

Trust Board Meeting in Public

Held on Thursday 1 June 2017 at 10:00am

Lecture Theatre
Queen Alexandra Hospital

MINUTES

Present:	Sir Ian Carruthers	Chairman
	Mark Nellthorp	Non-Executive Director
	Mike Attenborough-Cox	Non-Executive Director
	David Parfitt	Non-Executive Director
	Christine Slaymaker	Non-Executive Director
	Tim Powell	Chief Executive
	Chris Adcock	Director of Finance
	Simon Holmes	Medical Director
	Rob Haigh	Director of Emergency Care
	Ed Donald	Executive Director
	Sheila Roberts	Interim Chief Operating Officer
	Michelle Dixon	Deputy Chief Operating Officer
	Nicola Ryley	Interim Director of Nursing
	In Attendance:	Peter Mellor
Teresa Cunningham		PA to Trust Board (minutes)
Lucy Wiltshire		Head of Organisational Development
Debra Elliott		Deputy Director of Nursing
Natalie Sanderson		Head of Employee Resourcing
Ruth Dolby		Recruitment Advisor
Julie Smith		Senior Sister
Kaylean McGowan		Staff Nurse
Marion Brown		Head of Complaints and PALS
Lesley Coles		Head of Nursing, Women and Children
Diane Urquhart	Named Nurse for Safeguarding Children and Young People	

**Item Minute
No**

- 81/17 Apologies:**
Rebecca Kopecek, Interim Director of Workforce
Melloney Poole, Non-Executive Director

The Chairman welcomed Nicola Ryley, Interim Director of Nursing, David Parfitt, Non-Executive Director and Christine Slaymaker, Non-Executive Director to the Board, and welcomed Lucy Wiltshire, Head of Organisational Development, to the meeting.

Declaration of Interests:

There were no declarations of interest.

82/17 Staff Recruitment

Lucy Wiltshire, Head of Organisational Development, introduced Natalie Sanderson, Ruth Dolby, Julie Smith and Kaylean McGowan, who presented the staff recruitment story. Please see the attached presentation for full details:



The Interim Chief Operating Officer applauded Kaylean's enthusiasm and was pleased to hear how the experience had given her the confidence to step into a new role. The Director of Emergency Care echoed this comment.

Christine Slaymaker asked what other Open Days had been introduced. Ruth Dolby replied that Open Days had been held for MOPRS, Medicine and Theatres. They have all been most successful and, as a consequence, are attracting interest from other departments. Natalie Sanderson added that they were looking into the possibility of using a similar process for Junior Doctors. The Chief Executive encouraged the initiative as he believed there would be an acute shortage of Junior Doctors within the next few years.

The Chairman thanked the team for its inspiring presentation.

83/17 Minutes of the Last Meeting – 4 May 2017

The minutes were agreed as a true and accurate record.

84/17 Matters Arising/Summary of Agreed Actions

All actions were either complete or in progress.

Mike Attenborough-Cox referred to a question from Penny Mordant MP concerning Care Quest. The Chief Executive replied that he would respond to his query outside of the meeting.

85/17 Notification of Any Other Business

No notifications.

86/17 Chairman's Opening Remarks

The Chairman began his report by acknowledging the continued pressure on the Trust and within the Urgent Care pathway in particular. He recognised that significant improvement was still required and that it was essential that the different plans and projects that were in place to bring about the necessary improvements were properly executed. The Chairman thanked everyone for their continued hard work and commitment.

Recruitment:

The Chairman welcomed the new Non-Executive Directors and Interim Director of Nursing to the Board and announced that a Non-Executive Director with clinical experience would also be recruited.

The Chairman confirmed that the Chief Executive position has been appointed to and that the official announcement would follow when due process had been completed. The Chairman thanked Tim Powell for his very valuable leadership as Interim Chief Executive during the past year. The Chairman fully recognised how difficult a year it had been and was most appreciative of Tim's contribution.

