

**Trust Board Meeting in Public**

Held on Thursday 7 September 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
	Mike Attenborough-Cox	Non-Executive Director
	Mark Cubbon	Chief Executive
	Tim Powell	Director of Workforce
	Chris Adcock	Director of Finance
	John Knighton	Medical Director
	Rob Haigh	Director of Emergency Care
	Sheila Roberts	Interim Chief Operating Officer
	Theresa Murphy	Interim Director of Nursing
	<b>In Attendance:</b>	Peter Mellor
	Teresa Cunningham	PA to Trust Board (minutes)
	Abi Williams	Organisational Development Manager
	Susie Calvert	Senior Physiotherapist, Critical Care
	Julie Smith	Senior Sister, NICU

**Item No**      **Minute**

**135/17 Apologies:**  
None

**Declaration of Interests:**  
There were no declarations of interest.

**136/17 Staff Story**

Abi Williams, Susie Calvert and Julie Smith were in attendance to give their presentation on 'Developing a coaching style of leadership'. Please see the presentation below.



Board Presentation -  
Developing a Coachin

The Interim Chairman thanked Abi, Susie and Julie for their presentation and congratulated them on the work undertaken. The Board referenced how well it linked with 'Well-Led' and CQC themes, and felt it should be developed further. The Director of Workforce would like to see leadership training made into a core skill.

The Director of Finance asked whether the training was suitable for non-clinical staff as well

as clinical. Abi Williams replied that the training is open to the whole Trust and that staff are encouraged to use the techniques within their own teams.

#### **137/17 Minutes of the Last Meeting – 6 July 2017**

The minutes were agreed as a true and accurate record.

#### **138/17 Matters Arising/Summary of Agreed Actions**

All actions were completed or on the agenda.

Melloney Poole asked for a further two actions to be added to the action grid from the last meeting, they were:-

114/17 - The Medical Director to circulate the Mental Health Issues action plan to the Board  
118/17 - The Interim Director of Nursing and Melloney Poole to meet to discuss the Legal Services Report

**Actions: Medical Director, Interim Director of Nursing and Melloney Poole**

#### **139/17 Notification of Any Other Business**

None.

#### **140/17 Interim Chairman's Opening Remarks**

The Interim Chairman began his report by acknowledging the changes in Board membership; the details of which will be provided within the Chief Executive's Report.

The Interim Chairman confirmed that the CQC report had now been published and that Board members have had an opportunity to review it. He remarked that he would have preferred the Trust not to have been in the position that necessitated the report but welcomed the raising of the issues within it and the opportunity to correct them.

The Interim Chairman was keen that staff did not feel punished by the report and was confident that their ability and commitment would bring about the necessary changes. He had great pride in all Trust staff.

#### **141/17 Chief Executive's Report**

The Chief Executive began his report by introducing and welcoming Theresa Murphy as the Interim Director of Nursing. He also informed that two Board members had now left the Trust - Ed Donald and Simon Jupp.

The process for recruiting to four Director posts is underway and it is hoped that these appointments can be concluded by the end of October. These posts are Director of Nursing, Chief Operating Officer, Director of Communications and Director of Strategy, Governance & Performance. A new Chairman is also being sought.

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

- Impossible for Government to meet mental health commitments without addressing staff shortfall
- More clinical placements welcome but workforce challenges remain
- Performance figures show urgent action is needed to prepare for Winter
- New charging regulations for overseas visitors
- Mandated support for NHS Trusts under the single oversight framework

Local News:

- Chief Executive 100 day plan. The Chief Executive had held a number of staff engagement events with excellent attendance and feedback. The Quality

Improvement Plan was published on Friday 1<sup>st</sup> September. Following the publication there will be a Quality Summit supported by NHS Improvement, NHS England and Care Quality Commission later this month. Further actions from system partners following this meeting, along with staff feedback will further enhance the plan

- Publication of CQC reports
- Visit from the Chief Inspector of Hospitals – Care Quality Commission
- NHS Improvement Agency Programme Stakeholder Group
- Team Brief



141.17b Team Brief -  
July 17.pdf



141.17c Team Brief -  
Aug 17.pdf

Melloney Poole asked the Chief Executive what were the three things that kept him awake at night. The Chief Executive replied:-

- As an organisation we are running hot and have a very full hospital. A large number of escalation beds are open which causes more pressure. We need to ensure that patients have appropriate places to go and get appropriate care. The Trust is so busy, it makes the day to day very pressured
- Staff morale is very low. It is a difficult time for all and the Chief Executive and his team wants to support and encourage staff in addressing all of the concerns
- Getting the right sustainable leadership team in place

Melloney Poole asked for a date by when the Board Assurance Framework will be available. The Director of Corporate Affairs replied that work has been taking place over the last month to revise the framework and that it will be shared with the Board at its Workshop at the end of September and in time for inclusion in the October Trust Board agenda.

