

Trust Board Meeting in Public

Held on Thursday 1 December at 11:00
Lecture Theatre, Education Centre, E Level
Queen Alexandra Hospital

MINUTES

Present:	David Rhind	Chairman
	Alan Cole	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
	Julie Dawes	Director of Nursing
	Tim Powell	Director of Workforce & Organisational Development
	Dominic Hardisty	Director of Strategy and Business Development
In Attendance:	Peter Mellor	Company Secretary
	Steve Gooch	Deputy Director of Finance
	Michelle Marriner	(Minutes)
	Clare Hardy	(Observing for career development)
	Isabel Bradbury	(Observing for career development)
Charlotte Lewis	(Observing for career development)	

Item No Minute

190/11 Apologies:

Apologies had been received from the Director of Finance, Tim Higenbottam, Non Executive Director and Elizabeth Conway, Non Executive Director. The Company Secretary advised that Steve Gooch was in attendance on behalf of the Director of Finance

Declaration of Interests:

There were no declarations of interest.

191/11 Minutes of the Last Meeting – 3 November

The minutes of the last meeting held on 3 November were approved as a true and accurate record, subject to the following changes:

Page 6, Item 179/11 Finance. The last sentence was incomplete. In relation to Capital Planning and execution the sentence should have read 'This was a key focus for 2012/13'. Completed by the Director of Finance.

Action: Director of Finance

Page 7, Item 180/11 Quarterly Governance Compliance Report. The Director of Nursing requested that the minutes reflect that the self assessment carried out had been of quarter 1.

192/11 Matters Arising/Summary of Agreed Actions

116/11 – Carbon Reduction Strategy: The Company Secretary advised that the Carbon Reduction Strategy had been considered at the Executive Management Team Meeting but had been deemed unfit for purpose. An appropriate Strategy would be presented to a future Trust Board meeting on completion.

179/11 – Quality: The Director of Nursing confirmed that the requested information was now included in her report.

179/11 – Quality: The Director of Nursing confirmed that The Productive Operating Theatre was an agenda item for today's meeting.

179/11 – Operations: The Company Secretary confirmed that a presentation on the Emergency Pathway had been delivered to the Trust Board Workshop on 24th November.

193/11 Notification of Any Other Business

There were no items of any other business.

194/11 Chairman's Report

The Chairman advised that the latest report from Dr Foster had been received recently and he was reassured to see that Portsmouth Hospitals Trust performed very well in terms of mortality rates.

He advised that the Foundation Trust application would be discussed in detail during the meeting of the Board, in private.

195/11 Chief Executive's Report

The Chief Executive advised that The Operating Framework for the NHS in England 2012/13, had been published on 24 November 2011, setting out the business and planning arrangements for the NHS. Four key themes had been identified as priority for all NHS organisations during 2012/13:

- Putting patients at the centre of decision making in preparing for an outcomes approach to service delivery, whilst improving dignity and service to patients and meeting essential standards of care;
- Completion of the last year of transition to the new system, building the capacity of emerging clinical commissioning groups (CCGs) and supporting the establishment of Health and Wellbeing Boards so that they become key drivers of improvement across the NHS;
- Increasing the pace on delivery of the quality, innovation, productivity and prevention (QIPP) challenge; and
- Maintaining a strong grip on service and financial performance, including ensuring that the NHS Constitution right to treatment within 18 weeks is met.

In terms of Tarrifs in 2012/13, best practice tariffs were to be extended to:

- Incentivise more procedures being performed in a less acute setting;
- Incentivise same-day emergency treatments where clinically appropriate;
- Increase the payment differential between standard and best practice care for fragility hip fracture care and stroke; and
- Promote the use of interventional radiology procedures.

The Chief Executive reported that the NHS Commissioning Board had been established as a Special Health Authority on 31 October 2011 with Professor Malcolm Grant its chair. The Board will begin to design the clinical commissioning system of the future, the detail of which remains subject to the passage of the current Health and Social Care Bill through Parliament. The central role of the new Board will be to drive improvement in outcomes for patients, through working with local clinical commissioners. It will also promote the NHS Constitution and champion the interests of patients, using information and choice to empower and give local people a real voice in their services.

