Portsmouth Hospitals NHS
NHS Trust

Trust Board Meeting in Public

Held on Thursday 1 September at 11:00
Oasis Centre, Queen Alexandra Hospital

MINUTES

Present:	David Rhind	Chairman
	Alan Cole	Non Executive Director
	Elizabeth Conway	Non Executive Director
	Brett Gill	Non Executive Director
	Mark Nellthorp	Non Executive Director
	Timothy Higenbottam	Non Executive Director Designate
	Steve Erskine	Non Executive Director Designate
	Ursula Ward	Chief Executive
	Cherry West	Chief Operating Officer
	Simon Holmes	Medical Director
	Julie Dawes	Director of Nursing
In Attendance:	Peter Mellor	Company Secretary
	Tony Short	Interim Associate Director of Workforce
	Steve Gooch	Deputy Director of Finance
	Michelle Marriner	(Minutes)

Item No **Minute**

139/11 **Apologies:**

Apologies had been received from Robert Toole, Director of Finance. The Company Secretary advised that Steve Gooch, Deputy Director of Finance was in attendance on behalf of the Director of Finance.

Declaration of Interests:

There were no declarations of interest.

140/11 **Minutes of the Last Meeting – 4 August 2011**

The minutes of the last meeting held on 4 August were approved as a true and accurate record.

141/11 **Matters Arising/Summary of Agreed Actions**

Patient Safety Questionnaire: The Director of Nursing advised that a pilot had been run in the Trauma, Orthopaedics, Rheumatology and Pain Clinical Service Centre. She confirmed that the outcome from the questionnaire would be included in October's Trust Board report.

Strategy for QIPP: The Director of Nursing confirmed that the Strategy for QIPP was on the agenda for the Private Trust Board meeting.

116/11: Carbon Reduction Strategy: The Company Secretary confirmed that the costings against the plan would be presented to a future Executive Management Team meeting, after which they would come to a future meeting of the Trust Board.

130/11: Workforce: The Company Secretary confirmed that findings from the Council of

Governors Trust Advisory Group would be provided to the Trust Board in November.

132/11: Assurance Framework: The Deputy Director of Finance confirmed that the report regarding risk 6.2 was on the agenda for the Private Trust Board meeting.

136/11: Opportunity for the Public to ask questions relating to today's Board meeting: The Company Secretary reminded the meeting of a member of the public who had expressed an interest in becoming involved with the Trust care and quality agenda. This had now been arranged.

142/11 Notification of Any Other Business

There were no items of any other business.

143/11 Chairman's Report

The Chairman referred to the engagement exercise that was currently underway regarding the proposed reconfiguration of local vascular services and that was due to finish on 30th September and encouraged members of the public to respond appropriately. He was hopeful that a full consultation exercise would follow.

144/11 Chief Executive's Report

The Chief Executive advised that a number of key appointments had been made as a consequence of the clustering of the Strategic Health Authorities throughout the country. Sir David Nicholson, Chief Executive NHS, had interviewed for the cluster Chief Executive posts and the following appointments had been made:

- Ian Dalton CBE to the post of Chief Executive of NHS North of England.
- Sir Ian Carruthers to the post of Chief Executive of NHS South of England and Dr Geoff Harris to the post of Chairman
- Sir Neil McKay to the post of Chief Executive of NHS Midlands and East.
- Dame Ruth Carnall continues as Chief Executive of NHS London.
- Cluster Chief Executives will assume their roles on Monday 3 October 2011.
- Ian Cumming OBE, currently Chief Executive of NHS West Midlands and the lead Strategic Health Authority Chief Executive on quality, will be taking on a new national leadership role as managing director for quality during transition. He will lead on five key areas of work that include maintaining quality and safety during transition; identifying the quality architecture for the new health care system; and developing a standardised set of quality metrics.
- Candy Morris, currently Chief Executive of NHS South East Coast, will be taking up a new national leadership role as the Senior Responsible Officer for the establishment of the Health Research Authority, as well as supporting Sir Ian Carruthers in his role as Chief Executive of the South of England cluster.
- Andrea Young, currently Chief Executive of NHS South Central, had expressed her intention to play a significant role in the South of England cluster, whilst supporting the establishment and successful operation of the NHS Commissioning Board post 2013.

