Portsmouth Hospitals NHS
NHS Trust

Trust Board Meeting in Public

Held on Thursday 28 February 2013 at 14:00pm
Lecture Theatre
Queen Alexandra Hospital

MINUTES

Present:	Alan Cole	Interim Chairman/Non Executive Director
	Liz 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
	Tim Powell	Director of Workforce
	Richard Eley	Interim Director of Finance
In Attendance:	Peter Mellor	Company Secretary
	Sarah Balchin	Head of Patient Experience
	Michelle Marriner	(Minutes)

Item No **Minute**

25/13 Apologies:

Apologies were received from Tim Higenbottam, Non Executive Director.

Declaration of Interests:

There were no declarations of interest.

26/13 A Patient Story

The Director of Nursing explained that on this occasion, the patient story would be delivered via a pre-recorded video. The video was of Simon Tarrant, Pathway Lead for Learning Disabilities talking about his experiences in working with the Trust regarding patients with learning disabilities and in particular the story of 'David'.

She welcomed Sarah Balchin to the meeting who was in attendance to provide context to the story and to answer any questions that the Board might have.

Simon Tarrant told how, over recent years, the Trust had really improved its pathway for patients with learning disabilities and that his most recent experience in the Trust had been superb. The differences that he had noticed that the Trust had made over the recent years included:

- Both the patient and carer were listened to
- The needs of the patients were acknowledged
- Changes to procedure
- Changes in the opinion of staff
- Clear processes in place

Alan Cole felt that this was a very good example of the Trust listening to the patients and how it works with its partners to create a better pathway for the patient. Liz Conway asked if this group of patients required one to one nursing care at all times. Sarah Balchin advised that each case was very different. We have a formal agreement to support those community staff that comes into the hospital to look after their patient. There is now in place a rapid response approach for emergency admissions to prevent these patients having to queue in ED. The small numbers of these patients makes it more difficult to build the skill set of our staff.

The Chief Executive felt that it would be useful to bring a report back to Trust Board showing the interventions that have been implemented since the Winterbourne report was published.
Action: Director of Nursing

27/13 Minutes of the Last Meeting – 31 January

The minutes were approved as a true and accurate record.

28/13 Matters Arising/Summary of Agreed Actions

09/13: Quarterly Quality Report – The Chief Executive advised that the Director of Communications would be taking this forward.

12/13: Standards of Business Conduct – The Company Secretary confirmed that the policy had been updated.

15/13: Governance & Quality Committee Report – The Chief Operating Officer confirmed that the Clinical Support General Manager was currently working up a proposal to look at how the timescale could be reduced and what additional capacity would be needed to achieve it. The Medical Director confirmed that it had now been agreed that if a letter remains unsigned, by the Consultant who has written, it after 5 days, the letter would be sent anyway.

22/13: Opportunity for the Public to ask questions relating to today's Board meeting – The Company Secretary confirmed that he was considering with the Director of Communications, the most cost effective way of doing this.

29/13 Notification of Any Other Business

There were no items of any other business.

30/13 Chairman's Report

This report was noted by the Board.

31/13 Chief Executive's Report

This report was noted by the Board.

32/13 Integrated Performance Report

The Chief Operating Officer advised that nothing within the report had changed since it had been circulated.

<u>Quality</u>
Steve Erskine referred to the Hospital Standardised Mortality Ratio (HSMR) and asked for clarification regarding whether it was the summary of hospital level mortality used or the standardised mortality ratio used. The Medical Director confirmed that in the past it had always been the HSMR that had been used but now the Summary Hospital Level Mortality (SHMI) indicator was regarded as a more appropriate measure.

Operations

The Chief Operating Officer advised that when considering our month 10 performance against Monitor's Compliance, we would be rated 1:0 amber/green because of the failure of the Emergency Department (ED) 4 hour wait target.

She was however pleased to report that the following standards had been achieved:

- Referral to Treatment (RTT)
- Cancer
- Stroke
- PPCI

In terms of diagnostic waits, the target of 99% of patients seen within 6 weeks had not been achieved in month 10, largely as a result of a sustained long term increase in demand, particularly for MRI scans.

ED Performance

The Chief Operating Officer advised that performance against the ED 4 hour target had improved in month 10 to 85.2%, in line with the action plan, against a target of 95%. There was still lots to be done in order to better manage the demand at the front door and to improve the patient flow throughout the hospital.

