Portsmouth Hospitals NHS
NHS Trust

Trust Board Meeting in Public

Held on Thursday 6 April 2017 at 10:00am

Lecture Theatre
Queen Alexandra Hospital

MINUTES

Present:	Sir Ian Carruthers	Chairman
	Mark Nellthorp	Non-Executive Director
	Liz Conway	Non-Executive Director
	Chris Adcock	Director of Finance
	Simon Holmes	Medical Director
	Rebecca Kopecek	Interim Director of Workforce
	Rob Haigh	Director for Emergency Care
	Ed Donald	Executive Director
	Sheila Roberts	Interim Chief Operating Officer
	Michelle Dixon	Deputy Chief Operating Officer
	Debra Elliott	Deputy Director of Nursing
	John Knighton	Deputy Medical Director
In Attendance:	Peter Mellor	Director of Corporate Affairs
	Teresa Cunningham	PA to Trust Board (minutes)
	Simon Ward	Associate Medical Director
	Lucy Wiltshire	Head of Organisational Development
	Paul Sadler	Director of Education
	Ben Short	Emergency Medicine Trainee
	Sarah Herbert	Emergency Medicine Specialist Registrar

Item No **Minute**

40/17 Apologies:

Tim Powell	Chief Executive
Mike Attenborough-Cox	Non-Executive Director

Declaration of Interests:
There were no declarations of interest.

The Chairman welcomed Debra Elliott, Deputy Director of Nursing, John Knighton, Deputy Medical Director and Simon Ward, Associate Medical Director to the meeting.

41/17 Staff Story including GMC Letter

Paul Sadler, Director of Education, Ben Short and Sarah Herbert, Emergency Medicine Specialist Registrars, attended the meeting to provide their perspective on the role of the Junior Doctor in Emergency Medicine and to discuss the letter from the GMC.

The GMC letter touched upon the following areas:-

- Portsmouth Hospitals NHS Trust was a consistent outlier for workload in the GMC trainee survey (especially within Emergency Medicine)
- Rota gaps are widespread & increasing, with particular areas of concern
- Some issues e.g. high outlier numbers impact significantly

- We have a good reputation for trainee support in Portsmouth Hospitals NHS Trust
- New Junior Doctors contract makes requirements to deliver training more explicit
- GMC Trainee Survey 2017 currently open
- Recognition of the need to combat high level stress in order to reduce sickness levels
- Manage expectations of Junior Doctors and be transparent about the pressure of our own Emergency Department

The Director of Corporate Affairs commented that with the pressures described, should the Trust not look at rostering Consultants over a 24hour/7 day period to help relieve that pressure. Paul Sadler agreed that there was a need for more senior decision makers overnight.

The Chairman asked what the Board could do to help improve matters. Ben Short asked the Board to ensure that there are always two decision makers available during night shifts. Flow issues are the main cause of delays. Ben Short also commented that current IT systems could be made faster and more streamlined; this would make a big difference to day to day processes.

Lucy Wiltshire echoed the comments of the Director of Corporate Affairs and could not see why there could not be more senior cover to support Junior Doctors overnight.

The Executive Director for Emergency Care assured that there is an Emergency Department workforce plan in place. He announced that Wessex had recently authorised a bid for additional SPRs, however, there is no guarantee that the Trust will benefit from this. There is a recognised national shortage of Emergency Department senior staff.

The Interim Chief Operating Officer remarked that she was very impressed with the resilience of staff dealing with the pressures within our Emergency Department. She thought consultants to be very supportive of their junior staff. She fully recognised that poor flow was having a negative impact on the department and the staff.

The Chairman queried how many other departments were aware of the pressures the Emergency Department faced overnight and asked why, if they were aware, were they not doing all that they could in improving the discharge of patients which would help relieve the pressure. Sarah Herbert considered the only people outside the department who had any real insight were the medical registrars as they regularly attend the unit. The difference that timely flow makes to the department and staff is tangible; however it is now seen as abnormal when it should be the norm.