Mike Attenborough-Cox questioned what the outcome had been from Professor Baker's recent visit. The Chief Executive replied that he had been grateful for his visit and the opportunity to meet him in person. The visit had been successful and constructive. The Chief Executive will be meeting with the CQC following the expiry of the Section 29a response time, to ensure that all actions have been responded to accordingly.

## **142/17 Integrated Performance Report**

The Medical Director remarked that there was a more concise IPR being presented this month, and that feedback on the report would be welcome.

### **Quality**

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

- Mental Health:
  - The Mental Health action plan had been circulated previously. Good progress had been made following the CQC visit. An independent review had been carried out to look at vulnerability across all patients throughout the Trust. There was close working with all system partners, with regular meetings. The Medical Director will be attending the Southampton Mental Health Board at the beginning of October in preparation for the first Portsmouth Hospitals NHS Trust Mental Health Board which he will be chairing.
  - Melloney Poole has agreed to be the Non-Executive Director lead for Mental Health
  - An external advisor is undertaking ligature risk assessments across the organisation to improve the safety and management of in-patients with specialist mental health needs. Initial findings had identified multiple ligature points within bed spaces and bathrooms; the majority of which cannot be mitigated. There is a greater need to focus on individual risk assessments

- and intervention plans. A specialist advisor is supporting the Trust in the use of appropriate tools and education
  - The Terms of Reference for the Mental Health and Mental Capacity Board had been drafted. The first meeting is scheduled to take place in October
  - The Mental Health Liaison Team service specification has now been finalised
- Pressure Ulcers – three confirmed instances of avoidable grade 3 pressure ulcer damage and zero confirmed 4 pressure ulcer damage in July
- VTE – a deterioration in compliance had been noted; the 95% target had not been achieved for July. The position has been formally escalated to the Medical Director
- Dementia – there had been a continued decrease in compliance with dementia screening in July
- Sepsis:
  - Timely identification of sepsis in emergency departments and acute inpatient settings. A total of 461 patients required screening, 451 of whom had received screening: 97.83% compliance against a target of 90%. Quarter 1 requirement for full payment achieved
  - Treatment of sepsis in emergency departments and acute inpatient settings. 441 patients required antibiotics, 312 of whom received antibiotics within 1 hour of diagnosis of sepsis: 70.74% compliance against a target of 90%. 10% payment achieved for quarter 1. A plan is currently underway to improve compliance
  - Antibiotic review - Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still in-patients at 72 hours
  - Quarter 1: 100% compliance achieved
- Infection Control:
  - MRSA - The two reported MRSA bacteraemia last month have been referred to NHS England for arbitration and third party attribution has been requested
  - C.Difficile - 3 patients with C.Difficile were attributed to the Trust in July against a monthly objective of 3
- HSMR:
  - For the 12 months of April 2016 – March 2017 the rate was 111.8. This is a decrease on the rate previously reported for the same period due to an updated end of year data set featuring a deeper volume of local and national coding. The Trust continues to have a higher than expected HSMR
  - Work continues to establish whether HSMR includes the correct number of 'expected' deaths within its algorithm by investigating the coding of comorbidities, palliative care and how these are processed by Dr Foster
  - A meeting has been organised with Imperial College London, after issues were identified locally regarding the identification of high scoring comorbidities
  - The Medical Director is confident that learning and actions from all deaths are being picked up. 351 deaths have been reviewed since May. 70% of deaths were reviewed for avoidability and the majority were unavoidable. The two identified as avoidable compares favourably to what is normal

The Interim Chairman remarked that whilst the number of deaths appears to be large a significant number of patients who are expected to die are coming into hospital. His concern was for those patients who were approaching death but did not want to die in hospital. The Medical Director confirmed that this matter was something that was being looked into. There is a regular mortality review meeting with commissioners. Commissioners are committed to help improve this situation.

