

Trust Board Meeting in Public

Held on Thursday 6 October at 11:00
Oasis Centre, Queen Alexandra Hospital

MINUTES

Present:

David Rhind	Chairman
Alan Cole	Non Executive Director
Elizabeth Conway	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

In Attendance:

Peter Mellor	Company Secretary
Nicky Lucey	Deputy Chief Nurse
Rebecca Kopecec	Head of HR
Michelle Marriner	(Minutes)

Item No 155/11 Minute Apologies:

Apologies had been received from The Director of Nursing. The Company Secretary advised that Nicky Lucey, Deputy Chief Nurse was in attendance on behalf of the Director of Nursing.

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

Declaration of Interests:

There were no declarations of interest.

156/11 Minutes of the Last Meeting – 1 September 2011

The minutes of the last meeting held on 1 September were approved as a true and accurate record subject to the following changes:

Mark Nellthorp, Non Executive Director advised that the minutes needed to be amended to show that he was in attendance.

The Company Secretary apologised that the previous minutes refer to Mrs Jean Robertson as the Chair of the Lee Residents' Society. She is a society member.

157/11 Matters Arising/Summary of Agreed Actions

Integrated Performance Report – Quality: The Medical Director advised that although Portsmouth Hospitals NHS Trust does collect data on MSSA, there are no official

benchmark figures against which to compare as this is not yet a National requirement.

Foundation Trust Application: The Chief Executive confirmed that the Foundation Trust application timeline had been resent to all Board members.

Non Executive Directors' Report: The Company Secretary advised that Steve Erskine had fed back the concerns raised from the Patient Safety Walkabout and the Company Secretary had arranged an appointment with the entertainment provider to discuss those concerns.

Opportunity for the Public to ask questions relating to today's Board meeting: The Chief Executive confirmed that the Medical Director had met with Jock McLees, Chairman of Portsmouth LINK to further his understanding of the Vascular proposals.

158/11 Notification of Any Other Business

There were no items of any other business.

159/11 Chairman's Report

The Chairman advised that the Tripartite Formal Agreement would be published on our website very soon. He explained that the Tripartite Formal Agreement had been signed by ourselves, the Strategic Health Authority, the Department of Health and set out what all parties recognise needs to be done to enable Portsmouth Hospitals NHS Trust to achieve Foundation Trust status.

The Chairman advised that a great deal of effort was being invested in clearly defining our sustainable strategic view for the future. The Chief Executive confirmed that the first draft of the strategy would be ready in December. It would then be further refined before being sent to the Strategic Health Authority. The Chairman confirmed that this would form the basis of our Foundation Trust application.

The Chairman took the opportunity to congratulate University Hospital Southampton NHS Foundation Trust on achieving Foundation Trust status.

160/11 Chief Executive's Report

The Chief Executive advised that Sir Ian Carruthers, Chief Executive of NHS South of England had made appointments to his Senior Management Team. Some of the key appointments included:

- Andrea Young (South Central SHA) to be Chief Operating Officer
- Olga Senior (South Central SHA) to be Director of Corporate Affairs
- Andrew Millward (South West SHA) to be Communications Director
- Sue Webb (South East Coast SHA) to be Workforce Director
- Bob Alexander (South East Coast SHA) to be Finance Director
- Liz Redfern (South West SHA) to be Director of Nursing
- Mike Durkin (South West SHA) to be Medical Director
- Dr Gabriel Scally (South West SHA) to be Director of Public Health
- Commissioning Director still to be appointed

The Chief Executive advised that the Government had announced plans to accelerate the dismantling of the NHS National Programme for IT (NPfIT) as it can no longer provide the IT support that the NHS requires.

The Chief Executive advised that the Health and Social Care Bill had now passed to the House of Lords and the Impact Assessment had been updated to reflect the changes made to the Bill during its passage through the House of Commons. The revised Impact Assessment for the Health and Social Care Bill had been published. It outlines the benefits of implementing the policies proposed in the NHS White Paper 'Equity and Excellence: Liberating the NHS'. This Impact Assessment is an update to the versions that were published in January 2011, when the Bill was first introduced into Parliament. Main changes summarised below:

	January	Now	Explanation
Total costs of transition (best estimates)	£1.4bn	£1.2bn - £1.3bn	Reduced redundancy costs
Long-term annual savings (from 2014/15 onwards)	£1.7bn per year	£1.5bn per year	Reduced estimate of administration spending in 2010/11 (the baseline year)
Long-term annual admin spending (2014/15 onwards)	£3.4bn	£3.0bn	Two-thirds of 2010/11 admin spending
Gross savings over the transition (2010/11 – 2014/15)	£5.2bn	£4.5bn	Gross savings changes: reduced admin baseline (£600m) and smoother trajectory for achieving savings (£100m). Net savings changes: as above, plus reduced transition costs
Net savings over the transition (2010/11 – 2014/15)	£3.8bn	£3.2bn - £3.3bn	

The Chief Executive advised that the Department of Health had published a report which showed Primary Care Trusts forecast QIPP savings for 2011–12 and providing an update on Performance in Quarter 1.