The Executive Director for Emergency Care reported that he was currently introducing a new model of care for the medical take, with a requirement that there is more substantial consultant cover and ownership of specialty patients.

The Director of Finance confirmed there were discussions taking place with Simon Hunter, Chief of Service for the Emergency Department, around the staffing model. He agreed that IT issues should be resolved to ease pressure, and assured everyone that patient flow is a priority for the whole system.

The Chairman thanked Paul Sadler, Ben Short and Sarah Herbert for their presentations. He commented that the CQC had recognised the significant improvements being made in the Emergency Department.

Sarah Herbert said that despite the pressures in Portsmouth, there are a lot of trainees who enjoy working in the Trust and it is recognised that they receive excellent support and training. She also commented that Junior Doctors would be very happy to help in identifying improvements.

42/17 Minutes of the Last Meeting – 2 March 2017

The minutes were agreed as a true and accurate record.

43/17 Matters Arising/Summary of Agreed Actions

All complete.

44/17 Notification of Any Other Business

No notifications.

45/17 Chairman's Opening Remarks

The Chairman began by announcing that Dr John Smith, Non-Executive Director, had resigned from the Board with immediate effect. He thanked John for his excellent support and commitment. A replacement will be sought.

The Chairman also said goodbye to Liz Conway, Non-Executive Director, who retires at the end of the month. He thanked Liz for her outstanding contribution and commitment.

The Chairman confirmed that two Non-Executive Directors and one Associate Non-Executive Director had recently been appointed. They would be starting during May.

He also announced that the search for a Chief Executive and Medical Director had commenced and hoped that it would conclude in May. An interim arrangement for a Nursing Director is currently being explored whilst a substantive process is conducted.

The Chairman acknowledged the immense pressure being experienced in the Emergency Department. The rest of the Trust needs to start looking at being more effective in taking the pressure off the department. The Chairman thanked all staff for their continued commitment and gave special thanks to the staff within the Emergency Department.

The Chairman confirmed that the CQC had issued an enforcement notice relating to some concerns detected within AMU. An action plan to resolve these issues has been put in place.

This week sees the implementation of the new Vascular Service. The Medical Director committed to circulating a communication in relation to the new Vascular Service.
Action: Medical Director

The Chairman reported that the Trust's financial position continues to be challenging with significant threat to the £16.1m planned deficit for the year. The issues associated with our unscheduled care problems are having a very detrimental effect on our financial performance, with significant income being lost because of an inability to admit scheduled care patients due to overcrowding and reduced flow. If this main area of concern was resolved, this would in turn resolve our financial problems and the Trust would be in a positive surplus position.

The Chairman outlined the role of the Accountable Care System; the combined services of Portsmouth Hospitals NHS Trust, Solent NHS Trust and Southern NHS Foundation Trust, working together as one system and to one plan. Sir Ian Carruthers will be chair of the Accountable Care System Board. The three main priorities are 1) urgent care; 2) developing primary care, and 3) delivering a sound financial footing. Each participating organisation will need to be totally committed for this to be a success.

46/17 Chief Executive's Report

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

- NHS Staff Survey
- Budget Announcement is 'Good News' for Health and Social Care
- NHS Mandate Confirms Additional commitments for NHS

- NHS Trusts Cannot Deliver in 2017/18 without More Realism, Flexibility and Support
- New Patient Care Test for Hospital Bed Closures
- Funding Must Reach Front Line for Suicide Prevention Strategy to Succeed
- Ed Smith leaves valuable legacy as he announces NHS Improvement exit

Local News:

- 
46.17b Team Brief - March 17.pdf

The Chairman asked that the recent Health and Social Care grant and conditions be included in the next Chief Executive's report. There is a need to review the grant along with the Social Care review and have a clear understanding of the rules.
Action: Chief Executive