The Interim Chairman felt strongly that whilst the Trust was not a mental health facility, and nor should it be, it needed to provide a safe environment for those patients who were in the hospital and awaiting mental health service support. He queried if we have the right balance. The Medical Director confirmed that our direction of travel was correct and the Trust should strive to recognise that there will always be a significant proportion of patients with mental health issues as well as other vulnerabilities; this proportion was also likely to increase. Melloney Poole echoed his statement and added that the Trust needs to ensure

that its strategy is firmly embedded with regional providers as well as robust protocols in place to ensure that other services provide the same level of service so that the Trust does not become a last resort. The Interim Chief Operating Officer added that there needed to be appropriate training and support for staff.

David Parfitt questioned if Commissioners were aware and committed. The Medical Director confirmed that commissioners were actively involved.

## **Operations**

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

- A&E – There had been no breaches of the 12 hr A&E trolley wait standard
- MFFD - Continued high levels of medically fit for discharge patients and a deterioration in the delayed transfers of care from 8% last month to 10.4%
- RTT - RTT clinical capacity shortfalls affecting delivery of planned performance improvement for orthopaedics (theatre staff), cardiology (outpatient capacity due to registrar shortfall) Gastroenterology (locum gaps and pathway corrections). Clinical harm reviews have taken place in these areas. Gastro reviewed over 500 patients, 25% were closed down and 50% had dates pushed back within national guidance. The next step is to carry out a snap shot review of a number of patients who have been waiting, 6 months, 9 months and 12 months. This approach is appropriate in proportion to the need.
- Outpatient Waits - Outpatients waiting longer than clinically appropriate; whilst progress is being made and the longest waiters have been reviewed and managed, the number of patients waiting means progress towards achieving waits within 18 weeks of clinical due date is slow
- Cancer – the Cancer 62 day performance was at risk in July as a result of diagnostic delays and diagnostic reporting delays due to specialist radiologist shortfall and capacity to undertake specific procedures requiring radiologist support (fusion biopsy) and capacity for complex robotic surgery. Additional lists had been agreed and were in place for biopsy's and weekend robotic lists however there is a high risk that the standard will not be delivered in July and August. There had been 4 breaches of the zero tolerance 104 day maximum wait cancer standard

Melloney Poole noted that all major performance indicators were more adverse than they had been at the last Board meeting and that this was extremely disappointing. She added that delayed discharges were planned to be down to 110 by mid-September and stood currently at 235. She considered this to be a very serious position to be in as Winter approached. She asked for robust assurance that the Trust would significantly improve this position by next month. The Interim Chief Operating Officer agreed that the position was disappointing and remarked that the shortfall of staff was being stretched even further. Medically fit for discharge numbers were currently 6 weeks behind trajectory; although there had been some improvement this week. The Director of Emergency Care added that occupied bed days had reduced by 15% over the last week. The assurance comes with the significant staff increase in external services. The Director of Emergency Care believed that the backlog could be reduced as expected.

The Chief Executive recognised that some performance indicators were not going in the right direction but assured that the Trust was looking at sustained access improvements. Some pressures are being seen with a certain cohort of patients/areas which has a knock on effect and these are being worked on. He also assured that lots of improvements were being made within the urgent care pathway and that the internal urgent improvement programme will be relaunched next week. The Chief Executive was meeting with senior leaders to talk through how the plan will work and that there would be additional support to help with improvements. He was confident that there was a lot the Trust could do for itself in order to make improvements and this was being concentrated on. He would update on progress in his report to the Board each month.

Mike Attenborough-Cox asked if a report could be provided at the next meeting regarding

those patients who were fit for discharge in excess of 10 weeks. He remarked that the number of those medically fit for discharge should be down towards 100 by mid-September and that the Trust would not achieve this target. The Director of Emergency Care agreed that the Trust would not reach this target within the agreed time but that the figure would continue to reduce as more domiciliary workers were recruited by Hampshire County and Portsmouth City Councils. Mike Attenborough-Cox expressed his frustration at the failure of the different initiatives that had been designed to resolve this problem.

