing wrong behaviours. Clear expectations should be set for all staff members.

The Interim Director of Workforce reminded that bullying could also occur amongst peers, and that it wasn't always between manager and employee. A manager's lack of management skills can sometimes be perceived as bullying when it is absolutely not intended that way. Investment needs to be made in leadership development.

The Chairman thanked everyone, and particularly Steve, for their hard work with driving this agenda forward. He felt that it was the responsibility of all to promote positive behaviours and a positive environment. The Board fully supported the direction of travel and asked for a periodic update on progress.

95/16 Minutes of the Last Meeting – 2 June 2016

The minutes were agreed as a true and accurate record.

96/16 Matters Arising/Summary of Agreed Actions

All complete.

97/16 Notification of Any Other Business

None.

98/16 Chairman's Opening Remarks

The Trust had been through a difficult time over the last month, particularly with the publication of the CQC report following the inspection which had taken place in February 2016. The findings detailed within the report were not acceptable and the Trust was working hard to improve the situation. He apologised to all of the patients who had been failed by the Trust during this period of particular pressure. The Trust had fully accepted the report and had a detailed action plan in place to address the shortcomings.

The unscheduled care issues were impacting on the whole hospital and the local health economy. The support from the local community and public has been overwhelming in

seeing a balanced perspective. He thanked the staff for their continued commitment and hard work during this difficult period. He thanked the Interim Chief Executive for managing the media campaign following publication of the report.

The Chairman drew attention to the following items:

- The formulation of a Sustainability & Transformation Plan (STP) for the local health system is underway.
- The Junior Doctor dispute continues

99/16 Chief Executive's Report

The Interim Chief Executive drew attention to key areas of his report:

- The STP draft is due to be presented to NHS Improvement (NHSI) shortly. There has been lots of work to produce a collaborative plan and it has given us a real opportunity to work more closely with neighbouring organisations.
- Financial position for NHS Trusts – a clear mandate has been circulated by the Chief Executive of NHSI outlining the following:
    - Need to reduce pay bills
    - Sustainability of services
    - Need to streamline back office and clinical support services.
- Delays in discharging older patients – unnecessary delay in discharging older patients is a known and long standing issue. There has been a lot of work internally to reduce this delay. David Allison, an expert on this subject, has recently been appointed.
- Fire –
    - the relationship with Hampshire Fire & Rescue Service
    - on-going lifecycle works across the hospital
- Urgent Care – a Risk Summit was held recently with clear support from partners in driving forward the improvement plan.
- Junior Doctor Dispute – The BMA have balloted its members with an overall rejection of the contract proposals. It is now intended to impose new shortened contracts from August 2016. Internally, the Trust recognises the importance of this particular staff group and will ensure that they continue to feel valued.

The Chairman drew attention to the recent report from National Audit Office and encouraged colleagues to read it and understand the possible implications to the Urgent Care plan.

100/16 Integrated Performance Report

Quality

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

- There had been a variation in performance against some quality metrics during April however, due to a number of remedial actions, performance for May had seen an improvement. Unreported figures for June also showed a continued improvement.
- An improvement had been noted in the number of avoidable grade 3 pressure ulcers in May compared to April. There was anomaly between 2 of the graphs within the report; this is due to the safety thermometer being a snapshot of performance at the time when the graphs are produced.
- There were 0 falls resulting in serious harm reported for May. There was an on-going Trust-wide falls campaign. The Trust had also welcomed visits from other Trusts to share how we have reduced the number of falls that result in serious harm.
- A decrease seen in both the response and satisfaction rate of the ED 'friends and family' test. Initiatives in place to improve performance.
- The Parliamentary and Health Service Ombudsman (PHSO) has recently published a report which includes two complaints which involved care provided by the Trust in 2012/2013. The Trust had investigated both complaints, but had been unable to resolve these with the complainants. In both cases, the PHSO were satisfied with the standard of clinical care provided, and the handling of the complaints, but had

made several recommendations. The Trust has fully complied with the recommendations.

- Healthcare Acquired Infections-
    - 0 reported cases of MRSA bacteraemia in May and year to date. There was 1 case of MRSA for last year which had been sent to arbitration. The case, which, whilst recognised as due to contamination of the sample and caused no patient harm, was still assigned to the Trust.
    - 5 patients with C.difficile reported year to date, against a trajectory of 7.
    - 2 patients with MSSA bacteraemia reported in May.
- Mortality –
    - HSMR for the 12 months to February 2016 is 98.77 which is 'within expected range'.
    - SHMI for October 2014 to September 2015 is 107.32. Whilst this figure is above the National Average of 100, it is within the official control limits.
    - There has been a national report from the CQC about increased mortality in a certain group of patients. A review had been done of all cases within the Trust, and whilst there was some learning to be had, there was no issue with increased mortality.

