

Trust Board Meeting in Public

Held on Thursday 2 February at 11:00
Lecture Theatre, Education Centre, E Level
Queen Alexandra Hospital

MINUTES

Present:	David Rhind	Chairman
	Elizabeth Conway	Non Executive Director
	Mark Nellthorp	Non Executive Director
	Steve Erskine	Non Executive Director
	Tim Higenbottam	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)
	Nicky Priest	(Observing)
	Angelique Beling	(Observing)
	Matthew Johnstone	(Observing)

Item No Minute

15/12 Apologies:

Apologies had been received from Alan Cole, Non Executive Director.

Declaration of Interests:

There were no declarations of interest.

16/12 Minutes of the Last Meeting – 5 January

The minutes of the last meeting held on 5 January were approved as a true and accurate record.

17/12 Matters Arising/Summary of Agreed Actions

6/12: Chief Executive’s Report – The Chairman confirmed that staff had been thanked for their hard work over the festive period.

6/12: Chief Executive’s Report – The Chief Executive advised that the success of the joint system working over the festive period had been shared with, and recognised by, the Strategic Health Authority.

7/12: Operations – The Chief Operating Officer advised that the query regarding the Cancer graph had been resolved outside of the meeting.

7/12: Operations – The Chairman acknowledged the introduction of a glossary of acronyms.

7/12: Workforce – The Director of Finance confirmed that the plans would be shared at the next Trust Board Workshop.

11/12: Non Executive Directors' Report – The Company Secretary advised that there appeared to have been some confusion after the last meeting about inviting some volunteers to a future meeting. He confirmed that the Voluntary Inclusion Manager would be invited to the next meeting to discuss the roles and responsibilities of the volunteers and that she could bring one or two volunteers with her to share their experiences with Board members.

18/12 Notification of Any Other Business

There were no items of any other business.

19/12 Chairman's Report

The Chairman had nothing to report.

20/12 Chief Executive's Report

The Chief Executive advised that further guidance had been issued on the establishment of the NHS Trust Development Agency. The agency would:

- Performance manage all remaining NHS Trusts from 1 April 2013 following the abolishment of Primary Care Trusts and Strategic Health Authorities.
- Be responsible for managing the Foundation Trust pipeline. Currently there were 112 NHS Trusts in the pipeline:
 - 68 Acute Trusts
 - 8 Ambulance Trusts
 - 17 Mental health Trusts
 - 19 Community Services
- Give assurance on quality, governance and clinical risk
- Take over from the Appointments Committee the appointment of Chairs and Non Executive Directors
- The NHS Trust Development agency will employ around 200 staff
- David Flory has been appointed as SRO. Matthew Kershaw as Director of Provider Development
- Will be established as a Special Health Authority
- Will have a Chair and five Non Executive Directors
- Will have five Executive Directors

Critical path/milestones. Key dates are:

- By April 2012 – Chair and Non Executive Designates will have been appointed
- By April 2012 – Executives appointment process started
- June 2012 – NHS Trust Development Agency established as a special Health Authority
- June 2012 – Chief Executive appointed
- June 2012 – First Board meeting

- October 2012 – Appointment Commission functions transfer to the NHS Trust Development Agency
- Now to March 2013 - NHS Trust Development Agency top work with SHA Clusters to manage the NHS Foundation Trust pipeline
- 1 April 2013 - NHS Trust Development Agency fully established and takes over remaining functions of SHA Clusters

The Chief Executive advised that the Government had made further announcements regarding its ambitions for a new public health system. For the first time, public health would be measured against a framework, which sets out 66 health measures so councils and the Government would be able to see real improvements being made and take any action needed.

- The Chief Executive advised that the National Commissioning Board was to be established and would have 3,500 staff in total. Their first full operating year will be 2013/14 and they would have an operations budget of £492 million for 2014/15.

She advised that the Trust was progressing well in terms of its Foundation Trust application. A detailed timeline had been set out showing the key milestones in our application. There were still 68 acute Trusts in the pipeline, including 22 with a PFI.

