

**Trust Board Meeting in Public**

Held on Thursday 3 November at 11:00  
Lecture Theatre, Education Centre, E Level  
Queen Alexandra Hospital

**MINUTES**

<b>Present:</b>	David Rhind	Chairman
	Alan Cole	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
	Robert Toole	Director of Finance
	Julie Dawes	Director of Nursing
Tim Powell	Director of Workforce & Organisational Development	
Dominic Hardisty	Director of Strategy and Business Development	

<b>In Attendance:</b>	Peter Mellor	Company Secretary
	Rebecca Kopecec	Head of Human Resources
	Patrick Jarvis	(for item 183/11
	Dr Sheila Peters	(for item 184/11)
	Michelle Marriner	(Minutes)

**Item No Minute**

**173/11 Apologies:**

Apologies had been received from Brett Gill, Non Executive Director.

Apologies had also been received from Elizabeth Conway, Non Executive Director as she was attending a Strategic Health Authority, Non Executive Director Conference.

**Declaration of Interests:**

There were no declarations of interest.

**174/11 Minutes of the Last Meeting – 6 October**

The minutes of the last meeting held on 6 October were approved as a true and accurate record, subject to the following changes:

**Page 4: 161/11** – The Director of Nursing asked for the minutes to be amended to show that the Medical Director had commissioned an external review and not the Deputy Chief Nurse as stated.

**Page 9: 170/11** – The Chairman requested that ‘quality of treatment’ was correctly added to the list of priorities for the Trust as had been listed previously by the Chief Executive.

## **175/11 Matters Arising/Summary of Agreed Actions**

**130/11: Workforce** – The Company Secretary advised that the Council of Governors Trust Advisory Group had examined the workforce data in more detail and that they intended to continue to monitor it over forthcoming months..

**170/11: Opportunity for the Public to ask questions relating to today's Board meeting** - The Company Secretary advised that he had been in contact with the Pompey Pensioners and that he and the Chief Executive would receive a formal invitation to a future meeting next year.

## **176/11 Notification of Any Other Business**

There were no items of any other business.

## **177/11 Chairman's Report**

The Chairman advised the Board that one of our longstanding Non Executive Directors, Brett Gill would be retiring at the end of November. He wished to extend his thanks to Brett Gill for his considerable contribution to Trust. Regrettably Brett was unable to attend this Board Meeting however the Chairman wished to publicly recognise his work.

He also advised that confirmation had been received from the Appointments Commission that Tim Higenbottam and Steve Erskine had now been elevated to full Non Executive Director status.

The Chairman advised the Board that he had recently attended one of the Governor's Public Meetings and that it had been a very positive event with a noticeably larger audience than in previous years. The meeting had featured a fascinating presentation from Professor Mike Cummings on the condition of Diabetes and its management within Portsmouth Hospitals NHS Trust. He advised of one question that had been raised during the evening regarding how the NHS was to be run after the ongoing NHS reorganisation and how decisions were made in the NHS. The chairman thought that this might be an appropriate topic for a future meeting.

## **178/11 Chief Executive's Report**

The Chief Executive advised that NHS Chief Executive Sir David Nicholson had issued a short briefing on progress with the development of the NHS Commissioning Board. The Commissioning Board will not take on its full responsibilities until 1 April 2013 and a recruitment process for the key appointments will begin in the next few weeks.

She advised of new guidance that had recently been published about implementing a duty of candour. This forms part of the Government's plans to modernise the NHS by making it more accountable and transparent.

McKinsey had recently completed a review of all NHS non-Foundation Trusts that have a Private Finance Initiative (PFI). Each Trust had been placed into one of three categories. Portsmouth Hospitals NHS Trust had been defined as category 2, meaning that we were considered a Trust with a significant but not insurmountable financial challenge and that with local healthcare partner support, we should achieve Foundation Trust status.

The Chief Executive provided an update on the progress of the proposed reorganisation of local Vascular Services. The engagement process had ended on the 30<sup>th</sup> September and was to be followed by a full public consultation process which will be led by the

Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) Primary Care Trust cluster. The consultation process would last for a minimum of 3 months. She advised that the consultation was expected to run at the same time as a similar consultation in West Sussex.

The Chief Executive reassured the Board that the Trust was working closely with the unions within the hospital to minimise possible effects on patients in the event of industrial action regarding the proposed public sector pension changes occurring on a proposed date of 30<sup>th</sup> November.

She advised of 2 recent good news stories featured by BBC South.

