POOLE HOSPITAL NHS FOUNDATION TRUST

BOARD OF DIRECTORS – PUBLIC MEETING

Part 1 minutes of the meeting held at 10.15am on Wednesday 26 October 2016 in the Boardrooms of Poole Hospital NHS Foundation Trust.

Present:  Mrs Angela Schofield   Chairman
            Ms Jacqueline Cotgrove   Director of HR and Organisational Development
            Mrs Debbie Fleming   Chief Executive
            Mr Philip Green   Non-Executive Director (Vice Chairman)
            Mr Ian Marshall   Non-Executive Director
            Dr Calum McArthur   Non-Executive Director
            Mr Paul Miller   Director of Strategy
            Ms Tracey Nutter   Director of Nursing
            Mr Mark Orchard   Director of Finance
            Mr Robert Talbot   Medical Director
            Mrs Caroline Tapster   Non-Executive Director
            Mr David Walden   Non-Executive Director
            Mr Nick Ziebland   Non-Executive Director

In attendance:  Mrs Anita Bonham   Business Manager (minute taker)
                 Mrs Jacqueline Coles   Deputy Chief Operating Officer
                 Mr Hugh Marshall   Associate Non-Executive Director
                 Mr Eoin Scott   Matron – Critical Care (for item 11)
                 Ms Jody Bryant   Sister - Surgery & Trauma (for item 11)
                 Mrs Carrie Stone   Company Secretary

The chairman welcomed the governors, staff and members of the public to the meeting. The chairman also welcomed Mr Hugh Marshall to his first Board of Directors Meeting, Ms Isabel Gowan from GE Healthcare Finnamore who was observing the Board as part of the Well Led Review and Mrs Coles who was deputising for Mr Mould.

410/16 Apologies for Absence

Apologies were received from Mr Mould, Chief Operating Officer.

411/16 Declarations of Interest

There were no expressions of interest pertaining to the agenda.

412/16 Patient Story

Ms Nutter presented a 10 minute pre-recorded video which focussed on a carer’s experience of visiting the hospital and their dependent. The carer provided suggestions where carers could assist with the patient experience in future and how the Trust could support carers. The carer also mentioned the confusion in regards to discharge planning.
Ms Nutter noted that there was a business case for a pilot project to promote active carers and provide carers with food and car parking subsidies.

The Board noted that the video would be used for training purposes and disseminated to the appropriate staff. The chairman noted that she writes to all patients/carers on behalf of the Board to express thanks for telling their story.

413/16 For Accuracy and to Agree: Part 1 Minutes of the Board Meeting held on 28 September 2016 (Paper 1)

The minutes were AGREED as a correct record of the meeting.

414/16 Matters Arising – Action List (Paper 2)

377/16 Mr Orchard noted that a letter was sent to the Dorset CCG as part of the contract negotiations. However, the system leadership team paper had overtaken proceedings.

377/16 Mrs Coles noted that NHS Improvement was to send a team to visit the Emergency Department to review the issues and demands with the team. The visit was scheduled for the first week in December. It was noted that the proposal to increase medical cover earlier in the evening was being progressed.

377/16 Ms Nutter noted that the pressure ulcer data had not been amended for the integrated performance report and that discussions were on-going to amend this element. **ACTION: TN**

379/16 Mrs Schofield noted that a letter to Mrs Colman and Mrs Baker in regards to their retirement would be sent in November.

377/16 and 262/16 to be merged as one action. **ACTION: AB**

It was NOTED and AGREED that all other matters arising unless subject to this or a future agenda had been executed.

