

Trust Board Meeting in Public

Held on Thursday 7 December 2017 at 09:00am

Lecture Theatre
Queen Alexandra Hospital

MINUTES

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|-------------------------|-----------------------------------|--|
| Present: | Melloney Poole | Chairman |
| | David Parfitt | Non-Executive Director |
| | Christine Slaymaker | Non-Executive Director |
| | Mark Cubbon | Chief Executive |
| | Chris Adcock | Director of Finance |
| | John Knighton | Medical Director |
| | Theresa Murphy | Chief Nurse |
| | Paul Bytheway | Chief Operating Officer |
| In Attendance: | Tim Powell | Director of Workforce |
| | Emma McKinney | Director of Communications and Engagement |
| | Lois Howell | Interim Director of Integrated Governance |
| | Peter Mellor | Director of Corporate Affairs |
| | Teresa Cunningham | PA to Trust Board (minutes) |
| | Steve Mathieu | Clinical Director for Critical Care |
| | Wendy Cameron | Senior Sister for CHAT |
| | Paul Bostock | Director of Operations for Unscheduled Care |
| | Liz Hall | Head of Nursing |
| | Paul Sadler | Director of Education & Critical Care Consultant |
| | Ruth Carter | Head of Nursing for Surgery & Cancer |
| Professor Anoop Chauhan | Director of Research & Innovation | |

Item No **Minute**

213/17 Apologies: No apologies were received.

Declaration of Interests:
There were no declarations of interest.

214/17 Patient Story

Steve Mathieu and Wendy Cameron attended the meeting to deliver a presentation (attached).



Patient Story - GB.pptx

The Chairman thanked Mr Mathieu and Ms Cameron for the presentation. The Medical Director gave special thanks to the intensive care team and all who cared for and supported this patient.

The Chief Nurse enquired how the team coped with communicating with the patient who was the subject of the presentation. Ms Cameron responded to say that the patient's family assisted staff to communicate effectively with the patient.

215/17 Minutes of the Last Meeting – 2 November 2017

The minutes of the last meeting were approved as a true and accurate record subject to the addition of the word 'required' to paragraph 11 on page 10.

The minutes of the October meeting were discussed again. The minor amendments mentioned in the discussion of the October minutes at the November Board meeting had not been formally presented for approval and it was agreed that the October minutes would be presented to the next Board meeting for final approval.

Action: Director of Finance

216/17 Matters Arising/Summary of Agreed Actions

The Board noted that all actions from previous meetings were either completed or on the agenda.

The Chairman enquired when the new IPR would come into effect. The Chief Operating Officer responded to say that the new layout would be presented to the Trust Board Workshop for further comments prior to going to Trust Board in February.

NEDs asked the Director of Workforce to add national benchmarking for staff turnover and sickness to the next IPR.

Action: Director of Workforce

Ms Slaymaker said that she would meet with the Chief Nurse to finalise the Care Quality Commission (CQC) reporting process to the Trust Board and present this to the Board in February. She said that this would allow the Trust Board to be properly sighted on CQC matters.

Action: Christine Slaymaker and Chief Nurse

217/17 Notification of Any Other Business

None.

218/17 Chairman's Opening Remarks

The Chairman informed the Board that three Non-Executive Directors had been appointed to vacant posts on the Board and were Gary Hay, Greg Brown and Jon Watson. She also welcomed Lois Howell and Emma McKinney to the meeting as observers.

The Chairman apprised the Trust Board of the number of visits over the coming weeks from NHS England.

219/17 Chief Executive's Report

The Chief Executive presented a previously circulated report and highlighted the following:

- Commitment to Nurses from the European Union.
Action: Chief Executive
- CQC Report – Radiology
- Best People Awards
- Urgent Care
- Appointments

- 100 Days – Big Conversations
- Visits to the Trust
- Top 3 Concerns

The Chief Executive informed the Trust Board that the Trust is cooperating fully with the CQC to give assurance that all plain films are being reviewed properly and added that rapid action had been taken and appropriate policies put in place. He reassured the Board that the matter would be resolved as quickly as possible..

NEDs emphasised that the Trust also delivered many high quality services, including the maternity department. The Chief Executive responded to say that the still birth rate remained under review but the year-to-date position showed that significant improvement had been achieved.

The Board noted the forthcoming visits to the Trust:

- Minister for Health Philip Dunn and Secretary of State Penny Mordant MP on 7 December.
- Simon Stevens, Chief Executive NHS England will be visiting the Trust on 20 December.
- Dido Harding, Chair of NHS Improvement will be visiting the Trust to meet with Ann Eaton, Regional Director for NHS England and Improvement for the South East in January.

NEDs asked whether the Chief Executive had spoken to the Director for Health England about nursing training with Universities. The Chief Executive responded to say that he had and added that the Trust is building good relationships with Portsmouth University.