The Chief Executive advised of the recent announcement from the Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust cluster (SHIP) regarding the proposed reconfiguration of local vascular services. It had been decided that the status quo should remain for the time being. Portsmouth Hospitals NHS Trust had been working with Southampton University Hospitals NHS Foundation Trust (SUHT) to try and come to a solution for the network approach to Vascular Services but to no avail. The Company Secretary advised that Debbie Fleming, Chief Executive, SHIP would write formally to all relevant parties to inform them of their decision.

The Chief Executive advised that she had attended the recent Ministry of Defence Hospital Unit (MDHU) awards ceremony at HMS Excellent. Awards had been given to Royal Navy and Royal Marine medics who had just returned from a tour in Afghanistan. The awards were presented by the Duchess of Cornwall and Surgeon General Philip Raffaelli.

21/12 Integrated Performance Report

Quality:

The Director of Nursing was pleased to advise that the incidents of C.Difficile had started to drop with 2 cases recorded in December against a trajectory of 6 but that the Trust would continue to closely monitor the management of hospital acquired infections.

She advised that 47 complaints had been received in December which exceeded the monthly target of 42.

She noted a dip in the compliance with the Medicines Management targets during December. She confirmed that this was being closely monitored.

She advised that as of next month, VTE was to be regarded as a serious incident requiring investigation (SIRI) and that we should therefore see an increase in the number of SIRI's being reported.

Mark Nellthorp asked if there was a particular reason for the large increase in the number of plaudits received in December. The Director of Nursing replied that Clinical Service Centres (CSC) had improved the systems that existed for monitoring plaudits received. .

The Chief Executive advised that there had also been an increase in the number of people who phoned directly to Trust Headquarters to tell of their positive experiences. Liz Conway asked for an update regarding the work to address the clinical cleaning standards. The Director of Nursing advised that the area around the bedside had been identified as an area that needed to be cleaned more thoroughly. The cleaning of this area was the responsibility of the nursing staff and not Carillion. The cleanliness of the beds had also been highlighted as an issue. A bed cleaning system was soon to be introduced in the Medical Assessment Unit (MAU) where the bed would be taken from the ward and cleaned. Liz Conway asked if the bedside cleaning would negatively affect the releasing time to care for nursing staff. The Director of Nursing believed that it would not.

Steve Erskine asked if the expected number of flights had been received by the helipad. The Company Secretary advised that the volume of flights was less than planning permission allowed for and promised to source the exact figures. He warned of a potential resource issue if we were to move to receiving night flights.

Steve Erskine asked if Carillion were going to resolve the issue regarding the lack of ticket machines in the car parks. The Director of Finance was pleased to confirm that 4 more ticket machines were about to be installed.

The Chief Executive expressed concern at the number of patient moves within the hospital and felt that they were indicative of the current pressure within the hospital. The Chief Operating Officer fully recognised the problem and confirmed that all staff did their utmost to avoid unnecessary moves.

The Chairman pointed out that the performance reports that were currently being considered were based on data from December which was almost 5 weeks ago. Therefore a decision had been made to change the date of future Trust Board meetings to the last Thursday of each month to enable the Board to consider more current data. The next Trust Board meeting was to be held on 29 March 2012.

Operations:

The Chief Operating Officer advised that when considering performance against the Monitor Compliance Framework, the Trust had an overall service performance rating of 2.6, amber/red for December.

The Emergency Department Quality Standards performance continued to improve during December and both threshold standards; Patient Impact and Accident & Emergency Timeliness standards had been achieved. The Chief Operating Officer advised that a project group had been established to look at the emergency pathway as it seemed that every Trust was recording assessments differently.

The Chief Operating Officer was pleased to note an overall improvement in the referral to treatment performance and reported that as of December, the backlog stood at 545 against a trajectory of 308. She advised that our strategy was consistently refined to continue reducing the backlog. She advised that as of the end of January, the backlog was 374.

The Chief Operating Officer advised of 11 breaches of diagnostic waits in December. Of the 11 breaches, 3 were as a result of late receipt referrals, 1 as a result of consultant sickness and 7 due to capacity.

The Chief Operating Officer reported that the performance against the 10 week referral to treatment standard for military patients on an admitted pathway was 85.6% for December which was below the 90% standard. All specialities had been reminded of the importance of meeting both the military 10 week target and the NHS 18 week target.

In terms of stroke care, there had been a great improvement from the stroke team with direct admission to the stroke unit increasing by 11% in December with 93% of patients being directly admitted to the acute stroke unit.

