Portsmouth Hospitals NHS
NHS Trust

Trust Board Meeting in Public

Held on Thursday 31 May 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
	Steve Erskine	Non Executive Director
	Ursula Ward	Chief Executive
	Cherry West	Chief Operating Officer
	Simon Holmes	Medical Director
	Julie Dawes	Director of Nursing
	Robert Toole	Director of Finance
	Tim Powell	Director of Workforce & Organisational Development
	Dominic Hardisty	Director of Strategy and Business Development
In Attendance:	Peter Mellor	Company Secretary
	Michelle Marriner	(Minutes)

Item No	Minute

66/12 Apologies:

Apologies were received from Tim Higenbottam, Non Executive Director

Declaration of Interests:

There were no declarations of interest.

67/12 Minutes of the Last Meeting – 26 April

The minutes were approved as a true and accurate record.

68/12 Matters Arising/Summary of Agreed Actions

The Chief Executive advised that the planned visit by the Secretary of State for Health to Portsmouth had been cancelled but would be rearranged.

49/12: Minutes of the last meeting – The Company Secretary confirmed that the sentence was factually correct but would benefit from being re-worded. He confirmed that the sentence should have read: 'The Improvement and Transformation would be led by Jim Easton on behalf of the NHS Commissioning Board.

54/12: Quality - The Director of Nursing advised that due to the operational detail in respect of facilities information from Carillion for inclusion in the Board reports, it has been decided to provide a more relevant detailed quarterly report instead of including the information on a monthly basis. The Director of Finance as Executive lead would provide this. The Director of Finance would also ensure any key issues were brought to the

Board's attention as appropriate

54/12: Workforce – The Director of Workforce advised that there was nothing untoward in the sudden apparent increase in workforce in month 12. The increase was spread across the Corporate Functions CSC

69/12 Notification of Any Other Business

There were no items of any other business.

70/12 Chairman's Report

The Chairman confirmed that he had received some initial feedback following the Board observation by the Strategic Health Authority last month and it was broadly positive. Written feedback had yet to be received

71/12 Chief Executive's Report

The Chief Executive advised that there had been new proposals published this week which outlined how patients would be able to choose where they receive essential tests, including blood tests and heart scans. From April 2013, patients would be able to pick somewhere closer to home or near where they work, instead of having to accept the nearest location offered.

The Chief Executive congratulated Andrea Young on her appointment as the Sector Director for the NHS Commissioning Board.

She advised that Andrew Lansley, Secretary of State for Health, had set out the Government's strategic objectives for the NHS Commissioning Board Authority and the basis against which the Authority would be held to account. The Department of Health would hold the Authority to account for its performance against four strategic objectives, relating to:

- transferring power to local organisations,
- establishing the commissioning landscape,
- developing specific commissioning and financial management capabilities, and
- developing excellent relationships.

Sir Peter Carr has been confirmed as Chair of NHS Trust Development Authority (NTDA). He is currently the Vice Chair NHS North of England. He will head the NHS Trust Development Authority, the new organisation that will support NHS Trusts to achieve foundation status, when it is established in June 2012. The NTDA will be accountable for the performance management of NHS Trusts, driving up quality and delivering value for money, whilst developing and supporting NHS organisations to achieve foundation trust status.

Sir Keith Pearson has been confirmed as Chair of Health Education England (HEE), the organisation that will provide national leadership to the new system of education and training in healthcare from June 2012 onwards. Sir Keith is currently Chair of the NHS Confederation. The Chief Executive asked that the Director of Workforce provide a paper to Trust Board about the aspirations and intentions of the HEE.
Action: Director of Workforce

She advised that Portsmouth CCG had been authorised as a pathfinder CCG.