Personal Announcement:

The Chairman announced that this would be his last Trust Board meeting, as his term of office was due to end in June. A replacement appointment would be made as soon as possible. In the meantime, as of 16th June, Mark Nellthorp will act as Interim Chairman. The Chairman will be working with the local Accountable Care System. He remarked that it had

been a privilege to be Chairman of Portsmouth Hospitals NHS Trust, even though there had been significant issues throughout most of his term of office. The Chairman wished everyone well for the future. He was very optimistic about the future of Portsmouth Hospitals NHS Trust.

87/17 Chief Executive's Report

The Chief Executive drew attention to key areas of his report:

- Future of our Health and Care System
- NHS Trusts Treating More Patients in the Face of Growing Demand
- Malware Attack

The Chief Executive thanked the Trust IT teams who had worked tirelessly to ensure Portsmouth Hospitals NHS Trust was protected from the recent cyber-attack and from future attacks. The Trust is as well protected as it can be.

David Parfitt recognised that different lessons had been learnt from the Malware attack and referenced the backup issues currently being seen by British Airways. He asked if this Trust regularly carried out backup testing. The Chief Executive confirmed that backup testing was continuous. The Interim Chief Operating Officer added that there was going to be a review of our business continuity arrangements and processes. She assured that the Trust had manual backups as a precaution.

The Director of Corporate Affairs commented that he and the Interim Director of Workforce, in her role of IT lead, had met with senior staff from our IT department who had provided a view of the effectiveness of our cyber security and it had been agreed that the information should come to a future Trust Board Workshop.

The Chief Executive announced that the report from the Care Quality Commission (CQC), following its most recent inspection, is expected at the end of June and he would share the detail with Trust Board members as soon as he was able.

Action: Chief Executive

Local News:

- Research and Innovation Conference
- Team Brief



87.17b Team Brief -
May 17.pdf

88/17 Integrated Performance Report

Quality

The Deputy Director of Nursing drew attention to the following areas, with supporting comment from the Medical Director:

- SIRI - 55 SIRIs had been reported in April, compared to 116 in March. These were reported as 49 breaches of the Decision to Admit (DTA) target and 6 clinical SIRIs. This equates to 1.8 SIRIs per 1,000 occupied bed days
- Pressure Ulcers – The Trust confirmed 1 avoidable grade 3 pressure ulcer within Medicine and 0 (zero) grade 4 pressure ulcers in April. This compares to 1 grade 3 pressure ulcer reported in March. This is a decrease on the 4 avoidable grade 3 pressure ulcers that had been reported in April 2016
- Dementia/VTE – there had been a slight increase in compliance with dementia screening in April, however, compliance still remains low at 76.1%, although better than 74.3% recorded in March and 74.8% in January. The VTE risk assessment figure for April is 96.31% (subject to validation), compared to the March figure of 95.14%

- Falls – There had been 2 confirmed falls incidents; 1 resulting in severe harm and 1 in moderate harm. 6 moderate harm incidents are currently under investigation
- Safety Thermometer – The Trust achieved 100% data collection for April. To date the Trust has maintained high submission rates, with 100% being achieved each month
- Patient Moves – A continued focus on early discharges has led to an improvement during April. However, despite the Urgent Care Transformation Programme attention, the overall position has seen no improvement in the number of non-clinical patient bed moves.
- Friends and Family – The total number of responses for both ED patients and in-patients decreased from 4,154 in March to 4,025 in April
- Infection Control:
 - MRSA - The Trust reported 1 patient with unavoidable MRSA bacteraemia in April. This has been assigned to the Trust, following a Post Infection Review
 - C.Difficile - The Trust reported 6 patients with C.Difficile attributed to the Trust in April against a monthly objective of 4. The cases occurred in the following CSCs; Surgery (x2), Cancer (x1), CHAT (x1), Medicine (x1) and Renal (x1)
 - MSSA - There were 2 patients reported with MSSA bacteraemia attributed to the Trust in April
- HSMR/SHMI – The updated Trust HSMR for the 12 months to January 2017 is 109.85. This represents a slight decrease on the rate previously reported for the 12 months to December 2016 of 109.92. The Trust SHMI for October 2015 to September 2016 is 110.96; a very slight increase from the previous reported quarter's figure of 110.77.
- Stroke – The Trust has provisionally achieved 6 of the 13 key measures for March based on 93 cases. Achieved Thrombolysis, 80% against national standard of 50%
- Inpatient Survey – results published indicate the Trust achieved 8.1 out of 10 overall experience of care, which is a slight improvement on the 2015 survey. The Trust reports similarly to other Trusts for all 11 sections. The full report will be circulated.