The Chief Executive confirmed that all 137 NHS Trusts that had yet to become Foundation Trusts had all recently signed Tripartite Formal Agreements. Ours would be published on our website at 3pm today. She advised that the McKinsey review of those NHS Trusts with Private Finance Initiatives (PFI) had been completed some months ago but feedback had still yet to be received. She advised that the outcome of the review would not affect our application for Foundation Trust.

The Chief Executive said that she would like to thank all of those members of staff who had taken part in the Open Day on Saturday 1st October. Despite it being one of the hottest October days on record, we still saw 300 members of the public attend the day. She advised that feedback from the public who had attended had been fantastic.

The Chief Executive advised that it had now been confirmed that there is to be a full public consultation into the proposed reconfiguration of Vascular Services. It had yet to be confirmed when the consultation would commence. She advised that our proposal document sets out our proposal to work with St Richards Hospital. She advised that she

was shocked to see a recent article in the Southampton Local Echo Newspaper which said that Southampton would become the local provider for Vascular Services. She confirmed that any decision had yet to be made and that the full public consultation would help inform those decisions. The Chairman remarked on the large number of members of the public who had come forward to demand that a full consultation exercise be carried out. He firmly believed that they were the catalyst behind the agreement to consult. Allison Stratford, Associate Director of Communications advised that The News had been overwhelmed with the response from the public. She confirmed that the responses would need to be analysed by the Primary Care Trust before any information regarding the timings of the consultation exercise were announced.

The Chief Executive reported that she had recently received formal communication from Unison about their members' unrest regarding the proposed public sector pension changes. She advised that the union was conducting a national ballot of its members to encourage them to take action. She emphasised the excellent working relationship between the management and the unions within the hospital and that they would provide adequate notice of any changes to working practices to allow the Trust enough time to plan accordingly and redeploy staff within the hospital if necessary. The Company Secretary agreed saying that the unions had no complaints or concerns with Portsmouth Hospitals NHS Trust but that this was a national issue.

161/11 Integrated Performance Report

Quality:

The Deputy Chief Nurse advised that we remain within our trajectory for MRSA with 1 case year to date against a trajectory of 2. However, she advised that we were over our trajectory for C.Difficile with a year to date position of 39 against a trajectory of 35. She advised that the number of cases in August had been 5 which was a reduction on the previous month but there still remained a lot of work to do to return to, or below, trajectory. The Deputy Chief Nurse advised that the Medical Director had commissioned an external review to see if the Trust could do anymore than it was already doing. The review had confirmed that it could not.

The Deputy Chief Nurse advised that the Venous Thromboembolism assessment rate had been 88.86% for August against a target of 90%. This figure includes 100% risk assessment undertaken in Day Surgery where manual recording had been undertaken rather than recording on VitalPAC. The figure in the heat map shows compliance at 85.5% but this does not include the manual assessments in Day Surgery hence the reason for the discrepancy.

The Deputy Chief Nurse advised that there had been two single sex accommodation breaches in August due to a delay in transfer from Respiratory High Care. She assured the Board that the patients affected had received an apology.

The Deputy Chief Nurse advised that there had been 5 Serious Incidents Requiring Investigation (SIRIs) reported in August of which two had been pressure ulcers. There had been no reported Never Events and only 1 amber reported Falls incident in August which brought the year to date position to 11 against a trajectory of 20. The number of hospital acquired pressure ulcers for the year stood at a total of 16 against an upper trajectory of 25.

A total of 53 complaints had been received in August which exceeded the target of 42. One of the main themes that had been identified from the complaints concerned the discharge process. An action plan was in place to improve in respect of this process.

The Deputy Chief Nurse advised that the Trust was currently achieving the allergy status

indicator with a result of 76% against a target of 71.5%. However, the medicines reconciliation indicator was currently not on target to achieve the minimum year end target of 77% although the position was improving. She advised that a workforce restructuring process in Pharmacy was underway, part of which was the appointment of an Operations Manager who will oversee the delivery of service improvement.

