

## Trust Board Meeting in Public

Held on Thursday 5 October 2017 at 09:00am

Lecture Theatre  
Queen Alexandra Hospital

### MINUTES

|                       |                     |                                      |
|-----------------------|---------------------|--------------------------------------|
| <b>Present:</b>       | Mark Nellthorp      | Interim Chairman                     |
|                       | David Parfitt       | Non-Executive Director               |
|                       | Christine Slaymaker | Non-Executive Director               |
|                       | Melloney Poole      | Non-Executive Director               |
|                       | Mark Cubbon         | Chief Executive                      |
|                       | Tim Powell          | Director of Workforce                |
|                       | Chris Adcock        | Director of Finance                  |
|                       | John Knighton       | Medical Director                     |
|                       | Theresa Murphy      | Interim Director of Nursing          |
|                       | Paul Bytheway       | Interim Chief Operating Officer      |
| <b>In Attendance:</b> | Peter Mellor        | Director of Corporate Affairs        |
|                       | Teresa Cunningham   | PA to Trust Board (minutes)          |
|                       | Simon Hunter        | Chief of Service, Emergency Medicine |
|                       | Rosie Brownbridge   | Head of Nursing, Emergency Medicine  |
|                       | Mike Goodfellow     | Matron, Emergency Department         |

#### Item Minute No

**161/17 Apologies:** Mike Attenborough-Cox, Non-Executive Director  
Rob Haigh, Director of Emergency Care

#### **Declaration of Interests:**

There were no declarations of interest.

#### **162/17 Urgent Care Patient Story**

Simon Hunter, Rosie Brownbridge and Mike Goodfellow delivered their presentation; please see below.



ED Patient  
Story.pptx

The Interim Director of Nursing asked whether the Emergency Department exercise reverse queuing for patients on trollies. Rosie Brownbridge replied that they do and that they move those patients into PitStop and Resus that need to be there. She recognised that some patients, particularly the frail and elderly, were spending too long in the ED waiting areas and that this was something that the department was determined to address.

Melloney Poole asked what the biggest problem was within the Emergency Department and whether it was physical space or resources. Simon Hunter replied that it was a bit of both

and added that the number of patients being seen in the Emergency Department had increased from 240 to 360 per day since the redesign of the unit in 2010. There had been an increase in staffing levels to help compensate. Consultant Nurses are now a big part of the team and they are also training Advance Care Practitioners. Plans are being developed to increase the physical space in the unit.

Discussion followed regarding the Portsmouth demographic and the health issues related to the local area which had an impact on the Emergency Department.

The Interim Chairman expressed concern about the appropriateness of the admission of the lady referred to in the presentation and wondered whether being in hospital had been the best place for her rather than being seen by a GP at home. Simon Hunter considered the admission to have been appropriate as her symptoms had not eased when the ambulance crew had arrived on site so the hospital was definitely the right place for her. The real issue had been the delay in her pathway once she had arrived at the hospital.

Simon Hunter announced that the new Urgent Care Centre was expected to be 'up and running' by the 1<sup>st</sup> November and that this would help to relieve some of the pressure within 'Majors'.

#### **163/17 Minutes of the Last Meeting – 7 September 2017**

The minutes were agreed as a true and accurate record.

#### **164/17 Matters Arising/Summary of Agreed Actions**

All actions were completed or on the agenda.

#### **165/17 Notification of Any Other Business**

None.

#### **166/17 Interim Chairman's Opening Remarks**

The Interim Chairman confirmed that an appointment had been made to both the Director of Communication and Engagement and Chief Operating Officer positions and that the Director of Nursing interviews were scheduled for Friday 6<sup>th</sup> October.

The Interim Chairman was keen to express his thanks to all members of staff for their dedication, hard work and commitment. He fully acknowledged that there were some areas that needed improvement but wanted to recognise the quality of the services that were being provided overall.