The Chief Executive advised that the Government had asked the NHS Future Forum to carry out a new phase of review with patients, service users and professionals, following the recent listening exercise on proposals to modernise the NHS. The Forum will provide independent advice on the following four themes:

- information,
- education and training,
- integrated care: and
- the public's health.

The Chief Executive expressed her thanks to the Military Staff within Portsmouth Hospitals Trusts and especially to the Royal Air Force contingent who had recently completed a 24 hour bicycle ride for charity. A total of £1,150 had been raised, half of which was to be donated to the Rocky Appeal.

145/11 Integrated Performance Report

Quality:

The Director of Nursing advised that a heat map had been included on page 2 of her report. This 'situation at a glance' heat map will be further evolving over the next few months.

The Director of Nursing reported that the Trust was currently within trajectory for the number of falls within the Trust. The number of falls for the month of June/July had shown a modest reduction for the second month in succession (May/June). She was also pleased to report that the Trust was currently on trajectory to achieve the 25% target reduction in the number of hospital acquired pressure ulcers.

The Director of Nursing advised of a particular concern with C.Difficile. There had been a total of 4 cases in July which had taken the total for the year to 34 against a trajectory of 30. The Trust had recently commissioned an independent review to consider the robustness of its strategy to become a sustained low C.Difficile system. The review had revealed no shortcomings and had endorsed our comprehensive action plan to reduce C.Difficile. The Chairman asked what affect the new test, that was soon to be introduced, would have on position. The Medical Director confirmed that the new test would help to determine whether the infection had been contracted before admittance to hospital but warned of a possible increase in reported cases as the new test was much more able to detect infection.

The Director of Nursing highlighted that the current low compliance with the assessment of Venous Thromboembolism was also a concern. She confirmed that more resource was being introduced as part of an action plan to achieve the required level of assessment. Brett Gill asked for clarification regarding the new VitalPAC module. He was concerned that as it required completion by a Doctor rather than a Nurse, an inevitable decline in completion would occur. He sought assurance that junior Doctors would be fully trained in the using of VitalPAC. The Medical Director confirmed that junior Doctors would receive thorough training but that it would still require drive from Consultants to ensure full compliance. The Director of Nursing confirmed that it is evident that assessments were taking place but that not all are not being documented. An action plan was in place to resolve these issues.

Mark Nellthorp asked for clarification regarding the classification of medication errors. The Director of Nursing confirmed that medication errors might include; errors in prescription, under dose, overdose, missed dose, wrong drug prescribed or wrong drug administered. She advised that the majority of medication errors were missed doses. Steve Erskine asked if the recent restructuring of the Pharmacy department had been a contributory factor to some of the medication errors. The Director of Nursing advised that whilst this was a factor, staff vacancies at ward level were also having an impact.

Steve Erskine asked for further detail regarding the cancellations of appointments. The Chief Operating Officer replied that a dedicated group had been established to review the cancellations of appointments and to recommend improvements. A number of anomalies within the data, such as moved appointments marked incorrectly, were also having a detrimental effect. She advised that the Trust was moving towards a partial booking system where patients would be advised of the need for a follow up appointment but

would not be booked in immediately. They would be contacted nearer the time with an appointment.

Elizabeth Conway asked about MSSA benchmarking data. The Medical Director replied that MSSA was considered in the same way as MRSA. He advised that levels of MSSA were consistent within the Trust but could not advise on any benchmark data as there were currently no national targets and, as a consequence, little available data. The Medical Director promised to try and source some benchmark figures.

Action: Medical Director

The Chairman sought additional detail around complaints. The Director of Nursing reported that the total numbers of complaints received had shown a small decrease overall from the previous month but a slight increase in the number of complaints relating to Portering. She confirmed that this was an area for concern but was being addressed.

Operations:

The Chief Operating Officer provided an overview of the operational performance. She was pleased to report an improvement in both Cancer and Emergency Department performance. She confirmed that the improvements in the Trust's performance had resulted in a rating 2:5 Amber-Red for July against the Monitor Compliance Framework.

