Portsmouth Hospitals NHS
NHS Trust

Trust Board Meeting in Public

Held on Thursday 28 June at 11:00
Oasis Centre
Queen Alexandra Hospital

MINUTES

Present:	David Rhind	Chairman
	Alan Cole	Non Executive Director
	Tim Higenbottam	Non Executive Director
	Mark Nellthorp	Non Executive Director
	Steve Erskine	Non Executive Director
	Ursula Ward	Chief Executive
	Cherry West	Chief Operating Officer
	Simon Holmes	Medical Director
	Robert Toole	Director of Finance
	Dominic Hardisty	Director of Strategy and Business Development
In Attendance:	Peter Mellor	Company Secretary
	Nicky Lucey	Deputy Director of Nursing
	Rebecca Kopecek	Head of HR
	Dr Sheila Peters	(for agenda item)
	Pam Aspinell	(for agenda item)
	Sarah Balchin	(for agenda item)
	Michelle Marriner	(Minutes)
	Mehran Maanoosi	(observing)

Item No **Minute**

81/12 **Apologies:**

Apologies were received from Julie Dawes, Director of Nursing, Tim Powell, Director of Workforce and Liz Conway, Non Executive Director.

The Company Secretary advised that Nicky Lucey was in attendance on behalf of the Director of Nursing and Rebecca Kopecek on behalf of the Director of Workforce.

Declaration of Interests:

There were no declarations of interest.

82/12 **Minutes of the Last Meeting – 31 May**

The minutes were approved as a true and accurate record subject to the following change:

Workforce, page 6, last paragraph – Steve Erskine asked that 'people skills such as leadership and management capability' were added to the first sentence.

83/12 **Matters Arising/Summary of Agreed Actions**

72/12: Workforce – The Chairman noted that more information had been included on the

cover sheets.

78/12: Opportunity for the public to ask questions – The Company Secretary confirmed that Mrs Robertson had acknowledged receipt of the response sent by the Director of Nursing with regards to the discharge process.

84/12 Notification of Any Other Business

There were no items of any other business.

85/12 Chairman's Report

The Chairman had nothing to report.

86/12 Chief Executive's Report

The Chief Executive advised that the NHS Commissioning Board Authority had published the proposed configuration, member practices, indicative running costs allowances, and the complete list of authorisation waves, for 212 proposed Clinical Commissioning Groups (CCGs). There are now proposed CCGs covering the whole of England. The geographical boundaries have been drawn for each of them for the first time.

She advised that on 1 June 2012, the key functions and expertise for patient safety developed by the National Patient Safety Agency (NPSA) transferred to the NHS Commissioning Board Special Health Authority. This ensures patient safety is at the heart of the NHS and builds on the learning and expertise developed by the NPSA, driving patient safety improvement.

Sir Ian Carruthers, on behalf of the NHS Chief Executive, issued a call for evidence on how procurement in the NHS could be transformed to deliver the highest quality patient care, offer value for money, support innovation and stimulate growth in the UK. This is part of a wider engagement process that will report in December 2012.

She advised of a new digital NHS information service for parents to be. Parents to be can now sign up to the new NHS information service for parents to get regular emails and texts, about pregnancy, the first weeks of their baby's life and beyond. This new, free digital service provides regular, tailored NHS and other quality assured advice for both mothers and fathers

She advised that David Behan CBE, the Department's Director General of Social Care, Local Government and Care Partnerships, would be taking up the role of Chief Executive at the Care Quality Commission (CQC). She said that we should observe any changes within the CQC during the coming months. She advised that the Regional Director from the CQC had recently visited the Trust. The meeting was used as an opportunity to share our experiences and provide him with the opportunity to view the hospital. The meeting was both positive and constructive.

The Department of Health has published 'The Year', NHS Chief Executive Sir David Nicholson's Annual Report for 2011/12, in which he reviews the achievements of the previous 12 months and considers the challenges to come.

