

Trust Board Meeting in Public

Held on Thursday 5 April 2018

Lecture Theatre, Education Centre
Queen Alexandra Hospital

MINUTES

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| Present: | Melloney Poole | Chair |
| | David Parfitt | Non-Executive Director (NED) |
| | Christine Slaymaker | Non-Executive Director |
| | Gary Hay | Non-Executive Director |
| | Inga Kennedy | Non-Executive Director |
| | Jon Watson | Non-Executive Director |
| | Mark Cubbon | Chief Executive |
| | Chris Adcock | Director of Finance |
| | John Knighton | Medical Director |
| | Theresa Murphy | Chief Nurse |
| | Paul Bytheway | Chief Operating Officer |
| In Attendance: | Tim Powell | Director of Workforce and Organisational Development (OD) |
| | Emma McKinney | Director of Communications and Engagement |
| | Lois Howell | Director of Integrated Governance |
| | Penny Emerit | Director of Strategy and Performance |
| | Margaret Godfrey | Interim Board Secretary |
| Observing: | Alison Tong, NHS Improvement (NHSI) 3 members of the public | |

| Item No | Minute |
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| 063/18 | <p>Welcome, Apologies and Declarations of Interest</p> <p>The Chair welcomed those present and extended a particular welcome to Inga Kennedy, who had recently been appointed as Clinical NED. There were no apologies and no declarations of interest. The Director of Integrated Governance (DIG) circulated a letter to Board members asking them to update their Declarations of Interest for inclusion in the Register of Interests.</p> |
| 064/18 | <p>Patient Story</p> <p>Senior Learning Disabilities (LD) Liaison Nurses, Nicky Gough and Karen Price, presented to the Board on their roles and gave details of a patient story to illustrate the importance of ensuring continuity of carers for LD patients undergoing hospital treatment. They also highlighted the importance of working with community partner organisations to provide integrated care. Board members asked questions regarding the referrals process to the LD Liaison service, raising awareness of LD patients and their particular needs, and discharge planning.</p> <p>The Chair thanked Nicky and Karen for attending the Board and telling members about their roles. She said the service was clearly of huge benefit to patients and was highly valued by them, their families and by the Trust. The Medical Director referenced Jonathan Michael's</p> |

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| | <p>"Death by Indifference" report and said that the presentation demonstrated the Trust's commitment to this patient group.</p> |
| 065/18 | <p>Minutes of the Previous Meeting – 1 March 2018</p> <p>The minutes of the meeting of 1 March were approved as a true and accurate record subject to the following amendments:</p> <p>p. 4, line 2b: To clarify that the revised forecast remained unchanged despite the stated risks.</p> <p>p.6, para. 2: To clarify that the Board's delegated authority to the Finance and Performance Committee to approve budgets was for a period of 2 months, as opposed to 1-5 April as stated.</p> <p>p.6, para. 2: To clarify that the Finance and Investment Committee remained the Finance and Performance Committee until new Committee Terms of Reference (ToRs) had been agreed. The Board was informed that revised ToRs would be presented to each Committee at its next meeting.</p> <p>p. 6, line 2: to replace "system partners" with "system resilience"</p> |
| 066/18 | <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> <p>The Medical Director updated the Board on the Mental Health Assessment Unit (MHAU) bid, saying that the results of the bid were still awaited. The Board discussed how it could monitor the Trust's performance against Mental Health Act (MHA) compliance more rigorously, including the development of specific mental health metrics in the Integrated Performance Report (IPR). The Medical Director assured Board members that the Trust had already done a considerable amount of work to progress MHA compliance, although there was still more to do. He said the Mental Health Board was becoming more established and effective in its ways of working and would continue to drive improvements in mental health awareness and MHA compliance at the Trust. The Board noted that Jon Watson was working closely with the Medical Director in this work.</p> |
| 067/18 | <p>Chair's Opening Remarks</p> <p>The Chair reported that she had recently attended a NHS Improvement (NHSI) Conference and an NHSI Wessex and South East Chairs' Meeting, at which NHSI's targets and concerns for the region had been shared. She said that NHSI had indicated that, for example, the 4 hour A&E standard, Referral to Treatment standards and cancer waiting times standards would all be key national focuses for 18/19, as well as ambulance handover times and waiting lists. She thanked Trust staff on behalf of the Board for their hard work during March, which had been a very busy month in the hospital.</p> |
| 068/18 | <p>Chief Executive's Report</p> <p>The Chief Executive presented his report and highlighted that the NHSI priorities referred to by the Chair would be reflected in the 18/19 plan. He echoed the Chair's thanks to staff and also thanked the local community for its help in getting staff to work during the adverse weather in March. He said that consultation had started with Clinical Service Centres (CSC) on the proposed restructure into 4 Divisions, with the aim that the new structure would be in place from 2 July. He stated that the Trust would undergo a full Care Quality Commission (CQC) inspection in April and a Well-led inspection in May, and added that work to prepare for these was underway. He said that his current top concerns were high levels of bed occupancy, poor flow through the hospital (particularly in Urgent Care), governance systems and the financial position. He indicated that the top clinical risks currently were the potential for harm to patients resulting from poor flow, harm to patients awaiting discharge but</p> |

