

POOLE HOSPITAL NHS FOUNDATION TRUST

BOARD OF DIRECTORS – PUBLIC MEETING

Part 1 minutes of the meeting of the Board of Directors held on Wednesday 29 January 2020 at 12.45pm at The Village Hotel, Deansleigh Road, Bournemouth.

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| Present: | Mr David Moss | Joint Interim Chairman |
| | Mrs Jacqueline Cotgrove | Director of Workforce and Organisational Development |
| | Mrs Debbie Fleming | Joint Interim Chief Executive |
| | Mr Philip Green | Non-Executive Director |
| | Dr Calum McArthur | Non-Executive Director |
| | Mr Mark Mould | Chief Operating Officer |
| | Mr Stephen Mount | Non-Executive Director |
| | Mr Pete Papworth | Joint Interim Director of Finance |
| | Mrs Patricia Reid | Director of Nursing |
| | Dr Matt Thomas | Acting Medical Director |
| | Mrs Caroline Tapster | Non-Executive Director |
| | Mr David Walden | Non-Executive Director |
| | Mr Nick Ziebland | Non-Executive Director |
| In attendance: | Miss Nicola Gray | Assistant Company Secretary (minute taker) |
| | Mrs Carrie Stone | Company Secretary |

001/2020 Apologies for Absence

There were no apologies to note. Mr Moss welcomed the governors observing the meeting, Laura Croucher, Wessex Chief Resident and Dr Matt Thomas, Acting Medical Director to the meeting.

002/2020 Declarations of Interest

There were no declarations of interest noted.

003/2020 Patient Story

The patient story was not able to be viewed due to technical issues and it was agreed it would be shown at the next part 1 Board of Directors meeting.

004/2020 For Accuracy and to Agree: Part 1 Minutes of the Board Meeting held on 27 November 2019

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

005/2019 Matters Arising – Action List

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

006/2020 Chief Executive's Report

Mrs Fleming presented her report and highlighted the following key points:

- Winter pressures – both Trusts had been incredibly busy since before Christmas, and for Poole there had been no respite in the past 12 months. Staff had been working extremely hard and there was significant pressure on staff generally for which the Board should extend its thanks for their hard work during such challenging times. Mrs Fleming noted the long term solution for this was around the Dorset System working, which had its own section within the report.
- CQC inspection – Mrs Fleming noted the expectation that the Trust would receive its final report on Friday 31 January. At this stage any information released was embargoed, but the information which had been received so far had been very encouraging. The full report would be publicly shared once received.
- Dorset Integrated Care System - Mrs Fleming noted the amount of work which had been taking place with partners over the previous few months, advising that Dorset was only 1 of a few systems within the country where there was a system wide financial control total. The finances have become increasingly challenging and it was important to consider all the monies going into Dorset and share it across the system providers in such a way that worked well for Dorset residents. In addition to the finances, the partners within the system had been considering how they held each other to account and how to set up the complex agenda in respect of meetings, governance and working well together. Mrs Fleming noted the development day for Chairs and Chief Executives across the system taking place on 15 February 2020, which Mrs Cotgrove would be facilitating. A focus for the day would be considering the best way to move forward next year to ensure the best was achieved as part of the Dorset Wide transformation.
- Merger – The outcome of the Independent Review Panel had been received, which found there had been the correct consultation, and the CSR should go ahead. Mrs Fleming noted it was important to recognise there would still be a lot of public concern about the changes and there was a need to strengthen the involvement of the public, as well as patients, in the design of services going forward through a number of avenues. Mrs Fleming noted the merger work was progressing well, as was the PTIP. The structure of the organisation was being firmed up which was being shared with those involved.
- Development of the Christchurch site – Mrs Fleming noted it was important for the public to be involved and encouraged governors to stay informed.

Mrs Fleming noted that no matter the amount of work being done, the priority was to deliver safe care every day. This was extremely challenging given the pressure on the Hospital and staff.