The Chairman asked what corrective action was necessary to reverse the disappointing infection control decline. The Medical Director pointed out that hand hygiene was the key and that this would be continuously monitored. He was considering changing some types of antibiotics; there are risks involved with this around C.Difficile and E.coli, and this is being monitored carefully. The Trust doesn't currently have to report E.coli figures but this might change in the future.

The Deputy Director of Nursing informed that the Trust has been participating in a falls collaborative project. Key learning from this had identified that a significant number of our patients are a falls risk. There is a piece of working being undertaken to identify those who are a very high risk and likely to have a fall and the Trust has also implemented SWARM technique; a localised assessment carried out directly after the fall had occurred. A pilot of a pressure ulcer tool is also being undertaken.

The Director of Emergency Care reported that he and John Knighton, Deputy Medical Director, had recently met with three lead GP Commissioners to discuss the link between delayed length of stay, outlying and the risk of mortality, as well as the impact that certain types of patients were having on the Trust. It was fully recognised that there is a requirement for support with accelerated discharges for end of life patients.

The Interim Chief Operating Officer reported that the Trust was experiencing recruitment difficulties in relation to Stroke Consultants. This is being addressed but some service impact is anticipated whilst a resolution is being found.

Operations

The Interim Chief Operating Officer acknowledged that the size of the IPR was extremely large and that she was looking at reducing it. She is happy to meet with any colleague to explain the document in better detail should they require it. The Interim Chief Operating Officer drew attention to the following areas of her report:

- A&E - 4 hr standard performance was 79.06% (78.07% last month). There had been 58 breaches of the 12 hr Trolley Wait Standard
- RTT - 90.4% achieved against the 92% standard (at aggregate level) and against the improvement trajectory of 91.2%. The overall waiting list size had increased by 630 and the backlog of patients waiting more than 18 weeks had increased by 321. The number of patients waiting over 35 weeks was 189
- Diagnostic Waits - Trust performance was 99% against the 99% diagnostic standard and the improvement trajectory of 99.1%. There had been 57 breaches of the standard
- Cancer - The Trust is currently forecasting achievement 7 of the 8 key national standards, provisionally 31 day subsequent surgery had not been achieved

The Chairman asked how this Trust compared to others. The Deputy Chief Operating Officer replied that we are struggling with RTT, however many Trusts are below 90%. The target is currently compromised by the lack of flow through our unscheduled care pathway. The, soon to be introduced, new medical model is also expected to negatively impact on our RTT compliance. Everything possible is being done to close the gap. Diagnostics is good and for Cancer, the Trust is one of the top performing Trusts in the country.

Mike Attenborough-Cox expressed his dismay at the lack of improvement with the unscheduled care situation and that the Trust was still in the same, poor position. The Interim Chief Operating Officer responded to say that she too was disappointed, and reminded that it was not just an issue for the Emergency Department, but that it was a Trust wide problem. Improvements are taking place with the Trust and external partners. The Chief Executive added that he had met in London last week with Jim Mackey, Chief Executive of NHS Improvement and Simon Stevens, Chief Executive of NHS England and Pauline Philip, National A&E lead. It had been a most difficult meeting, commissioning colleagues were also present and they were told in no uncertain terms that there needed to be immediate improvement and actions needed to be taken. They were aware of our plans through our A&E Delivery Board which focuses on three key areas:

1. Medical model - ensuring there is immediate sufficient interface with patients who stay in our ED for long periods of time
2. Increased focus on our integrated discharge service. All system providers to be committed to reducing the backlog by September
3. Internal focus on our SAFER discharges, in particular >7 day length of stay

Pauline Philip had attended the Trust yesterday to provide feedback. She felt that there was a big opportunity in relation to GP streaming at the front door, which is a commissioner led service, and a bid for financial support is being put forward for this. The Accountable Care System discussions should help to ensure a full system approach. The Chairman believed that greater focus within the Trust and greater involvement from the system was required.