The Trust has a contractual target for 50% of patients that are identified as dying being placed on the Liverpool Care of Dying Pathway. An improvement had been seen in August with a result of 46% and several actions are in place to address compliance.

Steve Erskine thought that it appeared that VitalPAC was the main reason for non compliance with the VTE assessment target and whilst he understood that it takes a while to bed in, he was keen to know when this might be complete.. The Deputy Chief Nurse replied that there had recently been a complete new influx of junior doctors and that we need to allow time for them to settle in. The Medical Director said that meanwhile, there were a number of nurses who have taken the responsibility of ensuring that doctors complete their part on VitalPAC. This team approach was working well. The Chairman asked if nurses were allowed to enter the data into VitalPAC. The Medical Director replied that it used to be the responsibility of the nurses to complete the assessment but now that there was a prescription element, only a doctor can complete. He confirmed that there was also a process in place to ensure that there would be no drop in data whenever there is a change over in junior doctors. The Chief Executive advised that an induction CD was being developed that would be given to all doctors prior to them commencing their employment with us.

The Company Secretary said that whilst fully recognising the importance of each complaint it was important to put the figures into context. There had been a total of 53 complaints received in August but 1,376 plaudits had also been received during the month. The Chief Executive said that it was clear from the complaints received that those about patient experience were as a direct result of the sheer pressure of unscheduled care within the hospital.

Liz Conway asked why there had been a big drop in the number of incidents reported during August. The Deputy Chief Nurse advised that there had been a delay in entering the information into the system. The drop is purely because of a reporting issue; once the data is able to be entered automatically there will be no delay.

Operations:

The Chief Operating Officer advised that when considering our performance against the Monitor Compliance Framework, the Trust would have an overall service performance rating of amber/green. This improvement was due to meeting all of the cancer access targets.

The Chief Operating Officer provided an update on the areas of concern. She reported that the performance against the arrival to assessment standard within the Emergency department remained unchanged from the July position but that the re-attendance rate for August had deteriorated to 6.5% against a standard of 5%. The outcomes and findings from the recent 5-day pilot of a new emergency pathway were being reviewed and would be shared with the Board when available. Discussion ensued around the unusually high number of patients that were attending the Emergency Department and the Chairman asked if the organisation was able to anticipate an increase in the number of attendees. The Chief Operating Officer replied that a forecasting tool was in use, particularly as we move towards the winter. It was able to predict, for example, an expected increase in workload during the last week of December and the first two weeks of January. She reassured the Board that a winter framework was in place to cope with the winter pressures.

The Chief Operating Officer was pleased to note an improvement in the referral to treatment performance and that the backlog stood at 1,433. She emphasised that the Trust's performance on the 95th percentile for admitted patients is directly related to the size of the 18 week backlog. She advised that the Trust was currently identifying those patients who might like to go to the Independent Sector Treatment Centre for treatment as part of the action plan to reduce the backlog. She also noted that the August position for Diagnostic waits was above trajectory which reflected an increase in the referrals for colonoscopy. There were robust plans in place to deal with this.

The Chief Operating Officer advised of a consistently positive performance regarding the 'Vital Sign' indicator of 90% stay on a Stroke Unit but of a below target level performance for direct admissions to the Unit. Breach tracking continues to support patients being navigated through their pathway.

The Chief Operating Officer advised that in terms of NSF Coronary Heart Disease, the 'PPCI within 150 minutes of call' target had been achieved but not the 'within 90 minutes of call' target. Actions were in place to resolve this situation.

Steve Erskine pointed out that whilst much of the operational heat map showed 'green', many of the arrows in the 'change month on month' column indicated a decrease in performance. He was concerned that these areas might soon turn 'red' if appropriate focus was not given to them. He suggested that the Chief Operating Officer highlight those areas where performance might drop to 'red', within future reports. The Chief Operating Officer agreed it appropriate to do so.

Mark Nellthorp asked how our performance against the 'admissions to the Stroke Unit' target compared to others. The Chief Operating Officer confirmed that Portsmouth Hospitals NHS Trust was one of the top performing Trusts but felt strongly that a more effective aspiration would be to admit 100% of those patients for whom it would be clinically appropriate to admit directly to the stroke unit.

The Chief Executive, whilst delighted with the current performance in terms of the cancer targets, advised of a Cancer Network Board media campaign that was intended to encourage anybody who thought that they might be suffering from certain symptoms, to seek treatment sooner. She was concerned that this might create an increase in the number of 2 week referrals. She advised that this should be monitored closely.

