

Trust Board Meeting in Public

Held on Thursday 6 July 2017 at 09:00am

Lecture Theatre
Queen Alexandra Hospital

MINUTES

Present:	Mark Nellthorp	Interim Chairman
	David Parfitt	Non-Executive Director
	Christine Slaymaker	Non-Executive Director
	Melloney Poole	Non-Executive Director
	Tim Powell	Chief Executive
	Rob Haigh	Director of Emergency Care
	Ed Donald	Executive Director
	Rebecca Kopecek	Interim Director of Workforce
	Sheila Roberts	Interim Chief Operating Officer
	Michelle Dixon	Deputy Chief Operating Officer
Nicola Ryley	Interim Director of Nursing	
Louise Millard	Associate Medical Director	
Kevin Nederpel	Deputy Director of Finance	
In Attendance:	Peter Mellor	Director of Corporate Affairs
	Teresa Cunningham	PA to Trust Board (minutes)
	Eddie Tuke	Assistant Director of Commissioning
	Sarah Balchin	Head of Patient Experience
	Briony Robinson	UGI/OG Specialist Dietitian
	Nicky Sinden	Lead Nurse for Workforce
	Hannah Docherty	Matron for Surgery

**Item Minute
No**

- 108/17 Apologies:**
Mike Attenborough-Cox, Non-Executive Director
Chris Adcock, Director of Finance
John Knighton, Deputy Medical Director

Declaration of Interests:
There were no declarations of interest.

109/17 Patient Story

Briony Robinson, UGI/OG Specialist Dietitian gave her presentation, attached below.



109.17 Patient
Journey-BR June'17.p

The Interim Chairman queried what the arrangements were for post-surgery engagement. Briony Robinson replied that follow-ups were multi-professional and that any additional care will be designed to provide maximum benefit.

The Interim Director of Workforce announced there had recently been approval given for a Dietetics post in Critical Care.

110/17 Minutes of the Last Meeting – 1 June 2017

The minutes were agreed as a true and accurate record.

111/17 Matters Arising/Summary of Agreed Actions

The Chief Executive provided an update against Action 87/17. There is still no confirmed date for the receipt of the CQC report. It has been completed and is now going through the CQC internal approval processes. He promised to share the date once it was known.

The Interim Chief Operating Officer gave an update on action 88/17 from the previous meeting. She announced there will be a full scale table top major incident exercise carried out in real time within the Trust on 20th July, to test the Trusts ability to respond to a major incident and to test our operational response. Recent events in Manchester and London have highlighted excellent working between the Health Service and other agencies, this Trust needs to be able to respond in a similar way. An NHS England facilitator will co-ordinate the day. Non-Executives are invited to observe this exercise if they wish to do so. The Interim Chief Operating Officer will update the Board on the outcome of the exercise at the next Trust Board meeting to provide the Board with reassurance that the system is being tested. There is an up to date comprehensive major incident plan in place.

The Interim Chief Operating Officer also announced that later in the year there will be a full scale live exercise which will incorporate other agencies such as the Police, Fire Brigade and Portsmouth Hospitals NHS Trust.

112/17 Notification of Any Other Business

None.

113/17 Interim Chairman's Opening Remarks

The Interim Chairman began by introducing himself and confirmed that the process to recruit a permanent Chairman would soon be underway.

The Interim Chairman's priority is to keep momentum in supporting the new team and maintain pace in making improvements.

114/17 Chief Executive's Report

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

- The Queen's Speech 2017
- Jeremy Hunt to remain as Health Secretary
- Professor Edward Baker will be the Care Quality Commission's new Chief Inspector of Hospitals
- NHS Improvement Year-End Figures
- Report on future of commissioning marks new series exploring key issues for the health service
- NHS England – Reduction in sales of sugar-sweetened beverages

Melloney Poole asked the Chief Executive what he considered the top three risks to the Trust to be. The Chief Executive responded:

- 1) Continuing pressure regarding bed occupancy rates and, in turn, the number of patient moves that result as a consequence
- 2) Patients who have specific needs and specialist mental healthcare needs
- 3) Financial issues and challenges, particularly around bed occupancy and unscheduled care

Melloney Poole asked when it would be possible to share the action plan that needed to be put in place to address the mental health issues within the Trust. The Chief Executive confirmed that there was a meeting planned with NHSi next week after which a plan would be produced and that he would circulate it as soon as it was available. The Interim Director of Nursing reminded that the Care Quality Commission considered mental health to be a key priority.