There had been 2 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 December.

The Chief Operating Officer advised that as of April 2012 there would be a 92% target of patients on the waiting list that must not wait more than 18 weeks. This would prevent trusts from building up a backlog to meet the 90% target.

Steve Erskine noted within the Operational Report some significant improvements and achievements, as a result of much hard work, that should be recognised by the Trust Board. The Chairman again emphasised the importance of, and the need to, sharing the Trust successes more widely, and particularly externally.

Finance:

The Director of Finance advised of a £(1.5)m deficit at the end of December, which was £(0.9)m adrift of the planned position. He warned of the impact on the financial position due to the commitment of both the Trust and commissioners to improve performance against the Elective Referral to Treatment (RTT) target which had resulted in extra elective and outpatient work being undertaken. Therefore the Trust had reached agreement with commissioners to ensure that the costs associated with any RTT backlog clearance work were funded. He advised that constant discussions were ongoing with the Primary Care Trusts (PCT's) to recalibrate their contribution on a monthly basis. Due to the complexity of the RTT work being carried out, discussion was taking place around the true costs incurred which was making it difficult to agree a final year position.

He advised that the cost reduction efficiency savings achieved at the end of December were £18.1m compared to the planned position of £21.0m. Internal Trust savings were £0.5m ahead of target. This was however, offset by the significant shortfall in performance against the cost reductions associated with demand management schemes which was currently £(3.4)m adrift of plan. Steve Erskine asked how much of the internal savings plan was recurrent and non recurrent. The Director of Finance confirmed that of the £25m internal savings programme, approximately £19m was recurrent and £6m non recurrent.

The Director of Finance advised that the Trust's cash balance at the end of December was £3.3m.

Tim Higenbottam recognised that what was underpinning all of this was the constant interaction with our commissioners and expected it to continue right up to the end of the financial year. The Director of Finance agreed that it would - we had received an additional £3.5m half way through the year and further additional income for the RTT work carried out and for the extra work that had not been expected by our commissioners. Tim Higenbottam asked if this process was normal and was how other trusts worked. The Director of Finance believed it not to be the way in which we should be operating and that the process should be more transparent and that we should get paid for the activity that we carried out. Tim Higenbottam asked that this be mentioned in the finance section of our Foundation Trust Integrated Business Plan.

Workforce:

The Director of Workforce advised that the overall paybill for the month of December was £20.2m. The cumulative paybill stood at £179.9m, compared to a plan of £173.1m, and was therefore £6.8m greater than the planned position for December 2011. This adverse variance could be considerably mitigated by the large amount of additional activity that had been delivered in the first 8 months of the year (£10.4m). Unsurprisingly, this has

resulted in additional workforce costs being incurred.

He advised that the substantive workforce expenditure had decreased by £271k, to £18.7m in December. The cumulative substantive paybill was approximately £1m above the position planned for December.

Temporary workforce expenditure had decreased by £149k to £1.51m in December. However, expenditure had increased in the Emergency Clinical Service Centre, particularly within nursing, as winter activity continued, and whilst a small reduction was evident in MOPRS Clinical Service Centre, there continued to be considerable temporary resource employed within the Service Centre to maintain winter capacity.

In December, the total workforce decreased by 23 full time equivalents (FTE) to 6,012 FTE, as a result of Temporary workforce. This is 474 FTE above the planned position for December, however this position related to the plan that had been submitted to the Strategic Health Authority and had assumed reductions in staffing for demand management.

The Chairman asked if the effects of the RTT backlog clearance work could be quantified. The Director of Workforce said that there were £5.5m cost improvement plan savings relating to demand management, without which we would be ahead of our workforce savings plan. The Director of Finance said that we were one of the better Trusts in achieving our savings plans within the region.

The Director of Workforce advised that the sickness absence rate in November remained unchanged at 3.3% which, whilst above the Trust target of 3%, compared favourably to the National level. The appraisal compliance had increased further in December by 0.8% to 84.7%. This continued to be an area of high priority for the Trust, and work was ongoing to improve compliance and the quality of appraisals.

