

Trust Board Meeting in Public

Held on Thursday 1 March 2018

Executive Meeting Room and by telecon
Queen Alexandra Hospital

MINUTES

Present:	Melloney Poole David Parfitt Christine Slaymaker Gary Hay Greg Brown Jon Watson Mark Cubbon Chris Adcock John Knighton Theresa Murphy Paul Bytheway	Chair (by telecon) Non-Executive Director (NED) (by telecon) Non-Executive Director Non-Executive Director (by telecon) Non-Executive Director Non-Executive Director Chief Executive Director of Finance Medical Director Chief Nurse Chief Operating Officer
In Attendance:	Tim Powell Emma McKinney Lois Howell Penny Emerit Margaret Godfrey Alice Mortlock	Director of Workforce and Organisational Development (OD) Director of Communications and Engagement (by telecon) Director of Integrated Governance Director of Strategy and Performance Interim Board Secretary For 047/18
Observing:	1 member of the public 1 member of staff	

Item No	Minute
036/18	Welcome, Apologies and Declarations of Interest The Chair welcomed those present and on the telecon to the meeting. There were no apologies and no declarations of interest.
037/18	Minutes of the Previous Meeting – 1 February 2018 The minutes of the meeting of 7 December were approved as a true and accurate record subject to the following amendments: p. 2, para. 4: NEDs requested that it be clarified that, although the EU nurses questioned stated that their concerns regarding Brexit had been allayed, NEDs did not share their confidence and remained very concerned about the implications of Brexit for the country. p.4, para. 2b: “year-to-date position was a £7.5m adverse variance” should read “... £28m adverse variance” and “revised plan” should read “revised forecast”. p.4, para. 4: to clarify that the Trust had achieved its 62-day trajectory in December, but had not achieved the national target.

	<p>p.6, para. 4b: The Director of Finance said that he would provide some words of clarification on the risk relating to non-recovery of income for activity carried out.</p> <p style="text-align: right;">ACTION: CA</p> <p>p.6, 011/18, para. 2: The Chair of the Finance and Investment Committee asked that the section be reworded to include the following sentence: “He added that the monthly underlying deficit run-rate broadly supports the forecast outturn for the year, subject to any year-end adjustments.”</p>
038/18	<p>Matters Arising/Summary of Agreed Actions</p> <p>The Board reviewed the actions log from previous meetings and agreed any necessary amendments or updates.</p> <p><i>[Post-meeting note: The Interim Board Secretary updated the actions log based on the Board’s comments.]</i></p>
039/18	<p>Chair’s Opening Remarks</p> <p>The Chair thanked the Board and members of the public for attending the meeting despite the extreme weather. She also thanked staff on behalf of the Board for their continuing efforts during the winter pressures period.</p>
040/18	<p>Chief Executive’s Report</p> <p>The Chief Executive presented a previously circulated report and highlighted the urgent care pathway and the difficulties experienced in the early part of 2018 with performance in this pathway. He said that the situation had improved in February, although domiciliary care capacity remained an issue. He further advised that, on a positive note, the improvement in the urgent care pathway since February had enabled the dedicated use of the Cardiac Care Unit solely for cardiac patients, which would provide a better service for patients and help reduce diagnostic waits. He added that an elective orthopaedic ward had also been re-opened after a period of planned closure as part of the Trust’s winter plans. The Chief Executive advised the Board members that Matthew Wood had been appointed Clinical Director of Finance to strengthen the clinical focus of the quality impact assessments of Cost Improvement Programme (CIP) schemes. He summarised the various external visits that the Trust had hosted in recent weeks, including some from regulators, adding that all visits had been positive and constructive. He concluded by saying that his current top 3 concerns were flow, finance and the Trust’s governance systems.</p> <p>NEDs asked how engaged clinicians were with the current issues relating to flow and finance. The Medical Director reassured the Board that clinicians were fully engaged with these issues and had a good understanding of them and the financial controls introduced to support the recovery plan. NEDs asked if the City and County Council had contingency plans in place to cope with flow challenges during the forthcoming school holidays when many domiciliary care staff may have booked annual leave. The Chief Executive said that both Councils were working hard to address this issue, although it was challenging given the nature of their domiciliary care workforce. He said that the Councils were preparing plans to flex capacity to cover peak annual leave periods, but the plan had not yet been finalised. He added that Portsmouth City Council had put additional domiciliary care capacity in place, which had helped the Trust reduce the numbers of stranded patients, although further reduction of the number of patients medically fit for discharge was required.</p>
041/18	<p>Integrated Performance Report (IPR)</p> <p>The Director of Strategy and Performance introduced the item by saying that the format of the IPR had been revised to include a summary of key metrics associated with the corporate objectives. She said that month 10 had seen improved performance in mortality rates, pressure ulcers, A&E 4-hour waits, and Delayed Transfers of Care. She indicated that the A&E 4-hour wait remained a challenge, as did the number of 12-hour trolley breaches and ambulance delays over 60 minutes. She said that issues of concern included <i>clostridium difficile</i> (c. diff.), with the Trust now above its annual trajectory of 40 cases, Venous Thromboembolism assessment numbers remaining below target, the financial position, and</p>