220/17 Integrated Performance Report

The Chairman commented that the minutes did not always appear to fully reflect Board discussions and actions. She also reflected that improvements in performance were apparent in November and asked the Executives to particularly highlight these in their reports.

Quality

The Medical Director and Chief Nurse drew attention to the following areas:

- Mental Health:
 - The Trust has a credible record of Mental Health Act compliance which is strongly reassuring. The Trust has made significant efforts to go beyond compliance to bring mental healthcare provision to the same standards as physical healthcare services. The Medical Director said he would provide further details on this to a future Trust Board meeting
Action: Medical Director
The Chairman asked for the trend statement to be removed from reporting and asked for measured training and impact to be included. **Action: Medical Director**
- Infection Control:
 - MRSA – The Trust reported 1 patient with MRSA bacteraemia in October. The case has been provisionally assigned to Fareham & Gosport Clinical Commissioning Group (CCG) as the blood culture was taken on admission. The Post Infection Review has been scheduled for 22nd November.
 - MSSA – There was 1 patient reported with MSSA bacteraemia attributed to the Trust in October.
 - C.difficile:
 - The Trust reported 6 patients with C.difficile attributed to the Trust in October (2x Gynae, 2x MSK, 1x Renal, 1x Surgery) against a monthly ceiling of 3
 - Four of the cases reported since 1st April were due to late sampling of

patients, 2 cases were due to erroneous re-sampling of known cases of C.difficile after the 28 day cut-off deadline

- The increase in C.difficile cases is concerning especially when considered in the context of lower than acceptable compliance with hand hygiene and national cleaning standards. Cross transmission of C.difficile cases is suspected in 3 cases, yet to be confirmed by laboratory tests. A comprehensive action plan to address these concerns is being monitored through the Infection Prevention and Management Committee
- The Medical Director added that there has been a spike in C.difficile cases in the community also. An action plan and isolation protocol have been put in place
- SIRIs:
 - 17 SIRIs were reported in October (3 breaches of Decision to Admit (DTA) standard and 14 clinical SIRIs), compared to 12 clinical SIRIs in September
 - There has been 1 Never Event reported in October relating to a retained foreign object from a procedure undertaken in 2016. The Medical Director added that no themes had been identified in the SIRIs taking place and all were investigated and learned from. He added that levels of reporting were increasing, which was positive
- Sepsis:
 - A total of 435 patients required screening, 430 of which received screening: 98.85% compliance against a target of 90% which represents an improvement on the 97.83% compliance noted in quarter 1 416 patients required antibiotics, 303 of whom received antibiotics within 1 hour of diagnosis of sepsis: 72.84% compliance against a target of 90%
 - This represents an improvement on the 70.74% compliance noted in quarter 1
 - The Medical Director added that it is pleasing and reassuring to see the Trust doing well against the required standards and well against early administration of antibiotics. He added that a Sepsis action plan to improve administration of antibiotics within one hour has been developed and will be shared with the Trust Board
Action: Medical Director
- HSMR and SHMI:
 - The updated Trust HSMR for the 12 months to July 2017 is 111.5; representing a decrease on the rate previously reported to June 2017 of 112.4. This remains significantly higher than expected.
 - The Trust SHMI for April 2016 to March 2017 is 108.89; a slight decrease from the previous reported quarter's figure of 110.02. Whilst this figure is above the National Average of 100, it is within the official control limits
 - The Medical Director added that the trend graphs will be removed from the IPR as they can be misleading. He said that he was cautiously optimistic that there had been gradual improvement against trends. He gave a commitment to ensure the Trust will meet the national requirements for avoidable deaths and reported that, since 1st April 2017, only two deaths had been identified as having a 50% or higher chance of being avoidable. He said that he was in talks with NHS Improvement (NHSI) regarding the reporting of deaths and would update the Trust Board on the outcome.
Action: Medical Director
- Medication Safety:
 - There have been no severe or moderate harm incidents confirmed in October. The current year-to-date position is 3 confirmed moderate harm medication incidents (1x community incident)
 - A total of 260 medication incidents were reported in October; the highest recorded monthly figure
- Dementia:
 - Compliance has remained consistent with September at 70.1%
 - A total of 405 patients have been assessed, from a maximum of 578 eligible

- patients; similar in the number of patients requiring assessment for the last 6 months
- 100% of all eligible patients (76 in total) received a diagnostic assessment
- Complaints:
 - The Trust received 702 messages of appreciation during October
 - A total of 69 complaints were received in October; a similar increase when compared to the same month last year
 - The largest area of complaints is aspects of clinical care. The Chief Nurse will provide the Trust Board with a detailed report on these complaints to help members understand the issues better
- **Action: Chief Nurse**
- Pressure Ulcers:
 - There has been 1 confirmed case of avoidable grade 3 pressure ulcer damage in October. This occurred within Renal and resulted in low harm. 1 incident reported in September within Renal has been downgraded to unavoidable and; therefore, removed from the Trust figures
 - The Trust confirmed 1 unavoidable grade 3 pressure damage in September; compared with 2 reported in August
 - The Chief Nurse informed the Trust Board that there has been a good trajectory of improvement and in month has introduced PAPAS-T, which is a new way of managing and preventing pressure ulcers.