David Parfitt asked what assessments had been carried out within Portsmouth Hospitals NHS Trust in relation to fire risks and cladding. The Chief Executive confirmed that a risk assessment had been carried out and he had been assured by Carillion and Hampshire Fire and Rescue Service that the cladding presented no immediate danger. The canopy outside the East entrance had been identified as a potential risk as it is made of timber and will be replaced. The Director of Corporate Affairs added that he would circulate a summary of the different work and assessments that had recently been carried out. He confirmed that an independent expert would be carrying out an independent review of the assessments that have been undertaken. The Director of Redevelopment has confirmed that the hospital is 'safe'.

Local News:

- Best People Awards
- Team Brief



114.17b Team Brief -
June 17.pdf

115/17 Integrated Performance Report

Operations (this item was taken out of turn)

The Interim Chief Operating Officer began this item by updating the Board on Mental Health. She has received good engagement with local partners and has also met with South Central Ambulance service and other providers to identify gaps within our Emergency Department. Patients with a mental health condition need specific support when at the acute trust. The issues raised are important for us to resolve in conjunction with external partners. Extra support is being provided and the Interim Chief Operating Officer, Director of Emergency Care and Interim Director of Nursing will meet with the departments on a regular basis. The changes in law will also have an impact on the Trust and therefore the Interim Chief Operating Office is working closely with the Police.

The Interim Chief Operating Officer announced that the Trust has been granted £855,000 capital funding to create an Urgent Care Centre on site, the key requirement is that it is co-located with the Emergency Department. The work must be completed by October 2017 in order for the service to commence.

Christine Slaymaker enquired as to how the new Urgent Care Centre will be staffed. The Interim Chief Operating Officer responded to say the capital funding received is to build the physical unit, the unit will be run by Commissioners and will go out to tender. This Trust will have no influence over the members of staff who work in the unit. The Interim Chief Operating Officer has asked for an arrangement to be in place so we have a mechanism to cope with patients if the unit is unstaffed for any reason, there is a requirement for an alternative safe place for patients. The Chief Executive added that following the visit from Pauline Philip, National Lead for NHS Improvement for Accident and Emergency, the expectation is to have a GP style service within the Emergency Department. The current service is inadequate. The Trust at least has the funding to ensure it has the right facilities, it is then for commissioners to ensure they commission the service to national specification.

The Interim Chairman asked what the timeline is for the service to be up and running. The

Interim Chief Operating Officer replied to say that commissioners are putting together an options appraisal which should be completed by the end of July, in order to work out the best site for the centre. A physical unit must be in place by October.

David Parfitt raised concern around the logistics of running the unit and how this would work alongside our staff and service. The Interim Chief Operating Officer assured the Board the Trust will be working closely but separately. Patients will be met by a 'navigator' directing them to the correct department. It is key that GPs in the unit feel valued and engaged. The Trust is looking to recruit GPs who wish to maintain their emergency skills.

Melloney Poole enquired as to whether the Mental Health Liaison Team is being put back in the Emergency Department. The Interim Chief Operating Officer remarked that the service is still in place and will remain. The service specification is not now sufficient and exact requirements will need to be worked on with commissioners.

Ed Donald, Executive Director enquired as to whether Portsmouth Hospitals NHS Trust can bid for the service. The Interim Chief Operating Officer confirmed that it could, however it is not seeking to do so and will be continuing to focus on its Emergency Department. The Trust will be able to record the activity.