some workforce metrics below target. The Chair expressed concern at the c. diff. trajectory and particularly those cases due to environmental aspects. She asked the Medical Director to arrange for an Infection Prevention and Control (IPC) report to come to the Board in April to provide further detail on this situation and it would be helpful if the Director of Estates could also attend.

ACTION: JK

NEDs asked why 12-hour trolley delays continued to be an issue. The Chief Operating Officer replied that high levels of bed occupancy were the main factor, with January bed occupancy being 98-99%. He said that work was continuing to reduce bed occupancy to 95%. He added that other factors included delayed discharges, open escalation beds and staffing levels.

The Board reviewed the various sections of the IPR as follows:

Quality Scorecard: The Medical Director reported on month 10 performance, highlighting the falling mortality ratio and adding that the aim was that this would be sustained through the newly introduced (and more robust) Learning from Deaths processes. He drew the Board's attention to p.31, saying that compliance with the Mental Health Act (MHA) was now good. He added that a Deprivation of Liberty Safeguards (DoLS) review had been undertaken at the Trust and the results of this would be shared with the Board in due course. He indicated that the Trust was working to embed the Mental Health Liaison Team in the hospital further, as the understanding of their role was not consistent across the Trust. He added that a business case for a Senior Mental Health Nurse role was being developed to lead on the Trust's mental health improvement plans. The Chair expressed concern at the reference to issues relating to levels of security for mental health patients detained in the Emergency Department under section 136 of the Mental Health Act 1983, as, should they abscond, the liability for their welfare rested with the Trust. The Medical Director said that levels of s.136 transfers had decreased recently, although it remained an area of vulnerability. NEDs agreed that plans to progress the proposed Psychiatric Decisions Unit at the Trust, which would provide a place in which patients could be assessed and treated safely, remained a priority. NEDs agreed that a workshop session on s.136 and MHA compliance would be helpful and asked the Medical Director to liaise with the Chair and Director of Integrated Governance on when this might be scheduled.

ACTION: JK, MP, LH

NEDs commented that the mental health attendances chart on p.31 was not very helpful shown as a flat line and merely reflected the overall rate of mental health problems in the population as a whole and provided no insight into the nature or scale of the mental health issue for QAH and asked the Medical Director and Director of Strategy and Performance to agree consider how this could be better presented to make it acquire deeper, more meaningful information.

ACTION: JK/PE

The Medical Director highlighted the information on p.45 on Sepsis, reminding the Board that sepsis was a significant issue for the Trust and a key focus for the senior safety team, together with management of the deteriorating patient. He said that a sepsis action plan had been developed and its implementation would be led by a Trust-wide sepsis lead nurse, whose role would be to drive this work and educate staff to spot sepsis early and deal with it effectively. He added that work was continuing with junior doctors on antibiotic prescribing and the administration of antibiotics within 1 hour of prescription, which was key to tackling sepsis. He said that governance arrangements to support this work included the merger of the Sepsis Group and the Management of the Deteriorating Patient Group under new senior leadership, and the Trust-wide roll-out of the Time to Act project.

The Medical Director stated that levels of dementia screening had decreased in recent months owing to winter pressures, which was clearly not satisfactory, and said that a medical lead for dementia screening was being sought to lead on the medical aspects of this vital screening work.