NEDs asked whether the level of complaints received was unusual and, if so, what was being done about it. The Chief Nurse said that higher levels of complaints and/or concerns could indicate that people were more aware of or had more confidence in the processes for raising concerns or making a complaint, so was not necessarily a bad sign. She acknowledged that the Trust could improve its performance in terms of the timeliness of responding to complaints.

NEDs also expressed concern around the consistency of low performance of dementia care. The Medical Director responded that there are two aspects of dementia care, the nursing side and escalation, then the medical response to that. He said that in some areas there was a bit of a dis-connect between the nursing and medical care. He added that he was in the process of appointing a Trust lead for Dementia care to address the issues.

Operations

The Chief Operating Officer highlighted the following key areas from the report:

- Urgent Care:
 - Slight improvement in performance during October. Works commenced on the Urgent Care plan in October. From that work the Trust is estimated to achieve 78% in November.
 - MFFD is behind trajectory for October at over 300 patients. Following enhanced partnership working, figures have improved and today is at 216
 - Bed occupancy was 96.1% (maximum of 99%) This includes the use of unfunded escalation beds in CDU and RDU. December's performance is currently looking at 84%. The Trust is on Amber escalation today. Escalation was Red on Monday, however, the Trust adapted to make rapid improvements
- Long Waits:
 - Continued reduction in the number of patients waiting more than 4 months past clinically appropriate date to be seen (5,796 a reduction of 1,782 since May) No patients waiting more than 2 years to be seen and a reduction of 168 in the patients waiting more than a year.
- Diagnostics:
 - Trust performance was 99.8% against the 99% diagnostic standard and improvement trajectory of 99.1%. There were 16 breaches of the standard. The target has been reached for three consecutive months

- An additional CT scanner will be in place from December 17
- Cancelled Operations:
 - There were 3 urgent operations cancelled in October all patients have now been treated, and none of these patients were cancelled for a second time.
- Cancer:
 - The Trust is currently forecasting achievement 6 of the 8 key national standards, provisionally 62 day first definitive treatment and 62 day screening have not been achieved, however validation is not completed and performance is expected to improve once all treatments are recorded and breaches validated but this is unlikely to improve sufficiently to achieve the standards
 - The Trust has agreed an improvement trajectory for the 62 day standard supported by a detailed action plan to move back to sustainable cancer delivery. This is being monitored weekly and the trust is ahead of trajectory for October
- Stroke:
 - The Trust has provisionally achieved 9 of the 13 key measures for September
 - Scan within one hour is not achieved but improved, 41.3% (standard 48%)
 - Direct Admission to Stroke Unit is not achieved but improved, 50.8% (standard 90%)
 - Overall it is an improved position. There is still a significant workforce gap. The Trust will continue to try to recruit to the Consultant post and using locums to cover for the time being

NEDs questioned the trajectory for February and asked whether the forecast improved performance was due to it being a short month. The Chief Operating Officer responded to say that it was not, but was due to the number of patients. The Chief Executive said that the Executive team was not content with the standards delivered And added that he was confident that progress would be made quickly.

NEDs asked whether performance would dip over the Christmas holiday period, as had been the case in summer. The Chief Operating Officer responded to say that Social Care availability was not as high during holiday periods which impacted on the Trust's ability to discharge patients in a timely way. He said that he had met with Social Care representatives to develop an action plan to ensure that the level of care remained the same over the holiday period.

Finance

The Director of Finance informed the Trust Board that he and his team were currently reviewing the report's format and content. Within the current report, he drew attention to the following areas:

- Year to date we continue to be heavily challenged with our financial position a deficit of £19.4m
- Pay – costs have increased over the second part of the year in connection with the Winter Plan
- Agency – there has been a reduction in the use of high cost agency nursing. Non-Pay Pressures – outsourcing and drugs are key areas of overspend.
- Income – there are concerns around the delivery of Payment by Results (PBR) contracts. An investigation is taking place around the trends
- Cash – further cash support has been secured in line with the mandate for December and January
- The Director of Finance to update Trust Board on the outcome of the meeting in January with NHSI regarding the additional costs to fulfil the Winter Plan

Action: Director of Finance

The Chief Executive informed the Trust Board that although the recent meeting with NHSI was constructive and positive, the Trust will remain in oversight. He added that he is seeking to recruit an interim Financial Turnaround Director or Financial Recovery Director to assist

with improving the Trust's financial situation.

