

Trust Board Meeting in Public

Held on Thursday 30 April 2015 at 10:00am

Lecture Theatre
Queen Alexandra Hospital

MINUTES

Present:	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	
In Attendance:	Peter Mellor	Director of Corporate Affairs & BD
	Alison Fitzsimons	General Manager, Clinical Support CSC (for agenda item)
	Nicky Carne	Occupational Therapy Manager (for agenda item)
	Michelle Andrews	(Minutes)

Item No **Minute**

The Chairman welcomed Richard Eley, Interim Director of Finance to the meeting.

66/15 Apologies:

There were no apologies.

Declaration of Interests:

There were no declarations of interest.

67/15 Patient Story

Alison Fitzsimons, General Manager, Clinical Support CSC and Nicky Carne, Occupational Therapy Manager were in attendance for this item and delivered the following presentation:



Patient story
V3.pptx

Alison Fitzsimons explained that the Occupational Therapy Service and its staff had transferred across to the Trust from 2 February 2015.

John Smith asked about the relationship between Occupational Therapy and Physiotherapy. Nicky Carne explained that both teams worked closely together on a daily basis.

John Smith asked about the usual timescale expected for a ramp to be installed in a patient's home. Nicky Carne explained that there is a policy in place which requires a patient to undergo a prosthetic rehab programme prior to agreement being made about installation of a ramp as it is much harder to use a ramp than stairs with a prosthetic leg.

Alison Fitzsimons explained that the Disablement service was currently provided by Solent NHS Trust, however it had been agreed with Solent NHS Trust that it would be better placed if managed by us, therefore this was being progressed.

68/15 Minutes of the Last Meeting – 26 March 2015

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

69/15 Matters Arising/Summary of Agreed Actions

52/15: Integrated Performance Report – The Medical Director explained that an in-depth review of the SHMI rates will be presented to the Governance and Quality Committee. The review had confirmed what had been expected that some parts of Portsmouth are some of the most deprived areas in the country.

52/15: Integrated Performance Report – The Interim Chief Operating Officer confirmed the figure of 100 and was pleased to confirm that all patients had been rebooked in line with the NHS Constitution.

52/15: Integrated Performance Report – The Interim Chief Operating Officer advised that the phase 2 plans were now being discussed at the internal improvement group.

70/15 Notification of Any Other Business

There were no items of any other business.

71/15 Chairman's Opening Remarks

The Chairman reflected on the position of the Trust during the past year with improvements seen in many areas with the majority of performance metrics being achieved and the high quality of care continuing to be delivered. The financial position had improved with a year-end deficit of £657k, subject to audit. Unscheduled care remained the biggest challenge facing the organisation.

The year ahead would be one of challenge for the Trust and for the whole NHS.

He thanked the staff for their hard work and commitment during the past year and for the high quality of care which they deliver to patients. He also thanked the community for their continued support.

72/15 Chief Executive's Report

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

- End of Life Care First for Hospitals – the Director of Nursing would be working with other local partners about how learning can be shared across organisations.
- Health & Wellbeing Board – The Trust had been invited to be a member of the local Health & Wellbeing Board.
- Team Brief – the slides were included as part of the report. They were currently being revamped to align with the CQC domains and to better ensure an effective process for carrying the corporate message across the Trust.

Quality

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

- Pressure ulcers - The Trust reported 1 avoidable grade 3 pressure ulcer in March. The end of year position for grade 3 and 4 pressure ulcers was 24 against an in year target of 28. The year to date position is 0 pressure ulcers. Whilst the target for the year was achieved, there was still more to do and a rolling programme has been implemented to re-educate all nursing staff.
- Falls - The Trust reported 2 cases resulting in severe harm in March. The end of year position was 43 patients having suffered harm against an in-year target of 32. There is a summit underway and 2 wards piloting a 'perfect care week'.
- Medication - There had been 1 patient suffering severe harm (red incident) and 1 patient suffering moderate harm (amber incident) as a consequence of a medication incident in March. The end of year position was 16 patients having suffered harm as a result of medication incidents. A full report will be presented to the Board in May.
- Patient moves - There was a significant improvement in the number of patient moves after midnight during March to 54.

The Medical Director drew attention to those areas of exception:

- Healthcare acquired infections - The Trust reported 1 case of avoidable MRSA Bacteraemia. The Root Cause Analysis, which was not yet completed, would determine if it is assigned to the Trust or not. The end of year position is 2 confirmed unavoidable cases. The Trust reported 1 case of C.Diff in March. The end of year position was 40 cases against a year end limit of 31. This year's target has been set at 40 cases which was felt to be more realistic.
- Hospital Standardised Mortality Ratio (HSMR) – There has been a change in reporting which means that the figure would be rebased each month. Therefore, the Trust's rebased position for March was 100.3 which is close to the national benchmark of 100.
- Stroke – The stroke recovery plan was now being implemented and an improvement in performance was already being seen. A dashboard was being developed which would be included in the monthly performance report to the Trust Board.