The Chief Operating Officer gave an update on the areas for concern or risk. The Emergency Department unplanned re-attendance rate had improved during July but was still short of the 5% standard. She advised that some data had been miscategorised due to a technical issue, but that had now been resolved.

The Chief Operating Officer advised of a one day pilot that had been undertaken within the Emergency Department and the Medical Assessment Unit on 20th July. The aim of the pilot was to improve the Emergency Departments performance particularly in relation to 'arrival to assessment' and 'arrival to treatment'. An analysis of the Emergency Department quality indicators on the day of the pilot had shown an improvement across all areas. She confirmed that a further pilot, over a five-day period, would be run in September, taking into account the learning from the one-day pilot.

The Chief Operating Officer reported an improvement in the referral to treatment performance but again emphasised the importance of additions to the waiting list being reduced or for removals from the waiting list to increase. She was pleased to report an improvement in the current position of Diagnostics, which remain on track against the improvement trajectory.

The Chief Operating Officer advised that all cancer performance indicators were achieved other than for 62-day screening to treatment where performance decreased to 78.3% in July compared with 87% in June, against a 90% standard. This had been as a result of 5 colorectal breaches that had been caused by diagnostic delays related to colonoscopy capacity

The Chief Operating Officer reported that whilst the direct admission rate to the stroke unit had improved, it was below the 90% Target. She advised that the breaches were often because patients either; require high dependency care so are therefore unable to go to the stroke unit or are not immediately identified as suffering from stroke because of a lack of obvious signs. Actions were in place to resolve these issues. Steve Erskine asked about the level of referrals for TIA patients. The Chief Operating Officer advised that there was an increase in the number of referrals and that she was working closely with GP's in refining the referrals. Mark Nellthorp asked how we compare to other Trust's in terms of the care that we provide to stroke patients. The Chief Operating Officer replied that the stroke service provided by Portsmouth Hospitals NHS Trust was regarded as being of the

highest standard.

The Chief Operating Officer advised that in July the Trust had fallen below the 95% target for 90 minute door to balloon target for PPCI. A meeting between South Central Ambulance Service and our clinicians had been arranged so that a more appropriate clinical pathway could be identified.

Finance:

The Deputy Director of Finance advised that the Trust was reporting a £(1.7)m deficit at the end of July. This is +£0.1m ahead of the planned position. He advised that savings achieved at the end of month 4 totalled £7.6m compared to the planned position of £7.7m. The Trust had anticipated income above plan totalling £2.7m at the end of month 4. The annual financial cap on the NHS Hampshire PCT contract had now been breached with an effective free of charge activity of £0.7m. There was real concern that the intended end of year, break even target would be compromised if the over activity against contract remained unchecked.. He advised that both the Chief Executives of the cluster Primary Care Trust and the Strategic Health Authority had been made aware of the need to bring activity under control.

The Chairman asked if there was anything that we could do to reduce the level of our unscheduled care. The Medical Director replied that unscheduled care, outside of working hours was outside of our control but that we enjoyed more control within working hours because of our ability to send patients to see their GP. The Chief Executive advised that this matter was high on her agenda for discussion with the Chief Executive of the Strategic Health Authority. The Medical Director advised that 57% of our patients come through the unscheduled care route. There was often a large increase in the number of unscheduled care attendees after 8pm. Brett Gill asked if the other 2 large hospitals in the area also see an increase in the number of unschedulled care attendees after 8pm. The Medical Director was convinced that the volume was dependant on the out of hours provision. It must be a priority to enhance the local out of hours provision. The Chief Operating Officer advised that an audit conducted over the last bank holiday weekend had revealed that out of 130 patients conveyed here by ambulance, only 6 of them had spoken to their GP.

Steve Erskine expressed concern at the £1.2m shortfall in identified cost improvement schemes. He asked if that meant that the Trust was now struggling to find the savings required. The Deputy Director of Finance advised that there were still some pipeline schemes that were being developed but warned of potential operational pressures that could have an adverse effect. The Chief Executive advised that the position was constantly monitored at the Turnaround Committee but agreed that the Trust needed to push itself as much as it could, whilst ensuring that both quality and safety were maintained.