NEDs commented that the issues with regards to pay spend needed to be analysed rapidly so that a better understanding of the required action was obtained. The Chairman added that continuing high levels of agency spend were of particular concern. The Director of Workforce said that the Trust had an agency cap of just over £13m, and £10m of that had already been spent. He added that, due to Winter pressures, the Trust was not seeing the reduction planned for. He said that a report was going to the Finance and Performance Committee clearly explaining where the growth in agency spend was and what was being done to address the issues. The Chief Executive added that the situation was complex and difficult, but a plan would be developed to show how the Trust can meet the £1m per month reduction.

Workforce

The Director of Workforce drew attention to the following areas of the report:

- The total workforce capacity increased by 99 FTE to 7155 FTE in October 2017 and is 292 FTE over the funded establishment
- The temporary workforce capacity increased by 62 FTE to 581 FTE in October 2017 and comprises 8.1% of the total workforce capacity
- The number of shifts that have breached the capped rates or are off-framework have increased by 24 shifts to 2911 shifts in October 2017
- The evidence collected for October 2017 indicates that overall staffing levels have increased from 102.9% to 106.4% compared to planned levels
- Appraisal compliance has increased and currently records at 79.2% in October 2017 but remains below the 85% target
- Essential skills compliance increased to 89.2%, and continues to record above the 85% target.
- Sickness Absence Rate (12 month rolling average) maintained at 3.8% in September 2017 and remains above the target. The Director of Workforce will add national benchmarking to the report
- 61.7% of flu vaccinations have been carried out. This is an improved position and above trajectory for this time of year.
- Two whistleblowing referrals were received in October 2017. No professional registration and safeguarding referrals were reported. A new freedom to speak up guardian is being appointed

The Director of Workforce reassured the Trust Board that he has a clear understanding of the workforce challenges, especially across the emergency pathway. He added that there had been a lack of internal control in some areas in the past and this would now be addressed. He said that medical rotas and nurse recruitment would be areas of particular focus.

NEDs asked if apprenticeships had reduced as recruitment levels in 17/18 had been lower than in previous years. The Director of Workforce responded to say that a decrease in apprenticeships had been expected as levels of funding had been decreased and pay levels for apprentices had increased. The Board agreed that there is a need for the Trust to grow its own staff. The Director of Workforce said that this was part of the Trust's workforce plans.

221/17 Care Quality Commission Update

The Chief Executive remarked that after reviewing the previous minutes, he did not feel that the Trust Board had sight of the severity of the situation due to the level of detail supplied in the report. The Chief Nurse responded to say that she agreed and added that the timing of the report had an impact. She acknowledged that it should have contained more detail and this has been picked up as a lesson going forward.

The Chief Nurse drew the Trust Board's attention to the following key points and said that further detail was contained within the report provided.

Compliance and Regulation Steering Group:

- The Compliance and Regulation Steering Group continue to meet weekly
- Discussions with CSCs continue to discuss their progress and any concerns in achieving compliance with the required standards
- Following the publication of the Quality Improvement Plan (QIP), discussions are underway to establish the processes by which to monitor the implementation of the QIP to ensure actions have been completed and robust evidence is available to support compliance and sustainability

Quality Improvement Plan:

- The final version of the QIP was published on the 31st October 2017
- A detailed QIP is being finalised to support delivery of the overall plan
- There are a total of 22 actions within the QIP which have a deadline of 31st November, of these 13 have been completed, 4 are on track for completion to the deadline. 5 actions are not on track to meet the deadline; review of these is underway to determine a revised deadline

Section 31 (AMU) issued 3rd March 2017 following inspection 28th February 2017:

- The Trust continues to monitor staffing levels on AMU to ensure staffing, as far as possible, is at the required level.
- A daily staffing status report from the Nurse in Charge is sent to the Deputy Director of nursing
- All incidents when there are more than 6 GP patients waiting in reception are recorded as a SLE.

Section 31 (Mental Health) issued 12th May 2017 following inspection 10th and 11th May 2017:

- Continued compliance with the CQC requirements to submit weekly compliance information in relation to the Section 31 Enforcement Notice Conditions
- Ligature risk assessments have been completed in ED and on AMU with mitigations noted and work plans agreed. There is a continued plan to risk assess key areas across the Trust
- MCA and DoLS intensive training Programme (vulnerable adults) commenced on 11th September 2017. To date 1,200 staff have been trained
- A Mental Health and Mental Capacity Board has been established with the first meeting having already taken place

Section 29a re-issued 4th July 2017 following inspections 16th, 17th and 28th February and 10th and 11th May 2017:

- Appointment of an Associate Chief Nurse to support patient flow, SAFER and Red2Green.