- The use of VitalPAC within the hospital
- A rapid diagnostic test called Breast Lymph Node Assay for breast cancer patients being carried out by the hospital.

There had recently been a report in the media about the 18 week referral to treatment target. The Chief Executive reassured the Board that the Trust was working closely with Commissioners and GP's to develop a plan to clear the over 18 week backlog. The Chief Operating Officer advised that the report had only focussed on one metric of the 18 week referral to treatment target and had not mentioned that 95% of our patients on the waiting list were seen within 22 weeks of referral, which is well below the National target of 28 weeks. She advised that the backlog was targeted based on clinical need rather than merely cherry picking the patients to achieve the target. The Chairman said that the Trust suggested that the Trust might wish to reply to the report as it could be detrimental to the reputation of the hospital.

## **179/11 Integrated Performance Report**

### **Quality:**

The Director of Nursing was pleased to announce that the Butterfly scheme recently introduced into the Emergency Department had been voted the winner of the Emergency and Critical Care category at this year's Nursing Times Awards. The Butterfly Scheme was designed to give the families of patients who had passed away within the department the appropriate and essential privacy and dignity when saying goodbye to their loved one.

The Director of Nursing advised that the Venous Thromboembolism ("VTE") assessment rate had improved in September to 91.4% compared to 88.9% compliance in August. She reassured the Board that effort would continue to ensure that the target was achieved on a consistent basis.

The Director of Nursing advised that there had been zero single sex accommodation breaches in September but that there had been 3 Serious Incidents Requiring Investigation (SIRIs) reported in September, of which 1 had been a pressure ulcer. There had been no reported Never Events and no amber or red reported falls incidents during September, which brought the year to date position to 14 SIRIs against a trajectory of 23. The number of hospital acquired pressure ulcers for the year stood at a total of 17 against an upper trajectory of 30.

The Director of Nursing advised that the Discharge Survey for quarter 2 was very positive showing good improvements over the previous quarter. She advised that the number of cases of C.Difficile was still a subject of concern for the Trust. Although the trajectory for quarter 2 had been achieved, the year to date trajectory had been exceeded. She reassured the Board that a lot of effort was being concentrated on improving this. The Medical Director confirmed that whilst the target was based on hospital acquired C.Difficile; there had also been an increase in the number of cases acquired within the community.

A total of 45 complaints had been received in September which exceeded the target limit of 42. The Director of Nursing advised that an internal target had been set to reduce the number of complaints by 50%. She advised that whilst there had been a dramatic improvement, a lot more work still needed to be done to maintain the 50% reduction target. The Chairman felt that it would be a good idea to see a table showing the balance and nature of complaints and plaudits per Clinical Service Centre. He also pointed out that the current table does not differentiate between serious and trivial complaints. The Chief Executive agreed that this needed to be addressed.

**Action: Director of Nursing**

Tim Higenbottam was very impressed with the number of patients on the Liverpool Care of the Dying Pathway, although recognising that we were 1% away from the target of having 50% of patients on the pathway. The Chairman asked why the Trust did not aim to have 100% of patients on the pathway. The Director of Nursing advised that it was not appropriate for all patients.

Steve Erskine was pleased to note a significant drop in the number of falls this month. .

Alan Cole asked if the objective of the Productive Operating Theatre team was to cover all of the 27 theatres and if so, when would this be complete. The Director of Nursing advised that there was a lot of underpinning work involved, such as releasing time to care and the reorganisation of theatres. She advised that she was unaware of the timescale but that the Institute had insisted that this work not be rushed. The Chief Executive advised that this was an enabler to improve patient care. The Director of Nursing agreed to bring a report to a future meeting to further appraise the Board of the project and its intentions.

**Action: Director of Nursing**

**Operations:**

The Chief Operating Officer advised that when considering Portsmouth Hospitals NHS trust performance against the Monitor Compliance Framework, the Trust would have an overall service performance rating of amber/red for quarter 2. This deterioration in rating was due to the performance in the Emergency Department dropping below standard as a result of an extremely difficult September. The number of C.Difficile cases had also had a negative effect on the rating.

The Chief Operating Officer provided an update on the contractual and key performance indicators. She was pleased to note an improvement in the referral to treatment performance and that the backlog now stood at 1,210. She advised of backlog management plans that were in place to further reduce the backlog.

She was pleased to note that all Cancer targets had been achieved in September.