The Interim Chairman was concerned that patients have an increased risk of harm if they stay here any longer than is necessary. The detrimental effect of doing so, especially on older patients, should not be underestimated. He reflected on the fact that by mid-September, the Trust will be closer to where it started rather than where it needs to be with regards to the number of patients who were medically fit and ready for discharge. The Chief Executive was confident that our health system partners were fully committed to helping bring about the necessary improvements. Whilst it was true that some plans had not progressed at the pace expected, our partners are engaged and working with the Trust to discharge some patients earlier in their pathway in order that other patients pathways can improve.

Christine Slaymaker made reference to the capacity shortfall of Radiologists and pointed out that there had been a suggestion at the Acute Alliance meeting of combining/flexing resources. The Medical Director confirmed that Radiology capacity was being reviewed across Portsmouth and Southampton; the combining of resources could possibly help in the short term but would not be a long term solution.

## **Finance**

The 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 a 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
- The annual plan for clinical income reflects the agreement reached with Commissioners on the Aligned Incentives Contract for 2017-18. The annual plan includes an income provision relating to the Sustainability and Transformation Funds (STF) of £13.4m and a financial improvement requirement in the course of the year of £34.6m
- The Trust's Income and Expenditure position by the end of July was an actual deficit of £8.4m. The financial position in July, as part of this position, was a deficit of £2.3m. The position prior to the assessment of eligibility of STF in July was adverse to plan in month by £1.4m, therefore removing the Trust's option to access allocated Sustainability funds in month. The year to date position still reflects the STF funding achieved in quarter 1, a sum of £1.7m from a potential maximum allocation of £2.0m. A sum of £0.3m was not achieved in the quarter attributed to the A&E performance element
- The Trust continues to see pay pressures through the 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 medically fit for discharge. Non-pay costs include unplanned use of the private sector to support RTT delivery and out of hospital purchase of beds. Pay pressures year to date have been mitigated by a favourable non pay reserve position
- Significant improvements in financial performance are required from now onwards in order to deliver the plan for the year and an enhanced focus and capacity to support this are necessary and in progress. Delivery of the overall surplus plan is now high risk and the Trust will submit a revised plan to the Board and NHSi at the end of September/beginning of October

The Director of Finance reported that the Trust was still facing significant financial challenges; some of which were directly connected to plans to improve performance metrics

and he will need to revise the financial plan accordingly. A revised financial plan will be brought to the next Board meeting.

**Action: Director of Finance**

Christine Slaymaker queried the increase in substantive, bank and agency pay when the plan was to significantly reduce agency pay. The Director of Finance replied that the increase in substantive staff was always part of the plan. It is however, £2.6m over plan. Temporary staffing had not decreased and the issue comes from some pay CIPs not being realised, which is adverse to the plan. The Director of Finance raised concern that there needs to be much more grip - key controls had been put in place for workforce and have formal dashboards to monitor. However, we need to make sure we have alignment between establishment WTE and budget, and that we do not recruit to WTE posts that are not funded. The Director of Finance will look at the alignment of workforce establishment and budget to ensure this does not happen and this will be discussed in the next Finance and Performance meeting.

**Action: Director of Finance**

The Director of Workforce commented that there was an over reliance on temporary staffing in Medicine and that there needs to be urgent Human Resources support in certain areas. The Director of Finance asked if the Trust looks at redeployment to those areas in need. The Director of Workforce confirmed that this was something that was looked into when appropriate.

David Parfitt commented that there appeared to be a lack of grip below Executive level of departments properly controlling their budgets and expressed concern at the likely consequential serious budget deficit. The Director of Finance and Chief Executive are working through a bilateral review with all CSCs. Whilst there are some areas that are struggling it is not through a lack of either attention or commitment.

The Interim Director of Nursing confirmed that she had carried out a forensic look at nursing staff and agencies used, and was holding fortnightly reviews of spend and how to tackle the issues identified.

The Chief Executive responded to Christine Slaymaker's query and commented that there was a need to have any variances to the financial plan properly articulated. With regards to David Parfitt's query around 'grip', he assured the Board that there was a Recovery Board meeting every fortnight to ensure there is 'grip', which also reviews a weekly grip dashboard. Actions have been taken and will continue until the right level of grip is in place.