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

- A&E – 4 hr standard performance was 74.99% (79.06% last month) There were 38 breaches of the 12 hr Trolley Wait Standard
- RTT - Performance 91.37% against the 92% standard (at aggregate level) and against the improvement trajectory of 91.4%. Total number of patients waiting to be treated increased by 609 to 29,734. Number of patients waiting more than 18 weeks reduced by 223 to 2,567
- Diagnostic Waits - Trust performance was 99.2% against the 99% diagnostic standard and improvement trajectory of 99.1%. There were 52 breaches of the standard. Demand for diagnostics remains high. Prioritisation of inpatients to assist unscheduled care flow
- Cancer - The Trust is currently forecasting achievement 7 of the 8 key national standards, provisionally 62 day screening has not been achieved however validation is not completed, review of the breaches has commenced to review choice of screening site offered to patients as options include Isle of Wight, which due to geographical location is unpopular with non-residents. There are provisionally 4 patients who were treated in excess of 104 days and a full root cause analysis of the breaches has commenced to determine underlying cause of delay and actions to be taken to address

Melloney Poole commented that the 104 day standard has 0 tolerance, and questioned if it is accepted that the Trust will fail this target. The Deputy Chief Operating Officer reassured the Board that the accepted level is 0 tolerance and they are working towards this. It is a priority. However, there will always be complex pathways and there is a responsibility to tighten those pathways as much as possible. Patients are being reviewed on a weekly basis.

The Director of Emergency Care informed the Board that Solent Community Trust has increased the level of patients being taken out of the Trust on end of life schemes. They currently have capacity within their newly recruited additional workforce and the Director of Emergency Care will be discussing extending their service as well as having simpler home care packages which should further accelerate the reduction in medically fit for discharge patients. The Interim Chairman responded to say that whilst it is good to see improvements, he is however still concerned about the scale of the problem in relation to bed occupancy and medical fit for discharge patients and the pace in which improvements are being made. The Trust needs to get to a stage where it has 100 or less medically fit for discharge patients and questioned if there was a timeline for this. The Director of Emergency Medicine informed the Board that trajectory is slightly behind at 234 against a target of 226. Solent NHS Trust has acknowledged the gap and the additional support required to bridge it. The

Interim Chairman remarked that even if the Trust recoups its position, there are still signs the system is not working as expected. The Director of Emergency Care responded to say that the extra recruitment taking place within Solent and Southern NHS Trusts will increase service availability in order to make more improvements and reach the September target.

Ed Donald, Executive Director questioned how the Board gets assurance the plan will work this time around and asked if there was a recovery plan from partners that includes this Trust for delivery of the plan and who is being held to account, and commented there are currently 100 patients per week who are not benefiting from leaving hospital and are in a waiting list to leave. The Director of Emergency Care responded to say the multi system waiting list reduction plan has been shared and is scheduled to last until September. The plan is being monitored through the weekly assurance meetings. The Integrated Discharge Service team are confident and have assured the Delivery Board they can provide business as usual when at that point.

The Interim Director of Nursing remarked that for the sake of patient experience, the plan has to work, however, it is predicated on others delivering, and commented that this Trust cannot do it alone.

Quality

The Interim Director of Nursing reported that she had recently met with NHS England regarding mental health provision and, in particular, around CHAMS and level 4 access, and speeding up processes.

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

- SIRI - 60 SIRIs had been reported in May, compared to 55 in April. These were reported as 48 breaches of the Decision to Admit (DTA) target and 12 clinical SIRIs. A total of 4 incidents had resulted in the death of the patient. A total of 38 x 12 hour DTA breaches were reported in May; the remaining 10 had occurred at the end of April but had been reported to STEISS in May. There had been zero Never Events reported in May
- Pressure Ulcers – The Trust confirmed 1 avoidable grade 3 pressure ulcer within Medicine and 0 (zero) grade 4 pressure ulcers in May; compared to the 1 grade 3 pressure ulcer reported in April
- Dementia - There had been a slight increase in the compliance with dementia screening in May; however, compliance remains low at 79.3%, compared to 76.1% recorded in April and 74.3% in March
- VTE – The VTE risk assessment figure for May is 96.14% (subject to validation); compared to the April figure of 96.31%. The National average for VTE assessment (NHS England, Q2 2016-17) is 95.51%.
- Falls – There has been a total of 3 confirmed falls incidents in May. 1 fall contributing to the death of the patient within Medicine, 1 fall resulting in severe harm within Medicine and 1 severe harm incident within MOPRS. All incidents had been reported as SIRIS and are currently under investigation. There had been 1 reported moderate harm fall within AMU in the Emergency Medicine CSC which is 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
- Friends and Family – The total number of responses for both ED and in-patients increased from 4,025 in April to 4,365 in May. The Emergency Department response rate remained static at 14.6% in May; therefore, not achieving the required 15% target. However, the figure is above the national average of 12.5% in April. The reported satisfaction rate had increased slightly to 95%. The Trust continues to exceed the national benchmark of 87% in April
- Infection Control:
 - MRSA - The Trust reported 2 patients with MRSA bacteremia in May. Both cases were provisionally assigned to the CCGs (1x Portsmouth CCG and 1x