#### **167/17 Chief Executive's Report**

The Chief Executive was keen to place on record his thanks to Sheila Roberts, the Interim Chief Operating Officer who had recently left the Trust. He was delighted to welcome Paul Bytheway as her replacement, as Interim Chief Operating Officer. He also confirmed that Dr Rob Haigh, Director of Emergency Care, would be leaving the Trust on the 13<sup>th</sup> October to take up the role of Medical Director at Brighton and Sussex University Hospital NHS Trust.

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

- The Need to Stop Unsustainable Agency Spending
- 100 Day Plan
- Leadership Changes
- Operational Challenges
- FAB Change Day
- Staff Congratulations
- Open Day

The Chief Executive reflected on the FAB Change Day that had taken place on the 25<sup>th</sup> September and how humbling it was to see the work that was currently going on and that had taken place in the past. This is building up to the FAB Change Week which starts on 13<sup>th</sup> November, where there will be a huge range of programmes across the Trust to showcase the fantastic work that goes on. The National FAB team will be visiting the Trust on the 16<sup>th</sup> November.

The Chief Executive discussed his three key areas of concern:

- 1) Continued challenges around Urgent Care. Improvements are being made but there are still inconsistencies
- 2) The financial position and the scale of challenge we face
- 3) The Governance review. Good progress is being made but plans still need to be more robust



167.17c Team Brief -  
September 2017.pdf

The Chief Executive reported that there had been a two week period of a refreshed look at the Urgent Care programme during which there had been a 48 hour period where the hospital had been on a 'Green' bed status. There had also been two nights of zero patient moves and we had halved the number of outliers across the organisation during that period. The morale and energy throughout the Trust at that time was excellent and was a clear signal that progress is being made. There had also been a significant effort made by our partners. The difficulty is in maintaining the momentum and ensuring that the improvements are sustained. The Chief Executive felt that the Trust was now better able to identify areas of concern much sooner and, hopefully, resolve them in a timelier manner. A marked improvement has yet to be seen but there are subtle improvements and definite hope for the future.

## **168/17 Integrated Performance Report**

The Medical Director confirmed that the IPR was still being reviewed to identify the most useful presentation format. Meanwhile, the report for this month is in much more detail than last month.

### **Quality**

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

- Mental Health:
  - The Trust continues to meet the Care Quality Commission (CQC) requirements to submit weekly compliance information in relation to the Section 31 Enforcement Notice Conditions
  - An external advisor is conducting ligature risk assessments across the organisation. An in-depth review of AMU is scheduled for 27th September
  - There has been increased and sustained performance with Mental Health Risk Assessments for patients attending ED. The number of mental health attendances shows no significant trends.
- Infection Control:
  - MRSA - The 2 cases referred in June to NHS England for their arbitration have been resolved. 1 case was assigned to Third Parties; 1 case has been assigned to the Trust as avoidable. The case involved a maternity patient who had become unwell whilst in labour. Following arbitration by NHS England, the Trust has been asked to provide assurance that appropriate screening programmes are in place for pregnant women who have increased risk factors (such as occupation)