415/16 Chairman’s Report

The chairman reported:
- A formal welcome to Hugh Marshall, Associate Non-Executive Director who was attending his first meeting of the Board.
- On behalf of the Board the chairman gave a formal farewell to Ian Marshall who would be leaving the Board as of 31 October. Ian has been with the Trust for six years and brought a wide range of experience to the Trust in finance and charitable funds.
- Due to Ian Marshall leaving the Board the chairman would be asking the Council of Governors to approve Hugh Marshall becoming a substantive member of the Board from 1 November. In the meantime Mrs Tapster had agreed to chair the Finance and Investment Committee until January. Mr Hugh Marshall would then take over the chairmanship of that committee in February 2017.
- Five of the long serving governors were coming to the end of their nine year tenure of office. The chairman thanked Mrs Cherrett, Mrs Duckenfield, Mrs Gould, Mrs Purcell and Mr Purnell for their continued
support as tremendous ambassadors for Poole Hospital and hoped to see them in the future as active members of the Trust.

- The governor elections had closed earlier in the month and the Trust welcomed Mrs Hanlon, Mrs Cooney, Mr Daniels, Mrs Parker as new governors and welcomed the return of Mr Carleton as a public governor. The chairman also noted that Mrs Nother and Mr Whittaker were re-elected for a further three year term of office.
- The Well Led Review was coming to a close and the chairman thanked GE Healthcare Finnamore for the support provided for the assessment. The chairman also thanked all Board members, governors, staff and members for taking part in the review.
- The Board was invited to attend a joint meeting with all four foundation trusts in Dorset to discuss the transformation programme, the clinical services review and to build relationships for the future. This would take place on 2 November.
- Mrs Tapster had agreed to become the lead Non-Executive Director for maternity services.
- The recruitment for the new chairman of the Trust was underway and the closing date was 30 October 2016.
- The Chairman and Chief Executive of Dorset County Hospital NHS Foundation Trust had attended a meeting with the Board to present their future strategic plans.
- A Board Seminar had taken place on the 19 October where the Board had discussed the Operational Plan, effective organisational forms to support the clinical services review and feedback on the local authority consultation where the Board supported the move to two councils with a medium sized conurbation with medium sized Dorset.

At the last part 2 Board Meeting they approved:
- The Procurement Transformation Plan
- Well – Led Self-Assessment
- Deferral of the Document Storage Contract
- Delegated authority was provided to the Chief Executive to sign the Dorset Sustainability and Transformation Plan.

At the last part 2 Board Meeting they received/scrutinised:
- Risk Register: new red and amber risks
- Serious Incident Report
- Gap Analysis on Trust recruitment
- Revised 2016/17 Financial Plan
- Proposed Planning Framework for 2017/18
- Minutes of the Board sub-committees and Hospital Executive Group.

The report was NOTED.

Chief Executive’s Report (Paper 3)

Mrs Fleming presented the report and highlighted the following key points:
- The Cystic Fibrosis (CF) service is currently provided at Poole Hospital by a consultant with a special interest in CF, however, the full service was provided by Southampton University Hospital NHS Foundation Trust (SUHNHSFT). The consultant had recently accepted a
substantive specialist role at SUHNNHSFT. Discussions were underway in regards to future service provision which would affect approximately 40 patients in Dorset. No changes would be immediate and all patients had been contacted.

- The Trust had received a Single Oversight Framework rating of 2 with targeted support offered. It was noted that two thirds of Trusts were rated in segments three or four and one third rated in segments one and two. Mr Green asked for clarification on the rating; Mrs Fleming confirmed that it was the revised scoring system replacing the risk and governance score from Monitor’s Risk Assessment Framework. Mr Ziebland asked what targeted support had been offered to the Trust; Mrs Fleming confirmed that in the first instance this was around performance within the Emergency Department which was welcomed by the Trust.

- Following a request from NHS Improvement to strengthen financial performance and accountability during 2016/17, there would be more transparency in future on agency spending across the NHS. Tighter controls had been introduced into the Trust and a task and finish group had been set up to review this area.

- The flu campaign was in full flow and 55.1% of front line staff had been vaccinated so far.

- Thanks were expressed to the Director of Nursing and Associate Director of Nursing (Safety) for the success of the patient safety conference held in October.

The report was NOTED.

417/16  **Policy and Procedure for the Management of Complaints (Paper 4)**

Mr Talbot presented the policy noting the changes in structure of the department.

Mr Talbot noted there were some administrative changes to be made and references to the Quality, Safety and Performance Committee and Council of Governors to be added prior to publication.