NEDs expressed continuing concern that a culture of non-compliance may exist in some parts of the Trust, as was evidenced in some sections of the IPR and wider Board papers. The Chief Executive said that this concern had been acknowledged in Executive Team discussions and was reflected in his concerns over the Trust's governance arrangements, as specified in his own report to the Board. He said that he believed the current organisational structure did not fully support the oversight of compliance or accountability and that this was as much an issue as organisational culture. He added that the introduction of more robust governance and performance management arrangements was driving an improvement in compliance, and that the proposed reduction of the number of Clinical Service Centres (CSC), as set out in the forthcoming formal consultation paper, would also facilitate tighter governance controls once introduced, hopefully from July. He added that Organisational Development (OD) work would be carried out to support the restructure, as any culture change would take time to take effect. The Board discussed culture change and the time it could take to embed and agreed that internal capacity to support this work would need to be developed rather than having to place reliance on external consultants to drive the work. Members of the Board agreed that, in addition to the introduction of robust controls and performance management regimes, staff and managers had to be empowered to deliver what was expected of them, or it was difficult and unfair to hold them to account for any non-delivery. The Board agreed that culture change was an ongoing area of focus and future Board development sessions should include agenda time on this.

Operations: The Chief Operating Officer reported that the key focus for February and March was to reduce the numbers of medically fit for discharge patients in the hospital, both through internal actions and also by working with system partners. He said that discharge rates had been maintained during January and February, but that lower weekend discharge rates remained the main issue. He said the work on discharges included both simple and complex discharges. He reported that the Trust's performance against its 18 weeks trajectory had dipped in January owing to the NHS England-mandated cancellation of elective procedures, but it was now back on track with the elective orthopaedic programme. He said that levels of cancelled operations had increased in month 10 due to some internal issues that were being addressed and added that performance should return to target by March. He indicated that performance against the 62-day cancer target remained an issue that was being closely monitored. He highlighted the improved performance of the stroke service, as outlined on p.72, and said that improvement work was continuing.

NEDs asked if there were any common themes underpinning the various areas of under-performance against metrics. The Chief Executive said that a considerable amount of work had been done on cancer pathways as the pathways themselves had been a factor in the under-performance against these targets, and added that capacity and long waiting lists were key influencers in performance against the 18 week referral to treatment standard performance. He said that the Trust's strategy would aim to strengthen its elective care programme to improve waiting times for patients and also contribute to the Trust's long-term financial sustainability. He added that there was much to do, but work had begun on strategy development to set the direction of travel. The Director of Performance and Strategy added that a baseline report on strategy development would be presented to the Board in due course.

Finance: The Director of Finance said that the year-to-date position was a £33m deficit, which was £750k worse than was needed to meet the revised forecast. He said this resulted from cancelled elective procedures, increased drugs costs, ongoing pay pressures and slippage in the CIP. He said that the revised forecast was under pressure by a range of £1.5m - £2m due to the month 10 performance, but stated that some of the recent performance review meetings had presented a slightly better picture than this so all data would be validated to ensure an accurate position was available. He said that good progress was being made on controlling agency and non-pay costs and this, along with some technical adjustments and income opportunities, would be used to offset the year-end pressures. He indicated that the revised forecast remained unchanged. He drew the Board's attention to p.77, which gave details of the cash and capital positions, and to the planning

guidance recently issued for 18/19 by NHS Improvement and NHS England.

The Chair of the Finance and Investment Committee said that the Committee had reviewed the month 10 position in detail earlier in the week and had sought assurance that the revised forecast would be achieved. She said the Committee had been reasonably satisfied that the £36.8m deficit forecast would be achieved but recognised there were some risks attached to that.

Workforce: The Director of Workforce and OD highlighted key areas of focus and concern as being recruitment, retention, levels of appraisal, staff well-being and behaviours. He indicated p.79, which set out details of the significant shortfall in the nursing establishment, adding that the Trust had to reduce its reliance on agency staff from both a quality and financial perspective. He said that the Trust was not an outlier nationally in terms of nursing shortages, but some wards in particular presented real challenges in staffing levels. He said that a considerable amount of work was ongoing to boost nurse recruitment but it was not yet gaining traction, as retention was also an issue. He added that staff shortages meant that ward leaders often had to work clinically to cover gaps, which meant that they could not devote enough time to workforce matters, such as appraisals and staff development. He said that the Trust was about to embark on a clinically-led NHS Improvement project focusing on retention, which should bring benefit to this area. He added that he was working with CSCs to set appraisal trajectories to bring this back to target over a period of time. He indicated that staff well-being was another area that required attention as stress was a significant factor in people leaving the Trust and/or sickness absence. He said that staff needed to be able to raise concerns safely and have their concerns heard and responded to appropriately, so staff behaviours also required an OD focus.

