

Trust Board Meeting in Public

Held on Thursday 4 Aug at 11:00
B Level Restaurant Meeting Room, Queen Alexandra Hospital

MINUTES

Present:

David Rhind	Chairman
Alan Cole	Non Executive Director
Elizabeth Conway	Non Executive Director
Brett Gill	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

In Attendance:

Peter Mellor	Company Secretary
Tony Short	Interim Associate Director of Workforce
Nicky Lucey	Deputy Chief Nurse
Michelle Marriner	(Minutes)

Item No Minute
124/11 Apologies:

Apologies were received from Julie Dawes, Director of Nursing and Mark Nellthorp, Non Executive Director. The Company Secretary advised that Nicky Lucey, Deputy Chief Nurse was in attendance on behalf of the Director of Nursing.

Declaration of Interests:

There were no declarations of interest.

125/11 Minutes of the Last Meeting – 7 July 2011

The minutes of the last meeting held on 7 July were approved as a true and accurate record.

126/11 Matters Arising/Summary of Agreed Actions

Minute 111/11: Chief Executive report – Health Profile 2011: The Company Secretary confirmed that the Hampshire, Portsmouth and East Hants health profile had been sent to all board members. The Chairman asked that the web link be included in the minutes:
http://www.apho.org.uk/resource/view.aspx?QN=HP_RESULTS&GEOGRAPHY=24

Minute 112/11: Integrated Performance Report – Quality: The Deputy Chief Nurse confirmed that the Corporate Clinical Dashboard was to be further discussed at the September Trust Board Workshop.

Minute 112/11: Care Quality Commission: The Deputy Chief Nurse confirmed that the full CQC action plan and report was on the agenda for today’s meeting.

Minute 112/11: Parliamentary Ombudsman: The Deputy Chief Nurse confirmed that the ombudsman’s opinions had been included in the quarterly report.

Minute 112/11: Falls: The Deputy Chief Nurse confirmed that the breakdown number of falls was now recorded as a monthly total rather than an annual total.

Minute 112/11: Capital Programme/MDMC: The Company Secretary advised that Tim Higgenbottam has been invited to the Senior Managers Team Meeting in August but will be on annual leave. He will send his comments in advance of the meeting.

Minute 112/11: Pay Bill: The Interim Associate Director of Workforce confirmed that the monthly pay bill for each Clinical Service Centre had been included in the Workforce report.

Minute 113/11: Governance – CQC / Ofsted Report: The Deputy Chief Nurse was able to confirm that the full National Quality Report was on the agenda for the private part of the Board meeting.

Minute 114/11: Clinical Effectiveness Report: The Medical Director confirmed that the concerns raised from the Cancer Peer Review had been considered in detail at the recent Board workshop.

Minute 116/11: Carbon Reduction Strategy: The Company Secretary advised that the costings against the plan would be considered by the Executive Management Team as soon as available. The information will then be provided to a future Board meeting.

Minute 117/11: Health and Safety Management Annual Report 2010/2011: The Interim Associate Director of Workforce confirmed that the paper outlining costs is to be considered at the next meeting of the Senior Management Team.

127/11 Notification of Any Other Business

There were no items of any other business.

128/11 Chairman's Report

The Chairman confirmed that progress towards Foundation Trust status continues and that a programme of dedicated Board workshops had been arranged. The Foundation Trust project plan will be reviewed on a regular basis.

The recent breaches of security at Stepping Hill Hospital, Stockport had been discussed at a recent meeting of the Council of Governors. The Chairman re-iterated that the safety of our patients will always be paramount and that new initiatives were constantly being sought to further minimise any risk to patients.

The Chairman advised that he had recently met with a group of local MP's. He and the Chief executive held these briefing meetings on a regular basis.

129/11 Chief Executive's Report

The Chief Executive reassured the meeting that women could still continue to access their choice of birthing venue even though the Trust was currently dealing with a particularly high number of births. The one to one care for women in labour would continue.

The Chief Executive advised that the clustering arrangements for the Strategic Health Authorities throughout the country had been agreed. The four cluster areas will be:

- London
- North (comprising of North West, North East and Yorkshire and Humber)
- Midlands (comprising of West Midlands, East Midlands and East of England)
- South (South West, South Central and South East Coast)

Dr. Geoff Harris had been appointed as the Cluster Chairman for the South and interviews for the post of Chief Executive are imminent. The appointees will be announced on August 12th.