The Department of Health's transition risk register from November 2010, which was a statement of potential risks of NHS changes, will now not be published, following Cabinet

agreement and a final decision by Secretary of State for Health, Andrew Lansley

The Chief Executive advised that she and a number of her Chief Executives colleagues had met with David Flory on 21 May 2012. Key messages from the meeting were:

- Recruitment to the NHS Trust Development Authority of Non-Executive Directors and senior people was underway. Intention is to be running in shadow form in September/October;
- Quality of care and patient safety the absolute key going forward - no compromise acceptable;
- Transition from Strategic Health Authority (SHA) to NHS Trust Development Authority (NTDA) would vary across England, and will happen after discussion with the SHA clusters;
- Single Operating Model to be finalised in weeks not months;
- All NTDA staff in place by end September 2012;
- NTDA will not have Regional offices, but will have local presence where necessary (highlights that in some parts of England – the North East for example all Trusts are already Foundation Trusts so no role for the NTDA);
- "Local" Directors of Development and Delivery will be appointed by the end of June - key appointments who will work with Trusts to get them through FT pipeline and also lead performance management;
- David Flory believes the majority of Trusts in the pipeline will acquire FT status;
- Significant emphasis on the failure regime. Stressed it would only be used as a last resort and when it was clear that a trust was unsustainable. Would allow a very rapid solution. Government Ministers fully supportive;
- Working with Monitor to ensure that the regulator has sufficient capacity to meet the acceleration in workload implied by the FT pipeline nationally. Monitor is recruiting more staff. Standards will not be lowered;
- Monitor will pilot a system whereby one of their assessors will spend a couple of weeks with an aspirant trust advising on areas were an application could be strengthened. Seen as a useful and beneficial development.

The Chief Executive reassured the Board that the Trust have been reviewing it's disaster plans ahead of the Olympics and that as an organisation, we were very prepared should anything happen. She advised the Board of the process for athlete's family members who might require healthcare. They would each be given a unique ID number and each Trust would have a central number that they could call to verify identification.

She was also pleased to report that the latest round of public constituency meetings had enjoyed good attendance and had been very well received. Excellent feedback had been received in particular regarding the presentation by the Medical Director. The Company Secretary reported that due to the presentation receiving such positive feedback, it had been decided that the same presentation would also be delivered at the AGM of the Trust in August.

72/12 Integrated Performance Report

Quality:

The Director of Nursing informed the Board that the dashboard had changed due to changes in the CQUIN targets. She explained that some areas of the dashboard were still blank because the contract was still being negotiated.

She expressed her concern at our Health Care Acquired Infections (HCAI) targets being at risk. There had been 1 case of MRSA in April against a year to date trajectory of 1 and 6 cases of C.Difficile in April, with a year to date position of 6 against a trajectory of 67.

She advised of a new CQUIN target called 'Safety Thermometer' where the Trust is

required to undertake a data collection exercise on a single day each month, covering patient falls, pressure ulcers, VTE and urinary catheters. She was pleased to report that the Trust had achieved 100% data collection in April and was further advanced than any other Trust in the region.

She reported that there had been a total of 7 grade 3 and 4 pressure ulcers reported in April, against a trajectory of 4. This was an increase on the March total, but was similar to the January and February figures. She believed that these high numbers were a reflection of the increase in in-patient activity.

She was pleased to note that there had been zero Mixed Sex Accommodation breaches in April. She advised that the 5 breaches which had previously been reported in January and March 2012 had since been validated and downgraded. The January breaches were clinically justified and the March breaches were validated as facility breaches not accommodation breaches, and therefore these have been removed from the total number of breaches reported. She also reported that the outturn for 2011/12 had been corrected to 46 breaches; this had been previously reported as 16. The discrepancy had occurred as a result of confusion over the interpretation of the technical guidance. The 4 breaches reported in quarter 1 and the 2 breaches reported in quarter 2, only reflected the patients who were classified as breaching and did not include those who had been affected by the breach. In total 36 patients should have been classified as a breach in quarter 1 and 10 patients in quarter 2.

The Chairman reminded of a particular case of MRSA which had been reported previously and was under appeal. He asked if the issue had yet been resolved. The Medical Director confirmed that it hadn't and that a response was still awaited from the Department of Health.