Liz Conway asked how staff morale was. The Director of Workforce advised that due to the redundancy programme last year, there was a nervousness amongst staff about what might be coming next. However, all of the hard work that had been carried out over the last few months to clear back logs etc and the staff sickness and turnover rates were a good indicator of staff morale. The Staff Survey results would also be a good indicator of staff morale, when available. The Director of Nursing advised that she had conducted a number of ward walk rounds recently and the feeling from the staff was that it felt more organised and settled. The Company Secretary said that the atmosphere at the JCNC meetings were also a good indicator of staff morale and the atmosphere at the last meeting had been very supportive and pleasant. The Chairman asked for the opinion of those staff members sitting in the audience. Nicky Priest said that she had felt very welcomed since joining the Trust. Staff seemed very positive about working here even though the Trust was going through a significant period of change. Angelique Beling felt that staff members tend to talk themselves down but that this meeting of the Board had shown that things were more positive than she had thought. She highlighted the importance of keeping the staff informed through regular communication. The Chief Executive advised that the Executive team met regularly with staff from each Clinical Service Centre and that it was a very positive exercise. Steve Erskine felt that many of the national media stories on the NHS were rather negative and that they must be very frustrating for staff members. Angelique Beling felt that the media always gave the impression that Portsmouth Hospitals NHS Trust was very target driven but the discussions at the meeting today had shown that this was not the case. She quoted the very courageous decisions taken by the Board regarding the RTT targets and believed that the staff would be very proud to see that the Trust was not merely focussed on targets but the welfare and safety of its patients.

This had been covered during item 20/12: The Chief Executive Update

23/12 Assurance Framework

The Company Secretary advised that no new risks had been identified during the month of December but that risk 1.2 had an increased score of 12.

Risks 6.3 and 6.5 had been re-assessed and their scores had decreased as a consequence.

Mark Nellthorp referred to risk 1.2 and sought clarity regarding the cause of the increased score and asked was it because of consequence or likelihood. The Company Secretary agreed that it was because of an increase in likelihood.

Steve Erskine asked if any update or change could be highlighted in a different colour for the month that they had occurred, so that they were more visible. The Company Secretary advised that he would investigate if that would be possible.

Action: Company Secretary

The Company Secretary advised that he had recently met with the internal auditors and they had advised that having recently audited the Assurance Framework, they had graded it at providing 'substantial assurance'. A full report would be provided to the Audit Committee in due course.

24/12 Quarterly Quality Report

The Director of Nursing said that this had been designed to replace the 3 previously separate reports:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

The Director of Nursing highlighted the Patient Safety part of the report, particularly focussing on the Global Trigger Tool. She advised that the primary function of the Global Trigger Tool was to ascertain an overall rate of harm within the organisation. The format of the tool measures events of harm to a patient during their stay in an acute hospital. This was achieved by a structured review of their case notes which had been shown to be a more accurate indicator of the extent of harm than voluntary reporting systems. The Global Trigger Tool was being used in conjunction with the adverse incident reporting process.

She advised that the reporting of claims was now included within this report. She said that there were a high number of claims for mis-diagnosis of fractures. The Emergency Department was conducting a piece of work to benchmark our figures against other trusts.

The Trust was required to reduce the avoidable hospital grade 3 and 4 pressure ulcers by 25% against the 2010/2011 outturn. Whilst there had been an increase in the number of reported pressure ulcers for quarter 3, with 14 being reported compared to 5 in quarter 2 and 11 in quarter 1, this brought the total to 30 pressure ulcers (hospital acquired) against a trajectory of 45.

The Medical Director spoke to the Clinical Effectiveness section of the report. He advised that in terms of the Dr Foster Hospital Standardised Mortality Ratios (HSMR), the Trust position was 91 prior to the re-base exercise. Following the re-base exercise the position changed to 98 against an average of 100. Therefore, the Trust was below the national

average on both counts.

He referred to the National Clinical Audits and advised that Portsmouth Hospitals NHS Trust had met 34 out of 81 standards for the National Dementia Audit, which puts us in the national average range. He was pleased to advise that our results from the Parents' Neonatal survey show that the Trust was ranked above the average when compared within our South Central Network.