The Chief Executive advised that the Health Ombudsman's report - Listening and Learning 2010-11, provided an overview of the 15,066 complaints against the NHS in England last year sent to the Ombudsman. The report confirmed that the reformed NHS complaints handling system was providing a robust framework for resolving patients' complaints more quickly, simply and effectively than ever before. There was general recognition that if complaints are to be a source of learning for the NHS, the system needs to be more efficient. Two particular themes stand out:

- Communication with patients. Case studies highlight examples where issues of confidentiality, insensitive or inappropriate language, use of jargon and a failure to take account of patients' own expertise in their condition are the subject of complaints to the Ombudsman.
- Complaints about patients being removed from GP lists. Last year, these complaints accounted for 21 percent of all complaints about GPs that had been investigated by the Ombudsman.

She advised that the UK Influenza Pandemic Preparedness Strategy 2011, which aims to ensure the UK continues to be one of the best-prepared countries in the world, had been launched last week. The updated plan has been developed following consultation with a range of health and social care professionals. It aims to create more flexibility and clearer communication between all parties involved in the Government response to a pandemic.

She reported on a new campaign to raise awareness of the early signs and symptoms of dementia that had been launched. The £2 million campaign will feature TV, radio and print adverts. The campaign, aimed at encouraging more people to seek an early diagnosis of dementia, targets the family and friends of people at risk of dementia, who are likely to be the first to see the signs and so can encourage their loved one to see their GP. It is estimated that every general hospital has excess costs of £6 million linked to dementia. The condition can lead to longer hospital stays, higher mortality rates and institutionalisation.

The Chief Executive provided an update on the recent national industrial action against proposed changes to Public Sector Pensions. She was pleased to advise that Portsmouth Hospitals NHS Trust had not had to cancel any operations or outpatient appointments. She said that the small number of staff, who did take action, did so in a very professional manner with no impact on patient safety or care. The Chief Executive suggested that the Chairman might wish to write to the Trade Unions that had been involved in the action, thanking them for their professional handling of the situation.

Action: Chairman

She was delighted to announce that Portsmouth Hospitals NHS Trust Research Department had been nominated for a Health Services Journal (HSJ) "Research Culture" award. Out of 311 entries, our department had come second, which was an outstanding achievement. She complimented Professor Anoop Chauhan and his team for their hard work. She was also delighted to announce that the Diabetes Team had won another 2 awards for their continued excellent care of patients with Diabetes.

Quality:

The Director of Nursing was pleased to advise that the Venous Thromboembolism (VTE) assessment rate for October had improved to 91.7% compared to 91.4% compliance in September.

She advised that there had been 1 amber reported fall in October, compared to 0 in September. Thanks to significant internal focus, the number of falls stood at a total of 15 falls against a year to date trajectory of 26. A total of 43 complaints had been received in October which exceeded the Trust's internal target limit of 42. She confirmed that the End of Life Care target was being met with 53% of patients being placed on the Liverpool Care of the Dying Pathway, against a target of 50%.

The Director of Nursing advised that there had been one case of MRSA in October, bringing the Trust to a year to date position of 2 against a trajectory of 3. There had also been 6 cases of C.Difficile in October, which means a year to date position of 55 against a trajectory of 51. She said that the Healthcare Associated Infections (HCAIs) were a particular concern. She advised that since the writing of this Board paper, there had been a further 2 cases of MRSA which puts us at a year to date position of 4 against an annual output trajectory of 4. The Medical Director advised that 1 case had been completely unavoidable as the patient was suffering from a severe dermatology condition and the patient had been continually scratching their sores but had been unaware of their actions because of dementia. He confirmed that a full root cause analysis had been carried out. It was almost certain that the 2nd case of MRSA had been community acquired but due to the relevant blood test not being carried out within the 48 hour limit of arriving at the hospital, the Trust is held accountable for the case. He expressed his concern that the annual trajectory of 4 cases had now been reached with 4 months of the reporting year remaining. Staff were being warned to be ever more vigilant.

Alan Cole asked of the consequence of MRSA on a patient. The Medical Director replied that MRSA was now detected and treated a lot quicker than it had been 5 years ago and therefore was not as severe as it once had been.