- C.Difficile - The Trust reported 2 patients with C.Difficile attributed to the Trust in August (1x Orthopaedics and 1x ITU) against a monthly objective of 4
- HSMR:
  - Trust HSMR for the 12 months to May 2017 is 111.3; which is a slight decrease on the rate previously reported. This sits within a confidence interval of 106.4 – 116.34 and is significantly higher than expected
  - The Clinical Effectiveness and Mortality Steering Groups have been split, with a separate Mortality Review Group having been established. The factors contributing to the increase in HSMR continue to be investigated through this group
  - A coding change to PAS will ensure that the correct admission source is recorded against all those patients who are admitted from ED, which is currently circa 26,000 per annum. These patients will now be graded against a higher (corrected) mortality threshold.
  - A review of the delivery and recording of specialist palliative care across the Trust is to be conducted
- Patient Moves:
  - Although there has been a reduction in the number of patients moved, the non-achievement of the Medically Fit for Discharge (MFFD) backlog reduction across the whole health and social care system continues to necessitate the process of outlying to create acute bed capacity. As of 28th August the position is 136 patients behind trajectory. Weekly meetings with system partners are taking place to review contingency plans
  - As MFFD patient numbers have not reduced, the plan to reduce escalation capacity has not been delivered. This has caused difficulties in terms of providing staff and the cost of opening the capacity
- VTE - VTE risk assessment figure for August has increased to 95.21% (subject to validation); compared to the July figure of 94.68%, thereby achieving the monthly target of 95%
- Dementia – an increase in compliance with dementia screening in August. The concerns regarding consistently low performance have been formally escalated to the Medical Director. Initial discussions with IT are underway to determine if screening could be included on the BedView System to aid compliance. This will take some time to build into the system
- Mixed Sex Breaches – there had been 3 occasions of non-clinically justified mixed sex accommodation breaches affecting a total of 23 patients in August. All 3 had been on the Respiratory High Care Unit (RHCU). Two breaches affected 8 patients, the remaining breach affected 7 patients; all were resolved within 24 hours
- Friends and Family:
  - The ED response rate increased slightly from 11.3% to 11.7% in August.
  - The response rate has increased incrementally for the last 3 months from 9.1% – 11.7%; however, the rate remains below the national average of 12.8% (July data) and the contractual requirement of 15%
  - Increased scrutiny of return numbers and escalation is being extended
  - As part of the FFT contract provider review, additional opportunities for providing feedback (including text messaging and the provision of fixed kiosks) are being considered
- Falls – There had been 2 confirmed severe harm falls incidents in August; both incidents had been reported as SIRIs and are currently under investigation:
  - 1 fall within Emergency Medicine (AMU) resulting in severe harm
  - 1 fall within MSK had been reported as causing moderate harm; however, was found to be severe harm at initial panel, and as such has been reported as a SIRI

## Operations

The Interim Chief Operating Officer drew attention to the following within the report. He will give a full report at the next meeting when he has been here a little longer and is better able to appraise progress:

- A&E – performance had been 73.95% (against the improvement trajectory of 88%). There had been 5 breaches of the 12 hr Trolley Wait Standard
- MFFD – The average number of MFFD patients occupying acute beds was 246/day
- RTT - RTT standard 91.13% (against the improvement trajectory of 92%)
- Diagnostics – the 6 week Diagnostic standard performance was 98% and thus not achieved (standard 99%)
- Cancer - 7 of the 8 key national cancer standards had been achieved

Melloney Poole remarked that the summary outcome for August provided false assurance in some areas as the detail behind the headlines was somewhat different.

She recognised the huge amount of work that has been undertaken around Mental Health but remarked that merely submitting data will not resolve the ligature risks. She noted that there was no visible trend regarding mental health attendances and didn't think that there could be because of the nature of reporting; she asked if there was another set of metrics that could be used in order to provide a fuller picture. The Medical Director replied that he has set up a task and finish group around a ligature mitigation plan. He agreed that there was an issue with the reporting of attendances.

Christine Slaymaker noted that to provide the necessary mental health staffing was very expensive and asked where the responsibility for those costs lies. Is it the responsibility of Portsmouth Hospitals NHS Trust or that of our partners? The Medical Director replied that at the start of the process it had not been clear, however during the last month the service specification arrangements for a properly commissioned service had been agreed with the CCG and will be finalised over the next few weeks. The availability of mental health nurses is a challenge as there is a shortage nationally. The Trust is currently dependent on temporary staff however we are looking with our partners at a joint strategy on how best to share the mental health staffing resource to provide a quality sustainable service.