47/17 Integrated Performance Report

Quality

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

- CQC state of care report – to note the findings of the CQC report
- SIRI - Increase in SIRIs attributable to the increase in breaches of the Decision to Admit (DTA) target. 94 SIRIs were reported in February, compared to 40 in January. The increase is attributable to the Decision to Admit (DTA) target breaches, 11 reported SIRIs were clinical events
- Pressure Ulcers – The Trust confirmed 0 (zero) avoidable grade 3 and 0 (zero) grade 4 pressure ulcers in February. This compares to 1 grade 3 pressure ulcer reported in January. The current year-to-date position is 16 avoidable grade 3 and 0 (zero) grade 4 pressure ulcers. The Trust has been free from avoidable grade 4 pressure ulcers since January 2015. The Trust confirmed 3 unavoidable grade 3 pressure ulcers in February, which is a decrease on the 4 that were reported in January
- Dementia/VTE – Continued improvement with Dementia Screening. Compliance for January and February equates to 72.55% with a quarter 4 target of 90%. The VTE risk assessment figure for February is 96.1% (subject to validation), compared to the January figure of 95.05%. The National average for VTE assessment (NHS England, Q2 2016-17) is 95.51%
- Falls – There have been 4 confirmed falls incidents in February. 1 was reported as having resulted in the death of a patient in Medicine. This has been reported as a SIRI. 3 were reported as resulting in severe harm; 1 in MSK and 2 in Surgery and Cancer. The incident reported in MSK had occurred at the end of February but was reported as a SIRI in March and so will be included in March figures. The 2 incidents in Surgery and Cancer have both been reported as SIRIs. Since the last report 2 incidents have been confirmed as resulting in moderate harm. The current year-to-date position is 37 confirmed falls incidents, 31 resulting in severe harm (reported as SIRIs) and 6 resulting in moderate harm
- Safety Thermometer – The Trust achieved 100% data collection for February.
- Patient Moves – Increase in the number of reported non-clinical moves between 2100 and midnight (average of 6.2 per day compared) and between 0001 and 0700 (average of 4.2 per day)
- Friends and Family – Decrease in ED response rate to 14.4% which, although below the 15% target, remains above the national average. A reduction has been noted in the number of patients who would recommend ED, either positively or negatively
- Infection Control:
    - MRSA - The 3 MRSA bacteraemia reported in January have been attributed to third parties following referral to NHS England. The Trust reported 0 patients with MRSA bacteraemia in February

    - C.Difficile - The Trust reported 2 patients with C.Difficile attributed to the Trust in February against a monthly objective of 3. The cases occurred in Medicine and Intensive Care (ITU)
    - MSSA - There was 1 patient reported with MSSA bacteraemia attributed to the Trust in February
- HSMR – Trust HSMR for the 12 months to November 2016 has decreased to 109.82 (12 months to October 2016 rate of 110.11). Trust SHMI has been updated to include quarterly data previously unavailable. Overall SHMI for July 2015 to June 2016 is 110.77. Weekend mortality is lower than weekdays. Deaths are reviewed in the Mortality Review Panel meeting
- Stroke – The Trust has provisionally achieved 9 of the 13 key measures for January (see table) based on 69 admissions (clock starts). Scan within 1hr: not achieved 36.2% (standard 48%). Scan within 12hrs: 98.6% achieved (standard 95%). Direct Admission to Stroke Unit: not achieved 44.1% (standard 90%). % patients who spend 90% of their stay on a Stroke Unit: 86.8% achieved (standard 80%)
- Sepsis – The quarter 4 audit to meet the CQUIN requirements is currently underway

The Chairman recognised that, on the whole, these results were very good. He congratulated the Medical Director and his colleagues. He also recognised the negative effect on the HSMR of patients remaining in hospital for too long.