The Chief Executive advised of a pilot that had been trialled in ED where GP's had been present within the department for the weekend. It had been acknowledged by those GP's that a large proportion of the attendees at the department should have been treated in a primary care setting. Steve Erskine was interested to understand what the reaction had been from those patients who had been referred back to primary care by the GPs. The Medical Director advised that a telephone was being installed within the department which would be a direct link to the 111 service so that attendees could be asked to call the service. Mark Nellthorp asked if any data existed that showed how many patients had been referred to ED by the 111 service. The Medical Director said that out of hours, 46% patients ended up in ED. The Chief Operating Officer confirmed that the Trust was working with local healthcare partners to try and avoid inappropriate attendances.

RTT

The RTT standard in month 10 had been achieved but discussions were underway with Commissioners to agree a planned 'fail' at specialty level in Urology during March to enable us to work on the backlog and improve the sustainability of performance delivery in 2013/14. The backlog had arisen due to a change in activity within the department with less routine work and more cancer referrals.

Finance

The Interim Director of Finance advised that the deficit at month 10 was £1.7m, which showed a £0.8m improvement on the previous month's deficit of £2.5m. He was pleased to report that a year end settlement had been agreed with the Commissioners regarding contractual over performance.

He advised that, as had been the pattern for the majority of the year, the major adverse variances to budgets remain concentrated in 5 CSC's. The pay bill had increased by £200k in month 10, to a total of £20.6m.

The cash loan requested from the Department of Health was now being provided by way of Public Dividend Capital (PDC). The amount will not be for the £7.5m that was sought but for £6.2m. Our request still awaits approval.

Workforce

The Director of Workforce confirmed the increase to £20.6m in the paybill for January. This was largely as a result of an increase in substantive expenditure due to an increased rate of enhancements over the Christmas period.

He said that it was imperative that the tight workforce controls remain in place to ensure that the pay bill does not further increase over the last 2 months of the financial year.

The sickness absence rate had increased to 3.4% in December which was above the target of 3%. We are unsure at the moment as to whether this increase was a one off blip or as a result of typical winter viruses.

He was pleased to report that appraisal compliance had increased with 7 of the 10 CSC's now compliant. Essential skills compliance continues to increase with 5 CSC's above the target level. He pointed out that MOPRS CSC performance had improved significantly over the last year and were now compliant in most of the workforce metrics. The Chief Executive reminded that MOPRS was one of the CSC's that was financially overspent. The Director of Nursing agreed but reminded that the CSC had an unplanned additional ward open.

33/13 Self Certification

The Company Secretary reminded that the self-certification needed to be approved by the Board to enable it to be signed by the Chief Executive and Chairman before being submitted to the SHA on 28 February 2013.

The Chief Executive felt that more consideration should be given at future meetings to the evidence behind the recommended declaration.

He sought the Boards agreement to sign declaration 2. The Board agreed the self-certification and the signing of declaration 2.

34/13 Francis Report

The Director of Nursing advised that a public enquiry into Mid Staffordshire NHS Foundation Trust had been conducted by Sir Robert Francis QC and a formal report had finally been published. She delivered the following presentation, summarising that report:

Francis Report Presentation 28.02.2

The enquiry had cost £30m with over 1 million pages of evidence provided.

The report contained 290 recommendations which the Trust would need to measure itself against. She emphasised that it is not just about how we comply with the recommendations but about how healthy we are as an organisation.

Liz Conway asked how this information would be cascaded to staff. The Director of Nursing said that it needed to be discussed in more detail at Board level and a strategy and response agreed. The Chief Executive said that it was about ownership and accountability.

The Director of Workforce informed the Board about the Listening into Action Programme which the Trust was embarking on which would empower staff to make decisions at the appropriate level rather than pushing the responsibility up within the organisation.

The Chief Executive advised that although the Francis Report had focussed attention on Acute Trusts, it would also lead to an increased level of scrutiny on other providers such as nursing homes and GP surgeries.

Steve Erskine felt that there was a need for a fail-safe and to really test some of the recommendations. He said that there was a real need for openness and transparency.

35/13 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 action plans were in place to mitigate them.

He drew attention to the new risk 5.5 which had been graded at a risk rating of 20. This risk had been identified the Chief Executive originally because of her concern at the initial responses from our commissioners at the outset of the contracting process for the forthcoming financial year.

Steve Erskine felt that some of the actions were not as detailed as they might be. The Company Secretary advised that the changes which were agreed at Trust Board Workshop would be implemented next month.

36/13 Medical Appraisal and Implementation of Revalidation

The Board noted this report.

The Medical Director advised that revalidation to regulate licensed doctors would be rolled out in April 2013. It would reassure both patients and employers that each doctor is up to date and fit to practice.

He was confident that the Trust would be able to successfully sign off all of its Doctors. There was a very good appraisal system in place which would reveal any issue that might complicate an individual's revalidation.

The Chief Executive recommended carrying out some random sampling in order to gain further assurance that robust process are in place.

37/13 End of Life Care Report

The Board noted this report.