Manchester Terror Attack

The Interim Chief Operating Officer updated the Board on the recent events in Manchester and assured the Board that this Trust does have a major incident plan. We need to carry out a test of how the whole hospital would cope with clearing the Emergency Department if needed as this had not been practised for some time. Our Military colleagues are very willing to assist with a full exercise and it is hoped to carry one out in July. She will provide a further update at the next Trust Board meeting.

Action: Interim Chief Operating Officer

Finance

The Director of Finance drew attention to the following areas of his report:

- The Trust's financial plan for 2017-18 has a surplus target of £9.7m. As part of this the first two quarters of the financial year have a deficit plan and quarters 3 and 4 a surplus plan. The plan requires a steady financial improvement to be made effectively from July 2017 onwards
- The annual plan includes an income provision relating to the Sustainability and

Transformation Funds (STF) of £13.4m and a financial improvement requirement in the course of the year of £34.5m

- The Trust's Income and Expenditure position for the month of April 2017 was an actual deficit of £3.1m. This was in line with the planned position of a £3.1m deficit. The position includes recovery of the STF funding for the month of £0.7m
- The Trust continues to see pay pressures through the high use of temporary staff to maintain urgent care services and the additional capacity that has remained open due to the volume of patients that have been deemed medically fit for discharge but are still yet to leave the hospital
- Non-pay costs include unplanned use of the private sector to support RTT delivery and out of hospital purchase of beds. Pay pressures in month 1 have been mitigated by a favourable non-pay reserve position
- The Trusts plan by the end of quarter 1 requires a deficit position of £5.9m or better. Significant improvements in financial performance are essential from quarter 2 onwards in order to deliver the plan for the year
- The Trust has a capital resource limit of £8.3m for the year. The capital programme is currently being developed. The Trust has a cash balance of £9.8m at the end of April. The minimum level of cash holding required by the DH is £5.1m (including £4.1m of capital cash carried forward from 2016/17)

Christine Slaymaker asked whether the Aligned Incentive contract was still going ahead. The Director of Finance confirmed that the final documentation had been drawn up and needed to be considered by the Executives before final sign off. Some elements are still to be worked out, but will be in place. The Director of Finance assured that our local commissioners were committed to the new form of contract.

Christine Slaymaker also asked for detail of the proposed £30m savings. The Director of Finance commented that the various schemes were at different levels of maturity and that the granular detail would be presented at the next Finance and Performance Committee meeting. The critical thing for the organisation was to make the plan happen.

The Chairman asked that the Financial Plan be shared with the full Trust Board and the Director of Finance confirmed that he would be presenting the Plan at the Trust Board Workshop in June.

Action: Director of Finance

The Medical Director asked what effect the new Aligned Incentive contract might have on coding. The Director of Finance replied that it shouldn't and commented that it was important to recognise that the things we did under the PBR contract, still remain priorities under the new contract.

Mike Attenborough-Cox felt that there needed to be accountability to ensure delivery of the contract because failure was not an option. The Director of Finance remarked that he had no issue with accountability however the Trust needed to make sure that everyone who is charged with an action had the ability and support to ensure that they could achieve it.

Christine Slaymaker observed that significant savings were required from July onwards and she was not confident that the Trust could achieve this. The Director of Finance acknowledged the risk and stated that there needed to be a material turnaround for the Trust. The financial plan is aligned with improvements in unscheduled care. The Trust needs to make as many improvements as possible by the 1st July.

David Parfitt referenced that the Trust was dependent on other parties and was concerned that 'to influence effectively' takes a long time. The Director of Finance recognised this and felt that more help was required with those patients who had been declared medically fit for discharge. He made it quite clear that unless the backlog of MFFD patients was cleared as was promised, it would be impossible to close the escalation areas that were currently open.