A gap analysis against compliance with the requirements of the Section 29a notice has been completed. A table top exercise to review the evidence has been undertaken with the Chief Executive Officer and Non-Executive Director.

Section 31 (Diagnostic and Screening Procedures) issued 28 July 2017:

- The CQC Report into the Radiology visit is due to be published on 1st December 2017. In the report the CQC have cited the plain film backlog and three serious incidents
- A full harm review is under way, starting with a retrospective review of unreported ED plain film x-rays, which will then move on to audits of potential harm in other clinical areas
- CQC Specialist Inspector has fed back verbally that the data submitted is of a high standard, clear and easy to understand.

13,200 reports issued in total, over trajectory by 1,300 week ending 12th November 2017 and on trajectory to be completed by February 2018. ED reporting backlog cleared back to mid May 2017 with less than 100 events left to report in May 1 undetected cancer subsequently diagnosed.

Care Quality Commission update:

- The results of the 2016 children and young people's survey were published on 28th November. The Trust was identified as about the same for aged 0-7 years category and as 'worse than expected' for the experiences of children aged 08-15 years
- The CQC has produced a 'Provider Engagement Record Tool' to inform the discussions at the engagement meeting using intelligence from the CQC Insight Dashboard, information from the public, inspection findings and Trust action plans
- Of the 77 Trust indicators in the November CQC Insight Dashboard (which compares the Trust with other organisations), one is categorised as much better, none are better, three are worse and two are as much worse.

The Chief Nurse assured the Trust Board that the Trust has strengthened the vulnerable patients' perspective across the organisation and key appointments will be in place in January. She added that the three patients named under the Radiology investigation had all been contacted and spoken to.

The Medical Director informed the Trust Board that the second Mental Health Board had taken place and he is confident this is the correct way forward. He stated that he believed the Trust was going well beyond compliance. The Medical Director added that in terms of AMU particularly, an action plan that has been delivered over the last few months and tangible improvements had been made.

222/17 Quality Performance Report (Serious Incidents Requiring Investigation)

The Chief Nurse presented this item and drew the Trust Board's attention to the following:

SIRI summary – October 2017:

- A total of 17 SIRIs were reported in October; 3 breaches of DTA and 14 clinical SIRIs one of which was a 'Never Event':
 - a) 1 x avoidable level 3 hospital acquired pressure damage
 - b) 1 x unexpected death post fall
 - c) 1 x failure to re-sample for INR test, potentially contributing to subsequent stroke
 - d) 1 x multiple patients requiring mental health intervention in ED
 - e) 1 x fall resulting in subdural haemorrhage contributing to death
 - f) 1 x death as a result of catastrophic bleed 10 days post tongue and neck dissection
 - g) 1 x unexpected death potential self-administered unintentional overdose
 - h) 1 x Delayed hepatology follow up impacting on palliative options
 - i) 1 x failure to follow up abnormal x-ray resulting in widespread metastatic disease
 - j) 1 x piece of tubing discovered during C-section from procedure in 2016 Never Event
 - k) 1 x delayed treatment for glaucoma resulting in visual field damage
 - l) 1 x unexpected admission to ITU following haemorrhage post bladder repair
 - m) 1 x incomplete vulval biopsy excision impacting on treatment options
 - n) 1 x death of patient under Section 5 (2)
- Of the 14 clinical SIRIs reported in October; all patients or relatives, where applicable or appropriate, were informed of the incident and made aware of the on-going investigation

208 SIRIs remain open on STEIS.

SIRI summary - November 2017:

- As of 13 November, six Clinical SIRIs have been confirmed

The Chief Nurse said that SIRI workshops for CSC leadership teams would be held in January to look at risk, safety and governance. She added that a solicitor would be in attendance to give a picture of what good and bad practice looks like.

NEDs expressed concern regarding how effective the SIRI reporting process was as this was unclear from the report. The Chief Nurse replied that there were some issues relating to outstanding CCG actions and the length of time taking to complete them. She added that the CCG was now expected to attend the sign off panel meetings and had committed to making the process smoother.

223/17 Example of Complaints

The Chief Nurse presented a previously circulated report containing some examples of complaints and the learning obtained from them.

224/17 Board Assurance Framework (BAF)

The Director of Corporate Affairs presented a previously circulated report containing the BAF and asked the Board to note the updates contained within it. He also asked the Board to consider requirements for further assurances on actions related to significant risks and the progress of mitigations surrounding them.

The Chairman remarked that the report had improved from previous iterations but was still not sufficiently up-to-date. She reiterated the importance of developing a BAF that could be used as a management tool.

The Chief Executive indicated that a fully refreshed report would be presented at the next meeting. He confirmed that the BAF was used as a management tool and new risks were added as they arose. The Interim Director of Integrated Governance added the need to reflect Radiology and asked for delegated authority to update prior to the February Trust Board meeting. The Chairman gave the authority.