He advised that the National Cancer Review Programme now involved an annual self assessment process by site specific multi-disciplinary teams (MDT's). This year required internal validation of Urology, Dermatology and Gynaecology cancer services, along with acute oncology. All teams had improved scores from last year

The Director of Nursing spoke to the Patient Experience part of the report and advised that we still awaited the results of the National In-patient Survey. However, the Optimum system provided an internal indication of progress and showed that the Trust was on target to achieve the CQUIN requirement. There was a slight deterioration in the reported experience within Maternity experience so a new system is to be introduced in February where all mothers will be invited back 6 weeks after giving birth, to come and discuss their individual experience.

She advised that after the rather disappointing results of the 2010 National Cancer Survey, an action plan had been developed with relevant Clinical Service Centres and had brought about improvement. The Optimum results showed an increase in satisfaction from 61.69% in quarter 2 to 77.96% in quarter 3.

Liz Conway asked how we could better incentivise patients to respond to surveys. The Director of Nursing advised that this issue was being regularly reviewed and the aim was to make the surveys part of normal discharge process and thus make it mainstream for all staff. The Company Secretary advised that Hospedia, who provide the bedside entertainment system, had offered the Trust the free use of one of the existing channels to use for surveys and feedback.

Liz Conway asked what was meant by Safety alerts. The Director of Nursing advised that it was a national system that was used when an alert needs to go out to all hospitals. All alerts need to be responded to within a certain time frame. She confirmed that the Trust had received 29 alerts last year and that all of them had been were responded to within the required time.

Steve Erskine fully approved of one integrated report. He was unsure as to whether the medication errors should be of a major concern or not. The Medical Director confirmed that they were minor errors and that there was a separate recording system for errors causing major harm.

Steve Erskine raised a specific concern about patients coming through the Emergency Department saying that they had not been spoken to in an appropriate manner. The Director of Nursing recognised this as an occasional problem and advised that customer care training was ongoing within the Emergency Department.

The Chairman said that the integrated report was very comprehensive and that it would be good to see the performance reports integrated in a similar way. The Chief Executive agreed.

25/12 Charitable Funds Update

The report was noted by the Board.

The Company Secretary pointed out that the report showed that £7,134 had been spent over the festive period on various staff functions. He reassured the Board that many donations made to the Trust were specifically for staff wellbeing and therefore the wishes of the donors had been followed.

Mark Nellthorp said that as a consequence of the difficult economic period, charitable funds had declined with only £21,500 being raised in December. This amount was less than the staffing costs for carrying out charitable research.

26/12 Non Executive Directors' Report

Steve Erskine advised that the process for the Patient Safety Walkabouts had been changed. They are now more structured with a pre meeting held with the Head of Nursing to look at any issues which had been raised before. A further meeting was held after the walkabout to conclude the findings. It is intended to provide a monthly summary of findings to Trust Board. Tim Higenbottam noted during the last walkabout that the new Endoscopy area had been very difficult to find but understood that it was only a temporary measure. He had also noted that VitalPAC was very highly regarded by staff but that a few technical issues existed.

Liz Conway advised that following on from the Organ Donation meeting, she was pleased to announce that there had been an increase in the number of organ donors. She advised that she had a very positive meeting with Portsmouth University who had produced 40 pieces of artwork to help recognise organ donation. A judging panel has been set up to choose the winning piece of art which will be displayed in a public area of the hospital.

Liz Conway extended her thanks to the clinical staff who had been involved in her recent care when she had been admitted as an emergency patient. She said that she could not fault the care. Her only complaint was the smell of cigarette smoke whenever she opened her window.

27/12 Opportunity for the Public to ask questions relating to today's Board meeting

Jim Harrison, Hampshire LINK said that he regularly spoke to members of the public and had detected a significant positive change in their opinion of Queen Alexandra Hospital.

Angelique Beling thanked the Board for allowing her to attend the meeting and felt that it would be beneficial for other staff members. The Chief Executive emphasised that members of staff were always welcome to attend.

28/12 Any Other Business

The Chief Executive advised of the success of the Apprenticeship scheme being run within Portsmouth Hospitals NHS Trust and asked that the Director of Workforce bring a formal paper back to a future meeting about the Apprenticeship Scheme.

Action: Director of Workforce

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

29/12 Date of Next Meeting:

Thursday 29th March 2012 11am

Venue: Oasis Centre, Queen Alexandra Hospital