She advised that the NHS patient feedback challenge, created and managed by the NHS Institute for Innovation and Improvement and funded by the Department of Health, is a one-year programme to find and spread great approaches to improving services, using patients' feedback. It is an opportunity to measure how the NHS is doing and share ways to improve the patient experience across the NHS. The panel members have been

chosen because they are leaders in their field and represent a range of settings and stakeholders who influence the delivery of positive patient experience in healthcare:

- Professor Bob Johnston, Patient Representative
- Ben Page, Chief Executive, Ipsos Mori
- Jim Mackey, Chief Executive, Northumbria Healthcare NHS Foundation Trust
- Mary Simpson, Deputy Director, Public and Patient Experience and Engagement, Department of Health
- Dr Mike Cheshire, Medical Director, NHS North West
- Mike Farrar, Chief Executive, NHS Confederation
- Dr Niti Pall, Director and Chair, Pathfinder Healthcare Developments CIC
- Dr Paul Hodgkin, Chief Executive, Patient Opinion
- Sally Brearley, Chair, Nursing Quality Forum
- Simon Colbeck, Head of Innovation, Marks and Spencer
- Professor Vikki Entwistle, Professor of Values in Healthcare, Universities of Dundee and St Andrews

She advised that patient experience would be a key focus moving forward. There is a lot of emphasis into promoting the NHS Choices website. The Department of Health patient experience bodies would be interested to see patient feedback included on our website so we need to be seen as taking this forward.

Sir Ian Carruthers, on behalf of the NHS Chief Executive, has issued a draft designation and establishment process and seeks expressions of interest to create Academic Health Science Networks. She advised that the Medical Director would discuss this in more detail in the Private meeting.

She provided feedback from the annual NHS Confederation meeting. The key messages from Malcolm Grant, Chief Executive, NHS England:

- Spend on healthcare in developed countries is not as sustainable going forward.
- Overview of the appointments of Non-Executive Directors to the organisation.
- There will be more configuration/centralisation of services.
- Emphasis on care of the frail/elderly.
- Emphasis on care of patients with mental health issues.

She advised that the recent strike action by Doctors had been managed very well with trade unions and with very minimal effect on the organisation. 5 patients had been affected on the day with cancelled appointments. Steve Erskine said that The News had reported that 20% of patients had been affected by the strike. The Medical Director confirmed that this was as a result of The News asking us to predict the potential strike impact the day before the action and was therefore not accurate.

87/12 Integrated Performance Report

The Chairman welcomed the version of the Integrated Performance Report which now included a desktop view which summarised the performance.

The Chief Operating Officer said that whilst a lot of work had gone into the production of the report, it was still work in progress and would develop over time. There were a few minor details which would be resolved. The next edition would also include a written synopsis and a one page document setting out the governance arrangements for producing the Integrated Performance Report.

Quality:

The Deputy Director of Nursing Nicky Lucey advised that as part of a targeted inspection programme to services that provide the regulated activity of termination of pregnancy, the

CQC had inspected the Trust on the 21st March 2012. The focus of the visit was to assess the use of the forms that are used to certify the grounds under which a termination of pregnancy may lawfully take place and relates to outcome 21, Records. The final report which had been received on 8 June showed that the Trust was fully compliant.

She referred to the Quality Improvement priorities dashboard. She advised that the number of falls had continued to reduce with only 2 occurring in May. She was pleased to note that we had continued to maintain compliance in VTE Screening to 93.7% against a target of 90%. Mortality rates remain very good. She advised that more Volunteers had been recruited to encourage and assist patients in completing feedback forms. She advised that in terms of Healthcare Acquired Infections, we were currently within target but very close to the target for the year. On the whole, cleaning scores and hand hygiene score were good. The number of grade 3 & 4 pressure ulcers was above plan. Each case had been investigated. The number of pressure ulcers was linked to the high number of patient moves. We were currently on target to achieve the CQUIN targets.

The Chairman asked if it was true that some contractual arrangements had still to be agreed. The Medical Director said that nothing had yet been signed off due to a disagreement with some of the suggested targets, in particular those around paediatrics/elderly. The Chairman asked how an agreement would be reached The Medical Director said that meetings were ongoing to try and resolve. The targets for elderly were almost agreed. The target set for paediatrics was not realistic and still needed further discussion.

Steve Erskine noted that the number of patient moves seemed to be increasing significantly. Nicky Lucey advised that everything possible was being done to prevent unnecessary patient moves, for example the holding of daily bed meetings. The Chief Operating Officer agreed that everything possible was being done and that it was being managed on a daily basis with focus on trying to discharge patients earlier in the day. Some bed re-modelling work had taken place with a view to the beds being realigned and reconfigured within the next few months. Focus was also being given to reducing the number of medically stable patients, as this figure was still around the 90's. She reassured the Board that those patients who were being moved were in the main, those who had been identified as being due for discharge the following day. Mark Nellthorp said that the target for patient moves was to reduce the figure from that of last year. He was concerned that we were already 40% above the same position of last year. The Chief Operating Officer explained that a number of issues needing to be resolved which had a direct impact on the number of patient moves; Discharge, Referral to Treatment (RTT) and Pressure on the front door.

