Portsmouth Hospitals NHS
NHS Trust

Trust Board Meeting in Public

Held on Thursday 27 September at 10:00
Oasis Centre
Queen Alexandra Hospital

MINUTES

Present:	Alan Cole	Deputy Chairman
	Liz Conway	Non Executive Director
	Tim Higenbottam	Non Executive Director
	Mark Nellthorp	Non Executive Director
	Steve Erskine	Non Executive Director
	Cherry West	Chief Operating Officer
	Julie Dawes	Director of Nursing
	Simon Holmes	Medical Director
	Tim Powell	Director of Workforce
	Richard Eley	Interim Director of Finance
	Dominic Hardisty	Director of Strategy & Business Development
In Attendance:	Peter Mellor	Company Secretary
	Maria Flynn	For agenda idem
	Jeremy Savage	For agenda item
	Michelle Marriner	(Minutes)

Item No **Minute**

140/12 **Apologies:**

Apologies were received from the Chairman and the Chief Executive.

Alan Cole noted that the Company Secretary would be arriving late to the meeting because he was in attendance at the Portsmouth Health Overview and Scrutiny Panel.

The Medical Director advised that he would need to leave at 12:45pm.

Declaration of Interests:

There were no declarations of interest.

141/12 **A Patient Story**

The Director of Nursing welcomed Maria Flynn, Head of Nursing for Theatres, Anaesthetics and Critical Care (CHAT) CSC to the meeting. She advised that a patient had intended to attend the meeting to share her experience but had had to withdraw at short notice. Therefore Maria Flynn was in attendance to the present the story of 'Patient X'.

Maria Flynn delivered the following presentation:

CHAT CSC Patient Story - Sept 2012.ppt

Alan Cole asked how confident could the organisation be that the appropriate processes were being adhered to. Maria Flynn advised that regular audits were carried out regarding the WHO checklist. A recent audit had reviewed every piece of paper associated with every operation carried out over a 2 week period. The results of this audit were still awaited.

Liz Conway asked if every theatre followed the same procedure. Maria Flynn advised that all theatres within the CHAT Clinical Service Centre followed the WHO checklist. Those few theatres that were directly managed by the Maternity and Dental departments had also recently implemented the WHO checklist.

Liz Conway asked if going to see a patient at home was a regular occurrence. Maria Flynn said that meetings would be convened wherever the patient felt most comfortable. It is important that the patient and his/her family be engaged from the very beginning.

Steve Erskine said that he recently observed an operation and had been very impressed with the attention to detail and the care that staff take. He believed that the WHO checklist was very important as he could understand how easily a swab might become absorbed in blood and therefore missed.

Steve Erskine asked what follow-up processes existed for patients discharged, following an operation. Maria Flynn felt strongly that it was the responsibility of the particular speciality to provide the follow up support. The Medical Director said that the follow up process differed throughout the Trust and that there was little consistency, at the moment, in the quality and amount of information that was provided on discharge. Steve Erskine emphasised the importance to the patient, at a time of vulnerability, of clear and consistent discharge advice. The Director of Nursing said that many patients would not necessarily require a follow up as they get discharged into the hands of primary care.

Alan Cole asked if the high number of re-attendances were linked to the lack of follow up appointments. The Medical Director said that re-admittances were currently a subject of audit to enable a better understanding of their cause.

The Director of Nursing asked the Trust Board how it would prefer the Patient Story to be delivered each month. It was agreed that the item was both very helpful and informative and that it needed to be delivered in the best way that suited the patient.

142/12 Minutes of the Last Meeting – 30 August

The minutes were approved as a true and accurate record.

143/12 Matters Arising/Summary of Agreed Actions

There were no actions due this month.

144/12 Notification of Any Other Business

There were no items of any other business.

145/12 Chairman's Report

Alan Cole advised that in the Chairman's absence, there would be nothing to report.

146/12 Chief Executive's Report

The Chief Operating Officer spoke on behalf of the Chief Executive. She confirmed that Jeremy Hunt had been announced as the new Secretary of State for Health. He is MP for South West Surrey and had previously been Secretary of State for Culture, Olympics,

Media and Sport. His team consists of three new health ministers, with one Minister staying in post:

- Lord Howe remains as health minister in the Lords.
- Norman Lamb, Minister of State,
- Dr Daniel Poulter, Parliamentary Under Secretary of State, and
- Anna Soubry, also Parliamentary under Secretary of State.