## **Workforce**

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

- The total workforce capacity increased by 31 FTE to 6977 FTE in July 2017 and is 88 FTE over the new funded establishment
- The temporary workforce capacity increased to 509 FTE in July 2017 and comprises 7.3% of the total workforce capacity.
- The number of shifts that have breached the capped rates or that are off-framework have decreased by 754 shifts to 2072 shifts in July 2017
- The evidence collected for July 2017 indicates that overall staffing levels have decreased from 103.8% to 103.2% compared to planned levels
- The evidence collected for July 2017 indicates that overall CHPPD is 4.9 hours for RNs. This is similarly reported in the previous month and 2.9 for HCSWs
- There will be a detailed refresh of the nursing staff plan and retention plan
- Appraisal compliance has decreased and currently records at 77.8% in July, below the 85% target
- Essential skills compliance increased to 88.2%, and continues to record above the 85% target
- Fire Safety (face to face training) increased to 66.8%
- Information Governance Training has decreased to 86.9%. This is below the

- Information Governance Training target (95%)
- Sickness Absence Rate (12 month rolling average) increased to 3.9% in June and remains above the target. In-month sickness absence decreased to 3.5% in June and is above the target
- 1 whistleblowing referral and no professional registration or safeguarding referrals was reported in July 2017

Christine Slaymaker reported that whilst visiting the Education team she had learnt that Southampton's recruitment onto their nursing degrees had been cut dramatically for this September's intake, which will have a knock-on effect for this Trust. The Education team is working hard in building relationships with Portsmouth University, who have opened a nursing degree course. There will be less nurses coming from Southampton next year and whilst we do receive nurses from other areas, it would be prudent to keep an eye on this. The Chief Executive replied that the Trust continuously works on strengthening its relationships with universities and nursing providers, in particular Portsmouth University as this is the first year there has been an intake from Portsmouth.

## **143/17 Care Quality Commission Update**

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

- The CQC had carried out an unannounced inspection of the Queen Alexandra Hospital on 16, 17 and 28 February 2017; inspecting the medical care services and the emergency department
- The CQC returned on 10 and 11 May 2017 and inspected the key domain of 'well led'. As part of this inspection they visited the emergency department, four medical care wards and the Acute Medical Unit (AMU) to review ward to board governance arrangements
- The CQC rated emergency care as requires improvement overall, and the medical care was rated as inadequate overall
- To note updates on regulatory actions, including actions, exceptions and risks and assurances
- The Board is asked to agree the level of detail they wish to receive regarding the action plans to support the delivery of all the Regulatory requirements

Christine Slaymaker raised concern about how evidence will be triangulated to show it is embedded and assurance given that changes have been made and are sustained. The Interim Director of Nursing replied that assurance will come from 1) changes in practice; 2) staff feedback; 3) deep dives and 4) routine reporting through the regulation reporting committee.

Melloney Poole commented that she was impressed that 75+ members of staff have already come forward to assist with the quality improvement plan. The Chief Executive added that over 500 members of staff had engaged in the CQC sessions.

David Parfitt enquired as to the lessons learnt and how they were being applied to areas that had not yet been assessed so that this situation does not occur in those areas. The Interim Director of Nursing replied that the routine use of escalation beds needed to stop and that the Trust needed to reset and adhere to the plans put in place.

Christine Slaymaker reminded that agendas are always shifting and that we need to keep an eye on the external world, especially around mental health, and try to pre-empt agenda shifts to help us stay ahead. The Chief Executive replied that the vision and strategy would be important. He remarked that it is implicit within the Quality and Improvement Plan that it is not just about focusing on compliance. The improvement plan has 5 domains that everyone needed to be aware of and adhere to. Everyone needs to know what good is, without being told by the CQC. The Medical Director added that there was a clear message that everyone wanted to focus on - aspiring to excellence rather than just to comply.