Mr Moss noted the Poole governors and Board may not be so well sighted on the Christchurch developments and it was an exciting model of developing a patient village. Mr Moss noted the model had generated capital and revenue income for the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH), which was important.

The report was NOTED.

007/2020 Integrated Quality, Performance and Workforce Report

Mr Mould presented the report noting the busy position of the hospital which had been continuous over the last year. The bed occupancy and number of beds open,

compared to the previous year, was considerable higher, which had created a challenging starting point for the onset of winter. Mr Mould noted the focus was primarily on the Emergency Department and it should be recognised the busyness was across the whole organisation and how hard people had been working.

Mr Mould noted the following key points:-

- ED – whilst the department had seen days where they were full with patients plans had been put in place to ensure people were kept well, safe and prioritised. The Trust was working closely with the Ambulance Service and in addition the close working between Poole and RBCH enabled some flexible working to alleviate pressure on the Poole site. Paediatric and Trauma cases were still taken to Poole, received and treated appropriately by Poole, as it was still the major Emergency Department for these categories.
- Additional winter monies had been received and it had been agreed to invest these monies into additional support for the Emergency Department.
- 7 Day emergency Theatres were now in place at Poole. This did not mean there was no access to Theatres for emergencies before. What it did mean was there would be no need to cancel or delay planned surgery to accommodate emergencies, which was the procedure before having 7 day emergency Theatres in place.
- Work on improving pathways had been undertaken, with 300 domiciliary hours of care agreed with BCP council between Poole and RBCH, which would enable discharges to take place more quickly. There was still challenge with patients remaining in beds longer than was needed, but work was ongoing to try and alleviate the position.
- Elective care had been granted some national funding of approximately £320k. A proposal had been put in for approximately £1.2m to reduce down the number of people waiting for over 40 weeks, and although the monies had been welcome, £320k would not solve the problem. 11 patients had waited over 52 weeks, but the Trust was working hard to reduce these waits.
- Cancer referrals had seen an increase of 11% across the service which put pressure on the cancer standards. The standard was to see everyone within 14 days and Poole had prided itself on seeing everyone with 7 days, but with the numbers coming through this was no longer possible. The 62 day standard was coming under pressure. The endoscopy capacity was an issue across Dorset, with a 28% increase in referrals. Poole had held its position very well by adding 6 additional clinics over the weekends in January with circa 120 patients still outside the standard. Compared nationally, Poole was doing remarkably well, but not as well as has been seen in the past. A small amount of investment had been identified and work with RBCH was being undertaken to put plans in place for next year.
- #NOF was seeing an improvement which was good news.

Mrs Reid presented the quality section of the IPR noting the patients being admitted were sicker and frailer than they used to be and were therefore staying in hospital longer. There were an additional 166 patients admitted with flu in December, along with Norovirus on several wards. Mrs Reid noted falls had increased. Mrs Reid reported that, despite all of this, the patient experience was still above the national average and there had been better screening of complaints, with clearer communication.

Mrs Reid reported there had been a patient who had suffered harm from surgery. The patient had been treated by the outsourced surgical team and an investigation was taking place. A further patient had suffered harm from a delay in receiving

anticoagulation which was also under investigation.

Dr Thomas presented the mortality figures, which were the lowest in the country and recognised the team should be commended for this achievement, given the pressures which had been highlighted by Mr Mould and Mrs Reid. There were seasonal variations but the trends remained the same as previous years. Dr Thomas noted there had been a concern over patients with pneumonia who were anticipated to survive their episode but had passed away. Dr Wood and Dr Wheldon had investigated the cases involved and identified the patients who had died had other conditions which had not been identified through the statistical analysis. This had resulted in the concern around pneumonia. The Trust was undergoing a more in depth review of pneumonia in the hospital by one of the Trust's chest physicians and Dr Wheldon in the near future.