Steve Erskine asked whether the targets for this year had yet been set. The Director of Nursing explained that whilst many of them had, the Trust had also set some internal stretch targets.

John Smith asked whether there were any national standards for C.Difficile rates. The Medical Director explained that there weren't any national standards, so a local target is set by NHS England. It is recognised that all Trusts will have C.Difficile cases due to the use of antibiotics, however, there were now a number of other infections causing concern across the NHS.

Operations

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

- A&E service quality standards – significant improvement in performance seen during March with overall performance at 87.7%. the number of 'outlied' patients was significantly down. There were 0 breaches of the 12 hour trolley wait standard. A number of changes are being made to further improve safety across the Trust.
- Referral to Treatment (RTT) - The Trust achieved 2 of the 3 standards at aggregate level, there was an agreement with the TDA for a further reduction in the backlog with a consequential planned fail of the admitted standard. There is a significantly improved position with the waiting list being smaller than it was in 2010.
- Cancer - 7 of the 8 national standards had been achieved. 62 day first definitive treatment had not been achieved during March and had not been achieved for quarter 4. All other standards were achieved in each quarter.

- PPCI - all 4 key performance standards were achieved in March.
- Diagnostic waits - the maximum 6 week waiting time for diagnostics was achieved in month 12 and this had been achieved for 7 consecutive months.

The Interim Chief Operating Officer referred to the TDA Accountability Framework Dashboard which showed that the Trust had achieved 29 of the 32 standards in March. Whilst this was an improved position, this performance needed to be sustained.

John Smith asked whether there was confidence that the plans for unscheduled care would be achieved, and if so, how long would it take to meet the required performance target. The Interim Chief Operating Officer felt that in the longer term, the ambitions would be met, however, would take about 6 months as there were still some fundamental changes which needed to take place internally.

Finance

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

- Cumulative expenditure (subject to external audit checks) for the 2014/15 financial year was £0.7m in excess of income, against a plan for a £1.2m surplus. The £0.7m adjusted retained deficit, whilst £1.8m adverse variance to the original Trust plan, is £0.8m favourable to the £1.5m year-end deficit forecast at month 11.
- The contract reporting activity position for 2014/15 was £417m against the planned £416m.
- The Cost Improvement Plan (CIP) of £17.5m was achieved, after some in-year substitutions of saving schemes, with a £4.2m improvement from the previous forecast CSC position, resulting in a £2.3m in-month favourable position against plan. This primarily relates to the inclusion of year-end non-recurrent measures into CIP reporting.
- Capital expenditure of £10.4m produces an undershoot against the Trust's £12.3m Capital Resource Limit of £2.1m.
- The £1.2m year-end cash balance reflects a £0.2m undershoot against the Trust's External Financing Limit.

The Chairman was concerned that we have gone through the year being a way off on the CIP's, however, it was achieved at year end. He asked what had happened and how can it be prevented from happening in the same way in 2015/16. The Director of Strategy felt that it was because of the way it had been reported and there had been over emphasis on the Trust wide schemes. Going forward, both Trust wide and CSC plans would be looked at with same emphasis. Steve Erskine was concerned that individual CSC's had not achieved their CIP and had only been offset by large Trust-wide initiatives.

Workforce

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

- Total Workforce Capacity decreased by 125 FTE in month to 6,571 FTE as a result of reductions in temporary staffing. This is still 300 FTE above the budgetary plan. This year's paybill is £271m which includes 1% inflation and increments etc.
- The paybill this year is £6.1m overspent, majority of which (£4m) is due to undelivered CIP and £2m as a direct result of the unscheduled care challenge that the Trust is facing.
- Staffing levels (as per NQB Safe Staffing Levels) are reported as 98.7% against planned requirements for March. The skill mix is not quite ideal as currently at 65/35 as opposed to 70/40.
- Appraisal Compliance increased by 2.6% to 88.3% in March and is above the target of 85%. There are 2 CSC's which remain non-compliant. They have been set a clear target to be compliant by the end of quarter 1.
- Information Governance Essential Skills Training increased by 3.7% to just under the target of 95%. It had been agreed that this figure was close enough to declare compliant with level 2 of the information governance toolkit.
- NHS Friends and Family Test for Staff (SFFT) for Quarter 4 outcomes demonstrate a

positive response.

Steve Erskine referred to the staffing skill mix and asked at what point the Board should become concerned. The Director of Nursing reminded that the NQB was a very blunt tool and therefore it was not just about the % ratios. There are particular areas where the skill mix is absolutely critical, Intensive Care Unit for example. There is a national marker of 1 nurse to 8 patients which must always be adhered to. She reminded that the Trust is continually recruiting nurses and that there is much work going into improving the supply of nurses. The Director of Workforce reminded that there were also pressure points with other key staff groups, for example Doctors, Therapy Staff and Pharmacists.

John Smith asked how many 'old fashioned' nurses were still in post compared to the number of graduate nurses. The Director of Workforce was not aware of the figure.