- Fareham and Gosport CCG) pending Post Infection Review panels (PIR). Following PIR meetings, both cases have been referred to NHS England for arbitration and attribution to Third Parties has been requested
- C.Difficile - The Trust reported 5 patients with C.Difficile attributed to the Trust in May against a monthly objective of 3. The cases occurred as follows: Medicine (x2), Surgery (x1), MSK (x1) and Paediatrics (x1). Formal multi-disciplinary panels have been reinstated for all cases occurring from June 2017
- MSSA - There were 4 patients reported with MSSA bacteraemia attributed to the Trust in May
- HSMR/SHMI – The updated Trust HSMR for the 12 months to February 2017 is 111.19. This represents an increase on the rate previously reported for the 12 months to January 2017 of 109.85. This sits within a confidence interval of 106.25 – 116.30. The Trust HSMR is now classed as high as the lower confidence interval is above 100. The Trust SHMI for October 2015 to September 2016 is 110.96; which is a slight increase from the previous reported quarter's figure of 110.77. Whilst this figure is above the National Average of 100, it is within the official control limits

The Associate Medical Director reported that there is close internal and external scrutiny of mortality within the Trust. 40% of all deaths are reviewed on a daily basis through the Mortality Review Panel. The review panel enquires about avoidable deaths and looks at themes; 15% are attributed to medically fit for discharge or end of life pathways. She reported that the Trust was unable to review all deaths currently due to capacity and the appropriate training of clinicians. Portsmouth Hospitals NHS Trust is ahead of other Trusts in terms of reviewing deaths. Plans are in place to extend the service. The Deputy Medical Director has been asked for a timeline for the start of the extended service.

Action: Deputy Medical Director

The Interim Chairman noted that Patient Moves had not been referred to in the verbal report given by the Interim Director of Nursing. The Interim Director of Nursing confirmed that there had been an increase in the number of patient moves after midnight and assured the Board that she was working on the development of a structured plan to resolve the issues. There were no 'never events' to report.

Finance

The Deputy Director of Finance drew attention to the following areas of the 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, quarters 3 and 4 a surplus plan. The plan requires a steady financial improvement to be made effectively from July 2017 onwards. This report does not contain a detailed forecast as this is reviewed formally at the end of Q1
- The annual plan for clinical income reflects the agreement expectation that will be reached with Commissioners on the Aligned Incentives Contract and this will apply from 1st April 2017. The annual plan includes an income provision relating to the Sustainability and Transformation Funds (STF) of £13.4m and a financial improvement requirement through the course of the year of £34.5m
- The Trust's Income and Expenditure position for May 2017 was an actual deficit of £4.1m. This was in line with the planned position of a £4.2m deficit. The position includes recovery of the STF funding for the month of £0.7m, a year to date sum of £1.4m. Clinical Income has been based on a number of assumptions as activity was either not fully coded or available for the reporting period
- The Trust continues to see significant pay pressures through the continued high use of temporary staff to maintain urgent care services and additional capacity that has remained open due to the volume of patients that have been in hospital as delayed transfers of care. 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 2 have been mitigated by a favourable non-pay reserve position. Subsequent months will require more stringent pay controls and a comprehensive range of financial improvement initiatives in order to achieve financial targets

- The plan by the end of quarter 1 requires a deficit position of £5.9m or better, including receipt of STF allocations. Whilst Q1 remains challenging, significant improvements in financial performance are required from quarter 2 onwards in order to deliver the plan. Managing financial risks relating to the overall surplus plan will be challenging, however, based on the number of variables and potential opportunities it is still considered to be a deliverable objective at this point in the financial 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 £6.7m at the end of May. The minimum level of cash holding required by the DH was £5.1m (including £4.1m of capital cash carried forward from 2016/17). The Trust has drawn total cash against a limit of £41.7m for its working capital facility and £10.9m DH uncommitted loan. The Trust has been advised that the cash support application submitted to the Independent Trust Financing Facility (ITFF) meeting in February 2016 was not taken forward and Portsmouth Hospitals NHS Trust has now written to NHSI outlining the issues surrounding the cash position and the implications of changing the capital resource limit formula and the impact on its ability to replace capital equipment