Alan Cole asked if the increase in MSSA Bacteria was a concern. The Medical Director confirmed that whilst it was a national concern, it did not behave in the same way as MRSA, despite them being similar bacteria. The Chairman asked if MSSA would also become a national target. The Medical Director thought that it would.

The Director of Nursing advised that the Trust had recently completed a Quarter 2 self assessment against the Care Quality Commission (CQC) Essential Standards of Quality and Safety which showed a positive shift in compliance between Quarter 1 and Quarter 2. She confirmed that each Clinical Service Centre (CSC) was positively engaged and that good progress was being made.

The Chief Executive reassured the Board that the Trust that great effort was being directed to better target C.Difficile. The Medical Director advised that advice had been sought from the Department of Health to ensure that the Trust was doing all that it could against C Difficile. The Department of Health confirmed that it was.

Operations:

The Chief Operating Officer advised that when considering Portsmouth Hospitals NHS Trust performance against the Monitor Compliance Framework, the Trust would have an overall service performance rating of amber/red for Quarter 2. This was an improvement on September's performance rating.

The Chief Operating Officer provided an update on the contractual and key performance indicators. She was pleased to note an overall improvement in the referral to treatment performance and reported that the backlog now stood at 482. This might improve once the Trust receives confirmation of patients treated at the Independent Sector Treatment Centre (ISTC).

She provided an update on her main areas of concern. Breaches of the Emergency Department 4 hour targets had reduced by 2/3rds compared with the same time last year but the unplanned re-attendance rate continued to remain above the target of 5%. An external audit, to which 179 of the 319 Trusts providing Emergency Services had contributed data, had shown that the best performing acute trust achieved 3.9% and the worst 11.7%. Our rate continues to remain around the 6% mark, putting us about average with other Trusts. Work was ongoing to reduce this figure.

As a consequence of the recent one-day and five-day pilots carried out within the Emergency Department, some pathway changes have been introduced to the Emergency Department with effect from 21 November. These changes include:

- Consultant triaging in majors at time of patient arrival;
- MAU consultants working in ED to support the management of 'medical' patients.

The Trusts performance on the Referral to Treatment 95th percentile for admitted patients target was directly related to the size of the 18-week backlog. Routine patients were being booked in-turn from the backlog. Cancer and other cases that are deemed as clinically urgent are managed in order of clinical priority.

The Chief Operating Officer advised that the Trust had an activity plan and trajectory to reduce the admitted backlog to 308 by the end of quarter 3; however this assumed achievement of a number of PCT led demand management schemes. Additional capacity had been offered at the Independent Service Treatment Centre (ISTC) to help reduce the backlog by the end of November. The Trust had made good progress towards reducing the admitted backlog. Since July, the backlog size had reduced by 37.8% with 547 less patients waiting more than 18 weeks. There are plans to reduce this further, with CSC's forecasting a total admitted backlog of 500 for the Trust by the end of November. The Chairman, whilst recognising the need to eradicate the backlog, praised the significant improvement with only a 3rd of the patients waiting compared to last year. Steve Erskine asked what the likelihood was of being at our preferred position by the end of December. The Chief Operating Officer advised that she anticipated a rise in the size of the backlog because of the reduced capacity during December. It is intended to have a backlog of approximately 300 patients by the end of January. Alan Cole said that because of the focus of the Department of Health on backlog sizes, he intended that the Audit Committee should review the situation. The Chairman noted the significant fall in the backlog size between October and November. The Chief Operating Officer confirmed that this had been due to the increase in internal capacity and the support of some alternative providers.

She advised that the Trust was slightly off track in October for the non admitted backlog. 95th percentile for non-admitted patients, standing at 20.1 weeks against a target of 18.3. This was due to attention and capacity being focused on the admitted backlog where the longest waiters had been targeted. As the admitted backlog reduces, capacity will be managed across both the admitted and non-admitted pathways to ensure wait times are kept within the required standards.

The Chief Operating Office advised that all Stroke indicators had been achieved during October apart from the direct admission to a stroke unit target. This target is set at 90% and work was continuing to try and achieve this target. She reassured the Board that a root cause analysis was completed for each breach of this target.