## 144/17 Quality Performance Report (Serious Incidents Requiring Investigation)

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

### **SIRI summary – July 2017**

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

- A total of 10 SIRIs were reported in July all were clinical SIRIs:
  - 3 x Avoidable level 3 hospital acquired pressure damage
  - 2 x Unexpected death of patient, potential failure to recognize deterioration
  - 1 x Fall resulting in fractured neck of femur
  - 1 x Fall with head injury, potentially contributing to patient's death 2 weeks post discharge
  - 1 x Fall potentially contributing to patient's death
  - 1 x Missed diagnosis of lung cancer
  - 1 x Delay diagnosis potentially resulting in loss of vision
  - 1 x C. Difficile on Part 1 of death certificate
- This compares to 10 clinical SIRIs reported in June
- Of the 10 clinical SIRIs reported in July; all patients or relatives, where applicable or appropriate, were informed of the incident within the deadline and were aware of the on-going investigation
- 149 SIRIs remain open on STEIS (Compared with 371 in May), 107 of these are Breaches of DTA
- 142 SIRIs are in the process of investigation within the Trust (105 DTA breaches)
- 4 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
- Of the DTA breach investigations submitted from January 2017 to date; 225 have been closed by the CCG

David Parfitt commented that whilst a large amount of data was available to see how this Trust was performing there seemed to be little that enabled us to compare with our peers and wondered if any was available. The Medical Director replied that there was benchmarking which indicated that we are close to where we need to be. The Trust needs to focus on near misses and low risk reporting and to ensure that feedback was given to those who had submitted the reports.

Melloney Poole questioned whether the legal services report, SIRI and complaints should be joined up. The Interim Director of Nursing agreed with this comment.

## 145/17 Statutory Responsibilities for Emergency Planning

The Interim Chief Operating Officer presented the report and highlighted the following key points:

- All NHS-funded organisations are required to meet the requirements of the Civil Contingencies Act (2004), the Health and Social Care Act (2012), the NHS Standard Contracts, and the NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR)
- The report identifies work undertaken to ensure that the Trust is compliant with the statutory requirements placed upon it. It outlines the current position of emergency preparedness and the key activities that have taken place during the last year
- The report to be submitted by the Chief Operating Officer, as the Accountable Officer to the CCG, to support the NHS England Core Standards assurance process
- The Trust is to comply with the agreed work programme monitored via the Trust monthly EPRR Meeting reporting into the Trust Quality and Governance Committee. The Trust is currently compliant with 38 requirement and working on the remaining 8
- All amber areas have been addressed under Governance and deadlines are achievable
- The gap in Emergency Planning support has been addressed. There will be support from the Emergency Planning Officer at Solent NHS Trust until the post at Portsmouth Hospitals NHS Trust is filled in October

- Mike Attenborough-Cox has agreed to be the Non-Executive Director lead

The Interim Chief Operating Officer agreed to add the definitions of Major, Critical and Business Continuity to the report for the benefit of the Board.

**Action: Interim Chief Operating Officer**

Melloney Poole enquired whether there were business continuity plans in place following recent cyber-attacks. The Interim Chief Operating Officer assured that the Trust follows national guidance. Cyber initiatives change all the time, however, we are as prepared as we can be for the unknown and the Interim Chief Operating Officer was confident the Trust was able to respond to a major incident.

**146/17 Urgent Care Transformation Programme**

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

- ED performance during July had been 79%, a 3% decrease compared to June and against a trajectory of 86%
- There were zero 12 hour DTA breaches in July but 12 during August to date
- As of 21st August, the MFFD backlog was more than 6 weeks behind planned trajectory (average of 243 against a trajectory of 121)
- Please note details of the Red2Green, SAFER, end PJ paralysis, last1000days Campaign
- There had been considerable investment from partners into our programme of work. Hampshire had increased its staffing to support medically fit for discharge
- The Emergency Department medical model had commenced Monday 4<sup>th</sup> September
- There is enhanced focus on frailty at the beginning of the patients journey

The Interim Chairman asked whether the medical model had started well. The Director of Emergency Care replied that it was very early days yet but the impact was being closely monitored through weekly meetings and feedback from the teams. Further evidence will be shared when it is available. The Interim Chairman questioned what PDSA stood for with regards to Red to Green. The Director for Emergency Care confirmed that this is a tool for continuous improvement planning.

The Medical Director praised the level of personal commitment given by Dr Mark Roland with regards to effectuating the medical model.