The Chief Executive advised that the Department of Health had recently launched a consultation on the proposed changes to the level of contribution made by NHS Pension Scheme members towards their pension. It follows plans set out in the spending review of 2010 to secure £2.8b savings per year by 2014/15 by increasing public service employee's pension contribution by an average of 3.2 percent.

The Chief Executive advised that the Government is committed to extending patients choice to any Qualified Provider and thus further promoting choice for patients. She gave some examples of the potential services that had been identified for priority:

- Musculo-skeletal services for back and neck pain
- Adult hearing services in the community
- Continence services for adults and children
- Diagnostics tests closer to home

The Chief Executive advised of some outcome data that had recently been released based on the National Audit of quality of care in Neonatal units across England. The data demonstrates that Portsmouth Hospitals NHS Trust has one of the top ten neonatal units in the country.

The Chief Executive also advised that the national data on fractured neck of femur shows that Portsmouth Hospitals NHS Trust is one of the best hospitals in the country for a number of indicators.

The Chief Executive updated the meeting regarding the anticipated public consultation on the future of local vascular services. It had been decided to conduct an engagement which would run from 22nd August to 30th September.

130/11 Integrated Performance Report

Quality

The Deputy Chief Nurse highlighted some of the key areas from her report; especially healthcare associated infections. She confirmed that there had been one case of C.Difficile in June 2011, bringing the year to date position to 30 cases against a trajectory of 22. There are a number of actions being taken:

- Implementation of a cleaning schedule across the hospital
- New signs and hand dispensers being installed
- The rolling out of testing techniques to check the cleanliness of areas
- A change in the way in which patients are tested for C.Difficile

The Deputy Chief Nurse advised that an external review will be conducted to help identify any further actions.

The Chairman asked for clarification on how patients contract C.Difficile. The Medical Director reminded that patients can enter hospital already having the infection but others will develop the infection as a consequence of their treatment whilst in hospital, for example, by the over-prescribing of antibiotics.

Brett Gill asked if treatment was given to those patients in the community who had been identified with C.Difficile. The Medical Director confirmed that there was an Infection Control Team at work in the community.

The Chief Executive pointed out that the increase in cases of C.Difficile was a national trend. She was keen to ensure that the message around the introduction of the new

testing process was managed correctly and that it was explained that this would enable the earlier detection of infection.

The Deputy Chief Nurse confirmed that 6 Serious Incidents Requiring Investigation (SIRIs) had been reported in June, of which 4 were regarding pressure ulcers. This should be seen as a positive message as it demonstrates that issues are being picked up and identified early. Elizabeth Conway pointed out that some pressure ulcers are occurring in the community resulting in some patients being admitted into hospital with them. The Patient Safety Committee regularly review the measures that are in place to investigate and monitor all pressure ulcers. The Chairman asked if the hospital data included those who acquired them before coming into hospitals. The Deputy Chief Nurse confirmed that all known incidents were included. The Medical Director clarified that pressure ulcers can take up to 2 weeks to manifest themselves so therefore it may not be immediately obvious that a patient has one.

The Deputy Chief Nurse confirmed that the top three reported incidents remain as in the previous report in July 2011: slips, trips and falls, pressure sores/ulcer and the administration or supply of a medicine from a clinical area.

The Deputy Chief Nurse reported that a total of 15 safeguarding adults' alerts had been raised in June. Of those, 4 were raised by external partners regarding concerns with either hospital care, treatment or discharge. These were currently all under investigation. Trust staff had raised 11 alerts with concerns relating either to care prior to admission or the disclosure during hospital admission of allegations of financial, physical and/or psychological abuse. All cases are referred to Adult Social Care who have a statutory responsibility for managing safeguarding cases.

The Deputy Chief Nurse advised that there had recently been an inspection which was conducted by Ofsted and the Care Quality Commission to evaluate the outcomes for children and young people. The findings show that there is adequate provision for children across the healthcare system. .

The Deputy Chief Nurse was delighted to report that there had been zero mixed sex occurrences during the month of June.

She advised that there had been an increase in the number of complaints. The most common area of complaint was around the discharge process. Areas for improvement have been identified.

The Deputy Chief Nurse reported that the risk assessment figures for Venous Thromboembolism had fallen to 79.28% for June. This dip had been expected following the roll out of the new Vitalpac module; however, the effect had been greater than anticipated for a number of reasons:

- IT issues which had not been anticipated relating to the Vitalpac tablets
- Confusion over the responsibility for completion of the risk assessment.