She advised that as part of Monitor's consultation on the NHS provider licence conditions, it was holding four regional one-day workshops for Foundation Trusts and NHS Trusts in Birmingham; Taunton, Leeds and London, during September and October 2012. The workshops would cover specific aspects of the licence, such as the costs involved in protecting the continuity of services and rules on choice and competition. Portsmouth Hospitals NHS Trust needed to attend one of these workshops to understand the proposed licensing system.

A letter had been received from David Flory, Deputy NHS Chief Executive and Shaun Gallagher, Acting Director General, Social Care, Local Government and Care Partnerships, setting out preparations for winter planning and reporting, which will run from Tuesday 6 November 2012 to the end of February 2013. Strategic Health Authority (SHA) cluster Chief Executives have been asked to ensure preparations are in place and encourage local NHS organisations to review local winter plans and observe the timetable for daily SITREP reporting. The Chief Operating Officer reassured the Board that the Trust has its own internal winter plans in place. It has been reported by the Commissioners that there would be some 'winter funding' available but it was not yet clear how that would be allocated.

She reported that the Clinical Advisory Group for prescribed services (CAG) has made recommendations about which specialised services for people with rare conditions should be commissioned in England. The services listed in its latest report will be commissioned by the NHS Commissioning Board from April 2013, rather than by clinical commissioning groups. The list will be agreed by ministers and the commissioning board in the autumn.

The NHS Commissioning Board Authority has appointed Paula Vasco-Knight as national equality lead. She would be reporting to Jim Easton, National Director: Transformation and will lead the equalities work at the Board whilst continuing her full-time role as Chief Executive at the South Devon Healthcare NHS Foundation Trust and senior responsible officer for the equality delivery system.

She advised that Professor Dame Sally Davies, the Chief Medical Officer and Dr Mark Porter, Chair of Council at the British Medical Association, had stressed in an open letter to doctors the vital role that they can play in ensuring that as many frontline NHS staff are vaccinated against flu as possible.

The national '111' service and local out of hour's services had both been due to commence on 2 October but the national '111' service had been put on hold due to a number of technical issues.

147/12 Integrated Performance Report

The Chief Operating Officer advised that it had been agreed that she provide an overview of the integrated performance report. Feedback from the various reviews had shown that each respective Director should present their own area of the report.

<u>Quality</u>
The Director of Nursing provided an overview of the Quality section of the report, advising that the overall performance against most metrics had improved in month with the exception of 2 MRSA cases and 1 never event.

She advised that it was highly unlikely that we would be able to achieve the medicines

reconciliation target due to not having a weekend pharmacy service. It had been requested that the target be reviewed.

The Medical Director advised that there had been 3 MRSA cases reported to date against a trajectory of 4. All cases have occurred in the same specialty. 1 of the cases was unavoidable but the other 2 had been deemed avoidable. The importance of hand hygiene has again been reinforced throughout the organisation, as well as looking at the possibility of retraining Junior Doctors on how to safely use cannulas. Alan Cole asked if the organisation had become complacent about MRSA. The Medical Director thought that might be a possibility and that some processes might have lapsed slightly as MRSA was not as big a problem as it used to be.

Liz Conway asked why hand hygiene had been rated 'green' on the dashboard. The Director of Nursing said that the dashboard showed 95% compliance across the Trust, although there were some hotspots within particular CSC's. The audit was only a spot check audit and not a full reflection of the whole organisation. Steve Erskine was concerned that the Board took reassurance from the dashboard but that it appears not to reflect the actual situation. The Medical Director confirmed that a weekly infection control dashboard is sent to each Clinical Service Centre. The MRSA cases were linked more to cannula management than being an issue with hand hygiene.

Tim Higenbottam asked about the Hospital Standardised Mortality Rate (HSMR) and thought the Dr Foster analysis difficult to interpret. The Medical Director agreed. He said that our HSMR had risen but was not statistically significant. It was currently being investigated and was thought that it might be as a result of possible coding issues relating to the Palliative Care team. Tim Higenbottam said a report on Coding had recently been considered by the Audit Committee. He felt that the Coding team were doing a fantastic job but that there could possibly be an issue with the detail within the notes that were being used by the Coding team. The Medical Director advised that each clinical area had been instructed to carry out an audit of 10 sets of notes to check the quality of them.