**147/17 Annual Complaints Report**

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

- National Standards - The Trust had reported full compliance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 for complaints acknowledged within 3 working days
- Contract Requirements - The Trust had complied with the requirement to provide CCGs with annual numbers of complaints and PALS enquiries by category and outcomes
- Complaints and PALS - Overall complaints had increased by 7% from 648 in 2015/16 to 692 in 2016/17
- PALS contacts had significantly increased from 2171 to 6755
- Parliamentary Health Service Ombudsman - The number of cases referred to the PHSO has slightly reduced this year from 14 to 13 (with 8 so far being not upheld and 2 partially upheld)
- Plaudits - The Trust received 4,397 messages of thanks from patients, relatives and visitors. The Interim Director of Nursing praised PALS for the good quality work they do
- Challenges and Opportunities for 2016/17 - Continue to increase the number of Trust staff attending training on complaints handling and customer care
- Increase the number of formal complaints sent within 30 working days

Melloney Poole reiterated her point that it would be prudent to join up legal services and PALS.

David Parfitt echoed the point that the number of complaints was very small in comparison to the number of patients being seen by the Trust. He was concerned that not all complaints were being made formally. The Interim Director of Nursing responded to say that this is an area that will be focused on more.

#### **148/17 Annual Audit Safeguarding Report**

The Interim Director of Nursing presented this item and drew attention to the following key points:

- Seeking Board's agreement of the 2017/18 work plan
- Appointments have been made for a Head of Adult Safeguarding and a Head of Child Safeguarding
- The number of adult safeguarding referrals had fallen for the second consecutive year, probably due to changing safeguarding thresholds
- Concerns had been raised regarding the application of MCA and DoLS legislation into everyday practice. No evidence of patient harm or that treatment and care decisions would have been different had been found when reviewing cases, however there had been omissions of documentation to evidence robust capacity assessment and best interest decision making processes
- Changes to use of the MCA to accommodate patients in a 'pre-DoLS' situation had given rise to a significant increase in DoLS application numbers and associated workload
- Underutilisation of training places had resulted in lower than projected training compliance for Enhanced Level MCA and DoLS
- Prevent - First referral made by the Trust
- Next steps:
  - The business case for a team administrator awaits approval
  - Training review scheduled within 2017/18 work plan to ensure compliance with anticipated Intercollegiate training levels
  - Work is required to improve staff understanding of safeguarding thresholds
  - Develop Trust specific e-WRAP package

Christine Slaymaker felt that the report was hard to follow as it contains both process and performance and she was not sure that it addressed all of the CQC issues. She needed assurance the Trust was fully sighted on the issues. The Interim Director of Nursing replied that she would look to add examples and that she would also include risks in future reports. Christine Slaymaker also commented that the Trust needed to identify any failings itself through checks and processes rather than wait for them to be identified by the CQC. Melloney Poole added that an early strategic look at top priorities would be key.

The Director of Emergency Care referred to the need to focus on dementia patients and to upskilling the organisation in dementia care. The Interim Director of Nursing confirmed that part of the plan is to have a lead dementia nurse for the Trust.

#### **149/17 Mortality – Learning from Deaths Policy**

The Medical Director presented this item and highlighted the following key points:

- The National Quality Board 'National Guidance on Learning from Deaths (March 2017)' requires all Trusts to publish a policy, by September 2017, on how it responds to, and learns from, deaths of patients who die under its management and care
- The first draft of the Trust policy is provided to the Trust Board for information and awareness
- The policy will be ratified by the Governance and Quality Committee and published to the 30 September deadline
- The Trust Medical Director takes responsibility for the learning from deaths agenda

- There is a Non-Executive Director providing oversight
- A specific Mortality Review Group has been established to provide the appropriate oversight of mortality within the Trust and ensure that appropriate learning from deaths is cascaded as appropriate
- NHS Improvement guidance for Trust Boards included

The Medical Director announced that the next element is to develop capabilities for the retrospective care note review methodology, which is the preferred methodology in the national guidance. Training has been a little slow but there are now several people signed up to these sessions which start next week. The next step would be to build the capabilities to undertake reviews of all inpatient deaths by the Mortality Review Panel – this would realistically take 6 months. Priority is being given to medical areas in the meantime.

The Director of Emergency Care noted that the approach and leadership in this area taken by Portsmouth Hospitals NHS Trust exceeded the national standard. The Interim Chairman added that, the Trust is not only doing the right thing, but is doing it in the right way and regardless of requirements placed upon us, it is appropriate that all deaths be reviewed and that is what we were working towards.

#### **150/17 Audit Committee Report**

Mike Attenborough-Cox informed the Board that the Audit Committee was due to take place on the 21<sup>st</sup> September and therefore had no update to present.