Workforce

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

- Total workforce capacity decreased by 20 FTE to 6930 FTE in May 2017 and was 88 FTE over the new funded establishment
- Temporary workforce capacity increased to 502 FTE in May 2017 and comprises 7.2% of the total workforce capacity. This is a 0.1% increase compared to April 2017. The Trust is providing temporary mental health staff in the interim which incurs a significant cost
- The number of shifts that have breached the capped rates or are off-framework have increased by 485 shifts to 2413 shifts in May 2017
- Evidence collected for May 2017 indicates that overall staffing levels have increased from 103.1% to 104.2% compared to planned levels
- Evidence collected for May indicates that overall CHPPD is 5.1 for RNs. This is similarly reported in comparison to the previous month and 2.9 for HCSWs for PHT. This was an increase in comparison to the previous month
- Appraisal compliance has decreased and currently records at 81.5% in May, below the 85% target
- Essential skills compliance maintained at 88.8% and continues to be above the 85% target
- Sickness Absence Rate (12 month rolling average) decreased to 3.8% in April but remains above the target. In-month sickness absence decreased to 3.7% in April and is above the target
- Staff Friends and Family Pulse Test - Quarter 4 results 2016/17 for Wessex place Portsmouth 92nd of the 230 Trusts surveyed. At 67% this is 1% less than the previous quarter, 3% above the England average and 1% below the Wessex average scores
- No whistleblowing, professional registration or safe guarding referrals had been received

116/17 CQC Enforcement Notice

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

- Part A – compliance with the CQC Enforcement Notice
- Part B – compliance with the Urgent Care Improvement Plan

The Interim Director of Nursing drew attention to the following highlights:

- A Section 29A report had been re-issued yesterday and the Trust has the opportunity to review the draft
- Following the Care Quality Commission (CQC) inspections in September 2016, February and May 2017, the CQC Improvement Plan has been revised to ensure that all issues raised by the CQC are being addressed

- There has been good progress with the actions. The response provided by the CSC's for their specific actions are currently under review to determine the level of compliance
- The increased scrutiny around Mental Health continues. The areas requiring further focus relate to completion of risk assessment and care plans and application of Mental Capacity Act and Deprivation of Liberty Safeguards requirements in practice with supporting documentation that reflects robust best interest decision making. A weekly Mental Health Working Group has been established to drive forward the required actions and improvements
- An external deep dive review into mental health has been completed and a report provided with a number of recommendations to consider and take forward. A separate action plan relating to vulnerable patients has been drafted and is in the process of being finalised to ensure all recommendations from this review have been included
- The Trust is working collaboratively with Commissioners and Portsmouth City Council to ensure that there is appropriate resource and support available to enable the Trust to progress the Mental Health and Safeguarding agendas.
- The Trust continues to report against the Enforcement Notices in accordance with the Conditions
- The Trust has appointed an interim Head of Assurance to support the organisation with the CQC work. The post holder will have oversight of all the CQC requirement and enforcement notices, actions and associated action plans and will support the organisation in the delivery of these and the provision of assurances

The Interim Director of Nursing reported that the Trust had been working closely with partner organisation regarding mental health and safeguarding provision. At the end of July Portsmouth City Council and Commissioners will undertake a review of our existing arrangements around safeguarding. The adult safeguarding lead is due to retire at the end of July and Commissioners have agreed to support that service until a replacement is in place. The Interim Director of Nursing will provide an action plan at the next Trust Board meeting.

Christine Slaymaker noted that the highest level of 'did not attends' for staff mandatory training was for mental health and asked what was being done to improve this. The Interim Director of Nursing recognised this as a priority and assured that the Trust will be working proactively to improve mandatory training attendance. She added that military staff would be supporting the Trust in order to release more staff to attend training.