The Chairman asked if we had modelled what was expected. The Chief Operating Officer said internal forecasting had been carried out based on last year's figures and what was currently happening within the organisation. We had already planned for more activity than last year but we are already 3% above that plan. The Chairman asked what would happen if this pressure continued into the winter and we continued to regularly see more than 350 attendances each day. The Chief Operating Officer said that we had already planned for 90% bed occupancy but if this pressure were to continue, we would need to re-profile the whole system which would have a significant detrimental effect on our financial plan.

Operations:

The Chief Operating Officer advised that when considering our month 2 performance against Monitor's Compliance, we would be rated 1:0, Amber-green for May.

She was pleased to confirm that month 2 targets had been achieved in the following areas:

- Stroke performance
- Cancer performance

- Diagnostic waits
- RTT target

PPCI performance standards target had not been achieved in month 2. However, the door to balloon performance had improved, with a small number of individual patient breaches. It was the call to balloon performance that had not been achieved.

She advised that the Emergency Department (ED) performance remained challenging with an excess of 300 attendances seen on some days. Considerable effort had been given to further increase the resource. The pressure within the department and availability of beds within the hospital had had a direct impact on the 4 hour performance. Mark Nellthorp said that the report stated that there had been 2800 attendances in 1 week, equating to over 400 per day. The Chief Operating Officer advised that this figure included attendees at the walk in centre. She said that hourly attendance rates were also significant. Alan Cole said that from a Primacy Care Trust (PCT) perspective, Portsmouth figures were reducing in terms of activity whereas Hampshire was increasing. He thought that it might be useful to understand the reason behind this.

Finance:

The Director of Finance said that it was critical to manage and challenge any queries received under the Payments by Results (PbR) contract.. There had been no queries received within the timescale during month 1. It is important that we work closely with Commissioners to ensure that the contract is used as a framework as oppossed to immediately looking to enforce in a “mechanistic” manner.

At the end of May, the Trust had a recorded a deficit of £(3.3)m on income and expenditure. This represented a £(1.9)m movement, from the month 1 position, which compared to a planned position of £(2.5)m deficit which meant that the Trust was £(0.8)m adrift of plan after 2 months of the financial year.

The Chairman referred to the monthly summary graph on page 38. He asked why the budget v.actual suddenly increased around October time. Steve Erskine said that he was not convinced that the actual will track the planned budget. He felt that there was a need for the best case forecast based on what we currently know. He said that it would be useful to see a forecast line rather than assuming that one day we would be back on plan. He thought that a forecast line would also be useful for the Income & Expenditure and Capital graphs. The Chairman agreed.
Action: Director of Finance

Mark Nellthorp believed that the costs c. £250 per day attached to having so many medically stable patients in a hospital bed would cover the amount of the month 2 deficit if these could be provided or sourced elsewhere.

The Director of Finance advised that at the end of Month 2, the Trust was marginally behind plan for capital spend. £500k had been spent, compared to a planned expenditure of £800k.

Workforce:

The Head of HR Rebecca Kopecek said that all of the issues that had been discussed so far had a significant effect on staffing and a consequent impact on many of the workforce indicators. This was being managed very closely with rigorous processes in place. The increased performance pressures within the organisations were resulting in the need to pay premium rates for temporary staff.

The Chairman asked what the plan was for increasing the substantive workforce. Rebecca Kopecek confirmed that the intention was to recruit up to establishment but due

to the ongoing pressures we were, meanwhile, having to use agencies to recruit temporary staff. The Chairman asked what the premium was in having temporary staff rather than substantive. The Company Secretary said that the cost was 20% higher than if we had a full establishment of substantive workforce.

Steve Erskine said that whilst he could see the workforce plan against the profile, he had no idea whether the increase in temporary staff matched directly to the increase in activity. He asked whether that information could be included in future integrated performance reports. The Chief Executive agreed that it needed to be included.
Action: Director of Workforce / Chief Operating Officer

Rebecca Kopecek was pleased to report that Essential Skills compliance had increased from 74.5% to 75.9% and that turnover had decreased throughout 2011/12 from 9.2% in March 2011 to the current level of 8.1%. The Sickness absence rate had remained unchanged at 3.2% and had been consistent over the year, whilst this was above the Trust target of 3%, it did compare favourably at a regional and national level. A lot of effort had been put in to trying to further reduce the sickness levels and a new 'Final Decision Panel' was being established. However, some of the staff on long term sick were truly very poorly and it is imperative to ensure that any controls were fair and reasonable.