The Chief Operating Officer advised of 3 breaches of the PPCI within 90 minutes of arrival (door to balloon) and 5 breaches of the PPCI within 150 minutes of call (call to balloon) targets in October. Various actions had been identified to help improve the position. The Chairman said that compliance with the Monitor Performance Framework was crucial to our Foundation Trust Application and noted that the achievement of the Referral to Treatment targets would have a massively positive impact on our overall performance rating.

Mark Nellthorp pointed out that by having 1 extra bed available within the stroke unit, we would not have breached our target. The Chief Operating Officer advised of the escalation process within the Emergency Department whereby the Stroke Co-ordinator is alerted to ensure that a bed is available. Our intention is to ensure that there is always a spare bed available for a male and a female patient. Mark Nellthorp expressed frustration at the target being breached because of a gender issue. The Chief Executive reminded the meeting of the single sex requirements.

Alan Cole recognised a gradual improvement towards compliance with the Monitor Performance Framework and asked if the Executive Team was confident of achieving an amber/green position by the end of the year. The Chief Operating Officer replied that if we were to achieve all cancer targets, our rating would improve to 2.5 and that by achieving the Referral to Treatment targets, our rating would improve to 0.5. The Medical Director cautioned that the additional capacity currently being used to target the Referral to Treatment was not sustainable; so expectations needed to be realistic.

The Chief Operating Officer advised that in future Board reports, it will be reported on the number of 52 week breaches and a break down of the reason for 18 week breaches for example capacity, complexity and choice. She confirmed that for October there were no 52 week breaches reported.

Finance:

The Deputy Director of Finance advised that there were 2 issues that were dominating the Trust's financial plan:

- £30.5m savings target
- Contractual arrangements

He advised that at the end of October, the Trust had a £(1.1)m deficit which was in line with the planned position. The Cost Reduction efficiency savings achieved at the end of October total £13.0m compared to the gross planned position of £14.6m including demand management schemes. He advised that we continue to exceed the upper limit 'cap' on its contracts as agreed within the 11/12 plan under the SHA's auspices. A recovery plan had been agreed whereby an additional £3.7m of additional income will be paid by NHS Hampshire and NHS Portsmouth. The additional income will increase the baseline value of each of these contracts with the 'cap' of £2.75m still in place, albeit now on a higher activity baseline. He warned of the likelihood of activity levels still exceeding the cap and the financial risks of doing so.

Steve Erskine noted that the internal savings plans were back ended and that several Clinical Service Centres (CSC) had turned red at the end of month 7. He asked whether CSC's were struggling and would continue to struggle to achieve their savings plans. The Deputy Director of Finance recognised increased tension for the CSC's with the forthcoming winter pressures but assured the Board that a lot more work had been carried out during the last 2 weeks to try and ease that tension.

The Trust's planned year end position was still to achieve break-even on income and expenditure.

Workforce:

The Director of Workforce advised that the pay bill had increased in October by £63k to £19.8m. The planned reductions in workforce expenditure included £5.5m demand management savings, with workforce being the main contributor to these savings, however this had not been fully implemented and therefore associated reductions in workforce costs had not been possible.

He advised that it was imperative that the substantive workforce numbers be set at the correct level at the beginning of the year. The Chairman asked if it would be beneficial to have a larger substantive workforce. The Director of Workforce said that the need for permanent and temporary staff varied between each CSC. Steve Erskine asked if the Trust was going to achieve its workforce savings forecast. The Deputy Director of Finance felt that it was highly unlikely to be achieved.

The Director of Workforce advised that staff turnover has increased to 9.6% in October and the sickness absence rate for September had increased to 3.3%. It has become apparent that some sickness absences are not being closed off by managers in ESR therefore each CSC is being asked to conduct audits to ensure that cases are closed correctly. He advised that appraisal compliance has increased further in October by a further 1% to 83.9%. The appraisal process was not perfect and the Director of Workforce is working closely with Tim Trebble to look at how the appraisal process might be improved.