117/17 Quality Performance Report (Serious Incidents Requiring Investigation)

The Interim Director of Nursing presented the report and drew attention to:

SIRI summary – May 2017

A total of 60 SIRIs had been reported in May comprising:

- 48 x breach of 12 hour DTA target (10 occurred in April)
- 12 x clinical SIRIs:
 - 2 x Fall resulting in fractured neck of femur
 - 2 x Alleged assault of patient by agency member of staff
 - 1 x Fall contributing to death
 - 1 x Undiagnosed cardiomyopathy leading to cardiac arrest at end of surgery
 - 1 x Patient arrested and died after removal of central line
 - 1 x Suboptimal management and transfer of patient with spinal cord compression
 - 1 x Cardiac arrest following accidental injection of air in coronary artery
 - 1 x Hospital acquired level 3 pressure damage
 - 1 x Failure to recognise deteriorating patient
 - 1 x Alleged severe reaction to use of bleach by cleaning staff
- This compares to 6 clinical SIRIs reported in April
- Of the 12 clinical SIRIs reported in May; 11 patients or relatives, where applicable or appropriate, had been informed of the incident within the deadline and are aware of the on-going investigation. One breach of the Duty of Candour had occurred within

the Medicine CSC

- 363 SIRIs remain open on STEIS (Compared with 330 in April), 333 of these are Breaches of DTA
- 210 SIRIs are in the process of investigation within the Trust (180 DTA breaches)
- 5 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 are awaiting closure by the CCG

May 2017

As of 12/06/2017 5 SIRIs have been confirmed: 4 breaches of DTA target and 1 clinical SIRI.

Melloney Poole noted the SIRI paper was not currently presented for consideration to a formal Committee. It was agreed that the Governance and Quality Committee should receive this report.

118/17 Quarterly Legal Services Report

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

- There had been no Regulation 28 reports in Quarter 1
- NHS Litigation Authority has rebranded itself as NHS Resolution (NHSR)

The Interim Director of Nursing asked for any comments on the report to be directed to her.

Melloney Poole asked to meet with The Director of Nursing outside of the meeting to discuss the report. Other Executives and Non-Executive Directors were welcome, should they wish to attend.

119/17 Patient Experience Quality Report and National Inpatient Experience Survey Results

This item was taken out of turn.

Sarah Balchin, Head of Patient Experience, attended the meeting to present the reports and drew attention to the following key points:

Annual Patient Experience Report:

- We have provided more and varied ways to enable people to provide us with feedback about their experience
- Over 75,000 patients, family members and carers have taken time to tell us how we are doing, the good things and those things that we need to improve
- More people from the local black, minority and ethnic groups and people with a physical or learning disability have shared their experiences than ever before
- We have reached out to, and reached further into, our local community to help us make the changes, making use of the extensive skills of the Portsmouth City and Hampshire people
- We have achieved the priorities we agreed with our patients, families and carers

National Adult Inpatient Survey Key Results

- Overall experience of care was 8.1/10, a small improvement from 8/10 in 2015.
- Two significant improvements had been achieved since the last survey: a reduction in the number of patients reporting sharing sleeping arrangements with people of the opposite sex and an improvement in ward cleanliness
- There are two areas in which the Trust is benchmarked as being worse than other Trusts. These are 'noise at night from staff' and 'the time taken time to answer a call bell'
- The 4 key areas which have been identified as being most important to patients and requiring improvement are:
 - Not enough help to eat meals
 - Slow response to call buttons

- Could not find staff member to discuss concerns
- Noise at night from staff:
 - It is noted that since the collection of this feedback, a project to reduce noise at night has commenced. The Shh (sleep helps heal) Project (App I) will be evaluated in July 2017

The Associate Medical Director asked how the Trust could make sure that all key information is delivered to staff, good and bad. Sarah Balchin replied that there is a bi-monthly forum however, attendance is currently quite low. She is intending to improve the website for patient experience.

Ed Donald, Executive Director, asked if the top four priorities were as a consequence of behaviours or staffing levels. Sarah Balchin replied 'both'.

The Interim Chairman and Board members congratulated Sarah on her recent National Patient Experience Champion Award.

120/17 Shared Governance Update for Surgery CSC

This item was taken out of turn.

Hannah Docherty, Matron for Surgery, Charlotte Winsor, Chair of Committee and Annie Munks, Deputy Chair of Committee, presented their report, giving a brief overview of their project and an update on the progress they have made within the Surgery CSC.