Mrs Schofield asked for clarity in regards to the 35 day response rate. Ms Nutter confirmed that 35 days was the response deadline, however, the Trust worked internally to achieve a 25 day response rate.

Dr McArthur asked whether the Trust met the 35 day response rate. Mr Talbot responded stating there had been some slippage on the transformation of the new service, however, now the department was managing the response rate and it was sustainable.

Ms Nutter drew the Board’s attention to Appendix D which included the guidance for staff on how to deal with a complaint.

Mrs Schofield noted that Mr Talbot reported to the Board, however, Ms Nutter was the line manager of the department. Mrs Fleming confirmed that Ms Nutter and Mr Talbot worked closely and that Mr Talbot would continue to champion complaints.

The policy and procedure was APPROVED subject to the amendments detailed by Mr Talbot. ACTION: TN/RT
418/16  Ward to Board Report (Paper 5)

The chairman welcomed Matron Scott and Ms Bryant to the meeting and invited them to the table for discussion.

Ms Nutter presented the report from Surgery, Trauma and Theatres for the period July to September 2016. The following key points were highlighted:

- The Wednesday Ward Watch figures had seen improvements from Q1 in all areas. Theatres had not completed all data audits in July which had a negative impact on their overall scores.
- There had been incomplete audit data for B2 for the drugs fridge temperatures, therefore, losing a whole month of data; however, readings had improved across the quarter.
- C3 scored 91% for harm free care and all other areas scored 95% or above. C3 had one harm resulting from a fall and four new harms from pressure ulcers. Data showed there were no grade 3 ulcers over the whole care group for Q2 and a reduction in grade 2 pressure ulcers.
- There were two complaints upheld in C3 and SAU. B2 had one complaint.
- The friends and family test scored 98% for the quarter. There were only three negative comments recorded out of a total of 576 received.

There was discussion relating to discharge and patients receiving rehabilitation within the Trust or re-ablement in the community. Mrs Tapster asked what the Trust could do to expedite discharge. Ms Nutter responded that the Trust worked closely with all agencies and each ward had a discharge co-ordinator.

Mr Miller noted that there had been a number of incidents within theatres and asked whether there were any patterns to the incidents. Matron Scott responded that the incidents had been spread across the period and were not related. There were challenges in theatres in regards to staffing and the percentage of new staff was high. The department now consisted of only 30% with five or more years’ experience.

Mrs Schofield noted that on a walk through the hospital in August there were a number of orthopaedic patients each day not in appropriate beds. Mrs Coles confirmed this had reduced to around 8 to 10 patients a day and that the reconfiguration of beds was to take place during the first week of November.

The report was NOTED.

The chairman thanked staff members for attending and they left the meeting.

419/16  Integrated Performance Report (Paper 6)

Mrs Coles, Ms Nutter, Mr Talbot and Ms Cotgrove presented the integrated performance report and highlighted the following key points:

Mrs Coles provided an update in relation to key operational issues for Q2 noting that September had been a challenging month and following discussions with partners all Trusts had experienced increases in patient attendances:
- The target of 3.5% delayed discharges had not been reached since August.
- The four hour organisational standard was not achieved in September; the Q2 STP trajectory was achieved, however, there was still concern in regards to staffing levels and skill mix at peak times. Work with NHS Improvement was underway to review capacity and demand.
- The referral to treatment target was achieved. 68 out of 186 Trusts in NHS England have failed the target. Cancer standards were achieved and nationally the Trust is in a good position compared to other providers. This is a further area experiencing increases in referrals. The Trust has had no breaches for over 2 years in breast cancer.

Mr Hugh Marshall stated that the data showed that there was a downward trend in attendances. Mrs Coles responded that there was a downward trend however attendances were still up by 5% from last year and Q1 was higher than expected.