David Parfitt asked what had happened to cause the decline in A&E performance in August and asked what the current position was regarding medically fit for discharge patients. The Chief Executive replied that there had been internal and external staffing shortages in August on top of the normal vulnerabilities. David Parfitt expressed concern at the Trust encountering the same issues during the next set of holidays. The Chief Executive replied that the Trust was recruiting to vacant posts but would still be reliant on temporary staff until those posts are filled. The Trust is aware of the shortages and is putting plans in place to try and avoid any recurrence and was seeking assurances from our partners that they are doing the same.

Christine Slaymaker asked if our HSMR data was recorded in the same way as other Trusts. The Medical Director replied that there had been some inconsistencies that would affect the figures, such as admission recording and the recording of palliative care. The issues are being worked through with the Dr Foster group. The Interim Chairman remarked that whilst it is obviously important that our data is accurate, we need to remember that each statistic represents a person and not to lose sight of this.

## **Finance**

The Director of Finance explained that the Trust's significantly challenged financial position has arisen as a result of the material structural challenges which have been accrued over the last 4 years, the material financial deficit resulting from demand outstripping efficient and effective operating capacity, cost improvement requirements significantly in excess of the base level requirement contained within the national tariff and additional in year obligations and the cost of servicing the accrued debt.

The financial improvement requirement requires step changes to be achieved in the structural and system issues as well as internal productivity and efficiency measures. These step changes have not been achieved for the reasons we have discussed in relation to other challenges in relation to performance, and many of these are not influenceable by the Trust

alone in the short term.

Addressing these issues is a major part of the Trusts focus for the remainder of the financial year. These challenges which are reflected in the year to date financial position equally apply to the Trust's forecast which is currently being finalised.

## **Workforce**

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

- The total workforce capacity had decreased by 66 FTE to 6911 FTE in August 17 and is 44 FTE over the new funded establishment. Significant workforce challenges remain in specific areas with some vacancies for key posts such as nursing, consultants and middle grades across the Trust. An action plan is needed and the Director of Workforce will include an executive plan in his update for the next Trust Board meeting
- The temporary workforce capacity had decreased by 27 to 482 FTE in August 17 and comprised 7.0% of the total workforce capacity. This is a small decrease in comparison to July 17. A £1m cost reduction is required to get the Trust under the agency spend ceiling put in place by NHS Improvement. The Director of Workforce will bring the NHS Improvement Board escalation process to the meeting next month.

### **Action: Director of Workforce**

- A recruitment plan and a sustainable plan for Bank staff is required for the next 6 months. The Trust will try to deploy staff over the winter to ensure staffing levels are adequate across the Trust. To ensure that there is appropriate control and grip going forward all posts will be going through the workforce control panel
- The number of shifts that have breached the capped rates or are off-framework have increased by 941 shifts to 3013 shifts during August
- The evidence collected for August indicated that overall staffing levels have decreased from 103.2% to 102.6% compared to planned levels
- The evidence collected for August indicates that overall CHPPD is 4.9 hours for RNs. This is similarly reported in the previous month and 2.9 hours for HCSWs
- Appraisal compliance has decreased and currently records at 77.7% in August which is below the 85% target
- Essential skills compliance increased to 88.7%, and continues to record above the 85% target
- Fire Safety (face to face training) increased to 68.8%
- Information Governance Training has decreased to 88.6%. This is below the Information Governance Training target (95%)
- Sickness Absence Rate (12 month rolling average) maintained at 3.9% in July and remains above the target. In-month sickness absence decreased to 3.4% in July and is above the target
- No whistleblowing referral and safeguarding referrals were reported in August 17. However, 1 professional registration referral took place in August 17

The Interim Chairman asked if it was true that the flu vaccination takes three weeks to take effect. The Medical Director confirmed that this was correct.

Christine Slaymaker noted that the Trust was over establishment in some areas and asked if this was being reviewed. The Director of Workforce confirmed that it was and that this would most likely be resolved through redeployment. Christine Slaymaker assured that her interest was to ensure that our valuable staff resource was being utilised properly.