Operations

The Chief Operating Officer drew attention to the following areas of her report:

- RTT - All patients waiting for treatment (total waiting list). The Trust achieved 90.49% against the 92% standard for February, and just below the revised improvement trajectory of 90.9% at aggregate level. There were 2 breaches of the 52 wk. maximum wait standard
- Diagnostic Waits - The maximum 6 week waiting time standard for diagnostics was achieved; performance was 99.0% against the improvement trajectory of 99.1% (national standard 99%)
- A&E Performance was 75.32% against the 95% standard and the improvement trajectory of 85%. Total attendances in February averaged 361 per day. There had been 88 breaches of the 12 hour trolley wait standard
- Cancer - 5 of the 8 national standards were achieved, 62 day first definitive treatment, screening and 31 day subsequent surgery are currently not being achieved. Provisionally, there were 4 patients who had waited more than 104 days for treatment
- Delayed Transfers of Care - 6.2% of patients were officially delayed in their transfer of care compared to 2.5% in February last year; the majority of patients are waiting for social care assessment. The average number of medically fit for discharge patients was 246 compared to 181 in February last year, and is a deterioration from 244 last month

Simon Ward highlighted that all of the MRI and CT scanners are operating at a higher rate than expected and that there is no contingency if a breakdown occurs. The Medical Director is providing a report on Radiology – capacity, demand and strategy- to the next Trust Board meeting.

The Director of Finance commented that the capital programme is becoming a material issue and requires a review of capital allocations as it is being further reduced next year. He is currently debating the issue with NHSi as he considers the capital allocation to be small for a Trust of this size. The equipment cycle is reaching a critical point.

The Executive Director for Emergency Care reiterated that a new medical model of care is to be introduced to provide a better rolling review of patients and to minimise delays in referrals. The new model is intended to commence on 8th May 2017. The model will also see much more productive communication between departments and a revised on-call medical rota working to an agreed triage protocol. The Executive Director for Emergency Care, the Medical Director and Deputy Medical Director will ensure that all Chiefs of Service fully

understand why these changes are essential.

Mark Nellthorp asked if any assessment had been made of the benefit of these changes and if they would produce the necessary change. The Executive Director for Emergency Care replied that there was National evidence that shows that having a senior decision maker at the start of a patients journey helps avoid/reduces their stay. It is also evidenced that providing appropriate treatment at the beginning of the patient journey also reduces length of stay.

The Medical Director commented that he did not anticipate these changes would radically improve the 4 hour wait target but that they would certainly achieve improvements in quality.
.

The Interim Chief Operating Officer presented A&E performance data; please see the presentation below for full details.

A&E performance.pptx

The Chairman recognised that improvements had been made but insisted that the Trust's performance was still below an acceptable level.

Sarah Herbert questioned how the Trust would be able to sustain an increase in performance. The Interim Chief Operating Officer replied that performance would be sustained once the issues surrounding flow were resolved. The number of those patients who were medically fit for discharge but that had yet to leave the hospital needed to be significantly reduced to enable flow.

Mark Nellthorp raised concern that the Trust need to be doing more for medically fit for discharge patients. The Chairman echoed this and added that there needed to be more discharges in the mornings throughout the Trust.

Finance

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

- This report illustrated the position at Month 11
- Process of closing down the accounts is underway
- The Trust had a surplus of £1.2m as its planned financial outturn for 2016-17. The first two quarters of the financial year had a deficit plan aligned to the 2015-16 final run rate. The plan then required staged financial improvements from July 2016 onwards
- The Trust's Income and Expenditure position at the end of February 2017 is an actual deficit of £20.3m. This is £19.4m behind the planned deficit position of £0.9m. The deficit position includes a partial loss of allocated STF funding. In quarter 2 this is linked to lower than required levels of operational performance in RTT in August and September 2016 and is valued as a loss of £0.3m. A mitigation case for the loss has been proposed to NHSi
    - Year to date actual deficit of £20.3m. This includes the further loss of quarter 3 STF funding of £ 3.65m and a further £ 1.21m for January and February 2017.
    - Month 12 accounts will include the benefit of technical issues which are not included in the year to date position
- Income is a significant challenge:-
    - Year to date c£14.9m behind plan
    - NHSi has confirmed that our appeal in respect of Sustainability and Transformation Plan funding in respect of the 18 week referral to treatment target was unsuccessful (c£300k)
    - The unscheduled care disruptions have significantly impacted on our ability to

carry out the necessary activity to deliver the required income, whilst material costs have continued to be incurred. We are working with commissioners to do all we can to mitigate further deterioration in the financial position with regards to income. The scale of this is between £2m-£3m and therefore, delivery of the previously forecast £16.1m deficit is at risk accordingly.