Mrs Schofield raised a query in regards to the Fracture Neck of Femur data within the main report and the escalation report which she would discuss outside the meeting with Mrs Coles.  
**ACTION: AS/CoL**

Ms Nutter provided an update in relation to quality, safety and patient experience:

- There had been an increase in complaints during August, however, September shows a reduction.
- There had been a never event in September and there was a further event to be discussed in part 2 for October.
- There had been no C-Difficile reported in September and one reported for October which was non-trajectory.
- There were four areas that raised red flags during September, no trends were being reported at present.
- The falls data was still to be amended and there had been two falls resulting in moderate harm.  
  **ACTION: TN**
- There had been no grade 3 pressure ulcers reported in September.

Mr Walden reflected that the report showed that carers had helped staff on B3 and asked whether there was guidance for Trust staff on the appropriate use of carers. Ms Nutter responded stating that this had been raised as a red flag and that the wording of the incident should be reviewed as carers were not undertaking the work of ward staff.  
**ACTION: TN**

Mrs Schofield asked whether the 40% friends and family test response rate should be achieved. Ms Nutter responded stating that the old system was paper based. Clinical audit was now assisting in the collation of data and forms have been adapted for ease of use and ward specific data. Nationally, other Trusts are not achieving the response rates.

Mr Miller raised a concern that the single KPI graph for harm free care was showing a deteriorating position. Ms Nutter agreed that the graph and data was to be reviewed and validated and that the graph should also differentiate between new and old harms. 
**ACTION: TN**
Mrs Tapster commented on the escalation report for delayed transfers of care and that self-funders were a concern. Mrs Fleming responded that there had been a positive meeting with the Poole cluster of GPs and local authorities around delayed discharges with encouraging signs of working together to improve the situation.

Mr Talbot noted that there were no significant concerns to highlight in relation to Mortality. Medicines Optimisation was still challenged with medicine reconciliation, however, drug errors were very low and a controlled drugs audit was being undertaken.

Ms Cotgrove provided an update in relation to workforce which was scrutinised at the Workforce and Organisational Development Committee:

- Sickness rates had fallen slightly and continued to be below the national position.
- Workforce data was still to be triangulated to identify hot spots and financial costs. **ACTION: JCot**
- Turnover had risen and exceeded target, some of this was due to HCAs completing their professional training and moving to more skilled posts.
- Appraisal rates were still low and there was further work to be undertaken as to whether this was due to under reporting or the process of appraisals within the Trust. **ACTION: JCot**

Mr Ian Marshall stated that with experience within the private sector, if staff are continually under pressure, the number of targets missed increases and should this be a concern for the Trust. Mrs Fleming responded that the general mood within the Trust is monitored and action taken accordingly, such as reviewing the shift changes within the emergency department.

The report was NOTED.

**420/16 Financial Performance – Month 6 (Paper 7)**

Mr Orchard presented the report detailing the key performance indicators for September:

- A deficit for the month of £164k compared to a planned deficit of £246k.
- £280k ahead of the year to date control total agreed with NHS Improvement after adjusted donated capital.
- Clinical directorates were in aggregated overspend by £69k and the clinical and operational support care group has been asked to provide a financial recovery plan.
- The agency spend had reduced for the third month running and plans were in place to review the medical agency spend.
- CIP was behind the £357k planned position and there was still £322k unidentified.
- Capital expenditure was behind target due to the delay in a CT Scanner being delivered to the Trust; funding had previously been allocated for September.
- The cash position for the Trust was more favourable than planned due to the delay in the CT Scanner.
Mr Green asked what the driver was for the non-clinical supplies expenditure and the variance reported. Mr Orchard confirmed that this was associated with drug expenditure which was funded by NHS England. Also the Vanguard and associated costs, excluding pay which is funded is a driver.

Mr Ian Marshall confirmed that Mr Orchard had provided the Finance and Investment Committee with a full schedule of all the proposed incomes and outgoings for the remainder of the year and this would be discussed later in the agenda.

The report was NOTED.

421/16 Chairman’s Report of the Finance and Investment Committee held on 24 October 2016 (Tabled paper)

Mr Ian Marshall presented the report detailing the work that Mr Orchard had undertaken on the key risks and assumptions in regards to the Trust’s finances.