Action: Interim Director of Integrated Governance

225/17 Winter Plan

The Chief Operating Officer presented this item with support from Paul Bostock and Liz Hall and discussed the following key points. Presentation attached for full details:

- National & Local Context
- Lessons learnt from 16/17
- Activity Predictions & Bed Capacity Requirements
- Internal Actions
- System Actions
- Cost of delivering the Plan
- Delivery of the Plan:
 - Key Performance Indicators
- Conclusion



winter plan tb
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The Chief Operating Officer informed the Trust Board that the Winter Plan was an accumulation of all plans to be able to manage the winter period internally.

The Chairman thanked Paul Bostock for his detailed presentation and giving the Trust Board assurance.

The Chief Nurse asked for the operational view on the nursing challenges over winter. Liz Hall responded to say that fitness and wellbeing are key in helping to avoid sickness and unplanned leave. She said that monitoring of staffing levels in all areas would be critical and directing staff to the areas of greatest need, and also ensuring that there is senior leadership in all areas of the organisation.

The Director of Finance asked whether the Trust had the bed numbers it required for winter. Paul Bostock responded to say that the situation was not perfect but there had been improvements and bed numbers had been stepped up over the last couple of months in some areas.

The Director of Finance referenced the help required in getting continuing healthcare (CHC) agreements in place. The Chief Operating Officer said that a modest increase in managers' delegated financial limits would enable them to progress things faster in terms of CHC agreements.

The Chief Executive questioned how the Trust is going to ensure the safety of patients at the most pressured points. Liz Hall responded to say that the Trust needs to ensure that resources are focused on the key pressure points of the organisation and ensuring flow is being focused on. The Chief Operating Officer added that there will be additional medical staff in place to keep patients safe. The Chief Nurse added the Trust will have early visibility of all patients waiting in the Emergency Department and added that a clear escalation process was in place. The Medical Director also added that a co-ordinated, pro-active approach would be taken this year rather than a reactive one as in previous years. He added that the Trust was seeing improvements with regards to medical grip. He also added that more robust flu plans are in place and in parallel, there was an intense focus of key systemic elements of patient safety with the patient safety team. The Chairman thanked everyone for their input and involvement in getting the plan up and running. She asked for the unscheduled care team to report back to Trust Board on how the Winter Plan was achieved.

Action: Chief Operating Officer

226/17 Cancer Assurance Plan

The Chief Operating Officer presented a previously circulated report and highlighted the following:

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- Outline issues leading to deterioration in performance and actions being taken to address
- A forecast performance for next 3 months and recovery trajectory to a sustainable position of delivery

The Chairman remarked that failure to comply with the 62 day period was not satisfactory. NEDs asked about the timely vetting of MRI and CT scans and who was responsible for this. The Chief Operating Officer responded to say that this was monitored on a weekly basis and his teams were looking at ways to reduce the time it takes to review them. The Medical Director added that the vetting is about prioritising those cases of greater risk and it works effectively. With MRI and CT scans prioritised over the last year. He said that the challenge the Trust faced was reporting capacity as demand increased. The Chief Operating Officer added that reporting capacity and demand will be included in the sustainability plan.

Action: Chief Operating Officer

NEDs pointed out a misinterpretation in the report at the third bullet point on page 193. The Medical Director explained that this meant that, where possible, the Radiology service has delegated this task, (the vetting of the scan requests) to a suitably qualified Allied Health Professional.

227/17 Care Quality Commission Radiology Report

The Medical Director presented this item and drew the Trust Board's attention to the key discussion points. Full details are contained within the report.

- Actions taken following Section 31 Notice 28th July
- Further proposed actions to ensure lessons learned and ongoing risks identified and mitigated

- Next steps are to commence external reviews and establishing of Clinical Advisory Group (CAG)

The Medical Director informed the Trust Board that the Trust is ahead of schedule for completing the reporting for February 2018. He said that the CQC report published last week attracted significant national interest, and highlighted that there could be inconsistent performance against policies across the country. He added that the head of CQC inspections had written to all acute trusts and community trusts two weeks ago asking what their policies were, what the potential backlog might be and a number of other questions relating to the same issue. He indicated that the Trust had set up a helpline which ran for four days for patients to raise any concerns and there had been reassuringly fewer calls than expected with the number of patients having a valid concern being small. He added that the majority of those patients had already been contacted and reviewed and the two cases of harm identified were well known to the Trust and going through the SIRI investigation process.

The Medical Director said that the Chief Executive had commissioned an external review to ensure the Trust remained compliant going forward.