Liz Conway said that there had been a recent media article about reported cases of Severe Acute Respiratory Syndrome (SARS). She asked if the Trust was expecting any of these. The Medical Director said that the Trust was not expecting any but a circular had been received warning of the risks of SARS.

<u>Operations</u>

The Chief Operating Officer brought to the Board's attention, the 3 areas where the Trust had not met its contractual target:

- Direct to stroke unit - She said that each breach had been reviewed and evaluated. If those over which we had no influence were discounted, we would have achieved the standard. For example, some stroke patients were not admitted to the stroke unit as it was not deemed clinically appropriate.
- Call to balloon within 120 minutes of call
- 62 day cancer screening – an internal action plan had been developed

She said that the Referral to Treatment (RTT) standard needed to be delivered at a speciality level. The shadow monitor dashboard only shows this standard at a Trust aggregate level. The Trust wide level of backlog was being maintained, apart from general surgery where it was starting to creep up again. She asked for Trust Board support of her proposal to allow the indicator within general surgery to be failed to allow them to work on their backlog. She said that this action could result in a financial penalty but the amount was unknown as it would be a percentage of the failure and percentage of the contract value. If this proposal was not supported, and the backlog was left to creep up even more, it would cause more serious problems for the organisation in the future. The Trust Board agreed that it was the right thing to do and supported the Chief Operating Officers proposal.

Steve Erskine referred to the failure to meet the call to balloon standard. He asked who would be accountable for the parts of the standard we had no control over. The Chief Operating Officer advised that it was the ambulance trust target and that we me with them on a regular basis. The accountable body would depend on the reason behind the breach of target.

Finance

Alan Cole was pleased to introduce Richard Eley, the new Interim Director of Finance.

The Interim Director of Finance advised that financial position of the Trust was particularly concerning and the Trust was £3.1m adrift of plan at month 5 with an income and expenditure deficit of £6.9m. He said that in terms of the Cost Improvement Plans (CIPs), the position was now much clearer and that there was a shortfall of £1.4m in terms of the planned savings target at month 5.

He highlighted a number of issues, particularly the cash liquidity position and the capital expenditure. He said that at the end of month 5, the Trust had spent £1.1m compared to a planned capital programme expenditure of £2.2m. As a consequence, the capital programme spend for the year had been adjusted to £7m in order to support the Trusts cash position.

Steve Erskine asked how it would be decided which capital project could/should be postponed or shelved. The Interim Director of Finance advised that those decisions would need the approval of the Trust Board and recognised that there would need to be an evaluation of the risks involved in any postponement. The Director of Strategy advised that the biggest ICT spend this year would be on iDesktop, some other things planned for ICT would be slipped to years 2 and 3.

Workforce

The Director of Workforce was pleased to report that the total pay bill in month 5 had reduced by £456k to £20.6m. This included the planned reduction in the temporary workforce expenditure by £584k. The pressures of the paybill were having a significant negative effect on the delivery of CIP's and the overall financial position of the Trust.

Compliance with completion of appraisals and essential skills was still improving. Pressure has been put on the HR Business Partners to ensure that these indicators are fully met.

Staff turnover remains low at 7.8% and sickness absence remains consistent at 3.4%. The response rates of the PULSE survey had dropped during August, which had been anticipated because of the summer holidays. The national Staff Survey had now been given to staff, with an aim of achieving an 80% response rate.

He alerted the Board to concerns expressed by some staff regarding the South West Consortium who were considering moving away from the NHS agenda for change. He had assured our Trade Unions that we were not part of this consortium and had no plans to be so. However, as a Foundation Trust, we might want to consider our pay terms and conditions.

The Director of Strategy commended the Director of Workforce and Head of HR for their hard work in reducing the temporary workforce spend so significantly.

Liz Conway recognised that the Trusts staff sickness rates compared well nationally but asked why the sickness rate within MOPRS CSC was significantly higher than the rest of the Trust. The Director of Workforce was pleased to advise of a recent reduction of the sickness levels within MOPRS. The high levels of sickness were partly due to there being high levels of temporary workforce which had an impact on the permanent staff and to the

management capabilities within the CSC. The recent intake of newly qualified nurses and nurses from Portugal was also expected to have a positive effect on the levels of staff sickness.

148/12 Foundation Trust Pipeline Update

The Company Secretary presented this paper on behalf of the Chief Executive.