delayed, and staffing challenges and the potential impact of these on patients.

NEDs asked about the timeframes for developing the necessary new governance systems. The Chief Executive said that some work had already been done on this, with a revised Board Assurance Framework and Risk Register in place, and added that the preparation for the Well-led inspection would help to highlight other gaps to address. He said that a new accountability framework would be introduced at the same time as the new structure was put in place. NEDs asked what benefits the new structure would bring. The Chief Executive replied that highly devolved models tended to work best in high performing organisations, but for the Trust fewer divisions to oversee would be more effective rather than effectively overseeing and holding accountable 11 CSCs. He added that the new Divisions would have clinical leadership and those clinicians would be part of the Senior Management Team, so there was more clinical input into Trust leadership.

NEDs commented that the quality of patient care did not appear to be given enough prominence on Board agendas and asked what could be done to change this. The DIG said that she had discussed Board agenda content with colleagues earlier in the week and work was ongoing to revise this and the content of key reports to create a better balance between strategy, finance, quality, workforce, governance and performance on Board agendas.

069/18

Integrated Performance Report (IPR)

The Director of Strategy and Performance introduced the item by saying that performance reporting was aligned to the Corporate Objectives, She highlighted the achievement of the 80% trajectory for 4 hour A&E performance and achievement of all 8 cancer standards within 85.5% performance for 62 day standard.

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

Quality Scorecard: The Medical Director reported on month 11 performance. NEDs expressed concern about the Hospital Standardised Mortality Ratio (HSMR), MHA compliance and the apparent mismatch between the positive nature of the reporting and these significant performance and safety concerns. The Medical Director acknowledged the concerns and said that a senior Safety Team had been put in place to lead on the review and delivery of key safety metrics across the Trust. He said that action plans were in place for each strand of this work. He said that the IPR was slightly misleading in terms of HSMR reporting as it showed the 12-month rolling HSMR, which did not present a true reflection of the real position on a monthly basis. He assured the Board that the Trust's HSMR was not a concern. The Chief Nurse said that external assistance had been brought into the Trust to support improved dementia practice and added that she personally now reviewed exceptions to dementia screening levels to give this target senior focus.

NEDs asked about the Never Event reported on p.16 and the Central Alerting System (CAS) alert referred to on p.20, both of which related to the same incident in which a patient being given air rather than oxygen, although no harm was experienced. The Medical Director confirmed this was concerning when the Trust was declaring itself to be compliant with the CAS alert at the time the Never Event occurred. He said that a new protocol had now been introduced that should prevent reoccurrence. He stated that in his opinion the Trust did not have an issue with compliance with CAS alerts, but that the Never Event had highlighted the need for a change in protocol in this particular area of practice. He added that NHSI was supporting the Trust in terms of prevention of Never Events and was holding a workshop and training for staff on Never Events processes. He indicated that human factors tended to feature when Never Events occurred and actions had been taken to drive better investigation of Never Events and share learning across the Trust, including in situ simulation exercises. The Board asked the Medical Director to report on Never Events in more detail at the July Board.