The Chief Operating Officer provided an update on the main areas of concern. She reported that the performance against the arrival to assessment standard within the Emergency Department had deteriorated slightly to 33 minutes from the August position of 30 minutes. The re-attendance rate for September had improved on August figures to 6.4% but still remain above the standard of 5%. She advised that the Trust had dipped below the 95% target for Emergency Department performance for the first time in the year, during September. This had been a particularly busy month with 1,000 more patients attending the department compared to this time last year. On 3 separate days during September, the attendance at the Emergency Department had been over 300 patients compared to an expected attendance of about 250 patients. The 95% target would have been achieved if it had not been for these 3 particular days. She advised that we are still on target to achieve a year to date figure of 97%. The Chairman asked if there was any way of forecasting when we would expect to see a higher number of patients and was

there a threshold of how many patients were manageable within the department. The Chief Operating Officer advised that a forecasting tool had recently been introduced and that national evidence clearly demonstrated that if a department was to exceed its threshold by 10%, it would be extremely difficult to see patients within the 4 hour target.

Tim Higenbottam asked if there was any correlation between the increase in patients and particular dates. The Chief Operating Officer replied that there was no correlation and that the higher attendances could not have been forecasted. The forecasting tool could consider many different factors, weather and increases in temperature for example. An increase on one particular day had resulted because of access problems to out of hour's service in the community. Mark Nellthorp asked if the out of hour's providers normally advise of any likely access problems that might lead to higher attendances at our Emergency Department. The Chief Operating Officer advised that despite fortnightly capacity meetings, we were not always kept as well informed as we might be when something went wrong within the out of hours services. They had been made aware of our concern. . The Chief Executive confirmed that this lack of transparency made it unnecessarily more difficult for us to deal with an increase in attendees. She advised of a piece of work, funded by the Strategic Health Authority, looking into the Emergency Pathway that had recently been presented to a meeting of the Senior Management Team. She felt that it would be of benefit to share it with members of the Trust Board.

**Action: Company Secretary**

The Chief Executive said that it was very much an internal process for the management of unscheduled care but the Strategic Health Authority fully recognised that it was also the responsibility of some of our external healthcare partners.

The Chief Operating Office advised that all Stroke indicators had been achieved in quarter 2 apart from one target that for admission directly to a stroke unit. Analysis showed that it was not always appropriate for patients to be sent to the stroke unit and that it would be more appropriate for them to go to the High Care Unit or Intensive Treatment Unit. The Chairman considered this to be an unrealistic target and suggested that our concerns be shared at a national level. The Medical Director confirmed that the problem was recognised throughout the country.

The Chief Operating Officer advised that the rate of CT scan within 24 hours of arrival at hospital had fallen to 90.1% in September but that the overall performance for Quarter 2 had been 96%, up from 88% in Quarter 1. Overall Quarter 2 performance had exceeded the 95% target level set out in the Trust's contract, but below the 100% target for this Accelerating Stroke Progress indicator at national level. This was a consequence of a 15% increase in demand for inpatient scans and a higher volume of urgent requests.

Steve Erskine expressed concern at the 2 PPCI timeliness targets for Coronary Heart Disease. He asked what the reason was for the drop in performance. The Chief Operating Officer confirmed that work was ongoing to ensure that out of area patients have direct access to Queen Alexandra Hospital rather than incurring time going via their own smaller local Emergency Department. She advised a meeting between Interventional Radiology and the Emergency Department had been arranged to address this.

**Finance:**

The Director of Finance advised that at the end of September, the Trust had a £(1.46)m deficit compared to the planned position of £(1.41)m – an adverse position of £(0.05)m. He advised that this was primarily due to the continued activity levels significantly above plan. This had meant that at the end of month 6, the Trust had effectively provided £1.8m of activity, 'free of charge'.

He advised that the Trust had provisionally agreed a recovery plan with local commissioners that included £3.7m of additional income from Primary Care Trusts to be added to the baseline contract value. The impact of this additional payment had been reflected in the month 6 financial position and had enabled the Trust to maintain a year to date position that was broadly in line with plan.

He advised that Gross cost reduction efficiency savings achieved at the end of month 6 totalled £11.2m compared to the gross planned position of £12.0m. with the shortfall principally due to commissioners Demand Management schemes under delivery..

The Trust's overall paybill for the month of September had been £19.7m which was adrift of the plan that the Trust set itself at the start of the year but the plan had been based on significant reductions in activity that had yet to materialise.