NEDs asked whether there was capacity available to increased outsourcing. The Medical Director responded to say that the outsourcing enquiries currently being made include any individual or provider who is trained and can come onsite to look at the x-rays, and that this would include external agencies. He added that the Trust is exploring all avenues, and that quality assurance mechanisms would be put in place, but warned that outsourced capacity would incur additional cost.

NEDs also asked who would carry out the external review. The Medical Director advised that Verita had been commissioned.

The Chairman remarked that it may appear that the Trust Board has not been sighted on this issue in recent weeks, but assured the public that this was not the case.

228/17 Charitable Funds Report and Accounts

The Director of Corporate Affairs presented the report to the Trust Board and highlighted the following key points:

- The Charitable Funds Committee received the draft annual report and accounts in September.
- The External Auditors have completed their testing and will be issuing their audit results report shortly. The results report is expected to give an unqualified opinion and make reference to two immaterial uncorrected errors
- The Trust Board is asked to grant the Charitable Funds Committee delegated authority to accept the External Audit Annual Results Report and to make any final amendments to the accounts if required
- The next steps are:
 - Following acceptance of the Annual Results Report the Chief Executive and the Chairman to sign the Annual Report as required
 - Annual Report and Accounts to be uploaded to the Charity Commission website by 31st January 2018

The Chairman raised concern around the final lease payment for the Da Vinci Robot. The Director of Finance responded to say that the auditors will be reviewing the position, and on that basis the accounts cannot be signed off until the auditor's discussions have taken place regarding the final payments. The Chairman added that she will delegate authority to the Audit Committee but she would like assurance prior to this.

229/17 Trust Guardian of Safe Working (GoSW) Report

The Medical Director presented this report in the absence of the Guardian and drew the

Trust Board's attention to the key discussion points. Going forward the report will be presented by the GoSW (Dr Phil Young). He highlighted:

- Exception reports
- Work schedule reviews
- Locum data
- Vacancy report
- Fines
- Guardian comments

230/17 General Medical Council (GMC) Survey

Paul Sadler, Director of Education and Critical Care Consultant, attended the meeting to present this item and asked to Trust Board to note the following key points:

- An Annual Report had been produced and returned to HEE Wessex by PHT
- Training in Portsmouth on the whole is of a good standard, with improvements evidenced especially in General Surgery
- There remain concerns about trainee experience in Trauma & Orthopaedics (T&O), AMU, and a number of medical sub-specialities
- Major issues raised are around workload, but some examples of senior behaviour impacting on training
- Workforce re-design to develop resilience in rotas is required
- Trainer feedback in a number of areas highlights a perceived lack of support for the supervisor role

The Chief Executive enquired as to how the Trust gets early warning of potential problems, in order to prevent them. The Director of Education responded by saying there is nothing that the Deanery report had revealed of which the Trust was not already aware. He said that he had started working with T&O to put plans in place for the service to be reopened in the future and was also speaking to other providers to resolve some of the issues seen previously. He added that this is the first year the Trust has had the use of Chief Registrars and this has helped drive change amongst medical staff. He announced that the chief registrar position ends in August. The Trust Board asked that Helena Edwards returns to present her story at a future meeting.

Action: Medical Director

231/17 Safer Staffing Report – Nursing and Midwifery

The Chief Nurse presented this item and drew the Trust Board's attention to the following key points:

- In November 2013, the National Quality Board published a guide to nursing midwifery and care staffing capacity and capability as a national response to the finding in the Francis report.
- This paper provides the board with a report on the autumn 2017 ward based staffing review findings. The findings evidence that PHT wards budgeted staffing broadly meets national recommendation of a 65:35 RN to HCSW skill mix and all wards have at least 1 RN to 8 patients on day shifts and 1 RN to 10 patients on night shifts
- Budgeted average total Care Hours per Patient Day (CHPPD) across wards is 6.77 against a national range of 6.3 – 15.48 (Model Hospital Aug 2017)
- The budgeted ward establishments have been reviewed against the Safer Nursing Care Tool. These results show the impact of the high numbers of medically fit for discharge patients against the staffing required to care for patients within an acute setting. There are no recommendations to rebalance staffing as a result of this review
- The next full review will take place in 6 months (April 2018) reporting to Board in June 2018. Interim reviews are planned bi-monthly to review data quality related to daily data collection

The Chief Nurse added that the Trust is good at recruiting to intensive care. The hot spots

for vacancies were general medicine, elderly care and acute medicine. She said that, in London, staff retention in elderly care was a focus and added that the Trust would adopt a similar strategy. The Board asked the Chief Nurse to investigate further the retention of Junior medical staff.

Action: Chief Nurse, in conjunction with the Medical Director

NEDs asked the Chief Nurse to elaborate on the key points in relation to ward establishments. The Chief Nurse responded to say that it all comes at a cost and levels of acuity and dependency had to match establishment and budget. She said that discussions were taking place around professional judgement and what is affordable clinical care for 2018/19. The Chief Nurse and Director of Workforce were asked to report back to Trust Board on the piece of work they are carrying out around potential redeployment of Band 4 Nurses.