Mrs Tapster noted the Quality Safety and Performance Committee had looked at the length of stay issue and it was agreed that progress in addressing the Length of Stay (LOS) over 21 days would be reported to the Quality Safety and Performance Committee in February or March 2020. **ACTION: MM/PR**

Mrs Cotgrove presented the workforce section of the report noting the national and local workforce challenges which were well known and the delivery of the CSR proposals which had an impact on staffing. Mrs Cotgrove noted the low vacancy rates, with staff showing signs of being engaged and motivated, and the KPI's had not changed markedly. Turnover was still a concern which was higher than wished and had increased slightly in the current month. Mrs Cotgrove reported there was a drive to understand what was causing staff to leave.

Mrs Cotgrove noted sickness continued to be quite favourable against local and national indicators, despite the slight rise. Appraisals and statutory and mandatory training had risen slightly which was positive, but the Trust remained vigilant around appraisals which was a key method of maintaining relationships with staff in respect of their development and support. The statutory and mandatory training remained below the standard set internally. Mrs Cotgrove noted a computerised system was being introduced to help staff complete their mandatory training.

Mrs Cotgrove noted the staff survey results were due.

Mr Moss noted the low vacancy rate and the good work which had been undertaken around international recruitment. Mrs Cotgrove advised that the international nurse recruitment had started to show benefits and noted the number of Trust doctors appointed. Poole had a lower establishment to begin with than other organisations.

The report was NOTED.

008/2020 Ward to Board Report – Surgery, Trauma and Critical Care

Mrs Reid presented the report, explaining that the Matrons and senior nurses would normally attend to present. Mrs Reid noted, following on from the workforce discussions, the Women, Children and Oncology services had very few vacancies.

Mrs Reid reported that Paediatrics had seen a very busy December with a lot of drivers for this, one being the Bronchiolitis season, a number of patients with mental concerns presenting, with associated long stays within Children's services, with work with CAMHS was underway. Mrs Reid further noted the challenges within ED and the 111 service, getting out of hours GP service which was driving paediatrics through the ED. Paediatric nursing had been increased in ED. There was the aim to

create a co-ordinator role for the senior nurses to have a good balance between the Children's Assessment Unit and ED and flexing staff appropriately.

Mrs Reid reported that the Maternity Unit had been at full capacity and had been escalated with the use of agency being considered for the first time in 2 years, although this was not required ultimately. This was attributable to the flexibility of staff and willingness of staff to assist when times were challenging.

Mrs Reid provided an update on increase in activity in oncology and the challenge of training nursing staff with chemotherapy skills. There were enough to cover the current position but as the service was growing, so the required number of staff with the skillset needed to increase. Consideration was being given as to how to manage and deliver the day treatments to assist with this.

Mrs Reid noted that despite the challenges, quality remained very good across all three areas.

Mr Ziebland expressed concern for the number of children remaining in the hospital who had mental health problems and presumably no physical reason for being in hospital. Mrs Reid noted some of these children were severely autistic, but additionally there were a growing number of children with eating disorders under the age of 14, which was a challenge. Mrs Reid noted the CAMHS were under significant pressure.

Mr Ziebland asked if CAMHS were part of Dorset Healthcare University Hospitals Foundation Trust (DUHFT). Mrs Reid confirmed they were and the Trust was working with DUHFT through the Mental Health Steering group. Mrs Reid advised had been recognised that the bed base in Dorset was very low compared to the national level with a lot of beds out of area. Mrs Reid noted the position was a concern with pressure being felt within the acute setting.

Mr Green noted ward B4 appeared to be a concern and asked if that was around staffing and vacancy as the cleanliness was low. Mrs Reid noted it was a large ward which was difficult to recruit to but the new establishment had just been determined. There was the trial of a High Dependency Unit because when Poole reconfigured, there would be a Surgical Augmented Care Unit to help with the sicker and frailer patients.