The Chairman enquired of the success of local demand management initiatives, particularly in the light of increased attendances at the Emergency Department. The Chief Operating Officer advised that the current level of activity was broadly in line with that of last year, although above the level that had been contracted. This was despite many demand management processes being in place. The Chairman asked if the Trust was admitting patients unnecessarily. The Chief Operating Officer replied a recent study had shown that we had one of the best conversion rates in the country. Of the 300 patients that had been observed, only 18% of them, against a National average of 40%, would have been better suited to treatment (if care setting available) elsewhere.

The Chief Operating Officer reminded the meeting of the financial contract cap that was in place.

Finance:

The Director of Finance advised that at the end of August the Trust had a deficit on income and expenditure of £ (1.82) m against a planned deficit of £ (1.59) m. Thus the Trust was currently behind its planned profile by £ (0.23) m. He advised that this position was primarily explained by the excess non elective unpaid activity as determined under the service level agreement. For month 5, based on April to July activity, demand on the Trust had now exceeded the activity cap and had now effectively provided approximately

£1.2m of activity free of charge. The Chairman asked if this was as a result of the failure of demand management. The Chief Executive believed it to be more a consequence of incorrect commissioning.

The Director of Finance advised that if activity continued at the current rate, the Trust could return a year end gross income position of £19m spend above plan. He confirmed that the expenditure on temporary staffing had continued to rise over recent months reflecting the significant amount of excess plan activity particularly non-elective (unscheduled). Alan Cole noted that a high proportion of the expenditure was on nursing and midwifery staff and sought assurance that the Trust would be receiving payment for all births as it was impossible to demand manage a birth. The Director of Finance advised that all activity was considered against the cap.

Mark Nellthorp asked if the £1.2m unpaid work was recorded at tariff because although it was priced at £1.2m, it could end up costing more to deliver. The Director of Finance confirmed that the work was recorded at tariff. Mark Nellthorp believed the cap to be commercially illogical – in a commercial environment with volume based contracts there was a fixed price for a fixed volume and if the fixed volume was exceeded, the excess would be charged at a higher rate. It was agreed to discuss future contracting arrangements as part of the 2012/13 Business Planning Round.

Workforce:

Rebecca Kopecek, Head of Human Resources reported that the substantive workforce expenditure had decreased by £47k, to £18.43m but the expenditure on temporary workforce had increased by £80k to £1.51m in August. The overall paybill rose to £19.95m in August. She advised that the number of temporary staff had increased in August primarily because of the activity demand pressures.

The Head of Human Resources advised that sickness rate remained at 3.2%, slightly above the Trust stretch target of 3%. Human Resources was working closely with Occupational Health and each Clinical Service Centre to try and reduce the sickness rate. Liz Conway pointed out that the report had stated that the temporary workforce expenditure had increased due to the increased sickness levels yet elsewhere the report had recorded no increase in the level of sickness. The Head of Human Resources confirmed that whilst there had been a very slight increase it had not affected the overall percentage. The Chief Executive asked our sickness rate compared to other NHS trusts. The Head of Human Resources confirmed that Portsmouth Hospitals NHS Trust had one of the lowest rates in the Strategic Health Authority area.

Mark Nellthorp asked about the number of midwives that were employed by the Trust because of the recent media interest in midwife numbers Nationally. The Deputy Chief Nurse confirmed that we had no difficulty in attracting suitable numbers of midwives but that was not necessarily the case throughout the country.

Steve Erskine asked why the overall appraisal rate was a lot lower than that suggested by the Pulse Surveys. The Head of Human Resources replied that the difference was because of the inaccurate recording of data.

The Chairman, whilst recognising the cause, expressed his concern at the increase in temporary expenditure. Alan Cole asked about the number of substantive vacancies. The Deputy Chief Nurse was pleased to report that the number of vacancies had been significantly reduced with the recent appointment of 65 newly qualified nurses, 33 experience nurses and 35 health care support workers.

This had been covered during the Chairman's Report.

163/11 Clinical Effectiveness Report

The Medical Director highlighted some of the clinical outputs of the Trust.

- **Hospital Standardised Mortality Ratio (HSMR)** – currently 92. This is below the national average.
- **Patient Reported Outcome Measures (PROMS)** - Hip and knee replacement are at or above the national average for patient reported health gains.
- **National Clinical Audit -**
 - National Hip Fracture - Audit demonstrates the Trust provides one of the best clinical services for patients with fractured neck of femur in the UK.
 - National neonatal Audit programme: Consistently high results.
 - National audit of Bronchiectasis: Good practice noted, no comparison with other trusts available.
- **Speciality reports: Emergency Department –**
 - **National audit of the treatment of feverish children (under 5 years of age) presenting to the ED with a medical condition:** performed in a range from below the lower quartile to the median of national ED in the measurement of all the vital signs.
 - **Abdominal and spinal injuries:** Grade of surgeon in ED should be a Consultant. The Trust is currently at 30%, the target is 100%. Time to theatre should be within 1 hour. Within the audit two patients required surgery, one of which was in theatre in 0.7 hours, whereas the other patient took 4 hours.