Whilst fully recognising the need for targets and action plans, Steve Erskine sought assurance that the hospital aspired to provide the best clinical services that it could. The Medical Director confirmed that this was the aim of every member of staff and that our overall standards were improving year on year.

Alan Cole referred to page 7 of the paper and asked to what level of direct care time were we aiming. The Deputy Chief Nurse confirmed that the initial aim was to exceed the national target. The Chief Executive pointed out that Portsmouth Hospitals NHS Trust was regarded as an organisation that had driven this agenda forward very successfully.

Brett Gill asked if there was any correlation between the increase in achievement and the reduction in temporary staff. The Deputy Chief Nurse replied that there was not but that a

number of ward based reviews around staffing levels had encouraged staff to be more productive with their time.

Operations:

The Chief Operating Officer advised that the table on page 2 of the report set out the current performance against Monitor's Compliance Framework for element 2 – operating plans. The Trusts performance is rated at 3.5: amber – red for June and quarter 1.

She referred to the table on page 3 which showed the contractual and trust key performance indicators. She highlighted certain points from the table:

- For A&E patient impact and A&E timeliness we are expected to achieve at least one of these - we do
- Referral to Treatment (RTT) is an area which remains to be a key challenge
- Diagnostic waits are regularly improving
- Cancer performance had improved
- Stroke performance had also improved
- Urgent CT Scan – achieved standards

The Chief Operating Officer advised that the PPCI target of 150 minutes had not been achieved. The achievement of this target was largely dependent on the performance of the Ambulance Service.

Whilst Steve Erskine welcomed the overall improvement is, he sought assurance that it would be at a suitable level to achieve Foundation Trust status. The Chief Executive replied that Monitor would expect any applicant to be regularly meeting all national access and quality targets.

The Chief Operating Officer highlighted those areas that were causing her concern and were at risk of breaching key performance indicators. She advised that whilst the Emergency Department unplanned re-attendance rate had improved in June, the arrival to assessment performance remained unchanged. Both were currently below expectation.

A 1 day pilot had recently taken place of a new emergency pathway that involved patients being managed through a common pathway to achieve rapid assessment and start of treatment. The outcome is currently being analysed with a view to running a further 3 day pilot in September building on the lessons learnt from the original pilot.

She advised that the cancer performance indicators were achieved other than for 62 day screening to treatment. This target had been missed because of the breach of 3 patients. The Chief Operating Officer pointed out that they had very complex cases but that lessons have been learnt from the failure.

Finance:

The Director of Finance advised that the Trust year to date position was relatively good, reporting a positive variance of £200k. The savings achieved at the end of month 3 total £4.2m compared to the planned position of £4.0m. The biggest risk to the financial position at the moment was the PCT's income 'cap' on the contract which was in danger of being breached due to continued over activity and thus payable anticipated income above plan as at the end of month 3.

The Trust is slightly ahead of its savings targets at this stage of the year because some of the Trust's saving plans, most notably the non-pay and estates rationalisation workstreams, being delivered earlier than previously planned.

Steve Erskine asked whether the figure of £200k was slightly false as it included savings that should have been achieved later in the year and have been completed early and

cannot therefore be included later. The Finance Director replied that the Trust, quite correctly, matched income to expenditure in the month therefore reporting the appropriate position. It was correct that this whilst this was an early achievement, it ensured the delivery of that element of the savings plan. Steve Erskine asked whether the Director of Finance was confident that overall annual Capital Expenditure targets would be met. The Director of Finance said that the Trust ensured that Capital Investment spending was prioritised appropriately through the Trust's Trust Planning Committee. He pointed out that the Trust also needs to consider its cash position and the careful management of this could reduce the spend to less than the amount planned. It is essential to balance cash flow against a number of areas in which the Trust must invest, for example IT projects and replacement equipment.

Workforce:

The Interim Associate Director of Workforce referred to Appendix 1 of his paper which showed an increase in the overall paybill in June. However, a reduction in the substantive workforce is anticipated in the coming months as a number of senior posts were being released due to organisational redundancy and cost improvement plans continue to be implemented.

The Interim Associate Director of Workforce advised that there have been some changes to the Electronic Staff Record system which had had a positive impact on the figures for appraisal compliance.