- Considerable progress on CIPs has been made and this needs to continue.

Workforce

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

- The total workforce capacity increased by 30 FTE to 6979 FTE in February 2017 and is 175 FTE over the new funded establishment
- The temporary workforce capacity increased to 494 FTE in February 2017 and comprises 7.1% of the total workforce capacity. This is a 0.3% increase compared to January 2017
- The number of shifts that have breached the capped rates, or are off-framework, have decreased by 427 shifts to 1773 shifts in February 2017
- The evidence indicates that overall staffing levels have increased from 99.1% to 99.3% compared to planned levels
- The CHPPD metric has been recorded up to Month 11. The evidence collected indicates that overall CHPPD is 5.0 for RNs and 2.6 for HCSWs for PHT. This was similarly reported in previous months with a small decrease in RNs and small increase in HCSWs
- Appraisal compliance has decreased and currently stands at 81.9% in February 2017, below the 85% target. Appraisal compliance has been below target since the beginning of the financial year
- Total essential skills compliance increased in February 2017 from 89.5% to 89.6%. Information Governance Training has increased to 91.3% but is still below the Information Governance Training target of 95%
- Sickness Absence Rate (12 month rolling average) increased to 3.9% in January and remains above the target. In-month sickness absence increased to 4.4% in January and is above the target
- Flu - CQUIN of 72.5% of staff being vaccinated was achieved. This includes front line health care workers who did not have the vaccination due to contra-indications, allergies, treatment which the vaccine could affect or they had been vaccinated elsewhere. 1031 members of staff (15.8%) were written to and invited to an individual vaccination appointment but did not attend. 765 (11.7%) declined to be vaccinated and completed a consent form to that affect
- A 1% pay increase for both medical and non-medical staff has been agreed as well as an increase in pension contributions

Mark Nellthorp asked if the Trust had quantified how much time was spent on appraisals and queried if it was currently the best use of time given the current situation of the Trust. The Interim Director of Workforce insisted that it was imperative that appraisals continue; it increases staff development and morale. The Medical Director added that the quality of the appraisal was important and that appraisers need to be trained properly.

The Director of Corporate Affairs highlighted that an enormous amount of work had taken place to improve essential skills and mandatory training, however, some staff are actively choosing not to complete their training and this will not be allowed to continue; essential skills training is not optional.

Liz Conway asked, in her role of Chair of the Patient Experience committee, that her replacement champions complaints. The Chairman agreed.

48/17 CQC Improvement Notice and Urgent Care Quality Improvement Plan (CQC)

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

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

The Deputy Director of Nursing drew attention to the following highlights. This report updates on the outcome of recent CQC inspections and subsequent actions.

- The inspection by the CQC in February 2016 resulted in the Trust receiving an Enforcement Notice due to safety concerns relating to the Emergency Department
- Following an unannounced inspection on 29th and 30th September, the CQC found that significant improvements in patient safety had been made and proposed to remove the enforcement notice
- As a consequence of the September visit, the Trust had received requirement notices for which an action plan had been developed; progress against which has been reported to the Board on a monthly basis
- The final report following the inspection in September was published by the CQC on the 1st February
- An action plan in response to the requirements contained within the final report was submitted to the CQC on the 27th February 2017
- Three further unannounced inspections have taken place since September; the 16th and 17th and 28th February 2017
- As a consequence of these inspections, the CQC imposed four conditions upon the Trust on 3rd March 2017
- The Trust developed a short term action plan to ensure all actions raised from the February inspections were being addressed and actioned accordingly
- The Trust is in the process of assembling a more comprehensive action plan than that originally submitted to the CQC. Once developed and agreed, it is this plan that will be reported to Trust Board.