Workforce:

The Interim Director of Workforce advised that the overall paybill had decreased by £243k to £19.92m in July. However, the total cumulative paybill was £1.1m greater than the planned position. He explained that the level of temporary workforce expenditure was still an issue.

Appraisal compliance had increased in July by a further 2.9% to 78.2% although some Clinical Service Centres needed to improve. Action plans are in place to ensure improvement. Brett Gill asked if there was any correlation between the number of appraisals being completed and the performance of the Clinical Service Centre. The Interim Director of Workforce replied that the issue was often the completion of the appraisal within the allotted time scale, which was sometimes related to the pressure within the Service Centre. The Chairman asked if the Chief of Service were on a pay

progression scheme. The Medical Director confirmed that they were not.

The Chief Executive reminded the meeting that there were still a number of nursing vacancies that needed to be filled. The Director of Nursing advised that meanwhile, staff cover was being managed within each Clinical Service Centre by moving staff around as required. Mark Nellthorp asked if it was a similar situation in other Trusts. The Director of Nursing confirmed that certain areas were always difficult to recruit to and difficult to retain staff within. Elizabeth Conway was concerned that staff vacancies in elderly care might lead to an increase in the number of slips, trips and falls. The Director of Nursing was able to confirm that a significant number of newly recruited nurses were due to start work in the near future.

The Chairman thanked the Interim Director of Workforce for his contribution during his time at Portsmouth Hospitals NHS Trust and wished him well for the future.

146/11 Foundation Trust Application

The Chairman advised that the Health and Social Care Bill was still under consideration within Parliament; so any effect that it might have on future Foundation Trust applicants was unknown.

The Chairman advised that a timetable of workshops designed to assist our progress towards Foundation Trust status had been arranged and circulated.

Tim Higenbottam asked if the Trust was considering the concept of designated and non designated services and the financial risk associated with each. The Chairman confirmed that the concept and any associated risks would be considered.

Steve Erskine asked when the Foundation Trust Integrated Business Plan would be available. The Chief Executive advised that the FT timeline anticipated a draft version early in the new year. She agreed to resend the application timeline.

Action: Chief Executive

147/11 Assurance Framework

The Company Secretary advised of 2 new risks:

1.4: Failure to improve results of the national Inpatient survey by 3 points as required by CQUIN.

2.1: Implementation of the South Central Strategic Health Authority proposal to centralise provision of vascular surgery results in the loss of service from PHT with concomitant inability to support other specialties, detriment to patient experience and increase in required CIP.

The Company Secretary also pointed out 2 risks which had increased in scoring:

6.2: The Trust performs a level of activity in 2011/12 that exceeds the cap agreed on the 2011/12 contract. This will effectively mean that the Trust is undertaking activity for no remuneration

6.3: 2011/12 Savings targets are not identified & delivered, with subsequent impact on Trust financial position

The Company Secretary advised that the progress summary demonstrated that each risk was being managed to plan.

Steve Erskine referred to risk 1.4 and asked if there was any early feedback from the

inpatient survey. The Director of Nursing advised that whilst the survey is conducted with inpatients of the Trust in August, the results will not be known until next year. Meanwhile, our own surveys were being carried out internally and were returning very positive results.

Steve Erskine pointed out that with regards to risk 3.4, there appeared to be a lot of actions ongoing and sought assurance that each one was followed appropriately. The Company Secretary confirmed that the Risk Assurance Committee considered each risk in detail, on a monthly basis, to ensure that actions and timelines were realistic and achievable. Each responsible Executive Director was also asked to reflect on risks pertinent to them on a monthly basis. Each risk was also reviewed on a regular basis by the Committee to which it had been assigned.

148/11 Patient Experience Quarterly Report

The Director of Nursing confirmed that the annual national in-patient survey was to be undertaken with patients who were in-patients of the Trust in August. The survey will be carried out in October/November. The Trust was currently participating in a bi-annual survey of people who had used out-patient services during the month of April 2011. Of those that had been approached, a response rate of 54% was being achieved against a national average of 43%. The Director of Nursing advised that the next annual Cancer Survey would be taking place with a sample of patients who have used cancer related services in November 2011.