Workforce

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

- The total workforce capacity had decreased by 59 FTE to 7009 FTE in April 2017 and is 155 FTE over the newly funded establishment
- The temporary workforce capacity had decreased to 493 FTE in April 2017 and comprised 7.1% of the total workforce capacity. This is a 0.3% decrease compared to March 2017
- The number of shifts that have breached the capped rates or are off-framework have decreased by 426 shifts to 1928 shifts in April 2017
- The evidence collected for April 2017 indicates that overall staffing levels have increased from 101.1% to 103.1% compared to planned levels
- Turnover Rate (12 month rolling average) has increased to 12.6% in April and remains above the target
- There has been a recent successful recruitment drive of nurses from the Philippines.
- Appraisal compliance has increased and currently stands at 83.6% in April, which is below the 85% target
- Sickness Absence Rate (12 month rolling average) maintained at 3.9% in March but remains above the target. In-month sickness absence decreased to 3.8% in March and is above the target. There has been a 20% increase in Counselling referrals
- 1 Whistleblowing and 1 professional registration referral had been received. No safeguarding referrals were received
- During February 2017, staff were asked to complete the quarter 4 friends and family test along with some other key questions. This quarter saw a response rate of 14% (950) with a mixed outcome

The Interim Chief Operating Officer remarked that although it was good to see health and wellbeing services being used, it was also concerning as to the level of Counselling referrals being made. The Interim Director of Workforce responded that the Trust was actively working with Aquilis to promote these services and that might be the trigger for the increase.

The Chief Executive asked the Interim Director of Workforce to look into the impact of the recruitment of Philippines nurses on the country's own health economy.

89/17 CQC Enforcement Notice

The Deputy Director of Nursing presented this report which comprised 2 parts:

- Part A – compliance with the CQC improvement notice
- Part B – compliance with the Urgent Care Improvement Plan

She drew attention to the following highlights:

- On the 16th and 17th February 2017 CQC Inspection Managers had visited the Trust and reviewed the Emergency Medical Pathway, which included the Emergency Department and acute medical wards. Inspectors had returned on the 28th February to further inspect the Emergency Medical Pathway
- On the 3rd May 2017 the Trust was issued with a Warning Notice under Section 29A of the Health and Social Care Act. The Notice detailed the grounds upon which the CQC believed significant improvements were required. The CQC has determined that the Trust is non-compliant with Regulations relating to:
 - Dignity and respect
 - Need for consent
 - Safe care and treatment
 - Safeguarding service users from abuse and improper treatment
 - Good governance
 - Staffing
- A further inspection under the 'well-led' domain was undertaken on the 10th and 11th May 2017. On the 11th May the Trust was informed of serious concerns that the CQC had identified during their inspection. The concerns related to the safety of patients who are vulnerable and/or may have a mental health condition in the Emergency Decision Unit (Observation Ward), the Acute Medical Unit (AMU) and on in-patient wards. Their concerns included staffing levels, consent, risk assessment and care planning, Mental Capacity, Deprivation of Liberty Safeguards (DoLS) and

Safeguarding. Information has been provided to the CQC regarding those actions that were immediately taken and other specific actions that will be taken to address their concerns