The Director of Corporate Affairs congratulated Hannah and the team for their achievements and commitment.

Hannah Docherty confirmed that she had spoken to Matrons from other CSC's with a view to rolling out the concept in other CSCs. Good communications will be key.

Ed Donald, Executive Director, asked if there was a particular staff group that might benefit from attending the Shared Governance Meetings. Hannah Docherty thought that it would be beneficial for Doctors to attend.

The Interim Chairman thanked Hannah and her team and praised the work and commitment they have demonstrated.

121/17 2017/18 Capital Programme

The Deputy Director of Finance drew attention to the following key points from the report:

- Understand the implications of how the capital resource limit has been calculated
- Review the current capital schemes put forward in 2017/18
- The ongoing discussions with NHSI concerning capital and cash

The Board was asked to:

- Agree to limit the capital spend to committed schemes only until:
 - A Capital Priorities group has been established
 - A balanced programme can be agreed
 - Additional sources of capital can be identified
 - To note the recent letter sent to NHSI
- Approve committee responsibility

Next steps/future actions:

- To undertake a complete review of how the Capital Resource Limit (CRL) is calculated with its impact for future years
- Get NHSI to acknowledge the CRL issues and how additional CRL can be achieved, or other alternatives for capital investment
- Provide a comprehensive 5 year capital programme
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David Parfitt noted that the capital programme had been underspent in 2016/17. The Deputy Director of Finance replied that some big spend items had slipped due to operational issues but the capital for them will be spent this year. There will be a 5 year capital programme. David Parfitt added that the Trust needs to agree on the priorities and spend in a realistic timeframe.

The Chief Executive queried, in terms of prioritising the capital plan, if there was a standard procedure for identifying clinical risks. He emphasised the need to be mindful and clear of the capital expenditure risks.

The Interim Chief Operating Officer has requested there be a nursing and therapies representative at the committee meeting.

The Deputy Chief Operating Officer asked if there was a timeline for response with regards to the external capital bids and what the mitigations are for those bids that might not be supported. The Deputy Director of Finance replied that there has been no feedback as yet but other finance options were being explored in case any are turned down.

122/17 Aligned Incentives Contract Variation (AIC)

The Assistant Director of Commissioning presented this report and highlighted the following key points. The report was discussed at length.

- The Trust currently has a full PbR contract in place with all commissioners, but has signed a heads of terms with the 3 local CCGs to seek an alternative form of agreement that aligns incentives better to enable a radical local system redesign at reduced financial risk to both parties
- Agreement of the aligned incentives contract is nearing completion and signature of a formal Variation to contract is imminent
- A work programme for local system benefits realisation is proposed but needs Trust-wide reinforcement and support, particularly in identifying any identified unintended consequences

Christine Slaymaker asked what the timescales and milestones were. Eddie Tuke replied that the final validation will be available for the next Trust Board meeting in September. Christine Slaymaker also questioned when funding will move across to the AIC. Eddie Tuke confirmed that the Trust was working to the AIC and would charge this way from the beginning of the financial year.

Christine Slaymaker asked when the point of no return would be. The Deputy Director of Finance replied that so far the contract had been well received and he is expecting our Commissioners to work to the values and behaviours and application of an AIC. The Chief Executive added that the money sits in the system as a whole, as does the risk. It requires all system partners to have the same mind set and it would be for the whole system to bridge any identified gap.

The Interim Chief Operating Officer remarked that the Trust needed to accelerate the medical involvement and engage in pathway improvement and match the right clinicians with each other. The Trust continues to treat every patient referred to it and will continue to do so until the pathways are in place.

Ed Donald, Executive Director asked what the maximum financial risk exposure was for the Trust this year. The Deputy Director of Finance replied that within the baseline calculation there is £9m demand management (£6m in contract and £3m risk share), growth had been applied in full. The other financial risk to note is RTT backlog, which has been excluded from the baseline.

123/17 Safer Staffing Report – Nursing and Midwifery

This item was taken out of turn

Nicky Sinden, Lead Nurse for Workforce, attended the meeting to present her report and highlighted the following key elements. The report was discussed in detail.