The Executive Director for Emergency Care added that the plan is reviewed daily and actions taken accordingly, and confirmed that a clear and safe pathway for GP patients being admitted into AMU had been established.

The Chairman sought assurance that the Trust was compliant with the conditions imposed upon it. The Deputy Director of Nursing responded to say that the Trust was but that adequate staffing levels needed to be maintained to maintain compliance. Escalation triggers have been put in place if staffing levels are low; beds will close in these circumstances. The Deputy Director of Nursing also highlighted that a number of commitments have been made in relation to DOLS compliance and the majority of targets were being achieved. The Chairman asked for a more formal update on whether the Trust is achieving the conditions imposed by the CQC.
Action: Deputy Director of Nursing

The Director of Finance reassured the Board that the Executive Team is regularly discussing this in the weekly Executive Management Team meeting.

49/17 Annual Education, Learning and Development Report

This item was taken out of turn.

The Interim Director of Workforce drew attention to the following highlights from her report. Please see the report attached for full details.

- This report was produced in August 2016 - facts and figures are for financial year 2015/16
- We have continued to utilise the external funding in a similar manner (as mandated by HEE Wessex for specific training purposes e.g. Salary Support)
- We have continued to support the development of new roles e.g. Nursing Associates
- Challenges as listed in report still remain, funding, attracting students, real estate and apprentice levy

49.17b L&D Annual Report Final Version.

50/17 National Staff Survey

This item was taken out of turn.

Lucy Wiltshire, Head of Organisational Development, was in attendance to present the national staff survey and drew attention to the following key areas:-

- Full census of staff undertaken with 3949 responses (58%), which is in the highest 20% of acute trusts nationally
- Maintained overall staff engagement, showing a significant increase from 2012 (*launch of internal staff engagement methodology with board commitment to staff engagement*)
- Top 20% in 12 of 32 key findings when compared to all acute trusts nationally (decrease from 15 in 2015)
- Trust Board are requested to endorse proposals for priority areas of focus for 2017. 2017 priority areas:-

Bottom five ranking scores and scores where staff experience has declined:	
Errors and Incidents	**2017 Key Actions:**
KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month (that could have hurt staff or patients)	• Patient Safety Culture work streams • Quality Improvement Strategy
Health and Wellbeing	**2017 Key Actions:**
KF18. Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves	• Ensure staff and managers follow the Management of Attendance policy • Staff are appropriately supported/referred to Occupational Health • Continue to promote our staff safety and well-being service
Job Satisfaction	**2017 Key Actions:**
KF1. Staff recommendation of the organisation as a place to work or receive treatment	• Continue the staff engagement programme so that staff are listened to, feel supported and able to make changes in their place of work for the benefit of patients and themselves • Ensure all staff are clear on the organisations top priorities and how their role contributes to delivery
Violence Harassment & Bullying	**2017 Key Actions:**
KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months **KF23.** Percentage of staff experiencing physical violence from staff in last 12 months **KF25.** Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months **KF27.** Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse (either they or a colleague reported it)	• Identify whether the number of staff reporting such experiences are recorded as an incident on the most appropriate system • Ensure all staff are reminded of and compliant with the Management of Violence, Aggression and Abuse against Staff Policy • Ensure all staff are reminded of and compliant with the bullying and harassment policy • Any required training is identified and delivered • Ensure all staff know how to report incidents and are appropriately supported • Continue with the 'Respect Me' prevention of Workplace Bullying and Harassment campaign

Mark Nellthorp commented that the survey seems to suggest that the rest of the country is improving but that we are not. Lucy Wiltshire confirmed that we are improving within the Trust.

Lucy Wiltshire will provide the Governance & Quality Committee with further details from the National Staff Survey.