Steve Erskine asked for an update on Stroke performance and an explanation of how the performance is measured. The Medical Director explained that it is measured on a points basis, and that you score points as you work towards each standard. Each standard is measured with a rating from A, being the highest and E, being the lowest. The Trust would be achieving a rating of 'B' much sooner than had been anticipated and therefore will be eventually aiming for a rating 'A', however it was impacted by the urgent care pressures across the Trust because of a lack of beds etc.

The Director of Nursing agreed to circulate a report which had recently been published by the CQC about learning from serious incidents.
Action: Director of Nursing

Operations

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

- Cancer - 4 of the 8 national standards were achieved. 31 day and 62 day first definitive treatment, 62 day screening and 2 week breast symptomatic are currently not being achieved. Consultant vacancies in some key areas had further adversely impacted performance.
- RTT Incomplete standard was achieved in May, with performance of 92.3%. There was a risk to delivery of the standard in June.
- There was 1 breach of the 0 tolerance 52 week maximum wait standard.
- The maximum 6 week waiting time for diagnostics was not achieved in May; performance was 98.3% against the improvement trajectory of 98.5% (national standard 99%). However, provisional data for June shows that performance has improved and that the target had been achieved.
- Performance was 79.99% for May against the 95% standard and improvement trajectory of 76.1%. Provisional performance for June is 82%. There were 34 breaches of the 12 hour trolley wait standard in May. There were no breaches of this standard in June.
- There has been a significant reduction in the number of ambulance waits which enables SCAS to be able to improve its own performance.
- There are a number of areas of focus for improvement:
    - Sustainable flow across the organisation
    - Safe discharge standards being rolled out.
    - Both short and long term actions being identified to address the issues around the shortage of junior medical workforce.
    - Improve the standards of care and operation of services within the Acute Medical Unit.

The Chairman asked if there was any possibility of working collaboratively with neighbouring

Trusts to help improve performance in key areas of risk. The Medical Director felt that an alliance with other Trusts would certainly help the situation as patients could be transferred to a Trust that had capacity. The key problems areas are Urology & Colorectal, but these are a national problem area. It would not be easy to transfer the care of cancer patients to another Trust because of their relationship with their local Trust and the clinical pathway that they are already on.

Steve Erskine noted that for some time now, the weekend performance had significantly dipped. He asked how the extreme variation in performance impacted upon management of the actions. The Chief Operating Officer explained that there is a shortage of clinical man hours both overnight and at weekends in the Emergency Department and that there had also been last minute sickness at SHO level which had further impacted performance. There is a cumulative effect on performance at weekends if the discharge standard is not achieved during the week.

The Medical Director advised that the Trust measured favourably in terms of the number of senior decision makers in the hospital at the weekend, so the issue is not necessarily the number of them but whether they are in the right place at the right time.

The Chief Executive reminded that the scrutiny at the moment was immense and improvement in the performance metrics was demonstrating some real traction. The challenge will be in sustaining that performance.

Whilst the Chairman recognised the improvements made, he felt that there was still a long way to go and that an acceleration of the improvement was needed.

Finance

The Director of Finance presented the finance section of the Integrated Performance Report which had been discussed in detail at the recent Finance and Performance Committee:

- The Trust has a £4.4m deficit which is in line with plan at this time.
- Savings of £1.4m have been recorded against a plan of £1.2m.
- Income was £0.4m which was marginally favourable to plan. However there was a significant increase expected in June due to profiling.
- Cash levels remained a concern and the Trust has submitted an application for a 'draw down' of cash.
- £1.2m of the capital programme had been spent so far.

Liz Conway asked about the progress with the action within the plan to reduce the Trusts pay bill. The Director of Finance advised that whilst the modelling was still being undertaken, it was difficult to quantify. The Interim Director of Workforce advised that the key element to reducing the pay bill would be to switch off the Trust's temporary spend and replace with substantive workforce. There are specific areas of focus and we are working closely with all CSC's. There are 55 particularly expensive critical posts which are being scrutinised on an individual basis. We are completely sighted on the issues.