#### **151/17 Charitable Funds Update**

The Director of Corporate Affairs highlighted the following key points:

- Total Funds - Portsmouth Hospitals NHS Trust General Charitable Fund has a fund balance of £1,483,000 as at 31st July, 2017
  - Charitable Income - During the month, the charity received donations, legacy and fundraising income of £60,000
  - Charitable Expenditure - During the month, expenditure of £89,000 was processed
- The Rocky Appeal - The Rocky appeal needs to raise £425,000 to complete its appeal in June 2018
  - Investments - The only investment held is with CCLA of £123,000
- Forthcoming Events:
  - Golf Day, Ageas Bowls, Southampton – 7th September
  - Great South Run - 22nd October
  - Make you Will Month – Throughout October (three solicitors taking part in four locations)

The Director of Corporate Affairs thanked both Sainsbury's of Waterlooville and Farlington for their much valued support.

Melloney Poole raised concern that the Charitable Funds report states that it updates the Board in its capacity as Trustee, however, Melloney does not feel that the Board is currently fulfilling this element. The Director of Corporate Affairs replied that the Charitable Funds meeting was chaired by a Non-Executive Director and therefore has oversight, but he will of course review the Charitable Funds terms of reference and investigate the legal implications and Trust compliance of the Trustees meeting with the Committee.

**Action: Director of Corporate Affairs**

#### **152/17 Non-Executive Directors' Report**

Melloney Poole expressed her appreciation of being part of the workaround that had taken place on the day that the CQC report was published and thanked the Interim Chief Operating Officer for facilitating it. The Interim Chief Operating Officer in turn thanked the Non-Executive Directors and Executive Directors for taking the time to take part.

Mike Attenborough-Cox informed the Board that he and David Parfitt had a very useful meeting with the Non-Executive Directors from South Central Ambulance Service.

The Interim Chairman announced that there was still a Clinical Non-Executive Director vacancy. The recruitment process had been delayed but will be appointed to soon.

**153/17 Acute Alliance Steering Group Minutes**

Noted.

**154/17 Summary of Governors Business**

The Director of Corporate Affairs reported that the Governors recognised the workload of the Non-Executive Directors and were happy to support where they can.

The Governors raised concern around performance, in particular, internal metrics for SAFER and discharges and questioned why performance had not improved. The Director of Emergency Care shared the Governors concerns and assured them that there was commitment from all of the senior management team to make improvements.

The Director of Corporate Affairs conveyed that a number of Governors had met with the new Chief Executive and were optimistic at his appointment.

**155/17 Company Secretary Papers for Noting**

Papers noted.

Christine Slaymaker assured the Board that the risk register was regularly updated and reviewed at the Risk Assurance Committee meeting. After the last meeting, she felt that it was more of an operational meeting and therefore should be chaired by a senior manager. She asked that consideration be given to where the risk register should feed into as the meeting is not currently a Risk Assurance Committee meeting. The Chief Executive confirmed that a review of the current governance structure was underway and a new structure will be proposed in October along with the new Board Assurance Framework. A revised Risk strategy will be presented at the November Board. There will be a new Director of Strategy & Governance in post during the next few months and it will be their responsibility to lead on this.

**156/17 Annual Work plan**

Noted.

**157/17 Record of Attendance**

Noted.

**158/17 Opportunity for the Public to ask questions relating to today's Board meeting**

Mary Sheppard, Lead Governor, made reference to the increase in complaints and asked which area of the Trust they were mainly coming from and what the plan to rectify the problem was. The Interim Director of Nursing replied that she would look into the question outside of the meeting and will respond directly to the points made. The Interim Chairman pointed out that the Trust needed to raise awareness as to how complaints can be made and that we shouldn't be wary of them but treat them as an opportunity to identify problem areas and address them.

Roland Howes raised concern around the new format of the IPR and felt that it didn't now provide enough information. The Interim Chief Operating Officer replied that the report had

been condensed as there was a lot of duplication in reporting. The Director of Workforce added that all of the information that was required was within the report however, the Board is still in the process of reviewing how this is best presented.

**159/17 Any Other Business**

None

The meeting closed at 12:15pm.

**160/17 Date of Next Meeting:**

**Thursday 5 October 2017**

**Venue: Lecture Theatre, Queen Alexandra Hospital**