David Parfitt broached the subject of staff retention. The Director of Workforce agreed that this would be an important part of the overall Workforce strategy. It is apparent there are pockets of high turnover and he will be focusing mainly on those areas. He will include a focused retention plan in his update at the next Trust Board meeting. The Chief Executive added that the Trust turnover rate is 2% higher than its target and that instead of resorting to temporary staff it needs to improve staff retention and lower turnover.

## 169/17 Care Quality Commission Update

The Interim Director of Nursing drew attention to the highlights below. Further detail is contained within the report provided.

- Establishment of a Compliance and Regulation Steering Group, reporting to the Governance and Quality Committee, to provide assurance that there is continuous and measurable improvement in compliance with the requirements of the CQC
- Quality Improvement Plan – Phase 1:
  - Quality Improvement Plan – Phase 1 published 1st September 2017 to deliver the requirements of the Section 29a Warning Notice. Plan underway for Phase 2
  - Of the 22 actions in Phase 1 of the Quality Improvement Plan 6 have exceeded their deadline; 5 of which are currently rated as amber; the rag rating for these will be amended accordingly
- Section 31 (AMU) issued 3rd March 2017 following inspection 28th February 2017:
- The Trust ensures staffing is at the required level and continues to report compliance to the CQC fortnightly, detailing all incidences where staffing has not been achieved and the actions taken to mitigate risks
- Section 31 (Mental Health) issued 12th May 2017 following inspection 10th and 11th May 2017:
  - The Trust continues to submit weekly compliance information to the CQC as required
  - The Trust-wide ligature risk assessment, undertaken by Solent NHS Trust, commenced on 1st August 2017. An in-depth review of AMU is scheduled for 27th September 2017
- Section 29a re-issued 4th July 2017 following inspections 16th, 17th and 28th February and 10th and 11th May 2017:
  - 'Quality Improvement Plan Approach – Phase 1' published 1<sup>st</sup> September 2017 to deliver requirements
- Section 31 (Diagnostic and Screening Procedures) issued 28 July 2017:
  - Weekly data submission to the CQC commenced 6th September. No further correspondence received from the CQC to date
- CQC Specialist Inspector contacted; dialogue opened for direct questions if required
- The Board is asked to agree the level of detail it wishes to receive regarding the action plans to support the delivery of all the Regulatory requirements

The Interim Director of Nursing reported that there is a clear sense of support from the CCG, partners and Health Education England. A full evidence report will be provided on 25<sup>th</sup> October. She added that the aspiration is that the Mental Health Board will oversee the governance structure and ward standards for our patients and community who access our services. There have been 4 unannounced independent mock CQC inspections carried out with a 5<sup>th</sup> being undertaken today. She added that these inspections were welcomed and had been most useful.

The Interim Director of Nursing confirmed that she would like to have an external review of MCA and DoLS arrangements within the Trust in October that would generate an Action plan that would help improve confidence with patients.

Christine Slaymaker was disappointed that we still seemed to be reliant on outsiders to point out issues with regards to basic levels of care, in particular dignity. The Interim Director of Nursing recognised that sometimes the desire to move patients through the Unscheduled Care pathway had resulted in a compromise of their dignity. These failings must be recognised by our staff and rectified immediately. More effective processes were being introduced and breaches were being monitored in real time.

## 170/17 Quality Performance Report (Serious Incidents Requiring Investigation)

The Interim Director of Nursing informed that the content and format of future SIRI reports was under review to ensure that they were as informative as possible. She presented the current report and drew attention to:

### SIRI summary – August 2017

- A total of 16 SIRIs had been reported in August; 5 breaches of DTA and 11 clinical SIRIs, 1 of which was a Never Event:
  - 2 x Alleged physical abuse of patient
  - 2 x Avoidable level 3 hospital acquired pressure damage
  - 1 x Unexpected death of patient, potential failure to recognize deterioration
  - 1 x Fall resulting in fractured neck of femur
  - 1 x Fall resulting in open fracture to wrist
  - 1 x Death of premature baby born with fractured spine
  - 1 x Missed diagnosis of sigmoid tumour
  - 1 x Alleged sexual abuse of patient
  - 1 x Wrong site surgery; incision made on incorrect toe – Never Event
- This compares to 10 clinical SIRIs that had been reported in July
- Of the 11 clinical SIRIs reported in August; all patients or relatives where applicable or appropriate, were informed of the incident within the deadline and are aware of the on-going investigation with the exception of 1 instance within Medicine CSC
- 152 SIRIs remain open on STEIS (Compared with 149 in July), 97 of these are Breaches of DTA
- 47 SIRIs are undergoing investigation within the Trust (14 DTA breaches)
- 10 clinical SIRIs have had their investigation completed and the reports have been submitted to the Commissioner for their review and sign off, all of these await closure by the CCG
- 2 events, on completion of investigation and receipt of post mortem, were agreed with the CCG to be downgraded from SIRI status. One was a fall which had occurred in July 2017 within Medicine CSC and one relating to a cardiac arrest following removal of central line which had occurred in May within CHAT CSC

### September 2017

- As of 14/09/2017 4 Clinical SIRIs have been confirmed

David Parfitt asked if the police became involved when there is an alleged assault. The Interim Director of Nursing confirmed that the incidents were referred to the police at the earliest opportunity.

## 171/17 Example of Complaints

The Interim Director of Nursing presented the report and highlighted the following key points:

- Complaint 1:
  - Unhappy with father's discharge process and that he had been discharged with a catheter in place, which the family had been unaware of and no provisions had been put in place for the catheter. Also lack of communication with District Nurses
  - Improvements as a result of complaint:
    - This complaint highlighted a serious weakness in the use of the Discharge Lounge as an overnight facility. Confirmation has been given that the Discharge Lounge is no longer being used for patients staying overnight
  - Domain: Safe and Responsive
  - Actions already undertaken
- Complaint 2:
  - Unhappy with long wait in Day Surgery Unit for procedure to take place and cold environment
  - Improvements as a result of complaint:

- The letter that is sent to patients with confirmation of their procedure date now advises that theatre lists are subject to change that can result in delays when attending Day Surgery
- Domain: Well Led and Responsive
- Actions already undertaken

The Interim Director of Nursing remarked that important lessons had been learnt about communication and discharge processes. The key is to build confidence with patients. The Chief Executive added that both complaints had occurred as a consequence of poor planning and execution.

### **172/17 Quarterly Complaints Report**

The Interim Director of Nursing drew attention to the following main areas:

- 142 formal complaints had been received (17% reduction from Quarter 4 2016/17 and 28% reduction from Quarter 1 of previous year)
- 100% had been acknowledged within national standard of 3 working days
- 1,506 contacts had been received by PALS, 91% were resolved within 5 working days
- 1,725 compliments/plaudits had been received

David Parfitt noted that the level of Doctors attending complaints training was low. The Medical Director agreed and that he was working to address that.

### **173/17 Medical Revalidation**

The Medical Director presented this item and drew attention to the following key points:

- Portsmouth Hospitals NHS Trust (PHT) has a Revalidation process that is compliant with national guidelines of governance and quality assurance.
- 400 Doctors completed the first round of revalidation
- 0 Doctors reported for non-engagement
- The Medical Directors' revalidation is due in 2019
- The Board is asked to approve the revalidation process
- The quality of appraisals is good and is benchmarked. Compliant in most areas and rated at a good standard
- More medical appraiser trainers are needed
- Overall the system is working well

### **174/17 Trust Guardian Report**

The Medical Director presented this item on behalf of Dr Phil Young and drew attention to the following key discussion points. Dr Young could be invited back to a future Trust Board meeting if any further clarification was needed.