The report was NOTED.

422/16 Chairman’s Report of the Workforce and Organisational Development Committee held on the 24 October 2016 (Tabled paper)

Mr Ziebland presented the report noting the following key points:

- Work was underway with a task and finish group led by Ms Cotgrove into the temporary staffing and medical agency spend.
- There had been an increase in pharmacy locums being utilised as this was an area where it was difficult to recruit.
- The workforce group had been re-established to provide assurance to the Workforce and Organisational Development Committee in future.

The report was NOTED.

423/16 Quarterly Strategy Report (Paper 8 &9)

Mr Miller presented the report detailing there was a great deal of change around the NHS, nationally which the Trust had limited control over.

Mr Miller noted that culturally the Trust was in a strong position with the Poole Approach being at the heart of the organisation and that supporting strategies for the Trust in future were to be aligned to the agreed organisational form.

Mr Miller noted that the updated Sustainability and Transformation Plan was attached for the Board.

Vanguard Update

Mr Miller noted that there were two key areas progressing well with the Vanguard: these were integrating Pathology and back office amalgamation which was outlined in the Carter review.
Clinical Services Review Update

Mr Miller noted that the Board had discussed and will continue to discuss the different organisational forms available to the Trust, following the outcome of the Dorset Clinical Services Review and public consultation.

The report was NOTED.

424/16 Chairman's Report of the Audit and Governance Committee held on 19 October 2016 (Tabled paper)

Mr Green presented the report noting the following key points:

- Deloitte had informed the committee members that there would be enhanced scrutiny due to the financial situation and risk areas so that the going concern statement could be completed.
- Internal audit had provided limited assurance on the management of medical devices and agency spends which would be reviewed again at the next meeting.
- The Board Assurance Framework had received substantial assurance.
- The Trust was not compliant in regards to reference costs (10.16% of total return) and the committee had received assurance that there were some areas of data collections which are economically unviable for the Trust to achieve.

The report was NOTED.

425/16 Charitable Funds – Expenditure over £25k (Paper 10)

Mr Miller presented the report noting the items over £25k:

- Ladybird refurbishment of waiting area £30,995
- CIRS Dynamic Thorax Phantom £29,755
- Clinical Fellow - Oncology/Cancer services (two years) £144,840 total
- Programme Management (two years) - £122,970
- Clinical Nurse Specialist (5 years) - £235,940
- Teenage and Young Adult Inpatient Facility (Durlston ward) - £181,764
- Neuroendocrine Tumour Research Fellow - £181,279.99

The report was NOTED.

426/16 Today's Board Seminar – Control Total (STF), 2 Year Operational Plan and the Clinical Services review Consultation Process

Mrs Schofield presented the report detailing the Board had discussed the modelling of impact of the control total for the 2 year operational plan which would be discussed within the private Board meeting and at the Council of Governors on the 27 October.

ACTION: AS

The Board also discussed the public consultation for the Dorset Clinical Services Review being launched at the end of November/beginning of December which would also be discussed with the Council of Governors on the 27 October.

ACTION: AS

The report was NOTED.
Questions from the Council of Governors

There were no questions from the Council of Governors.

Any Other Business

There was no other business.

Board Reflection on Current Meeting

The Board agreed that the meeting had been efficient and purposeful.

Mrs Schofield asked the Board if there was too much time spent on the integrated performance report (IPR) and less time on strategic areas. Mrs Fleming observed that the report was still challenging and that a reflection outside of the meeting should been given on the IPR on flow, reproduction of charts/data for electronic use and possible further training to the Board. It was noted that the order the paper was presented was not the order in which is was discussed at the board. This required further consideration.

The Board agreed that strategic areas were discussed at length at Part 2 Board meetings and Board Seminars.

Date and Time of Next Public Meeting

The next public Board of Directors meeting was to take place on Wednesday 30 November 2016 within the Boardrooms of Poole Hospital at 10.15am.

Members of the press and public were asked to withdraw from the meeting.

Agreed as a correct record of the meeting:

Chairman: ...........................................  Date: ...........................................