- On the 12th May, the Trust was formally served with a notice under Section 31 of the Health and Social Care Act 2008, which immediately imposed six conditions on the Trust's Registration. Whilst the full detail of the conditions can be found within this report, the following provides a brief summary:
 1. Ensure sufficient numbers of suitably qualified and competent staff are in the emergency decision unit within the emergency department to provide safe, good quality care to patients with mental health problems and all other patients. Staffing levels and skill mix must take into account the acuity of all of the patients in the department at any given time
 2. Ensure that all patients presenting to the emergency department with mental health problems receive a full risk assessment and a corresponding risk management plan/care plan
 3. Identify, monitor and observe detained and / or high risk patients with mental health concerns or vulnerable safeguarding issues across the hospital and have a plan of care in place for them at all times
 4. Ensure that there are clearly identified leads for mental health provision within the emergency department and acute medical unit at all management levels. Ensure that there is executive level leadership that has accountability for mental health care, safeguarding and Deprivation of Liberty Safeguards within the hospital
 5. Ensure that Deprivation of Liberty Safeguards are applied as per the requirements of Mental Capacity Act, 2005, prior to depriving a person of their liberty
 6. Immediately take action to ensure patients are safe. As a minimum, deploying sufficient, suitably qualified and competent staff and completing robust risk assessments, plans and delivering the identified care and treatment for patients presenting with mental health issues. The Trust must send the CQC a weekly update in this respect from w/c 22nd May 2017
- The Trust has provided a full and detailed response to the CQC against each of the Conditions, which included immediate actions taken and further actions to be taken with identified leads and deadlines for completion
- The Conditions will remain in place until the Trust is able to demonstrate that the risk to patients has been removed
- The Section 29A Warning Notice and Enforcement Notice have been shared with all of the Management Teams and Senior Medical and Nursing staff for consideration as to how they could be assured that similar issues to those that had been identified would not be present in their areas and they were asked to put in place an action plan if it was required
- The CQC Quality Improvement Plan is in the process of being updated to reflect all of the latest actions

Christine Slaymaker questioned how the actions were going to be monitored and tested. The Interim Director of Nursing replied that she will make sure the Trust is working with all senior nurses and external partners to ensure compliance and that testing would be carried out within peer reviews. Everyone needs to understand it is their responsibility. The Deputy Director of Nursing added that the Mental Health 'Deep Dive', which was due to take place next week, was key to fully understanding our requirements.

The Chairman asked whether the Trust was currently in breach of the conditions put upon it by the CQC. The Deputy Director of Nursing responded to say that work was underway to comply with all of the conditions, including:

- Increasing temporary staffing numbers and looking at consistent workforce
- Identifying Mental Health leads
- 'Deep Dive', detailed analysis to identify what is required
- Strengthening Safeguarding teams and individuals within those teams

The conditions will take time to fully comply with and external support will help determine

whether the Trust can achieve this within three months. The Chief Executive added that he was in no rush to have the Section 31 removed because he was insistent that the priority was for right guidance to be sought and for the correct support be in place. Whilst Board members agreed with this approach, they also felt that we should tell the CQC as we became compliant with each of their conditions.

The Trust and local Commissioners need to work together to mitigate these longstanding risks to this group of vulnerable patients. The Interim Director of Nursing added that she had met with Commissioners to discuss the reintroduction of mental health training for nurses as this had been removed several years ago. The Medical Director reported that the Trust was looking to adopt the level of service that was currently available in Southampton.

90/17 Quality Performance Report (Serious Incidents Requiring Investigation)

The Interim Medical Director presented the report and drew attention to:

SIRI summary – April 2017

- A total of 55 SIRIs had been reported in April comprising:
- 49 x breach of 12 hour DTA target
- 6 x clinical SIRIs
 - 1 x Baby had been admitted to NICU for therapeutic cooling with a diagnosis of grade 3 Hypoxic Ischaemic Encephalopathy (HIE)
 - 1 x Patient had attempted suicide whilst on Observation ward on ED
 - 1 x Hospital acquired avoidable grade 3 pressure damage to the right heel
 - 1 x Inpatient had fallen resulting in a fracture requiring surgical intervention
 - 1 x Patient had been discharged home with known foreign object in situ
 - 1 x Breach of the DTA target (x 50)

This compares to 8 clinical SIRIs that had been reported in March.

- Of the 6 clinical SIRIs reported in April; all patients or relatives, where applicable or appropriate, had been informed of the incident within the deadline and are aware of the on-going investigation.
- 330 SIRIs remain open on STEIS (Compared with 258 in March), 299 of these are Breaches of DTA.
 - 319 SIRIs are in the process of investigation within the Trust (299 DTA breaches)
 - 7 clinical SIRIs have had their investigation completed and the reports have been submitted to the Commissioner for their review and sign off
 - 6 of these are awaiting closure by the CCG

May 2017

As at 08/05/2017, 11 SIRIs have been confirmed: 10 breaches of DTA target and 1 clinical SIRI.