The Director of Nursing confirmed that the Trust was continually reviewing its End of Life Care Services to ensure that they continued to provide the highest quality care.

She was pleased to report that the majority of actions from the recommendations within the report were complete. The recommendations would be monitored by the End of Life Care Steering Committee to ensure that they had all been enacted.

The Chief Executive advised that she has recently met with some local faith leaders regarding our end of life care and they had been most complementary about the Trust regarding privacy and dignity.

Steve Erskine asked whether there was a patient representative on the Steering Committee. The Director of Nursing advised that a sub group of the Committee had an eclectic representation, including the Rowans Hospice and Council of Governors. Steve Erskine felt that we needed to ensure that there was patient/carer representation on the Committee.
Action: Director of Nursing

38/13 Company Seal

The Board noted this report.

39/13 Governance & Quality Committee Report

Mark Nellthorp felt that the recent meeting had been very productive, with reports received from the following CSC's:

- Medicine
- MSK
- MOPRS
- Women & Children

He was pleased to note that the standard of reporting had now significantly improved.

He felt that there was nothing that required escalation to the Board.

The Director of Nursing advised that the new membership of the Committee would commence on 1 April.

40/13 Finance Committee Report

Alan Cole advised that the recent meeting of the Finance Committee had focussed on the following agenda items:

- Financial performance 2012/13
- Business plan for 2013/14
- Contractual arrangements
- CSC financial performance
- Loans
- Liquidity

41/13 Risk Assurance Committee Report

Liz Conway advised that the recent meeting of the Risk Assurance Committee had been very productive with focus on the following items:

- Risk Register and Assurance Framework reviewed
- Assurance Framework – new risk commissioned regarding contract negotiations for 2013/14.
- In depth discussion regarding an IT risk on the Trust Risk Register. Software Upgrades of major IT systems. The Head of ICT presented the issues around the lack of a test reporting functionality for infracom. This situation is not unique to Portsmouth Hospitals NHS Trust, within the NHS The committee had agreed to tolerate this risk and it remains on the risk register
- Risk Management Strategy ratified
- Risk Assessment Policy ratified
- Draft Internal Audit plan reviewed and comments to be fed back to the Internal Audit lead.

42/13 Charitable Funds Update

The Board noted this report.

Mark Nellthorp was pleased to report that the Company Secretary had successfully enabled an extended service from Hospedia to other areas in the hospital free of charge.

43/13 Annual Workplan

The Company Secretary introduced the updated Annual Workplan and advised that it would continually be updated.

44/13 Non Executive Directors' Report

Steve Erskine advised that the Chief Executive had reported the decision regarding the Full Business Case for the proposed Pathology Consortium to the Pathology Project Board meeting and had confirmed the decision and concerns in writing. A response was still awaited. Interviews had taken place for the Chair of the Pathology Consortium but the appointment had yet to be announced. The Company Secretary was concerned at the lack

of the response from the Project Board in relation to the concerns listed by the Trust Board. The Chief Executive agreed to follow this up and provide an update at the Board Workshop next week.
Action: Chief Executive

Mark Nellthorp advised that he had recently presented the awards at the Volunteers of the Year event when approx.200 volunteers had been present. He reminded the Board of the importance of volunteers and their invaluable contribution to the organisation

45/13 Record of Attendance

The record of attendance was noted by the Board.

46/13 Opportunity for the Public to ask questions relating to today's Board meeting

A member of the public pointed out that a presentation that had been given at the recent meeting of the Council of Governors had clearly shown that Sundays and Mondays were the busiest days for attendances in ED. She recommended conducting, with the help of volunteers, a survey in ED asking each patient whether they had contacted another service before coming to ED. If they had not, she felt that our cost in having to treat that patient should then be passed on to their GP. The Medical Director advised that the Trust had recently conducted a pilot where all patients who attended ED over a particular weekend had been interviewed. He recognised that the problem did not lie solely with the out of hours service and confirmed that the local healthcare system needed to work together to find a sustainable solution.

A member of the public advised that she was a carer for an elderly relative and that it was always a difficult decision for a carer to make about whether to go to ED or to their GP as there was always a long delay in getting an appointment to see the GP.

A member of the public felt that it was important for both patients and carers to understand the role and identity of the staff member who was treating them whilst in hospital. Many staff members are involved in the care of a patient but do not always introduce themselves. The Director of Nursing advised that it was possible to identify different staff groups through their different uniforms but wholly agreed that staff should always introduce themselves to a patient.

47/13 Any Other Business

There being no items of any other business, the meeting closed at 16:00pm.

Date of Next Meeting:

Thursday 28 March

Venue: Lecture Theatre, Queen Alexandra Hospital