He advised that the latest iteration of the Integrated Business Plan and Long Term Financial Model had been submitted to the Strategic Health Authority on 21 September. Feedback was expected during October.

He informed the Board that the reports from the 3 recently conducted external assessments, which were carried out as part of our Foundation Trust application, were imminent. An action plan would be developed for each report and would be shared with the Board in due course.

149/12 Self Certification

The Company secretary advised that a key element of the Single Operating Model was self-certification. The self-certification needed to be approved by the Board to enable it to be signed by the Chief Executive and Chairman before being sent to the Strategic Health Authority on 28 September 2012. The self certification process would continue on a monthly basis until the Trust becomes authorised as an NHS Foundation Trust.

He asked the Board to consider each statement within the self certification to ensure that the Board agreed with the response provided. As agreed last month, a summary of evidence had been provided and any of the evidence listed could be provided on request.

Steve Erskine referred to item 17 within the 'TFA Progress' page. He queried whether it should state that we were on track to deliver. The Company Secretary agreed that it should be changed to 'not fully achieved;

Steve Erskine referred to statements 5 & 6 within the 'Contractual Data' page. He felt that the answer provided contradicted the answer given to question 4. The Company Secretary agreed and committed to changing answers 5 & 6 to 'N/A'.

Alan Cole asked what the process was for pulling all of this data together. The Company Secretary advised that the information was provided by many different departments and then pulled together centrally. Steve Erskine said that whilst the Company Secretary might be accountable for pulling together the data, he could not be held responsible for the inaccuracies.

The Board agreed the self certification.

150/12 Assurance Framework

The Company Secretary drew attention to the top 5 risks. He asked the Board to assure itself that these risks were indeed the current risks facing the Trust and that adequate management processes were in place to mitigate them.

He advised the Board that risk 5.4 had an increased score and risk 2.3 a decreased score, following the discussions at Trust Board last month.

The Company Secretary advised that the Chairman had raised a concern about risk 5.2 and that he felt that the likelihood should be increased to a score of 5. The Board agreed and asked that this be given due consideration.

The Director of Strategy asked if the Trust Risk Profile on page 4 could include the

number of the risk as well as the text. The Company Secretary agreed.
Action: Company Secretary

Steve Erskine asked if risk 2.1 was just about emergency admissions or was it about the Integrated Care Organisation (ICO) and whether it could be designed correctly. He felt that the current description appeared to be about emergency admissions. The Medical Director said that it could be potentially 2 risks:

- Design of the ICO
- Current partnership working

The Interim Director of Finance said that Research and Development was a very important service for the Trust and suggested that the Board might want to think about whether it was as successful as it could be. The Medical Director agreed with the importance of Research and Development and was pleased to report that it was growing successfully. It is a key party of the Trusts strategy. The risk appeared in the Assurance Framework because of recruitment issues within the department. The Director of Workforce advised that they had been given autonomy to recruit to those posts that were externally funded without the need to go through the current Trust process.

151/12 National Cancer Survey 2011 – 12

The Director of Nursing advised that the 2011 Cancer Survey results show Portsmouth Hospitals NHS Trust as the most improved Trust. However, the trust was still in the bottom 20% of Trusts for some areas. The survey had been sent to all patients who had received any kind of cancer care throughout the organisation and not just those in the Oncology Unit. The results and action plan will be monitored through the Cancer Steering Group which is chaired by the Medical Director.

Alan Cole noted the significant improvements but asked how we compared to our local peer group. The Director of Nursing committed to finding out.
Action: Director of Nursing

Mark Nellthorp said that the report showed that we were amber/red for in significant areas but did not show the range or benchmark which made it difficult to understand the results. The Director of Nursing offered to distribute the full report which would show more detail.
Action: Director of Nursing

The Director of Strategy was concerned that the National Commissioning Board has said that the results would be scrutinised and he was concerned that it might threaten our cancer status. He felt that it needed to be analysed in more detail. The Director of Nursing confirmed that the results were being looked at in more detail to fully understand them.

The Medical Director emphasised the importance of the delivery of cancer care and was determined that our staff fully understood the significance of the results within the survey. Steve Erskine felt that it was a fundamental part of the future and that the Board needed to be aware of these issues. Alan Cole thought that the delivery of cancer care was good but that it was the communication and patient experience which needed to improve.