The Chairman applauded the locally brokered recovery plan but noted the challenge for the rest of the financial year. He sought assurance that every expenditure reduction and avoidance opportunity was being considered by the Trust. The Director of Finance advised that it was as far as humanly possible and that the Executive team was working closely with all Clinical Service Centres (CSC) to help achieve this. He quoted the example in the Women and Children CSC where Paediatric attendance rates had been reduced by 30% against a target reduction of 5%. Alan Cole asked if there had been a cost attached to achieving this reduction. The Medical Director advised that a Consultant rota had been established whereby one provided telephone advice and answers to queries, thus reducing the number of attendees. The Chief Executive advised that it had produced such a positive effect that a local tariff should be agreed for the advice.

The Director of Finance confirmed that at the end of September, the Trust was behind the straight-line capital programme plan with expenditure totalling £1.3m compared to a planned position of £5.1m. This position had been a cause for concern in terms of providing assurance that the Trust would spend its entire capital allocation and the planning process was being reviewed to address this issue going into 2012/13 annual plan. Steve Erskine sought assurance that no key projects were being held back by the deviation from plan. The Director of Finance confirmed that there were not, whilst recognising the need to better programme projects at the business planning stage. This was a key focus for 2012/13

### **Workforce:**

Rebecca Kopecek, Head of Human Resources reported that the overall paybill had decreased by £204k to £19.7m in September. The substantive workforce expenditure had also decreased by £33k, to £18.4m and the temporary workforce expenditure by £171k to £1.34m in September. She advised that the total workforce capacity had reduced since March by 110 FTE; however that was 451 FTE above the planned position for September. She also advised of approximately 80 newly qualified nurses who had recently started which would have an impact on the pay bill in October.

The Head of Human Resources pointed out that the sickness rate remained at 3.2% for the 6<sup>th</sup> consecutive month, slightly above the Trust stretch target of 3% and that turnover has decreased in month by 0.4% to 9.1% in September. She explained that support and focus was being paid to those areas where the management of both sickness and performance was not as robust as it might be.

The Head of Human Resources was delighted to report that appraisal compliance had increased significantly in September by a further 5.1% to 82.9%. Again, the focus would now be turned to those CSC's who remain below target. The quality of those appraisals conducted was now being assessed.

The Chief Executive asked if the Trust was achieving its overall workforce plan. The Head of Human Resources acknowledged that it was not but reminded of the higher than forecast activity levels within the Trust and the resulting effect on workforce plans.

#### **180/11 Quarterly Governance Compliance Report**

The Director of Nursing proposed that a full quality report be provided to Trust Board at the end of each quarter to give a more comprehensive view. The Trust Board agreed.

She advised that each Clinical Service Centre undertook a quarterly self assessment of quarter 1 against compliance with the CQC 16 Core Essential Standards of Quality and Safety. The Cancer CSC had declared a major concern with outcome 13 but the position had now improved and was no longer a major issue notwithstanding this improvement close attention would continue to be paid to this standard.

The Care Quality Commission's final report into its review of compliance had now been received. 7 standards had been reviewed, of which 2 were found to be of moderate concern:

- Outcome 4 – 'People should get safe and appropriate care that meets their needs and supports their rights'.
- Outcome 9 – 'People should be given the medicines they need when they need them, in a safe way'.

The Director of Nursing confirmed that outcome 9 had already been identified internally as a concern and that further developments were needed to ensure that patients receive their medication in a planned, timely and safe manner. Further work was also needed to ensure that the patient's needs were also effectively met for full compliance with Outcome 4.

The Medical Director confirmed that the ability to provide an electronic discharge summary would soon start to be rolled out across the Trust.

#### **181/11 Foundation Trust Application**

This had been covered during the Chairman's Report.

#### **182/11 Assurance Framework**

The Company Secretary advised that had been no new risks identified during the month of September. The scoring for Risk 1.2 had been increased to 2, whilst Risk 5.4 had been re-assessed and had decreased to a score of 3.

He advised that there were a number of robust plans in place to mitigate Risk 1.2 and that the risk severity should decrease in future months.

The Chairman was keen to ensure that promised action dates were not allowed to slip and the Company Secretary confirmed that more robust processes had been put in place to scrutinise the action dates.

#### **183/11 Annual Audit Letter**

The Chairman welcomed Patrick Jarvis – Audit partner from the Audit Commission to present the External Auditor's Annual Audit Letter to the Trust Board.

Patrick Jarvis advised that this was a more positive audit letter than those of recent years and recognised much good practice within the Trust. He was pleased to issue an unqualified opinion on the financial statements. He referred to some of the conclusions and recommendations that had been identified during the 2010/2011 audit programme.