- Exception Reports
- Work Schedule Reviews
- Locum Data
- Vacancy Report
- Fines
- Hours monitoring/Diary Card Exercises
- Guardians Comments

Melloney Poole asked whether Dr Young felt that the Trust was managing this responsibility well. The Medical Director felt that Dr Young would reply that the Trust was on a par with most others. She also noted that at least 70 Junior Doctor deanery posts were not filled and asked why that was. The Medical Director replied that this was not an issue unique to Portsmouth Hospitals NHS Trust, however the Trust does need to make itself as an attractive workplace as is possible in order to recruit more Junior Doctors. The Director of Workforce has asked Paul Sadler to produce a report for the Senior Management Team

meeting around 'Red Flag' posts and he will share this at the Trust Board meeting in December.

**Action: Director of Workforce**

## **175/17 Board Assurance Framework**

The Director of Corporate Affairs reported that the Board Assurance Framework (BAF) had been reviewed and revised to ensure that any risks to the achievement of the strategic priorities were clearly expressed and that the management of those risks was clearly articulated and controlled. The Director of Corporate Affairs thanked Lois Howell for carrying out the review and presented the BAF, drawing attention to the following key points:

- The Well-Led Review Framework issued by the Trust Development Authority (TDA), now part of NHS Improvement, requires all trust boards to have in place "...clear and effective processes for managing risks, issues and performance..." (Key Line of Enquiry (KLOE) 5)
- The Trust has had a Board Assurance Framework (BAF) in place to support the management of strategic risks in the Trust for several years. However, in its report of 24.08.17, the Care Quality Commission (CQC) required the Trust to "review the Board Assurance Framework, board minutes and processes for reporting to the Board to ensure risks are identified and managed by the Trust" (CQC report 28.08.17, page 5)
- The format and content of the Trust's BAF have consequently been reviewed and revised, with the intention of:
  - ensuring strategic priorities and the risks to their delivery are clearly expressed
  - articulating the known causes of those risks, to support their improved management
  - describing the methods by which the risks are currently managed or controlled
  - recording relevant assurance available to the Trust to indicate whether current management is effective
  - describing plans for further management / control of the risk and for obtaining additional assurance and the effectiveness of risk management
  - allocating responsibility for the delivery of those plans and measuring the progress and effectiveness
- Changes to Board operation to ensure that the BAF becomes an integral part of the Board's practice and an effective tool in the management of strategic risk / delivery of strategic priorities are also proposed:
  - i. that in future the BAF should be updated and reported to the Board on a quarterly basis, as part of a suite of documents also to include
    - a quarterly report on delivery of the Trust's strategic priorities
    - a quarterly report on high level operational risks
  - ii. that all Board and board sub-committee agendas include prompts to consider whether any agenda item and/or associated discussion should be added to or reflected in the BAF
  - iii. that the Board should formally refer the approved BAF to the Audit Committee each quarter, so that it can be taken into account in the development of the Trust Audit Plan
  - iv. that the Board should formally refer the approved BAF to the Finance and Performance Committee each quarter, so that it can be taken into account in the development of the Trust's capital programme
- The associated proposed changes to the Trust's Risk Management Strategy are set out elsewhere on the Board's agenda
- The Board is asked to:
  - 1 adopt the Board Assurance Framework set out at appendix 1, with or without amendment, as required
  - 2 approve, in principle, the amendments to the Trust Risk Management Strategy set out at i - iv above (these amendments are included in the associated paper proposing a revised Risk management Strategy)

- The Board Assurance Framework will become part of the annual work plan of the Trust Board of Directors, in support of the Board's delivery of the Trust's strategic priorities

The Board reviewed the paper in detail and agreed on the new format and collectively thanked Lois for the work that she had carried out.

The Director of Corporate Affairs reminded that the BAF is a dynamic and working document that is being updated constantly and sought agreement of the four points above:

- Frequency the report should be presented to Trust Board. It was agreed for the report to come monthly for the first three months and quarterly thereafter
- Agreed
- Agreed
- Agreed

David Parfitt asked whether the risk scores were net or gross of mitigations. The Director of Corporate Affairs confirmed that they were net scores.