NEDs commented that the quality of appraisals was as important as appraisal numbers and asked how this was monitored. The Director of Workforce and OD said that spot checks on appraisals were carried out, although this was not as frequent as would be wished. He said that the annual Staff Survey also provided useful feedback on staff views on the effectiveness and value of appraisals.

NEDs asked what was being done to set correct establishment levels, so that the establishment was both safe and sustainable going forward. The Director of Workforce and OD said that workforce planning for 18/19 should help to re-base establishment levels, thus giving a clearer picture on where the Trust was over-established and what was required to decrease the establishment to the correct levels. The Chief Nurse said that the establishment would be agreed by HR, Nursing and Finance as a holistic exercise, and once it had been re-based, would be reviewed every 2 years in line with good practice.

042/18

Care Quality Commission (CQC) Update

The Chief Nurse presented a report containing an update on the response to the CQC inspection report. She highlighted that an external review of all Serious Incident (SI) processes was underway, led by a clinical governance expert, to provide assurance on this area and identify any improvement actions. She said that details of this report would be presented to the Board once they were available. Preparation for the next CQC inspection included an internal audit review of Regulation 29A and a mock-CQC inspection later in March. The Chief Nurse reassured the Board that the internal auditors would use sufficiently experienced staff to carry out the Regulation 29A review, assisted by a Trust clinician. She highlighted the CQC focus groups held in February, the outcomes of which had been largely positive, with tangible improvements noted particularly in the management of Never Events in operating theatres. She added that work on the Quality Improvement Plan was ongoing in partnership with Deloitte and with assistance from the Director of Performance and Strategy.

043/18

Winter Pressures

The Chief Operating Officer updated the Board on the current situation regarding winter pressures. He reminded the Board that the IPR discussion had highlighted the step-down of some escalation beds, that bed occupancy was a key focus, and that discharge planning for the Easter holiday was already underway. He added that plans were in place for the forecast

	<p>next 48 hours of severe weather, although the success of these was partially dependent on the resilience of system partners. He said that a key part of the plans was ensuring that staff and patients could get to the site and off it again safely and that sufficient parking was available. He formally thanked staff and system partners for the efforts made so far this week in the face of the adverse weather conditions.</p>
044/18	<p>Annual Equality and Diversity Report 17/18 The Board noted that this report had been deferred until the April meeting.</p>
045/18	<p>Information Governance (IG) Toolkit 17/18 The Director of Integrated Governance presented a previously circulated report containing a summary of the Trust's IG Toolkit performance for 17/18 and requested the Board's delegated authority to submit the Toolkit at the end of March. She said that all Toolkit standards had been completed and were Level 2 compliant and added that an internal audit review of the evidence supporting the Level 2 compliance statement had shown that the evidence was robust. In response to NED questioning about the drop in percentage scores over the past few years, she said that it was not possible to draw comparisons from one version of the Toolkit to another, as scoring methodologies varied per Toolkit version released.</p> <p>The Board thanked the Director of Integrated Governance for her work on the IG Toolkit return and granted its delegated authority to her to submit the Toolkit return by the end of March.</p>
046/18	<p>Delegation to Finance and Investment Committee (FIC) The Director of Finance presented a previously circulated report containing a request for the Board's delegated authority to the FIC to approve spending against draft budgets for the period 1 – 5 April, before the Board was asked to approve final budgets on 5 April. He said the delegation was not for the FIC to approve the budgets, but to approve expenditure against draft budgets for that short period before the April Board meeting. He added that the FIC had discussed and agreed that it would be prudent to cap the level of delegated authority to up to 2 months expenditure as detailed in the draft plan.</p> <p>The Board granted delegated authority in principle to the FIC to approve spending against draft budgets for the period 1 – 5 April and noted that the Chair, Chair and NED member of FIC and Director of Finance would agree the quantum to be applied to the delegated authority limit outside the meeting.</p> <p style="text-align: right;">ACTION: MP, DP, CS, CA</p>
047/18	<p>Research and Innovation Q3 Report Alice Mortlock presented a previously circulated report on behalf of Professor Chauhan, containing the Q3 Research and Innovation Report. She highlighted that patient recruitment to clinical trials was going well and that feedback from patients involved in trials was positive. She said that those areas that struggled to recruit patients tended to be the services with community-based patients. She said that Trust clinicians were well-engaged with research, and increased levels of multi-disciplinary research remains a Trust aspiration. She said that the Trust's commercial research performance was exceptionally good at 86%, which was well above the national threshold, and added that other good news included the securing of external funding for research, and staff being nominated for six Wessex Clinical Research Network awards. The Medical Director commented that the Trust was very good at research and this would be a key part of its emerging clinical strategy. The Chief Executive said he had discussed in a recent meeting with Professor Chauhan how far the Trust could go with its research function given the Trust was not formally designated as a teaching Trust, and what it would take to achieve that ambition. The Board discussed what alternative models there were to University Teaching Trusts and also discussed opportunities to develop clinical research nursing roles and to work with other organisations in the region on research trials. The Board noted that research was a key theme emerging from the ongoing consultation on the Trust's Clinical Strategy and agreed that the research capability at the Trust should be promoted in internal and external communications to raise its profile further.</p>