- This paper provides a report on the findings from the Spring 2017 ward based staffing review. These recommendations have been achieved through a staffing review using the Safer Nursing Care Tool (SNCT) overlaid by a professional judgment exercise. The findings were also mapped against the 2017-18 funded ward establishments, showing any dependency and acuity trends using historical establishment information
- The paper provides information on the staffing levels required at ward level to maintain safe staffing and ensures that safe staffing is reviewed every six months as required by the NQB

The Director of Corporate Affairs noted that there appears to be a shortage of registered nurses providing care under Care Hours per Patient Day (CHPPD) and he sought assurance that patients were not suffering because of this. Nicky Sinden replied that she herself was reassured due to zero incidents. Risk assessments are carried out daily and she is assured that safe and effective care is being provided and that there are very skilled HealthCare Support Workers in place.

Christine Slaymaker remarked that she was encouraged to see mitigations in place. She asked whether Nicky and her team believe that Trust Board adequately discharges its duties. The Interim Director of Nursing responded to say that she believes that it does.

124/17 Urgent Care Transformation Programme

The Director of Emergency Care drew attention to the following main areas:

- The AMU Improvement Journey will be presented at the Trust Board Workshop in September
- Average ED performance during May had been 75%
- Only 9 x 12 hour DTA breaches had occurred June to date
- 83% of patients had been triaged within 15 minutes and 53% seen by an appropriate clinician within 60 minutes
- Average performance against daily discharge target was unchanged, at 80% General Medicine & < 45% MOPRS
- During May, 20% of discharges had been before 1200 hours
- The average daily number of MFFD patients remained >250, leading to 3,834 average occupied bed days
- Relentless focus on Simple Discharges continues with the embedding of standardised SAFER Board Rounds and the implementation of Red2Green

The Director of Emergency Care apologised for the acronyms within the report and promised that these would be altered for future reports.

The Interim Chairman reiterated his concern around the pace of improvement.

125/17 Board Assurance Framework (BAF)

The Director of Corporate Affairs presented his report and highlighted that Risk F1 – Income Control had increased in score from 16 to 20.

He advised of the current review of the BAF that was underway and that he had provided 2 alternatives to the current visual framework. He sought comment on which framework would be preferred.

The Director of Corporate Affairs asked members to confirm that these were indeed the serious risks that confronted the Trust and that the mitigations that had been put in place provided them with adequate assurance that they were being appropriately managed.

Melloney Poole remarked that she was unsure that the risks were an accurate reflection of the risks to the Trust. The Director of Corporate affairs commented that the new framework

would provide the opportunity for the risks to be updated to reflect the key organisational objectives. The Chief Executive confirmed that the four key objectives had already been identified:

- 1) Deliver safe quality service
- 2) Performance
- 3) Ensuring we deliver financial balance
- 4) Workforce

126/17 Charitable Funds Update

The Director of Corporate Affairs highlighted the following key points:

- Portsmouth Hospitals NHS Trust General Charitable Fund has a fund balance of £1,306,000 as at 31st May 2017
 - During the month, the charity received donations, legacy and fundraising income of £70,000 and expenditure of £67,000 had been processed
 - Net Rocky Appeal funds of £1,208,000 have been raised for the Robot appeal.
 -

127/17 Non-Executive Directors' Report

Christine Slaymaker thanked Board members for their support and patience during her induction process.

Melloney Poole remarked that in a previous role she had been part of the World Innovation Summit for Health where there had been a considerable examination of the different accountable care systems. She was pleased to note that the Southern Hampshire system was regarded as one of the better ones, very engaged and adopting learning and best practices.

128/17 Acute Alliance Steering Group Minutes

Noted.

129/17 Company Secretary Papers for Noting

Noted.

130/17 Annual Work plan

The Director of Corporate Affairs confirmed that the Annual General meeting would be held on Thursday, 7th September.

The Interim Chief Operating Officer requested that Statutory Responsibilities for Emergency Planning be included in the September Agenda. The Board agreed.

131/17 Record of Attendance

The record of attendance was noted.

132/17 Opportunity for the Public to ask questions relating to today's Board meeting

There were no questions raised by the public.

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

133/17 Any Other Business

None

The meeting closed at 12:25pm.

134/17 Date of Next Meeting:
Thursday 7 September 2017
Venue: Lecture Theatre, Queen Alexandra Hospital