The Chairman asked if the PULSE survey results were a good guide to the results we would be likely to see from the national staff survey. Rebecca Kopecek advised that the response rate for the PULSE survey had increase and expected these to give a better idea of the results we should see from the national staff survey but stressed that it was impossible to predict what the results might be.

The Chairman said that as the Integrated Performance Report was further developed, he hoped that the Board would look at the relevant dashboards and story boards more and only delve into detail when necessary.

88/12 Foundation Trust Application

The Chief Executive advised that our Integrated Business Plan (IBP) and Long Term Financial Model (LTFM) were nearing completion and both will be presented at the Trust Board Workshop on 5 July for consideration before being submitted to the Strategic Health Authority (SHA) on 13 July.

An important part of our Foundation Trust (FT) application is having the full support of our Commissioners and Clinical Commissioning Groups (CCG's) and a meeting had been arranged with them for 20 June. There had been a very good turn out with many senior Commissioners present. All had very supportive of our Foundation Trust plans and our IBP. There was recognition from some of the GP's that they had not previously been involved but that communication had now vastly improved. There was also recognition that Portsmouth Hospitals NHS Trust (PHT) had moved forward considerably and provided a very good quality of care.

She advised that the Director of Strategy was currently drafting the Trusts FT Engagement Strategy. It was clear that we would not be required to conduct a formal consultation so we would be conducting a formal engagement process.

She confirmed that PWC had recently been appointed to conduct the Historical Due Diligence which is an early, crucial part of the FT process. It would commence with a desktop analysis and would require interviews with all Board members.

KPMG had been appointed to assess the Board Governance Assurance Framework and work would commence at the end of July. It was expected that KPMG would attend the Trust Board meeting in July and that they too, would want to interview all Board members.

89/12 Assurance Framework

The Company Secretary drew attention to the top 2 risks which directly linked to the issues already discussed; Emergency Department and current demand. One of the risks (1.3) had been rated with a score of 20.

He advised that there were 2 new risks. Risk 2.2 highlighted the problem with failing to maintain patient flow throughout the hospital.

He said that it was crucial that all Directors satisfy themselves that these were the correct risks that were facing the organisation or were there any others.

Mark Nellthorp noted that the new risk 1.3 had a target date for completion of July 2012. The Company Secretary confirmed that July was a review date, not a completion date. Mark Nellthorp said that the target was to reduce the consequences from a '5' to a '4'. He felt that would be a miraculous improvement if that were to happen.

Mark Nellthorp noted that some target dates had failed to have been met. He asked that some commentary be included in future reports to explain the reasons why. The Company Secretary confirmed that there was commentary and reasons why the risk had not been fully mitigated as planned, within the main body of the framework.

Steve Erskine said that it was very helpful to see the changes highlighted in a different colour. He was surprised hat there weren't more changes in the report. The Company Secretary said as the risks were linked to the strategic aims, there were not necessarily changes month on month and it had been agreed not to ask for an update each month but to review on a regular basis.

The Chairman asked when the Assurance Framework would change, assuming that the new strategic aims were agreed later in the afternoon. The Company Secretary said that once the strategic aims were agreed, the objectives needed to achieve those aims would need to be identified and then the risks that threaten those objectives. As a consequence, it would be a month or two before the new assurance framework was fully populated.

90/12 Foundation Trust Quality Governance self assessment

The Medical Director reminded of a recent Trust Board Workshop when the Governance self assessment had been completed. The overall rating agreed at that meeting had been 5.5. This had been submitted to the SHA who had thought us rather hard on ourselves and advised that we focus particularly on elements 3c and 4a to enable a reduction in score.

Following that meeting, an action plan had been developed and we were now confident that a risk rating of 3.5 would be achievable.

The Chairman asked whether there was any learning regarding us under-scoring ourselves and how we might be more accurate in the future. The Chief Executive agreed, saying that it was important to get the scoring right, especially in terms of the BGAF, and that the scoring is balanced.

91/12 Annual Paediatric Safeguarding Report

Dr Sheila Peters, lead Safeguarding Consultant, and Pam Aspinell, lead Safeguarding Nurse, were in attendance for this item. Dr Peters highlighted the importance of ensuring that safeguarding children remains a high priority throughout the organisation and at Trust Board level.

She provided a brief summary of the year and explained that safeguarding was a forever changing landscape.

She confirmed that the Trust had met all requirements in terms of ensuring that its staff was trained to a suitable level in safeguarding children.

The Chairman said that he was concerned at the number of referrals linked to domestic violence that had been received during 2011/12 and the difference in figures between pregnant and non pregnant referrals. Dr Peters advised that pregnant referrals were made by the midwife during ante natal appointments (preventative) whereas non pregnant referrals were made once the child was born, via safeguarding help lines.