Steve Erskine reported that whilst the Finance and Performance Committee recognised the progress made so far, it reminded of the need for accelerated progress and sustainability. Workforce is the key element to the success of the financial plan. The CIP was currently our biggest area of concern.

Workforce

The Interim Director of Workforce drew attention to the following areas of the report:

- The substantive workforce was at its highest ever level with 6407 FTE. The total workforce capacity increased in May and is 25 FTE over the new funded establishment.
- The temporary workforce levels are managed as tightly as possible with speedy corrective action being taken when necessary.
- Sickness absence rate remained at 3.5%, which is above target. There is a CIP

focus on reducing the sickness absence rate to 3%. It is crucial that managers are adequately trained in effective performance management.
- Appraisal compliance had decreased again and now stood at 75.2% against a target of 85%.

The Chairman summarised by saying that, on the whole, the performance of the Trust was improving, with some areas of excellence. He believed there were 4 key areas of focus:
- Workforce – reducing the pay bill
- Income – resolving issues
- Recovering some operational targets
- Urgent care.

101/16 Mental Health Provision

The Medical Director advised that the mental health provision across the Trust had been discussed in detail at the last Governance and Quality Committee but it had been felt that due to the seriousness of concerns, it required a discussion by the Trust Board.

Mental Health Services are not provided by the Trust but in the past have been provided by a number of different providers:
- Older Persons Mental Health – Southern
- ED Liaison Service – Solent
- Responsible Clinician Service – Joint Southern and Solent
- Learning Difficulties – Joint Southern and Solent
- Adult – gap in service

Due to the complexity of the current arrangements, it has been agreed with the Commissioners to develop a service with a lead provider, a single point of access and an equitable provision to all patients. A service specification has been drawn up and agreed. Southern Healthcare Trust is to be the lead provider and there will be no variation in service due to patient postcode. However, the issue of who would fund the service has yet to be resolved. The lead provider began on July 1st and recruitment is underway to deliver the needs of the new service specification, however there are real concerns at the level of service provision during the transition period. Some immediate actions need to be taken to mitigate any risks.

The Board discussed in detail and asked for reassurance that there would be a suitable service in place in the interim before the new service is launched in September.
Action: Medical Director / Interim Chief Executive

102/16 Charitable Funds Update

In the absence of the Director of Corporate Affairs, the Director of Nursing presented the report. She acknowledged the significant contribution of the staff and public in supporting our hospital charity.

103/16 Non-Executive Directors' Report

Steve Erskine reminded that the Patient Safety Walkabout programme had stopped some time ago as it was felt that it no longer met the objective that was originally set out. It has been decided that rather than create something new, the Non-Executive Directors will take part in existing activities across the Trust, such as:
- Peer reviews
- Perfect week
- Ward accreditation
- Panels

The Non-Executive Directors will be able to involve themselves as much as they are able. The Director of Nursing advised that there were also unannounced and out of hours visits planned which they would be most welcome to join. She agreed to coordinate these and to write to the Non-Executive Directors with a programme of events which they could be part

of.
Action: Director of Nursing

104/16 Annual Work plan

The annual work plan was noted.

105/16 Record of Attendance

The record of attendance was noted.

106/16 Opportunity for the Public to ask questions relating to today's Board meeting

Roland Howes, Trust Governor, asked whether the new appointment, Dr.Rob Haigh would be part of the Trust Board. The Chairman advised that he would be part of Trust Board as the Director of Emergency Care and officially joins the Trust on 18 July.

Roland Howes, Trust Governor, asked whether consideration was ever given to 'bottom up' suggestions rather than always being 'top down' leadership. The Interim Chief Executive advised that the Trust does, but agreed that more could be done. There had been feedback in the CQC report about needing a stronger clinical voice and ensuring that the Chiefs of Service and Clinicians have more of a voice in the urgent care agenda.

Jeremy Brown, member of the public, asked whether the Trust Board was happy with its 'off payroll' arrangements. The Interim Chief Executive advised that a governance process is in place and that the Trust follows stringent rules. There is a requirement to report publically on any contracts paid above a certain amount. The Interim Director of Workforce advised that the Procurement Department manage such contracts for the Trust.

107/16 Any Other Business

None.

108/16 Date of Next Meeting:

Thursday 1 September (including AGM)
Venue: Lecture Theatre, Queen Alexandra Hospital