The Chairman asked whether the 100% target for staff appraisal was realistic, whilst Brett Gill queried the quality of the appraisal and whether it had a beneficial impact. The Chairman shared this concern as Appendix 4 of the report stated that whilst 84.2% of staff confirmed that they had undergone an appraisal, only 58.9% thought that it had improved the way in which they did their job.

The Company Secretary reported that an Advisory Group from the Council of Governors was examining this data in more detail. It is intended for a representative from one of the CSC's to attend a future meeting to explain and discuss the data with them. The Company Secretary advised that he will bring their findings back to a future meeting.

Action: Company Secretary

131/11 Foundation Trust Application

This had been covered during agenda item 128/11, the Chairman's Report.

The Chief Executive advised that Monitor, the independent regulator, had approved 8 NHSTrusts for Foundation Trust status last year and that their target for this year was to approve 30. She hoped that the organisation had adequate resource to cope with the large uplift.

132/11 Assurance Framework

The Company Secretary brought to the attention of the meeting the top 3 risks 1.3, 6.2 and 6.5. He also advised that there were 9 new risks. He pointed out that Risk 6.2, the risk of the Trust exceeding the financial cap that had been placed on the 2011/2012 contract, had been increased to a risk score of 16.

He then referred to Risk 2.1 currently had no data attached to it. He believed the risk to be so significant that it should be included, even though the detail was not yet available. He confirmed that this data would be in place for the next meeting.

The Company Secretary assured the Board that the Senior Management Team also considered the risks to the organisation and ensured that they were are being

appropriately managed.

The Chairman asked the Director of Finance to prepare a report regarding Risk 6.2, the exceeding of the financial cap.

Action: Director of Finance

133/11 Care Quality Commission Privacy and Dignity Review of Compliance Report

The Deputy Chief Nurse advised the Board that the recommendations included in the review of compliance following the unannounced inspection by the CQC further supported the improvements that had already been introduced as part of a patient experience improvement plan. An action plan was in place to ensure full compliance with Outcomes 1 and 5.

The final report was still awaited.

134/11 Charitable Funds Update

The report was noted by the Board.

135/11 Non Executive Directors' Report

Steve Erskine advised that he has taken part in a recent patient safety walkabout and was most impressed by the quality and professionalism of the staff. He thought the level of care and professionalism amongst staff to be outstanding. .

Elizabeth Conway advised that she had recently been a patient of the hospital and was delighted with the care, help and advice given by the staff. She had found it most reassuring for her as a patient.

136/11 Opportunity for the Public to ask questions relating to today's Board meeting.

Portsmouth Hospitals NHS Trust Governor Syd Rapson expressed concern at the level of the contract income 'cap' and the likelihood of it being reached in the near future and sought assurance that the Strategic Health Authority was aware of, and dealing with, the untenable situation. The Chief Executive shared his concern and confirmed that it was a matter of priority for the Trust.

Syd Rapson advised that he had recently attended a meeting with David Williams, Chief Executive, Portsmouth City Council, where the local authorities' healthcare responsibilities were discussed. David Williams recognised the need for his staff to work closely with Portsmouth Hospitals NHS Trust. The Chief Executive confirmed that she met regularly with David Williams and that she was fully supportive of a joint working initiative.

The Chief Executive responded to a question from a member of the public regarding the development of services by exhorting a proactive approach and to seeking opportunities that would present themselves with the forthcoming changes to traditional health authority boundaries.

A member of the public, Mr Andrew MacDowell, emphasised the importance of feedback from patients. He was concerned that the Trust Board might be more focussed on targets rather than from learning lessons from the experiences of patients. The Chairman replied that the Board fully recognised the learning value from patient feedback and complaints and pointed out that patients were regularly invited to meetings of the Board to share their experiences. The Chief Executive described the work of the Patient Experience Council and other fora within the hospital where patient feedback was considered. The Chairman suggested to Mr Macdowell that he might like to consider joining one of these groups.

Action: Company Secretary

Portsmouth Hospitals NHS Trust Governor, Robin Marsh asked if it was possible to include in future finance reports a simple bar chart which compared each CSC's financial performance. The Director of Finance felt strongly that the information currently provided in his report was adequate and included sufficient information. It would be difficult to provide a meaningful comparison as each CSC was quite different. He suggested that the Council of Governors look at the overall totality rather than at each individual CSC.

137/11 Any Other Business

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

138/11 Date of Next Meeting: 1 September

Venue: Oasis Centre, Queen Alexandra Hospital