The Director of Nursing also advised the Board of the existence of the NHS Choices website which gives people the opportunity to post comments anonymously about their NHS care experience and allows for a response from the Trust involved.

The Chairman invited Brett Gill to comment on his recent experience as a patient at Portsmouth Hospitals NHS Trust. Brett advised that he had spent 3 weeks visiting regularly the day care unit within the Renal Department. He reported that the unit enjoyed a really positive atmosphere and that it had been a brilliant place to be. After such a positive, personal experience, he could fully understand why Portsmouth Hospitals NHS Trust was the Regional centre for Renal medicine.

149/11 Patient Safety Quarter 1 2011/2012

The Director of Nursing advised that there were now 2 new quality contract standards:

- Patient moves
- Medical outliers

She advised that the quarterly monitoring for both had commenced but there was currently no benchmark data available with which to compare.

The Chairman recognised that whilst the graphs within the report demonstrate trends, benchmarking against others would be more useful. The Director of Nursing agreed and advised that the Strategic Health Authority was working towards having 7 different metrics which will enable Trusts to benchmark their data against others.

Elizabeth Conway noted that Enoxaparin had the highest percentage of medication error at 14%. The Medical Director confirmed that Enoxaparin was used to treat Venous Thromboembolism and as such, was the most used drug within the Trust. Elizabeth Conway asked what was the impact of a missed dose of Enoxaparin and what was the Trust doing to resolve this problem. The Medical Director confirmed that a missed dose could have a significant impact and confirmed that the Patient Safety Committee was looking at this issue in great detail.

150/11 Charitable Funds Update

The Company Secretary provided detail of a recent legacy received by the Trust which would enable completion of the third endoscope theatre.

Brett Gill reminded that each Board member was responsible for the Charitable Funds and as such, that they might like to consider an ideal deposit balance. There was currently a balance of £4.1m. Mark Nellthorp reminded of the duty to spend the money that had been donated, in line with the wishes of the donor.

151/11 Non Executive Directors' Report

Steve Erskine reported that he had recently shadowed the General Manager from Head and Neck Clinical Service Centre and had founded it a most useful exercise. He had spent part of the day in the General Manager's meeting where the performance of each Service Centre had been discussed.

He advised that he had also participated in 2 Patient Safety Walkabouts. He advised that the feedback from patients within the Renal Department particularly, had been very positive. The only negative feedback received was regarding the bedside entertainment system. It was agreed that Steve Erskine and the Company Secretary should meet to discuss the points raised in more detail

Action: Company Secretary and Steve Erskine

152/11 Opportunity for the Public to ask questions relating to today's Board meeting

Jean Robertson recounted her recent experience of being admitted to the Emergency Department. She advised that she had been admitted to hospital as a result of dislocating her shoulder. The care received from the nurses had been fantastic but felt that there had been a shortage of doctors. The Chairman assured Mrs Robertson that the staffing level within the department would be checked to ensure that it was sufficient and apologised if she had had a less than perfect experience.

Jock McLees, Chairman Portsmouth LINk advised that feedback received by them had suggested that car parking at the hospital should be free. A report had been compiled from all of the feedback and will be presented to the LINk Steering Group late this month. It will be provided to Portsmouth Hospitals NHS Trust in due course.

Jock McLees reflected on his recent visit to the Patients Record Library in Mitchell Way. He had been astonished at the sheer volume of paper being stored. He was keen to recognise the good work of Paul Knight (Clinical Support Services - General Manager) and his team in the management of this service.

Jock McLees advised that the Strategic Health Authority were seeking the opinion of Portsmouth LINk regarding the recently published proposals for the reconfiguration of vascular surgery. A representative from the Strategic Health Authority was intending to meet with the LINk Steering Group in September. He asked if he might meet with both the Chief Executive and the Medical Director to further his understanding of the proposals before meeting with the Strategic Health Authority.

Action: Chief Executive and Medical Director

153/11 Any Other Business

There were no items of any other business and the meeting closed at 13:05

154/11 Date of Next Meeting: 6 October

Venue: Oasis Centre, Queen Alexandra Hospital