91/17 Quarterly Complaints Report

Marion Brown, Head of Complaints and PALS, was in attendance to present her report and she drew attention to the following highlights:

- 171 formal complaints had been received in Quarter 4 (6% increase from Quarter 3 and 8% reduction from Quarter 4 of previous year)
- 100% had been acknowledged within the national standard of 3 working days
- 1,830 contacts received by PALS, 73% had been resolved within 5 working days
- 1,975 compliments/plaudits had been received

Marion Brown remarked that response timescales were letting the Trust down. The complaints department is looking into conducting interviews 'in house' rather than through the CSCs, this will help towards faster response times and will also free up the CSCs time.

The Deputy Chief Operating Officer asked that telephone calls be made instead of emails, as emails are easily missed. Marion Brown confirmed that emails have to be sent as there needs to be a communication audit chain and that because there are multiple persons

included in the emails it would take too much time to call everyone and record the details of the conversations. All emails sent from complaints go directly into a group mailbox and it is the department's responsibility to regularly monitor the mailbox.

David Parfitt considered the level of complaints received to be relatively low and wondered whether everyone with a concern bothered to raise it. Marion Brown responded that her department was working closely with PALS to encourage people to complain should they not be satisfied with the service that they had received and therefore she thought that the level of complaints received was a true reflection. The main concern is the length of time it is taking to respond, and it is this that is frustrating complainants.

92/17 Annual Paediatric Safeguarding Report

Lesley Coles, Head of Nursing, Women and Children and Diane Urquhart, Named Nurse for Safeguarding Children and Young People, attended the meeting to present their report and discussed the following key discussion points. Please see the attached presentation for full details.

- Challenges - training compliance
- Emergency Department support
- Data collection systems - systems require updating. We are currently using database from external agency
- Using new format (as discussed with Cathy Stone) that relates more easily with contracts and annual plans
- Best practice - FGM /CPIS/office tasks to increase ward presence



92.17b Annual
Paediatric Safeguarding

David Parfitt asked if the department was adequately staffed to cope with the expanding activity. Diane Urquhart replied to say that more trainers were required but that there is an adequate staff base. Safeguarding team members currently have dual roles, meaning that support staff in those areas would be required if a case review takes place as the Safeguarding staff would need to be taken out of their 'day job' in order to carry out the review. A review is currently underway.

Christine Slaymaker raised concern that the report specifically mentions that the Trust Board is assured and engaged and sought assurance that that was correct. Mark Nellthorp, as the Safeguarding Non-Executive Lead, assured the Board that Safeguarding was regularly discussed at the Governance and Quality Committee and that assurance was provided through this committee rather than through Trust Board itself.

The Chairman thanked Lesley and Diane for all of their hard work and for their continuing commitment.

93/17 Urgent Care Transformation Programme

The Director of Emergency Care presented his report and drew attention to the following areas:

- April's 4 hour performance remained highly variable, although overall an upward trend had been noted
- 58 x 12 hour DTA breaches confirmed in month
- A further reduction in conversion rate during April
- Average performance against daily discharge target was < 80% General Medicine & < 45% MOPRS
- Relentless engagement on SAFER Board Rounds continues
- The mean number of medically fit for discharge patients remained >250
- IDS discharges for Pathway 2 and 3 was < 55% of target

Christine Slaymaker questioned how ambulance delays and assessment backlogs were being cleared and what seemed to be most effective. The Director of Emergency Care replied that within the last 9 months a number of different initiatives had been introduced: the introduction of a Navigator role at the front door; the implementation of 'Pit Stop' and close working with the South Central Ambulance Service to ensure there is appropriate safe cohorting of patients when required with regular monitoring. These initiatives had been clinically led by the Emergency Department and had improved the safety and supervision of patients. The Director of Emergency Care stated that the current focus is on the standardisation of discharges, especially at peak times. Areas have been identified that require more resources.

The Interim Chief Operating Officer offered to take the new Board members on a tour of the Emergency Department so that they could see for themselves how the department operates.

The Director of Finance queried if the stranded patient KPI includes the benefit we are expected to see from the medically fit for discharge business case, in terms of the reduction of stranded patients. The Director of Emergency Care confirmed that it was included; the baseline number of 636 includes both those patients who are medically fit and not medically fit.