Action: Chief Nurse and Director of Workforce

NEDs commented that the charts showing which wards were short staffed were not included in the report. The Chief Nurse said that she would provide these in an additional report.

Action: Chief Nurse

NEDs asked the Chief Nurse to separate the data and commentary within the report to make it easier to digest.

Action: Chief Nurse

232/17 2016 National Cancer Patient Experience

Ruth Carter attended the meeting to present this report and drew the Trust Board's attention to the following key headlines to highlight what the Trust did well and what could have been done better:

- On a scale of zero (very poor) to 10 (very good) patients rated their care within the Trust as 8.8, compared to 8.7 nationally
- 80% of respondents said they were definitely involved as much as they wanted to be in the decisions about their care and treatments = 2015
- 90% of respondents said that they were given the name of a Clinical Nurse Specialist (CNS) who would support them through their treatment = 2015
- 89% of respondents said that, overall they were always treated with dignity and respect when they were in Hospital up 2% on 2015
- 94% of respondents said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital = 2015
- 82% of respondents said it had been quite easy or very easy to contact their CNS down 3 % on 2015
- 60% of respondents said that the GPs and Nurses at their General Practice definitely did everything they could to support them while they were having cancer treatment down 5% on 2016

233/17 Quarterly Research and Innovation Report

Professor Anoop Chauhan, Director of Research & Innovation (DRI), attended the meeting to present his report and drew the Trust Board's attention to the following key points:

- Patient recruitment into clinical trials and research studies is on target and the Trust is currently ranked 5th nationally
- PHT is ranked in the top 3 nationally for recruitment in the following specialities: cancer, surgery, ophthalmology, respiratory disorders, gastroenterology, critical care, dermatology, aging, injuries and emergencies and children
- PHT is ranked in the top 10 nationally for recruitment in the additional following specialities: renal, cardiovascular disease, diabetes, genetics, neurological disorders, primary care and hepatology
- Our performance initiating and delivering research against national standards remains high; currently 69% of all commercial studies have delivered to time and

target

- The next steps will be:
 - Clinical Research Facility (bricks and mortar)
 - Greater scrutiny on 70 day target for commercial studies
 - Further embed research into clinical services
 - Refresh the R&I strategy 2018-2020
 - Continue to develop our infrastructure to support PHT led research
 - Expand on our success working in partnership with SMEs

The Chairman remarked that this is an important part of activity and when the Trust has a refresh, she feels that research should be a core focus. She asked the DRI to come back to a future meeting to discuss the strategy within his report.

Action: Chief Executive/DRI

234/17 Acute Alliance Steering Group Minutes

The Director of Corporate Affairs presented this item for information only. The Trust Board noted its contents.

235/17 Charitable Funds Update

The Director of Corporate Affairs presented this item for information purposes only. The Trust Board noted its contents.

236/17 Non-Executive Directors' Report

Nothing further to add.

The Director of Corporate Affairs will provide the Executive Directors with a reporting template to enable to them to feedback on behalf of the committee chairs.

Action: Director of Corporate Affairs

237/17 Annual Work plan

The Director of Corporate Affairs and Interim Director of Integrated Governance continue to review the work plan.

238/17 Record of Attendance

Noted.

239/17 Opportunity for the Public to ask questions relating to today's Board meeting

Roland Howes commented that the changes to the appraisal system should have provided improvements, but it does not appear to. The Director of Workforce responded to say that improvements have been made but further implements are needed. We will be looking at what individual areas require to ensure improvements happen..

The Director of Corporate Affairs read out two questions sent to him from a member of the public:

- 1) Generally, do the board consider the blocking of surgical beds with patients awaiting care packages to be the best use of hospital resources and budgets? If not what can be done to improve efficiency and cost effectiveness?
- 2) On 25 November we highlighted to the D7 nursing staff that the patient was in a "vibrating bed" whose electrical box had a next test due date of October 17. See attached photos. The bed was changed 3 days later for a "standard bed," but we were told that the bed maintenance staff considered there was no need for changing it, stating that provided the bed was occupied and "the bed worked," the expiry date didn't apply. Is this maintenance policy interpretation correct? How does the maintenance recall system operate?

The Director of Corporate Affairs was asked to respond directly to the questions raised on behalf of the Board.

Action: Director of Corporate Affairs

240/17 Any Other Business

The Interim Director of Integrated Governance asked the Executive Directors to provide her with updates to the Board Assurance Framework should they have any.

Action: Executive Directors

The meeting closed at 13:18pm.

241/17 Date of Next Meeting:

Thursday 1 February 2018

Venue: Lecture Theatre, Queen Alexandra Hospital