Mr Walden noted the impressive friends and family test results given the pressure the hospital was under. The Trauma nurses vacancies created approximately a quarter of the vacancies across the Trust, and Mr Walden asked what the reference to the joint recruitment drive with orthopaedics was. Mrs Reid noted effectively a 4th Trauma ward had been created due to demand and this immediately raised the vacancies. These patients would have been distributed to other areas, and by the creation of the 4th ward, these patients had been brought together to form a therapy led ward which would utilise a different workforce. Mr Walden asked if the recruitment had already started for this and Mrs Reid noted it had, with HCA's being trained up with some physio therapy skills.

Mrs Fleming noted a report on the reconfiguration of beds would be presented at the March 2020 Board of Directors meeting.

ACTION: MM/PR

The report was NOTED.

Mr Papworth presented the financial performance for month 9, noting the following key points:-

- A significant underlying deficit had been set of around £18m which, if delivered, the same amount would be received in sustainability funding to report a balanced position. At the end of third quarter the Trust was marginally ahead of the year to date control total of £122k, which meant the whole of the sustainability funding had been secured to date.
- There had been a reduction of Tier 4 agency in December which was encouraging.
- There were some significant challenges in quarter 4 with a number of financial risks. These include the under achievement of the cost improvement plan forecast for the final 3 months of the year, the continued operational pressures and escalation, which had already been discussed, and the associated premium agency cost. There had been some mitigations identified which were included in the forecast which gave some assurance that the year-end control total would be met and therefore achieve the overall financial plan. Those mitigations included some additional income from the CCG.
- The capital forecast had increased due to a number of helpful national allocations around emergency care, imaging etc. which had improved the forecast by £4.6m.
- Cash remained tight and was being managed to ensure there was enough to see the Trust through to the end of the financial year and beyond.

Mr Papworth noted the report did not do justice for the amount of work which is done daily by operational and clinical managers, who were supporting the transformation and dealing with the operational pressures already discussed, whilst ensuring the services provided were safe and provide quality with person centred care. They were also keeping a good grip on the financial performance which had allowed Mr Papworth to report on the position achieved to date and that the Trust will have secured £18m of sustainability funding. Their hard work should be formally recognised.

Mr Ziebland noted his concern of not spending the capital monies on the old equipment within the Trust, which would have gone some way to addressing the staff morale highlighted in the Story of Now report, and asked why the capital was not being spent on rectifying this. Mr Papworth explained there was a timing issue in respect of the capital spend, but it would all have been allocated and spent by year end. However, Mr Papworth noted this did not detract from the very restraining environment staff were in and it was hoped some of the Long Term Financial Model which incorporated some merger capital spend over the next 6 years, would see some significant capital spend.

Mrs Fleming noted Mr Ziebland's concern as to what was being done about the staffing concerns and noted the actions from the Story of Now would be presented back to the Board in the future and the medical budgets for next year had been picked up. In addition, some charitable funds had been used. Mrs Fleming noted the importance of getting the communication back to staff as to what was being done.

Mrs Tapster noted Mr Atkinson had attended the Quality, Safety and Performance Committee to provide an update on the estates work and the impact of the backlog. It was the communication of this to staff which was very important.

The report was NOTED.

010/2020 Emergency Preparedness, Resilience and Response Core Standards 2019/20

Mr Mould presented the report noting the core standards were nationally set and presented annually. The process was put in place to ensure the Trust worked towards those core standards and any new standards which are set. Mr Mould noted the Trust would meet with the CCG to discuss work done to date, standards met and work which was still required. Mr Mould noted the meeting had taken place and the outstanding actions were included in table format within the report. However, the Trust was substantially compliant.

Mrs Tapster noted the spelling error in the mass casualty plan which should state “key patient locations”.

Mr Mould reported the Corona Virus was very topical and there was no vaccine at present, with identified cases treated by way of being isolated. The tests which had been carried out UK wide had all been reported as negative. Mr Mould noted the Department of Health and Social Care was providing the latest information to be followed and there was a need to be clear with internal processes. Therefore, an exercise would be carried out to test the readiness and preparedness of the Trust should a case be presented and Poole was leading this work across both organisations.