The Chairman asked when the new medical model was due to start. The Director of Emergency Care confirmed that a comprehensive report, highlighting the medical model and work carried out so far, had been sent to the CQC last week. Any formal change to contractual terms and conditions requires a 3 month period of notice so the new model will commence on 1st September, at the latest. The Chief Executive confirmed that there would be a robust approach taken with any non-compliance after the 1st September.

94/17 Board Assurance Framework

The Director of Corporate Affairs presented the Board Assurance Framework in its current form but confirmed that it is intended that the Board Assurance Framework will be in a more user-friendly, clearer format. This overhaul will identify the clear risks the Board should be aware of, the mitigation and the KPIs to provide that mitigation. There is also a need to ensure that it has a more strategic focus.

95/17 Final Quality Accounts for Ratification

Noted and ratified by the Board.

96/17 Remuneration Committee and Risk Assurance Committee Terms of Reference for Ratification

Noted and ratified by the Board.

The Chairman commented that the use of term 'Executive Director' and its context is not clear within the Remuneration Committee terms of reference and asked if they could include a list of Board Executive Directors and non-voting Executive Directors.

97/17 Charitable Funds Update

The Director of Corporate Affairs presented this report and highlighted the following key points:-

- Portsmouth Hospitals NHS Trust General Charitable Fund had a total fund balance of £1,302,000 as at 30th April, 2017
- During the month, the charity received donations, legacies and fundraising income of £112,000, including the following items of note:
 - General Amenity fund received a legacy of £52,000
 - The Rocky Appeal raised nearly £21,000 through private donations and Just Giving donations

- During the month, expenditure of £92,000 had been processed, including the following items of note:
 - The Eye Department Charitable ward fund spent £11,000 on an imaging camera to help achieve better clinical diagnostic results
- Net Rocky Appeal funds of £1,187,000 have been raised for the Robot appeal. The appeal has supported the four years of the robot lease and associated equipment
- A new fundraising target for 2017/18 has been agreed at £1.3million for both the Charity and Rocky Appeal
- A summary of different community donations that had been gratefully received

98/17 Summary of Governors Business

The Director of Corporate Affairs emphasised the Governors frustrations at seeing no noticeable improvements in Unscheduled Care and a continuance of non-compliance with the SAFER agenda.

Noted.

99/17 Non-Executive Directors' Report

Nothing further to add.

100/17 Acute Alliance Steering Group Minutes

Noted.

101/17 Company Secretary Papers for Noting

Noted.

102/17 Annual Work plan

The annual work plan was noted.

103/17 Company Seal

The Director of Corporate Affairs presented his report and highlighted the following key points:

- There had been 3 occasions since the last report to the Trust Board which had required the use of the official Trust seal.
- Seal affixed on:
 - 10.12.2016 - Lease to MOD of Albert House, Queen Alexandra hospital
 - 16.1.2017 - Surrender of part of Quad building (Admin & reception Office, Rooms 5 &6) by Southampton University
 - 16.5.2017 - Deed of Grant of Easement between Bellway Homes, Mr & Mrs Mcavery & Portsmouth Hospitals NHS Trust

104/17 Record of Attendance

The record of attendance was noted.

105/17 Opportunity for the Public to ask questions relating to today's Board meeting

There were no questions raised by the public.

The Chairman thanked the members of the public for their attendance and excused them from the meeting.

106/17 Any Other Business

The Chairman reminded the Board that it was expected that a new Medical Director would

be appointed tomorrow, in which case, this would be the last meeting for Simon Holmes. The Chairman and the Board gave their thanks and best wishes for the future to Simon.

The Chief Executive also announced that this would be the last meeting for Sir Ian Carruthers and thanked the Chairman for his outstanding commitment and support to the Trust and to the Board. The Board thanked the Chairman and presented him with a gift.

The meeting closed at 1:45pm.

107/17 Date of Next Meeting:

Thursday 6 July 2017

Venue: Lecture Theatre, Queen Alexandra Hospital