Mark Nellthorp asked whether the challenge with staff turnover would have an affect on the safeguarding team or on the organisation as a whole. Dr Peters said that staff turnover did have an effect as the safeguarding team needs to ensure that every member of staff within the organisation was suitably trained. Mark Nellthorp asked whether temporary staff needed to receive a minimum level of safeguarding training. Dr Peter said that every new member of staff (temporary or substantive) received basic safeguarding training. All Paediatric staff are required to have an enhanced CRB.

Steve Erskine asked Dr Peters if she had any idea of what might arise in the future that could have an affect on safeguarding practice. Dr Peters thought that the implementation of the Munroe report would cause changes in focus of safeguarding practice. Working Together to Safeguard Children documentation was also due to be updated which might also have an affect on practice. Dr Peters said that childhood obesity was a major issue. The Company Secretary advised that from a court perspective, financial issues within the family environment could result in neglect, domestic violence and obesity etc.

The Chief Executive said that she still thought that the Trust should have a dedicated adolescent unit and that it was an important issue which needed revisiting.

The Chief Executive said that there were approx 500 families who had been identified in Portsmouth as the biggest drain on the system and the greatest consumers of health care, social care and education.

92/12 Annual Adult Safeguarding Report

Sarah Balchin was in attendance for this item.

She reminded the Board that there was a significant difference between adult and children safeguarding. Whilst there is no legislative requirement for safeguarding adults, there is requirement for the Trust to comply with the Care Quality Commission (CQC) Outcome 7.

A key challenge for Portsmouth Hospitals NHS Trust is that there are 2 local authorities with very different approaches and thresholds which means that we have had to build in another tier to ensure that alerts are raised appropriately. It would be dependant on the patients' postcode as to both what and indeed whether an alert would be raised.

The Chief Executive reassured the Board that the Trust had come long way in terms of safeguarding adults and processes were now in place to manage alerts appropriately. Sarah Balchin confirmed that the number of safeguarding concerns which were raised in the month are included in the monthly exception report. The Chief Executive suggested that it might be a good idea to detail a few example cases in the report to aid awareness.

Alan Cole asked if there was adequate training available for staff to enable them to cope in difficult situations, for example elderly patients with dementia. Sarah Balchin confirmed that 77% of clinical staff had completed the vulnerable adults training.

Steve Erskine asked what the biggest area of risk was for those vulnerable patients. Sarah Balchin advised that financial abuse and physical abuse were probably the two biggest risk areas.

93/12 CQC targeted review of compliance report

This report was noted by the Board.

94/12 Company Seal

This report was noted by the Board.

95/12 Charitable Funds Update

This report was noted by the Board.

The Company Secretary advised that charitable donations were not currently as forthcoming as had been in previous years.

The Trust was in the process of recruiting a Head of Fundraising who would work alongside Mick Lyons, Rocky Appeal Coordinator. The new Head of Fundraising would fund raise for the rest of the Hospital whilst Mick Lyons focuses on the Rocky Appeal.

96/12 Non Executive Directors' Report

The Patient Safety Walkabout paper was noted by the Board

97/12 Opportunity for the Public to ask questions relating to today's Board meeting

A member of the public advised that the general public living in the Southsea area were concerned at the state of the public toilets on the seafront. He requested that the Board put pressure on Portsmouth City Council to resolve the issue. The Chief Executive offered to mention it at the next Public Services Board.

A member of the public asked why Portsmouth MP Mike Hancock had been treated at University Hospital Southampton Foundation Trust (UHSFT) and not here. The Company Secretary advised that he had been admitted to, and stabilised at, Queen Alexandra Hospital (QAH). The surgery which he required was not provided here so he was transferred to (UHSFT). He advised that he had visited Mr Hancock whilst he was in QAH and he was delighted at the treatment that he had received.

Lez Ward, member of the public, felt that hospitals were all too frequently getting the blame for patients getting pressure ulcers when the blame should lie with the community providers where he believed there to be a shortfall in preventative actions for pressure ulcers. Nicky Lucey advised that when a patient was admitted to hospital with a pressure ulcer, it was investigated and then reported back to the community services for them to investigate further. She advised that figures included within our reports were only hospital acquired grade 3 / 4 pressure ulcers.

98/12 Any Other Business

There being no items of any other business, the meeting closed at 13:25pm.

99/12 **Date of Next Meeting:**

Thursday 26 July 11:00am

Venue: Oasis Centre, Queen Alexandra Hospital