Dr Thomas noted the perception of the public if they see staff around the Trust in PPE and stressed the communications needed to be clear there was an exercise being carried out.

Mr Mould noted staff would be made aware of the test, although they would not know when or where. In addition, Mr Mould noted a discussion would be needed with Mrs Fleming in respect of notifying the media to avoid sensational headlines. It was agreed consideration would be given to the communication around the forthcoming exercise to test the Trust’s response to the new Corona Virus.

ACTION:MM/RM

The report was NOTED.

011/2020 Charitable Funds Expenditure over £25k

Mr Papworth presented the report noting he had nothing further to add to the content of the written paper.

Mr Walden noted the move to have an aligned investment strategy for Poole and RBCH.

The Board APPROVED the two charitable award decisions and the reclassification of the Cornelia Suite Ward Fund.

012/2020 Consultant Revalidation – Responsible Officer

Mrs Fleming presented the report, noting Dr Thomas had been introduced and the process was to formally appoint Dr Thomas in the role of Responsible Officer.

Mrs Fleming noted a copy of the letter confirming Dr Thomas’ appointment as Responsible Officer for the Trust would be sent to Mr Michael Marsh, NHSI South West Regional Team

ACTION: CS

The Board APPROVED the appointment of Dr Thomas as the Responsible Officer.

013/2020 Annual Review of the Effectiveness of Third Party Processes and Relationships

Mrs Fleming presented the report noting it was a timely reminder of the effectiveness, responsibilities and the positive relationships the Trust had with third parties.

Mr Walden noted it may be of some worth to mention by name the Healthcare Safety Investigation Unit.

Dr Thomas noted the need to note the inclusion of other Royal Colleges which the Trust interacted with.

It was agreed the list of Third Parties with which the Trust engaged would be amended to include the national health service investigation unit and with regard to the royal colleges the following to be added, "Included but not limited to..."

ACTION: RM

The report was NOTED.

014/2020 HEG Terms of Reference

Mrs Stone presented the HEG terms of reference noting it was the last of the annual reviews and the tracked changed document provided had been supported by HEG.

The HEG Terms of Reference were APPROVED.

015/2020 Clinical Excellence Awards 2018 & 2019

Mr Walden and Mrs Cotgrove presented the report for the public meeting to note the decision made in the private part 2 meeting at the last Board of Directors meeting.

The report was NOTED.

016/2020 Questions from the Council of Governors and the Public

Mr Bufton asked what the procedure would be if a visitor was found to present in the hospital with Corona Virus rather than a patient. Dr Thomas noted the normal procedures would be followed irrespective of who presented which was the purpose of the emergency preparedness plan and would be no different than visitors who present with flu or norovirus. Mr Mould noted however, if potential visitors were suffering from symptoms, the advice remained and should be reinforced to not visit the hospital.

Dr Croucher noted the discussion around children with mental health presenting to the hospital was part of the current societal lifestyle and the hospital was generally the only option for taking them. Once presented the national guidance had to be followed and this meant they had to be seen the following day. The situation was complex with a great many factors contributing.

017/2020 Any Other Business

There was no further business.

018/2020 Key points of communication to staff

Mr Moss noted the following points for communication to staff:-

- Merger progress
- Winter Pressures
- Bed Reconfiguration
- 7 day Theatres
- Performance and the positive finance position
- The good news from the CQC report in respect of maternity services
- The estates points in respect of capital
- Patient engagement work in development of emergency services

019/2020 Date and Time of the Next Public Meeting

The next public meeting of the Board of Directors of Poole Hospital NHS Foundation Trust was to take place at 8:30am on Wednesday 25 March 2020 at Poole Hospital NHS Foundation Trust.

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

Agreed as a correct record of the meeting:

Chairman_____ Date _____