The Interim Director Nursing asked if there was a review underway of how the CSCs report risks up to the senior management team. The Director of Workforce replied that the risk management structure was under review and that CSC's would be included as part of that. Christine Slaymaker felt that there needed to be an 'educational programme' throughout the organisation on the management of risk. The Chief Executive agreed saying that the priority was to get a functional BAF in place and then next to ensure that the rest of the organisation understands how it works.

#### **176/17 Department of Infection Prevention Committee Annual Report**

The Medical Director presented this report and drew attention to the following highlights:

- The Trust had 33 cases of Clostridium difficile infection against an objective of 40 cases, therefore achieving its objective
- The Trust had 1 unavoidable case of MRSA bloodstream infection attributed to the organisation and performed better than the national average for MRSA bloodstream infections by occupancy/activity
- The Trust had achieved its lowest rate of MSSA bloodstream infection since 2012. This is better than the national average
- 11,974 clinical reviews had been carried out by the IP Team
- The Team had a 34% increase in referrals for vascular access intervention and assessment. 780 PICC/midlines, and 132 cannulas were placed by the Team
- The Team carried out 527 peer-review NPSA audits in 2016/17, compared with 392 the previous year
- 69.0% of frontline staff had received the influenza vaccine compared with 63.2% across England

The Chief Executive complimented the Medical Director on his successful report and asked that he feedback his comments to the 'Team'.

#### **177/17 Urgent Care Transformation Programme**

This report was duly noted.

#### **178/17 Charitable Funds Update**

The Director of Corporate Affairs highlighted the following key points:

- Total Funds - Portsmouth Hospitals NHS Trust General Charitable Fund had a fund balance of £1,436,000 as at 31st August, 2017
  - Charitable Income - During the month, the charity received donations, legacy and fundraising income of £46,000.
  - Charitable Expenditure - During the month, expenditure of £59,000 had been

processed.

- The Rocky Appeal - The Rocky appeal needs to raise £387,000 to complete its appeal in June 2018
- Investments - The only investment held is with CCLA of £124,000

The Director of Corporate Affairs thanked the NEWS for its recent publicity/coverage of the Rocky Appeal. Christine Slaymaker asked if the Trust would be making up any shortfall if the target was not reached. The Director of Corporate Affairs confirmed that there was such an agreement but that the charity was doing its best to minimise any shortfall.

#### **179/17 Non-Executive Directors' Report**

The Interim Chairman announced that he had attended the FAB Change Day and had been excited to see the detail behind the local changes, staff identifying changes and following them through.

#### **180/17 Acute Alliance Steering Group Minutes**

The Medical Director had attended the last Acute Alliance Steering Group meeting and he provided a brief summary of how the Acute Alliance works.

#### **181/17 Company Secretary Papers for Noting**

Papers noted.

#### **182/17 Annual Work plan**

Noted.

#### **183/17 Record of Attendance**

Noted.

#### **184/17 Opportunity for the Public to ask questions relating to today's Board meeting**

Roland Howes reflected on his comment at the Trust Board meeting in September when he had said that he did not consider the new format of the IPR to be adequate. He had since reviewed the paper in detail and now recognises that all of the relevant information was included.

Peter Kennedy asked whether the Pharmacy department at St Mary's was 'privatised' as he felt there were some issues facing the department. The Director of Corporate Affairs replied that Portsmouth Hospitals NHS Trust did not oversee the St Mary's site and he could therefore not answer the query but he was pleased to confirm that the Pharmacy at Queen Alexandra Hospital is run by Portsmouth Hospitals NHS Trust.

#### **185/17 Any Other Business**

None.

The meeting closed at 11:57am.

#### **186/17 Date of Next Meeting: Thursday 2 November 2017 Venue: Lecture Theatre, Queen Alexandra Hospital**