The Chief Executive, whilst recognising the significant improvements made over the last year, felt that more needed to be done to further stretch ourselves and make further improvements. She felt strongly that Research, Development and Innovation would be crucial in helping the Trust to achieve its full potential.

74/15 Quarterly Quality Report

The Director of Nursing advised that this report had previously been produced to show how the Trust was performing against its contract requirements. She believed that the report needed to be more manageable and would therefore be reviewing and improving it.

She drew attention to key points within the report:

- Pressure ulcer reduction
- Falls reduction
- Incident reporting
- Dementia
- Friends and Family Test
- Privacy and Dignity
- Adult Safeguarding

The Medical Director drew attention to key areas within the Clinical Effectiveness section of the report:

- National Oesophago-Gastric Cancer Audit – Consultant level outcome data published nationally, showing good outcomes for the Trust. One Surgeon in particular had the 4th best outcome in the country.
- National Audit of Percutaneous Coronary Interventions – national audit had shown very good outcomes.

John Smith asked whether the Trust reported on the number of litigation cases for the Trust Board to see. The Director of Nursing explained that she was currently developing an overarching report to include information such as complaints, claims and incidents etc.

75/15 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.

76/15 Assurance Framework

The Director of Nursing drew attention to the risks within the Board Assurance Framework

and asked that the Board assure itself that these were the correct risks currently facing the organisation. She advised that the Risk Assurance Committee had recently met and agreed for another risk to be added to the Assurance Framework regarding the ongoing issues with mental health provision.

Steve Erskine noted that there had been further slippage around the actions for the fire risk assessments. The Director of Corporate Affairs advised that the assessments had been completed by the external company; however the quality of some of the reports produced had not been of the required standard. Therefore there had been delay in the remedial works being undertaken however, all parties are committed to completing. Hampshire Fire and Rescue Service have warned of a legal sanction against any of the organisations which cause delay to the completion of the work.

A discussion took place around the typing turnaround, and it was agreed that whilst a significant improvement had been seen, there still required discussion about whether the existing standard was correct.

Action: Director of Strategy

77/15 National AE Survey Results 2014

The Director of Nursing presented the 2014 results. Whilst there were no causes for concern, there was still room for improvement to be made. The issues raised within the survey have been considered and the Trust is working hard to address them.

Alan Cole referred to page 1 of the report and asked that clarification be provided around the statement 'The report highlighted that the number of patients admitted to the trust was 30% higher than other Trusts'.

Action: Director of Nursing

John Smith asked whether Physicians and Surgeons were expected to undertake their usual routine work when on call. The Medical Director confirmed that Surgeons do not. He explained that there were acute Physicians in ED who do just emergency work in addition to specialists from other areas who are called on as and when required.

78/15 Charitable Funds Update

The Board noted this report.

The Director of Corporate Affairs advised that the General Amenity Fund would be used to top up the Rocky Appeal if necessary in order to cover the Da Vinci Robot annual lease cost.

79/15 Audit Committee Report

Steve Erskine advised that the Audit Committee had recently met and had focussed on a number of items:

- Annual Accounts, Annual Report and Annual Governance Statement. These were still in draft form and would be presented to the Committee again prior to final submission on 5 June.
- Internal Audit – currently out to tender for the service and there were 4 bidders.
- The responsible 'owners' of an internal recommendation had been invited to the Committee due to the action being long overdue. The Committee reiterated the importance of them taking ownership of their actions and to escalate any issues if necessary.

80/15 Non Executive Directors' Report

Alan Cole reported back following a recent Chair's meeting with Peter Carter.

There was discussion about the feedback from the recent Outpatient Journey event which had been held. The Director of Corporate Affairs advised that the actions around outpatients

would be split between the Transformation Programme and his working group. It was agreed that a periodic update to the Board on both be provided.

Action: Director of Corporate Affairs

Mike Attenborough-Cox explained that he had recently met with some of the key individuals from the management team and had been taken on a tour of the hospital.

81/15 Annual Workplan

The Board noted the workplan.

82/15 Record of Attendance

The record of attendance was noted by the Board.

83/15 Opportunity for the Public to ask questions relating to today's Board meeting

Mr Kennedy advised that there had been some recent feedback that despite the information provided about attendances to the Emergency Department, the department seemed empty on the occasions when visited by these individuals who had provided the feedback. The Director of Nursing agreed to provide some further information to Mr Kennedy.

Action: Director of Nursing

Mr Kennedy asked whether the Trust was aware of the issue of accidents resulting from a consumption of excess alcohol in the over 65's in the Portsmouth area. The Chief Executive explained that alcoholism was a recognised problem in all age groups across Portsmouth and South East Hampshire.

84/15 Any Other Business

There being no further items of any other business, the meeting closed at 12.20pm

85/15 Date of Next Meeting:

Thursday 28 May 2015

Venue: Lecture Theatre, Queen Alexandra Hospital