Steve Erskine asked whether the non-completion of training by staff would impact on patients. The Director of Nursing believed that there was no obvious impact on patient safety but was insistent that certain areas, such as safeguarding training, were imperative for staff to complete. Discussion ensued around essential skills training and the Chief Executive said that we need to decide what exactly we considered to be 'essential skills'. The Director of Workforce agreed that distinction needed to be made about what were essential and secondary skills.

The Chairman asked how staff morale was within the Trust. The Director of Workforce replied that the recent Pulse Survey had shown an increase in staff morale but the small survey sample was not necessarily representative of the Trust as a whole. He advised of the recent work by GE Healthcare which had concluded that having a clearly defined vision and values would increase staff morale.

Mark Nellthorp asked the cause of the Cancer CSC appraisal compliance being much lower than the other CSC's. The Director of Nursing advised that the Cancer CSC had suffered from significant staffing issues which had impacted on appraisal compliance and essential skills training. The Director of Workforce confirmed that plans were in place to support the Cancer CSC.

197/11 Foundation Trust Application

The Chairman said that there was a detailed plan in place showing the various milestones and timelines leading to a successful Foundation Trust Application. The intention is to submit our application to the Department of Health in April 2013. He advised that the strategies that would be integral to the Integrated Business Plan would be discussed at Board workshops.

Action: Company Secretary

198/11 Assurance Framework

The Company Secretary advised that had been no new risks identified during the month of October. The scoring for Risk 3.2 had been increased to 9, whilst Risks 1.2, 4.2 and 6.2 had been re-assessed and their scores had decreased as a consequence.

He advised that risk 3.2 pertained to the inability to achieve and maintain the Trust target of 85% compliance with statutory and mandatory training. The Strategic Health Authority had recently submitted a standardised learning package which was being assessed.

The Chairman asked why the target date had slipped. The Company Secretary advised that it was partly due to the delay in submission of data from the CSC's and partly due to the ongoing assessment of the standardised submission from the Strategic Health Authority. The Chairman felt strongly that it was not acceptable for a target date to slip because certain CSC's failed to submit data on time and he sought reassurance that the CSC's were being challenged. The Company Secretary confirmed that they were.

199/11 Risk Management Strategy

The Company Secretary presented the Risk Management Strategy for ratification. He reminded that it had been discussed previously at a Trust Board Workshop for consideration. The Chairman complimented the clarity and clear format. He asked that this format be used for all strategies. The Chief Executive confirmed that it would.

Mark Nellthorp pointed out that the reporting structure should show 'NED representation' under the Governance and Quality Committee.

Action: Company Secretary

Steve Erskine suggested consideration be given to including the Health and Safety Policy within the Risk Management Strategy.

The Chairman confirmed that subject to the above changes, the Board approved the Risk Management Strategy.

200/11 The Productive Operating Theatre

Matt Smith, General Manager CHAT CSC, Maria Flynn, Head of Nursing CHAT CSC and Debbie Matthews, Theatre Clinical Manager - Productive Theatre Programme attended to deliver their presentation on their progress and success with The Productive Operating Theatre programme. The following areas were highlighted:

- The Productive Operating Theatre (TPOT)
 - Foundation
 - Enablers
 - Process
- Visioning
- Operational Status At A Glance
- Well Organised Theatre
- Knowing How We Are Doing
- Pay Expenditure Verse Procedures in Theatre
- Context
- Action Taken
- Conclusion

Alan Cole thought it really encouraging that the project was working so successfully. He was keen to ensure that the many everyday pressures that occurred would not detract them from this programme. Matt Smith ensured that they would not be put off from pursuing several more ambitious targets.

Steve Erskine said that he had been impressed with what he had seen within the Theatre complex.

Mark Nellthorp agreed, saying that when he had been a patient, he had been very impressed with the organisation and the care from the staff. He recognised the importance of, and benefits from, close team working.

201/11 Company Seal

The report was noted by the Board.

202/11 Charitable Funds Update

The report was noted by the Board.

203/11 Non Executive Directors' Report

Alan Cole advised that he and Tim Higenbottam had attended the Foundation Trust Network Workshop on 25th November. He agreed to circulate the slides from the various presentations that had been given.

204/11 Opportunity for the Public to ask questions relating to today's Board meeting

There were none.

205/11 Any Other Business

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

206/11 Date of Next Meeting: 5 January 2012

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