Liz Conway suggested that volunteers might be used to help collect patient experience data. The Director of Nursing confirmed that this was already being done throughout the Trust.

Liz Conway said that it had been reported at the Patient Safety Working group that approximately 650 patients per month were admitted to hospital following a fall. She asked what was being done in the community to prevent the frail and elderly from having falls as it is having a significant impact on the Trust. The Director of Nursing, whilst recognising that as patients get older, they would be more at risk of having a fall, agreed that more early intervention was required in the community to help prevent patients from having falls. She acknowledged that community falls clinics were not as robust as they could be. The Medical Director confirmed that there were a number of hospital consultants who worked within the community but felt strongly that more needed to be done within primary care.

Steve Erskine asked if any increase in pressure ulcers would be due to an increase in patients or to the pressured workloads on staff. The Director of Nursing confirmed that it was not always possible to identify the direct cause but felt that it was as a result of both. Due to the increase in patients, there have been additional wards opened which had created further pressure on staff. Alan Cole asked if the Trust recorded patients who were admitted to hospital with a pressure ulcer which deteriorated whilst they were here. The Director of Nursing confirmed that it did.

Operations:

The Chief Operating Officer advised that when considering our month 1 performance against Monitor's Compliance Framework, we would be rated 1:5 Amber-Green for April.

She explained that there had been a number of changes to the contractual and trust key performance indicator dashboard:

- Removal of 'GUM' standard, as it is no longer our service
- Referral to Treatment – the SHA and Commissioners no longer recognise the 18 week backlog but we have decided to keep it on the dashboard as it is a good measure to use.
- Addition of '92% achievement of incomplete pathway'
- Military performance will remain on the dashboard until the changes in the contract have been agreed.
- Addition of 'Diagnostic waits 99% < 6 weeks'

Emergency Department Quality Standards
The Chief Operating Office advised that the Emergency Department performance remains below standard. This would be discussed in more detail in the private meeting.

Referral to Treatment
The Chief Operating Officer was pleased to report that we had achieved the 90%, 92% and 95% targets in April. She advised that the current backlog stood at 428.

She reported that the targets for both Military and Cancer performance had been achieved in April.

Stroke care
She advised that direct admission to the stroke unit had been 82% with16 breaches. 13 of those breaches had occurred for appropriate clinical reasons.

The non-achievement of the 90% stay on the stroke unit had been due to the ongoing pressures within the hospital which had caused some patients on the unit being outlied to other medical wards.

Mark Nellthorp felt that the Stroke Unit seemed to be constantly under pressure. He sought assurance that the unit enjoyed the right level of capacity. The Chief Operating Officer advised that a piece of work had just been completed around bed re-balancing showing that MOPRS would need to increase by 20 beds.

Steve Erskine noted that whilst the number of breaches in the Emergency Department (ED) was on the increase, the number of attendances remained the same. He asked whether the action planning had been as successful as had been expected. He sought reassurance that everything possible was being done. The Chief Operating Officer confirmed that the correct things were being done but that they were taking time to implement. She advised that one of the key factors was how the patients arrive at ED - there had recently been 30 recorded ambulance arrivals within 1 hour which made it physically impossible to achieve the targets. We were working with other providers to see what might further be done to reduce the pressure at our front door and thus, within the hospital. The number of medically stable patients still in the hospital had remained at 90, since Christmas.

Finance:

The Director of Finance provided two reports; the first the final comprehensive report for Month 12 of 2011/12 following the submission of the Trust's Annual Accounts.
The set April (month 01) for this year 12/13.

Month 12 2011/12

At the end of Month 12, the Trust had recorded a small surplus on income and expenditure of £148k.

Early on in the year it had become clear that activity levels were significantly in excess of

contracted levels and the £2.75m cap was going to be significantly exceeded.
As a consequence, the Trust had been required to maintain significantly greater levels of capacity than planned and incur the significant costs associated with this additional work. Throughout the year it had been necessary to re-open negotiations with commissioners regarding payment for additional activity performed above cap. This had resulted in several additional payments from commissioners during the year, totalling £13.6m. This was £10.85m higher than agreed under the cap at the start of the year.