The Chairman said that these results were very good and could only further enhance the reputation of the Trust. The Medical Director agreed that the data would be an effective marketing tool when meeting with commissioners. Steve Erskine emphasised the importance of displaying the data on the Trust website for both commissioners and patients to see.

165/11 Assurance Framework

The Company Secretary advised that had been no new risks, nor changes in existing risk scores, introduced in the month. He chose as an example risk 3.4 which contained a target date of September 2011 for 4 actions towards mitigating the risk. He had enquired as to the progress of those actions:

- **incorporate values into appraisal process** – due to be completed by December
- **ensure use of ESR appraisal template** – purposely delayed until the Director of Human Resources had taken up post and was able to oversee.
- **redesign pulse survey and launch** - purposely delayed until the Director of Human Resources had taken up post and was able to oversee.
- **audit of appraisals in each CSC** – complete.

The Chairman accepted that the appointment of a new Director was good reason for delaying some actions but sought assurance that dates were not continuously being slipped due to people not completing their actions. The Company Secretary advised that an explanation was required by the Risk Assurance Committee before any revised timeline could be agreed.

166/11 Company Seal

The report was noted by the Board.

167/11 Charitable Funds Update

The report was noted by the Board.

168/11 Trust Board and Committee Structure

The Company Secretary asked for this agenda item to be deferred until the afternoon when there would be more opportunity for a detailed discussion.

169/11 Non Executive Directors' Report

Liz Conway distributed the Organ Donation Annual Report.

Liz Conway reported that the poster advertising flu jabs had been provided by Geoff Quinn from Pfizer Pharmaceuticals.

Liz Conway was keen to commend all staff who had taken part in the Trust Open Day. She thought that it had been a very good day and that the display stands had been excellent – both entertaining and educational.

Steve Erskine advised that he and Tim Higenbottam had attended an Appointments Commission training course. He felt that it had been very useful to meet Non Executive Directors from other Trusts and to listen to the guest speaker from Monitor. Tim Higenbottam said that the course had placed great emphasis on patient safety and clinical outcomes.

170/11 Opportunity for the Public to ask questions relating to today's Board meeting

A member of the public recounted how the "Pompey Pensioners", of which he was a member, had fought against the closure of Ward G5 and was now fighting for the retention of Vascular Services. His organisation had been convinced that the reason behind the closure of G5 was financial constraint as a consequence of the Private Finance Initiative. The Chief Executive confirmed that that was not case and that the change to the way in which end of life care was provided within the Trust was for clinical reasons. Only 20% of patients at the end of their life were accessing the care which all deserved. She emphasised that patient safety, patient experience and quality of care were the priorities for the Trust. The member from the Pompey Pensioners said that the group was fearful that the cost of the Private Finance Initiative was a significant hindrance to the Trust. The Chief Executive offered to attend a future meeting of the group to explain the benefits and financial implications of the Private Finance Initiative. The Company Secretary advised that he had already been invited to a future meeting and suggested that they attend together.

Action: Chief Executive and Company Secretary

Robin Marsh, Council of Governors expressed concern at both the number and the quality of the staff appraisals that were being carried out. The Chairman pointed out that the target of 80% completion of appraisals was only of staff who were eligible for an appraisal. He believed that the target should be higher. He reminded that the Director of Workforce was starting on 1st November and suggested that the question be directed at him once he was in post.

Jean Robertson, member of the public, said that there were many posters on display in the Gosport and Lee on Solent areas advising people where to seek medical advice should they need it. Whilst these posters were very clear and useful, she was unsure that people bothered to read them, hence sometimes inappropriate attendances at the

Emergency Department.

Isabel Pine, Council of Governors advised of the public constituency meetings that were scheduled for November. Jean Robertson said that she had attended a previous public meeting recently which had been extremely useful and interesting but felt that it deserved to be better attended. The Company Secretary confirmed that the future meetings would be well publicised and were being held at different times during the days to try and appeal to a wider audience.

171/11 Any Other Business

There were no items of any other business and the meeting closed at 13:25

172/11 Date of Next Meeting: 3 November

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