ACTION: JK

[Post-meeting note: the Interim Board Secretary added this item to the Board work plan for July.]

NEDs expressed concern at levels of dementia screening, which were well below the 90% target, and the spike in Duty of Candour breaches in Q1. The Chief Nurse said regarding the latter, which related specifically to complaints response times, that she was taking action to address it. She said that there was a considerable amount to do to improve Duty of Candour processes at the Trust and that this would be overseen by the Quality and Performance Committee.

NEDs asked, in relation to mixed sex accommodation breaches, whether the Trust had a Transgender Policy in place. The Chief Nurse said that further work in this area and on Lesbian Gay Bisexual Transgender (LGBT) working arrangements generally was required and this had been raised at the LGBT Network to take forward. She added that she expected new procedures to be in place within 6 weeks.

Operations: The Chief Operating Officer reported improvements in 4 hour A&E waits, 12 trolley waits and numbers of medically fit for discharge patients and super stranded patients. He said that flow through the hospital and bed occupancy had improved although further work remained to be done. He indicated that work with third sector organisations including the Red Cross and Royal Voluntary Service was proving very helpful in addressing delayed discharges. He reported that the focus in March remained flow, discharge and bed occupancy and the assistance of the consultancy 20/20 had provided to the Trust with planning for the Easter weekend that had proved valuable. He added that the Trust had been able to reduce its status to OPEL2 on two occasions in March for the first time since November 2017.

Finance: The Director of Finance said that the year-to-date position had been discussed in detail at the Finance and Performance Committee (FPC) and was a £37.8m deficit, which was an adverse variance to plan of £41.3m, with £10.2m of this relating to the non-achievement of Sustainability and Transformation Funding. He added that continuing high pay costs and the cancellation of elective activity over winter had contributed to the worsening position. He said that there was no information available yet on the outturn for the year and, although some of the risks associated with year-end had been mitigated, a high degree of risk remained to the year-end position. He stated that plans were in place to use the underspend on the capital programme before year-end so the Trust did not lose its full capital allocation. The Chair of the FPC highlighted concerns over the reliability of Cost Improvement Programme (CIP) reporting and the cross-over of this with the run-rate. She said the FPC had agreed to work on driving improvements in financial and CIP reporting. She added that the FPC had been assured that the year-end position would be within £1-1.5m of the revised forecast position and had also been assured on the 18/19 budget setting process. The DoF indicated that the Trust was not yet in a position to accept its control total for 18/19.

Workforce: The Director of Workforce and OD reported that his focus for 18/19 was ensuring the establishment was accurately based so that budgeting was facilitated and more robust controls around pay expenditure could be introduced. He said that a considerable amount of work was needed to bring temporary staffing expenditure under control and added that an agency plan had been developed for the year to position the Trust to meet its agency ceiling. He said that bank staff provision would be increased to lessen the reliance on agency staff, as well as continuing focus to on recruitment and retention. He reported that the Workforce Committee would receive assurance on all this work throughout the year. He highlighted that levels of mandatory and statutory training attendance had improved and sickness absence rates reflected normal seasonal trends and, although above target, were not of significant concern when compared to national rates. He reported that there had still been zero whistleblowing incidents, which was a concern, and added that he hoped the newly appointed Freedom to Speak Up Guardian would help to raise awareness of raising concerns processes and the importance of raising concerns where these existed.