He drew attention to his assessment of Portsmouth Hospitals NHS Trust's arrangements to achieve value for money in the use of its resources. He fully recognised that the Trust had good project management arrangements in place for future savings but had issued an 'except' for value for money conclusion because local demand management schemes aim to reduce the Trust's activity and income, significant fixed costs which are difficult to reduce in the short term and the need to achieve a very high level of savings in future years in order to break even and in the Audit partner's view these may be difficult to achieve without external support.

Alan Cole advised that the Audit Committee enjoyed a very positive relationship with Patrick Jarvis and his team and thanked them for their excellent service. The Director of Finance wholeheartedly agreed and thanked both the audit team and the finance team for the provision and review of well prepared accounts and working papers.

The Chairman asked about the future of the Audit Commission and whether Patrick and his team would be conducting the audit next year. Patrick Jarvis was able to confirm that there would be no change for 2011/12 but was unable to comment beyond that.

#### **184/11 Safeguarding Children Annual Report**

The Chairman welcomed Dr. Sheila Peters, Consultant Paediatrician to the meeting to provide the Safeguarding Children Annual Report.

Sheila Peters advised that Safeguarding Children comprises of 3 parts:

- Protecting children from harm
- Inter-agency working.
- Child protection awareness across the whole trust.

External audits had shown the Trust to be performing well, in terms of safeguarding. The challenge to the Trust would be to meet the ongoing changes to the agenda. She advised of some recent changes to prevention and early intervention which would mainly affect our midwifery service. A recently introduced change involved the expansion of training to ensure that all staff were trained to level 2.

The Chairman expressed surprise at the large number of safeguarding cases the Trust got involved with. Dr. Peters advised that the issue which affects us mostly was known as the 'Toxic Trio' – alcohol abuse, drug abuse and domestic violence. Research shows that children under the age of 1 year were more at risk of dying at the hands of their parent or carer than any other age group. The Chairman asked if the 'Toxic Trio' was a common problem in the Portsmouth area. Sheila Peters confirmed that it was a consequence of the large number of deprived areas within the City.

The Director of Nursing extended her thanks to Dr. Peters and her team for their commitment to the safeguarding of children on behalf of the Trust.

#### **185/11 Charitable Funds Update**

The report was noted by the Board.

#### **186/11 Non Executive Directors' Report**

The Company Secretary said that Liz Conway had asked him to remind the Board that she was keen to ensure that organ donation enjoyed a higher profile within the Trust. He advised that Portsmouth University students had agreed to provide some artwork to the Trust to help raise the profile of organ donation.

**187/11 Opportunity for the Public to ask questions relating to today's Board meeting**

Andrew MacDowell said that at the Annual General Meeting in August he had told the Board of a previous experience of poor treatment in 2007. He had since met with the Company Secretary who had suggested some ways in which he might like to become involved with the hospital. He advised that he had now enrolled as a volunteer and sat on various committees within the trust. He offered his thanks to the Company Secretary and the Trust for having been so welcoming. He explained that he was now writing a letter to the Care Quality Commission (CQC) to tell them how fantastic Queen Alexandra Hospital was and how transparent and inclusive the hospital was in everything that it did.

The Chairman thanked Andrew for his kind words and for his contribution to the Trust.

Jock McLees, Chairman Portsmouth LINK referred to a letter dated 1 November 2011 from Debbie Fleming, Chief Executive of the SHIP Primary Care Trust cluster in which she had described Portsmouth Hospitals NHS Trust's proposal to combine vascular surgery with St Richards Hospital as, 'merely aspirational', as it lacked agreement from St. Richards.. The Medical Director confirmed that the recently concluded review of Vascular Services in West Sussex had not considered the possibility of working with Portsmouth Hospitals NHS Trust because of the, then, Strategic Health boundary. It had been acknowledged that a different conclusion might have been reached now that the boundary had been removed. The Company Secretary advised that the Chair of the Portsmouth Health Overview and Scrutiny Panel (HOSP) intended to speak to his counterpart in West Sussex to ensure that she was fully aware of the situation. Andrew MacDowell endorsed a need for public awareness.

**188/11 Any Other Business**

There were no items of any other business and the meeting closed at 13:35

**189/11 Date of Next Meeting: 1 December 2011**

**Venue: Lecture Theatre, Education Centre E Level, Queen Alexandra Hospital**