Action: Lucy Wiltshire

51/17 Delayed Transfers of Care

The Interim Chief Operating Officer highlighted the following key points from her presentation:-

- A reportable DTOC occurs:
  - When a patient is ready to depart from an acute or non-acute (community or mental health) bed and is still occupying that bed
  - A clinical decision has been made that the patient is ready to transfer AND
  - A multi-disciplinary team decision has been made that the patient is ready AND safe to discharge/transfer
- Medically optimised:
  - Medically fit for discharge/ clinically optimised/medically optimised
  - NOT the same as DTOC from a medical perspective only
  - They may need further therapy or social care input
  - Discharge to assess means much of this can be done outside of the acute setting

The Interim Chief Operating Officer assured the Board that there is a whole system review taking place. The Chairman has asked for an explanation as to why 'delayed transfer of care patients' are counted differently across the system.
Action: Interim Chief Operating Officer

Mark Nellthorp remarked that delays in assessments have the effect of reducing delayed transfer of care figures and of increasing medically fit for discharge figures. The Executive Director for Emergency Care confirmed that 108 of 237 patients are currently waiting for other assessments; predominantly adult assessments. The assessment processes needs to be accelerated. The Chairman asked the Executive Director of Emergency Care to look at the MDT assessment process to ensure that it was working as it should.
Action: Executive Director for Emergency Care

The Director of Corporate Affairs commented that delayed transfers of care and medically fit for discharge need to be more clearly defined; Social Care are only interested in delayed transfers of care, so we need to do all we can to ensure patients move from medically fit for discharge to delayed transfer of care to ensure Social Services support.

52/17 Audit Committee Report

The Director of Finance drew attention to the following key points:-

- A Cyber Security business case is being put together and will go through the normal business case process
- The internal audit plan has been presented and has gone to the Executive Team for comment. It will then go to the Audit Committee for final approval
- The external audit plan and local counter fraud plans have been presented and noted by the Audit Committee
- Concern that the audit committee did not receive the Board Assurance Framework (BAF). The Director of Finance assured the Board that the BAF is presented at a lot of different meetings
- Review of the Standard Financial Instructions and Standing Orders is being undertaken to further support the Trust Recovery Programme. This will be brought to the Board for approval once it has been considered by the Audit Committee

53/17 Audit Committee Forward Planner

The Director of Finance presented the planner to the Board for noting.

54/17 Board Assurance Framework

The Director of Corporate Affairs highlighted the following key points:-

- Risk S4 – a decrease in the scoring from 16 to 12
- All RED Risks scoring 16 and above

The Director of Corporate Affairs continues to further refine the risks and reminded members of the need to satisfy themselves that the risks within the BAF are indeed those that threaten the Organisational priorities and that they assure themselves that the proposed actions will mitigate the particular risk.

Liz Conway reminded that the Risk Assurance Committee focused on risks at each of its meetings but she raised concern about the level of CSC attendance. The Chairman asked the Medical Director and Deputy Director of Nursing to ensure that all CSCs fully understand the importance of representation at the Risk Assurance Committee meeting and their responsibility to manage any risks that threaten their CSC.
Action: Interim Medical Director and Deputy Director of Nursing

55/17 Charitable Funds Update

The Director of Corporate Affairs highlighted the following key points:-

- February has been another good month for the charity as well as overall for the year
- A paper was submitted to the Operational Board last week highlighting that the Rocky Appeal is currently struggling to meet this years' payments for the robot. Other departmental charitable funds will be asked to contribute, if necessary.

A contributing factor for the reduction in donations to the Rocky Appeal is as a consequence of the successes of Portsmouth Hospitals Charity and the ability to be able to donate directly to a specific ward or department.

56/17 Non-Executive Directors' Report

Nothing further to add.

57/17 Annual Work plan

The annual work plan was noted.

58/17 Record of Attendance

The record of attendance was noted.

59/17 Opportunity for the Public to ask questions relating to today's Board meeting

No further questions.

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

60/17 Any Other Business

The Chairman bid a final farewell to Liz Conway and praised her passion, enthusiasm and excellent contribution to the Trust. Liz thanked her colleagues for their support throughout her term of office and thanked the staff for their continued commitment.

The meeting closed at 13:18pm.

61/17 Date of Next Meeting:

Thursday 4 May 2017
Venue: Lecture Theatre, Queen Alexandra Hospital