This additional contractual performance had taken place whilst the Trust had been managing a very significant internal cost improvement programme of £25m.

Month 1, 2012/2013.

The Director of Finance advised that the Trust had £(1.4)m deficit on income and expenditure at the end of month 1. This position compared to the recently resubmitted planned position of £(1.3)m deficit which meant that the Trust was £(0.1)m adverse of re-profiled plan after the first month of the financial year. The re-profiling was as a consequence of the finalisation of the Trust's efficiency plan development and had been further enabled by agreement of Commissioner QIPP plans and activity profile aiming for full Referral to Treatment performance compliance.

The Trust Board had previously agreed the capital programme and approval for Clinical Service Centres (CSC's) to continue with the equipment replacement programme.

Workforce:
The Director of Workforce advised that the overall paybill had increased by £79k to £20.85m in April. This was as a result of an increase in substantive workforce expenditure of £113k to £18.99m and a decrease in temporary workforce expenditure by £34k to £1.86m. When considering this against our workforce plan, our total workforce expenditure was greater than anticipated. Performance against the required Cost Improvement Plans (CIP) savings as submitted in the Trust's plan to the Department of Health / Strategic Health Authority (SHA) showed an adverse variance of £1m. When compared against our identified planned savings, there was an adverse variance of £246k. Our current identified savings do not include workstreams in development via the 'Tiger Team' work, of which approximately £10m had been quantified against workforce savings.

He advised that the total workforce capacity had increased by 25 FTE, to 6,110 FTE. Turnover of staff had decreased throughout 2011-12 from 9.2% in March 2011 to the current level of 8.2%. The 12 month rolling average sickness absence rate as reported in March has remained unchanged at 3.2% and has been consistent throughout the year. This is above the Trust target of 3% but does compare favourably on a regional and national level against other acute hospitals. Appraisal Compliance had decreased in April by 1.2% to 83.7%, and was below the target of 85%.

The Chairman asked that more information be included on future cover sheets, highlighting the key points for the Trust Board to note. The Director of Workforce agreed.
Action: Director of Workforce

The Chairman referred to table 2 on page 4 of the appendices (Temporary Workforce Rate). He asked whether the baseline was set correctly as the whole table was rated red apart from 2 CSC's. The Director of Workforce advised that the baseline had been as a reporting standard at 3% by the SHA and therefore that was what we aspire to better.

Steve Erskine noted that the Workforce report focuses heavily on performance, recruitment and sickness etc. and asked if some softer things could be included in future reports. The Director of Workforce agreed. He advised that for the first time, the Assurance Framework included staff talents thus capturing the 'organisational

development' aspect and would be brought into performance reports accordingly.

Mark Nellthorp observed that some central government departments were now reporting long term sickness differently where anybody that has been off long enough for the pay to reduce to zero were dropped from their records. The Director of Workforce confirmed that the Trust did not follow such a policy.

73/12 Foundation Trust Application

The Chairman advised that our progress towards Foundation Trust status was proceeding as planned. The next submission of documents to the SHA would be the Long Term Financial Model and the Integrated Business Plan (IBP) at the beginning of July.

The Chief Executive reminded that the Tripartite Formal Agreement (TFA) had agreed our formal application date to the Secretary of State for Health as March 2013. A key message from the meeting with David Flory was the expectation that performance targets would be being achieved on a routine basis, otherwise TFA application dates might have to slip as a consequence.

74/12 Assurance Framework

The Company Secretary was pleased to be able present a more complete Assurance Framework now that the risks pertaining to the last financial year had been removed and replaced with those that threatened this financial year.

He informed the Board of the top risk (4.1) which referred to the temporary staffing levels.

He advised that the new proposed strategic aims would be presented at the private meeting and, if approved, would inform the Assurance Framework and allow for the identification of any risks that might threaten them.

75/12 Inpatient Survey Report

The Director of Nursing presented the results of the annual national in-patient survey which had been conducted in August 2011. The results had been made available in May 2012.