048/18	<p>Corporate Governance Review</p> <p>The Director of Integrated Governance presented a previously circulated report containing proposed Committee Terms of Reference and membership for the Committee structure agreed at the February Board meeting. She said that once the Terms of Reference were agreed, the Scheme of Delegation would be revised to reflect this. She added that the Terms of Reference for the Audit Committee and Nominations and Remuneration Committee would also be reviewed in the near future and presented to the Board for approval in due course.</p> <p>The Chair asked that the proposed Terms of Reference be submitted to the relevant Committee for discussion and agreement before coming back to the Board for approval. The Board agreed this approach and noted that the workloads of the Finance and Investment Committee and Quality and Performance Committee appeared very high from the proposed Terms of Reference, so the Committee structure may require further review once each Committee had discussed its Terms of Reference. The Board thanked the Director of Integrated Governance for her work to date on the Committee structure and Terms of Reference.</p>
049/18	<p>Non-Executive Directors' Report</p> <p>NEDs reported on recent Committee meetings as follows:</p> <ol style="list-style-type: none"> a. Christine Slaymaker reported that the Finance and Investment Committee had tested the assumptions underpinning budgets and had been satisfied that these were robust. She added that the Committee had also discussed the ongoing situation regarding Carillion and the PFI bond. b. Jon Watson reported that the Quality and Governance Committee had met in February but cancelled its March meeting as the Committee was in a transition phase pending review and agreement of its Terms of Reference. He said that the Committee was currently resource-intensive and the priority was streamlining its duties to make it more effective. c. Greg Brown said that the Charitable Funds Committee was yet to meet, but had a meeting scheduled for March. He said that a first draft of the Fundraising Strategy was in development. d. Gary Hay said that the Workforce and OD Committee was in the process of being established and he was working with the Director of Workforce and OD to get the Committee operating. e. David Parfitt said that the Audit Committee had met in February and had reviewed its Terms of Reference and been reasonably satisfied with them in their current form. He said that reports had been received at the meeting from internal and external auditors and the counter fraud service.
050/18	<p>Record of Attendance</p> <p>The Board noted the record of attendance.</p>
051/18	<p>Opportunity for the Public to ask questions relating to today's Board meeting</p> <p>Members of the public asked questions as follows:</p> <ol style="list-style-type: none"> 1. Whether the Trust was considering offering incentive payments to new nurses, as was the practice at Southampton University Hospital NHSFT. The Chief Nurse confirmed that this was the case at Southampton but that the Trust was not in a position to emulate it, nor was there evidence to show that the practice worked. 2. Whether the Board had considered the Shadow Governors' suggestion of paying staff a bonus after they had been employed by the Trust for a specified period as an aid to retention. 3. Whether exit interviews are conducted at the Trust for leavers. The Director of Workforce and OD confirmed this was the practice at the Trust. 4. That the detail of the patient compliment shared with the Board the previous month be remembered as it was important to celebrate success.
052/18	<p>Any Other Business</p> <p>The Director of Communications and Engagement informed the Board that a new staff</p>

	newsletter (Trust Talk) had been launched that week and would be shared with NEDs.
053/18	Additions to the BAF or Risk Register Arising from the Meeting The Board agreed that nothing discussed at the meeting required adding to the BAF or Risk Register.
054/18	Date of Next Meeting: Thursday 5 April 2018, Lecture Theatre, Queen Alexandra Hospital
	Resolution: That the remainder of the meeting shall be held in private Committee because publicity would be prejudicial to the public interest. By reason of the confidential nature of the business to be transacted in accordance with the Public Bodies (Admissions to Meetings) Act 1960's s1(2).