NEDs asked why the target for appraisals was 85%. The Director of Workforce and OD said this was a historic target and would be reviewed along with other IPR metrics. NEDs noted

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| | <p>surprise that levels of turnover were so high amongst administrative and clerical staff. The Director of Workforce and OD said this was not uncommon, particularly where there were likely to be similar roles available in other organisations. The Board agreed that, as the second largest employer in the city, the Trust should aim to be an attractive employer that could retain staff of all skills and roles as part of its corporate social responsibility agenda.</p> <p>NEDs noted that the Trust was currently 244 members of staff above establishment levels, so the work to re-base the establishment was critical in terms of budget setting and controlling expenditure. The Board agreed that skill mixes should also be looked at once the establishment had been determined, to ensure that the correct numbers of appropriately skilled staff were in place in all areas, in addition to the potential savings opportunities to be gained through the introduction of different skill mixes and/or different roles.</p> |
| <p>070/18</p> | <p>Quality Improvement Programme (QIP) Update</p> <p>The Board discussed the QIP update and noted that the governance around the QIP was gradually strengthening, although it was difficult to gain assurance from the plan as presented since the action plans were not outcomes-based.</p> <p>The Chair accepted that the QIP is work in progress and asked the Chief Nurse to present the QIP and supporting assurance processes to the next Board Workshop for a full discussion.</p> <p style="text-align: right;">ACTION: TM</p> |
| <p>071/18</p> | <p>Healthcare Associated Infections (HCAI) Report</p> <p>The Deputy Director of Infection Prevention and Control (DIPC) updated the Board on the recent increase in HCAs to respond to NED questioning as to whether the increase had an environmental cause. She circulated a handout on HCAI data and trends for the Board's information. She said that she had reviewed recent HCAI cases and correlated these to the high levels of bed occupancy and associated increased necessitation of bed moves, and was confident that there was no evidence of any other patterns or underlying themes or trends. She said that the Trust had been in the top 10 hospitals in the country for HCAI rates, but had now moved to an average position. She said that, with MRSA rates, the slight deterioration in performance related to processes rather than practice, whereas clostridium difficile (c. diff.) rates had a more direct correlation with over-crowding, although the situation was not out of control and robust infection prevention measures remained in place. She added that there had been many instances of community-acquired c. diff. cases that only came to light following admission to hospital. She said that work was ongoing to return the Trust to its previous excellent levels of HCAI performance. She stated the Trust's HCAI rates reflected the national picture, which resulted from increased numbers of frail, elderly high-risk patients and very busy hospitals. She added that MRSA numbers were very low so drawing conclusions from the data was difficult and the position was very easily skewed by even a small shift in the low numbers. She said the HCAI risk was on the Risk register, with a score of 16.</p> <p>The Board agreed that it was assured by the report and the data presented but remained concerned for patients and whether there was sufficient attention being paid to the risks arising from the increased number of bed moves in particular. The Chair requested further updates on HCAI rates and this particular issue in the Chief Executive's reports to the Board for the next 3 months.</p> <p style="text-align: right;">ACTION: MP</p> |
| <p>072/18</p> | <p>Annual Equality and Diversity Report 17/18</p> <p>The Director of Workforce and OD presented the annual Equality and Diversity Report for 17/18, highlighting the work done to progress the Trust's compliance with the Equalities Act 2010. He said that much work had been carried out over the past few years but one aspect that required further focus was to ensure that the Trust's Black Asian and Minority Ethnic (BAME) staff had as positive an experience of their employment as white staff. He said that next steps also included a focus on staff with disabilities, although that would not preclude work to support staff and patients from other protected characteristics and work on gender</p> |