Liz Conway felt that it would be interesting to see the process of how the questionnaire was created and whether the questions within it were easy to understand. The Director of Nursing advised that the questionnaire was designed by the Picker Institute who are the largest provider of patient questionnaires.

Alan Cole asked how the Board could monitor further improvements and the Director of Nursing said that we would not really know if we had improved until the next results were available.

Alan Cole asked for the action plan to be brought back to a future Board meeting, possibly January 2013, as most of the actions should have been completed by then.

Action: Director of Nursing

152/12 South Central Acute Programme – Outline Business Case for collaborative e-prescribing procurement

Jeremy Savage, Director of Medicine Management and Pharmacy was in attendance for this item.

The Director of Strategy advised that this collaborative business case should release Central resources as there were some residue funds left over from a failed IT programme. Jeremy Savage advised that a full business case would be produced and presented to the Trust Board regardless of whether central funding was received or not, as Electronic Prescribing was a key part of the Trust IT strategy.

Jeremy Savage advised that there were 7 Trusts engaged with the collaborative business case. Each Trust had committed £10k to fund the collaborative working.

He sought support from the Trust Board in continuing to the next stage of the business case.

Alan Cole felt that it was a very clear business case and sought the Board approval. Mark Nellthorp was pleased that the Trust was engaged in collaborative working and believed that this would be a good opportunity to further relationships with those partner Trusts.

Steve Erskine said he had a number of comments which he would send to the Director of Strategy. He said that as it progressed towards the full business case, consideration would need to be given on how it would best align with the Trusts IT strategy.

The Chief Operating Officer asked if this system would replace the electronic prescribing system within Oncology. Jeremy Savage said that the Oncology prescribing system would be explicitly excluded from this business case due to the complexities in prescribing.

The Director of Nursing offered her full support to this project and was confident that it would have a positive effect on patient safety. She said that her only concern would be the financial implications and expected to see clear financial advantages set out in the business case. Jeremy Savage was in no doubt that the benefits, when realised, would out way the costs. The Interim Director of Finance said that we would need to be clear on how we would access any external funding.

The Trust Board fully endorsed the proposal.

153/12 Audit Committee Report

The Company Secretary reminded that it had been agreed that the Chairman of the Audit, Finance and Quality & Governance Committees would provide a summary report of any of their committee's concerns. This was the first such report.

This report was noted by the Board.

154/12 Company Seal

This report was noted by the Board

155/12 Charitable Funds Update

This report was noted by the Board.

The Company Secretary was pleased to report that the new Head of Fund Raising was now in post and would be working closely with Mick Lyons. He would be attending a future

meeting of the Trust Board to share his views and intentions.

Steve Erskine noted that some departments appeared loathe to spend/use any of their charitable funds and sought reassurance that best use was being made of them. Mark Nellthorp, Chairman of the Charitable Funds Committee, confirmed that Clinical Service Centres were being strongly encouraged to use their charitable funds wherever possible and also were being warned against 'hoarding' them. The Company Secretary said that feedback from the SHA regarding our governance arrangements had suggested that we might want to expand the number of voting members within the Charitable Funds Committee.

156/12 Non Executive Directors' Report

Steve Erskine advised that he had recently been a patient of the hospital and that his clinical care had been exceptional. His only negative was that some of the written communication was not as clear as it might have been and that some of the questions he had were not covered by the information within the leaflets that he was given on discharge. Fortunately, his Consultant had told him to expect some bruising around the entry site of the laparoscopic procedure. If he had not been told this before discharge, he would have attended an Emergency Department, thinking that something had gone wrong. Clear communication with the patient was crucial.

157/12 Opportunity for the Public to ask questions relating to today's Board meeting

A member of the public referred to Ward G5 and asked where the provision of end of life care was now available. The Company Secretary advised that end of life care was provided throughout the hospital.

A member of the public asked about the percentage of private work that was carried out within the hospital. He was concerned that the number of private patients would increase to such a level that the hospital wouldn't be able to cope. The Company Secretary advised that the Government had set a national cap on the amount of private work that was allowed to be conducted within an NHS hospital and that Portsmouth Hospitals NHS Trust was well within. He confirmed that NHS patients would never be disadvantaged as a consequence of private patients within Portsmouth Hospitals NHS Trust.

158/12 Any Other Business

There being no items of any other business, the meeting closed at 13:20pm.

159/12 Date of Next Meeting:

Thursday 25 October

Venue: Lecture Theatre, Queen Alexandra Hospital