She reminded of a deterioration in results over the last few years but was pleased to report that in this year we were better in 9 out of the 10 areas and the results had shown that we compare as average with other Trusts. The results of this survey were often used as a temperature gauge of the organisation by external bodies.

The CQUIN 5 key questions were measured and reported as part of the national inpatient survey. Small but not significant overall improvements had been achieved in all questions which meant that the increase required in the 2011/12 contract had not been met. The Trust is required to achieve a 0.2 point increase from 6.59 – 6.79 by February 2013. Failure to meet this improvement could result in a financial penalty. The Chairman asked what was being done to ensure that the Trust met this target. The Director of Nursing advised that a quality improvement plan had been put in place.

Steve Erskine felt that some of the identified shortcomings could be resolved quite easily. The Director of Nursing agreed.

Mark Nellthorp asked whether patients were automatically handed a leaflet when they were discharged which provided all of the information they might need once they were home. The Director of Nursing confirmed that discharge leaflets were given to patients.

76/12 Charitable Funds Update

The report was noted by the Board.

The Company Secretary pointed out that donations were not as forthcoming as once they were.

The Director of Strategy informed the Board that the focus for the next Rocky Appeal was being launched. He advised that the Trust was out to advert for a new Head of Fundraising who would work closely with Mick Lyons, Rocky Appeal Fundraising Co-ordinator.

77/12 Non Executive Directors' Report

The Director of Nursing presented the themes which had arisen from the Patient Safety Walkabouts that had taken place in April.

Liz Conway advised that the unveiling of the Organ Donation art work event would be taking place in July.

Steve Erskine extended his thanks to the Medical Director for organising his observation in Theatres. Steve Erskine had been impressed with the high level of care and respect given to the patient and with the infection control processes which existed within the Theatre complex.

78/12 Opportunity for the Public to ask questions relating to today's Board meeting

Jean Robertson, on behalf of the Gosport Older Persons Forum, discussed the ongoing issues with the patient discharge process. She expressed particular concern at patients being discharged earlier than expected and therefore before the families of the patients was either aware or prepared. She suggested that Volunteers might help patients with contacting their families etc. The Director of Nursing agreed that the Trust needed to ensure that both the patient and their family were fully prepared for discharge. She reassured that patients were not discharged from wards after 10pm, although some patients chose to discharge themselves from ED in the middle of night. She also reminded that not all patients go to the discharge lounge but are discharged directly from the ward. She confirmed that there was a process within the Discharge Lounge where any patients who have been waiting for more than 2 hours was brought to the attention of the Matron. The Chairman suggested that the Director of Nursing provide a brief written summary for Jean Robertson to feedback to the Gosport Older Persons Forum.
Action: Director of Nursing

Lez Ward referred to the Clinical Governance Awards which he felt both stimulated staff and improved patient experience. He asked why the process had not yet begun for this year's awards. The Company Secretary confirmed that the Charitable Funds Committee had approved the money to enable the awards to take place.

Jock McLees felt that issues with discharge and delays in TTO had been ongoing since his first experience in 2006 and were still very much an issue now. He asked why it was taking so long to resolve these issues. The Director of Nursing replied that whilst many of the issues had been resolved some of the legacy of issues with TTO's still remains. She explained that there was a Care Quality Commission (CQC) target requiring TTO's to be dispensed within 90 minutes which we regularly achieved. A ward based service had recently been introduced which meant that not all prescriptions needed to go Doctors were also being encouraged to prescribe in a more timely manner. The Company Secretary advised that the Council of Governors Best Hospital Trust Advisory Group were focussing on the internal processes both outside and within Pharmacy to further try and

further improve the ability to provide a timely service..

The Chairman thanked the public for their questions.

79/12 Any Other Business

There being no items of any other business, the meeting closed at 12:55pm.

80/12 Date of Next Meeting:

Thursday 28 June 11:00am

Venue: Oasis Centre, Queen Alexandra Hospital