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| | <p>pay equality. He said that the work on Equality and Diversity would be overseen by the Workforce Committee. NEDs commented that Equality and Diversity objectives should be made specific and measurable and noted that an updated Equality and Diversity Policy would be presented to the Board for ratification following approval by the Workforce Committee.</p> <p>The Chair commented that all Board papers should be quality impact assessed as well as assessed for Equality and Diversity impact. The Director of Integrated Governance assured the Board that work was ongoing to revise the format of Board cover sheets which would address those concerns and make the impact assessments a requirement.</p> |
| 073/18 | <p>Staff Survey 2017 Results</p> <p>The Director of Workforce and OD presented his report on the Trust's 2017 Staff Survey results. He said that the results had been largely positive and the Trust remained above the national average in most areas. He indicated that areas of concern included the decline in numbers of staff recommending the Trust as a place to work and/or to receive treatment, levels of violence towards staff by patients and levels of bullying and harassment, which had previously been drawn to the Board's attention. He said that an action plan would be developed to respond to the survey results and progress against it would be monitored by the Workforce Committee.</p> <p>NEDs expressed the view that it was concerning that the Trust was scored badly due to levels of violence against staff by patients. The Director of Workforce and OD acknowledged this may seem out of the Trust's remit to control but that organisations could improve scores in this area through training their staff better to deal with confrontations and by putting in place measures to protect them. He added that the value of the Staff Survey was to use it to lead staff in a conversation on what is important to them.</p> |
| 074/18 | <p>Portsmouth City Council Health and Wellbeing Strategy</p> <p>The DIG presented a previously circulated report containing the Portsmouth City Council (PCC) Health and Wellbeing Strategy, requesting the Board's endorsement and a commitment to reflect it in the Trust's strategy. The Board noted the Portsmouth City Council Health and Wellbeing Strategy and agreed to endorse it and reflect it in the Trust's strategy.</p> |
| 075/18 | <p>Replacement of Linear Accelerators</p> <p>The Chief Executive presented a previously circulated summary report asking the Board to agree the need to purchase replacement linear accelerator(s) via an application to the NHS Radiotherapy Modernisation Fund. He said that, should the Trust be successful in its bid for funding, it would have to provide matched funding from its capital programme, which would require a reprioritisation of the capital plan.</p> <p>The Board discussed the terms and conditions of the funding application, noting that it was not yet clear how much funding would be available or how many linear accelerators it would provide. The DoF indicated that any funding secured would have to be spent in 18/19, which in itself would cause issues as the Trust would not be in a position to commission up to 3 new linear accelerators in one year due to the required enabling works, decant arrangements and the need to maintain the current service while doing so. He said this anomaly was currently being discussed with NHS England and NHS Improvement.</p> <p>The Board agreed to progress an application to the NHS Radiotherapy Modernisation Fund.</p> |
| 076/18 | <p>Guardian of Safe Working Report</p> <p>The Board noted the contents of the Guardian of Safe Working (GoSW) Q4 report and further noted that the GoSW would attend the Board to present the next quarterly report.</p> |
| 077/18 | <p>Non-Executive Directors' Report</p> <p>NEDs reported as follows:</p> <ol style="list-style-type: none"> a. Christine Slaymaker complimented the excellent patient satisfaction scores in the recent surveys. |

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| | <ul style="list-style-type: none"> b. Jon Watson reported on the ongoing work to develop the Quality and Performance Committee. c. Inga Kennedy commented that Board agendas going forward should be driven by strategy and risk. d. David Parfitt said that the Audit Committee was meeting in April and May where the primary focus would be on the 17/18 Annual Report and Accounts and related documentation. |
| 078/18 | <p>Record of Attendance The Board noted the record of attendance.</p> |
| 079/18 | <p>Board Work Plan 18/19 The Board noted its current work plan and that this would be subject to change as Board agendas evolved.</p> |
| 080/18 | <p>Opportunity for the Public to ask questions relating to today's Board meeting Members of the public commented as follows:</p> <ul style="list-style-type: none"> 1. To thank the Trust for the significant reduction in the numbers of patient moves after midnight. 2. To note that the number of patients medically fit for discharge on 4 April was 159. 3. Whether the Trust would have sufficient staff to operate the proposed new theatres. The Chief Executive replied that it would be some time before the Trust had sufficient capacity in place to support the new theatres planned. He added that theatre utilisation also had to be maximised to ensure that the new assets were used at optimum levels to give increased value for money and reduce waiting times. 4. To register concern at appraisal rates and note that achieving the target of 85% was a key area of focus. |
| 081/18 | <p>Additions to the BAF or Risk Register Arising from the Meeting The Board agreed that levels of HCAs, MHA compliance and clinical staffing levels should be added to the BAF and/or Risk Register.</p> |
| 082/18 | <p>Date of Next Meeting: Thursday 3 May 2018, Lecture Theatre, Queen Alexandra Hospital</p> |
| | <p>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 s.1(2).</p> |