

**Trust Board Meeting in Public**

Held on Thursday 26 July at 11:00  
Oasis Centre  
Queen Alexandra Hospital

**MINUTES**

<b>Present:</b>	David Rhind	Chairman
	Alan Cole	Non Executive Director
	Liz Conway	Non Executive Director
	Tim Higenbottam	Non Executive Director
	Mark Nellthorp	Non Executive Director
	Steve Erskine	Non Executive Director
	Ursula Ward	Chief Executive
	Cherry West	Chief Operating Officer
	Julie Dawes	Director of Nursing
	Simon Holmes	Medical Director
	Robert Toole	Director of Finance
	Dominic Hardisty	Director of Strategy and Business Development
	Tim Powell	Director of Workforce
	<b>In Attendance:</b>	Peter Mellor
Michelle Marriner		(Minutes)
Fleur Nieboer		KPMG (observing)
Neil Thomas		KPMG (observing)
Julia Lake		(for agenda item)
Nichola Martin		(for agenda item)
Jane Williams	(for agenda item)	

**Item No Minute**

**100/12 Apologies:**

There were no apologies

**Declaration of Interests:**

There were no declarations of interest.

**101/12 Minutes of the Last Meeting – 28 June**

The minutes were approved as a true and accurate record subject to the following change:

Quality, Page 4 - The Medical Director asked that the minutes be changed to read 'The Medical Director said that *not everything had been signed off* due to a disagreement with some of the suggested targets, in particular those around paediatrics/elderly'.

**102/12 Matters Arising/Summary of Agreed Actions**

**87/12: Finance** – The Director of Finance confirmed that the graph had been amended in the private finance report and would be changed within the integrated performance report

in readiness for the next Board meeting.

**87/12: Workforce** – The Director of Workforce confirmed that the requested information had been included in the integrated performance report.

### **103/12 Notification of Any Other Business**

There were no items of any other business.

### **104/12 Chairman's Report**

The Chairman welcomed Neil Thomas and Fleur Niebour from KPMG who would be observing today's Board as the start of their review of our Board Governance Assurance Memorandum. Interviews with each Board member have been arranged and the various documents that they have requested to assist their review have been provided.

He advised that this assessment by KPMG was just the first of a series of external reviews that the Trust would need to undergo during its application for Foundation Trust status. RSM Tenon would be undertaking an external Review of the Trusts Quality Governance during August and PWC would be undertaking Historical Due Diligence Phase 1 beginning in mid August, with interviews scheduled for early September. He believed that each of the assessments would make a positive contribution towards making the working of the Trust Board more effective.

The Chairman advised that the South Strategic Health Authority had attended the Trust on 23 July. The visit was led by Geoff Harris, Chairman, and Sir Ian Carruthers, Chief Executive, and included Jonathan Montgomery, Chairman, and Debbie Fleming, Chief Executive, from SHIP and representatives from our local Clinical Commissioning Groups. The day had been both positive and challenging:

- Positives:–
  - Strategic Health Authority support for our Foundation Trust application absolute and explicit
  - Commissioners reminded of the importance of their support and of their responsibility towards the unscheduled care agenda
- Challenges:
  - Portsmouth Hospitals NHS Trust had an absolute responsibility to deliver on both finance and performance.

A similar review meeting is planned for October.

He advised that he had attended the Chair/Chief Executive Meeting at Strategic Health Authority in Newbury on 26 July where there had been a very positive acknowledgement that Portsmouth Hospitals NHS Trust was now performing at least as well as its peers. It was evident that all large acute Trusts were feeling the pressure, particularly with unscheduled care.

The Chairman noted that the NHS was in the midst of an extraordinary period of change, almost where the NHS was being 'reconfigured'. By the end of 2012, most of the following would be in place:

- National Commissioning Board (NCB)
- Health Education England (HEE)
- Clinical Commissioning Groups (CCG's)
- Trust Development Agency (TDA)
- Local Education and Training Board (LETB)

Steve Erskine was concerned as to whether the 'reconfiguration' would result in any slimming of the 1.3 million personnel within the NHS. The Chairman said that he had not seen any evidence of savings in terms of personnel within the NHS. Alan Cole said that

similar concerns had been expressed at a recent meeting of Audit Committee chairs.

## 105/12 Chief Executive's Report

### National

The Chief Executive advised that the NHS Institute of Innovation and Improvement had devised the 15 Steps Challenge, a tool designed to help staff, patients and others work together to enhance the patient experience. She was pleased to report that we had taken a lead on this and had become a pilot site in the South Central area. The Director of Nursing advised that it had not yet been rolled out across the whole Trust. She thought that it would be a useful tool for non-executives to use when conducting patient safety walkabouts. Liz Conway asked whether walkabouts took place in the evening. The Director of Nursing advised that quarterly mock CQC visits were carried out internally when nobody was aware which areas would be inspected.

The Chief Executive provided an update on the NHS Commissioning Board Authority:

- The Secretary of State has published a draft set of NHS care objectives for consultation.
- This sets out 22 draft objectives that the Government proposes to ask the board to achieve.
- There are 11 care objectives seeking improvements in the quality of care and outcomes. There are a further 11 objectives that include ambitions for joining up different services around the needs of individuals, for putting a stronger focus on prevention and for making shared-decision making a reality for patients.
- The consultation closes on 26 September 2012.

She confirmed that the first round of appointments to local area team director posts had been made by the NHS Commissioning Board Authority. Positions in NHS South of England were as follows:

- Surrey and Sussex: Amanda Fadero (currently Chief Executive of NHS Sussex PCT Cluster)
- Wessex: Debbie Fleming (currently Chief Executive of Southampton, Hampshire, Isle of Wight and Portsmouth PCT Cluster)
- Devon, Cornwall and Isles of Scilly: Ann James (currently Chief Executive of NHS Devon, Plymouth and Torbay PCT Cluster)
- Richard Samuel appointed as the Interim Accountable Officer for South Eastern Hampshire and Gosport & Fareham CCG's.

She advised that from 1 April 2013, the Secretary of State would be under a new duty to produce an annual report of the performance of the health service in England. This would become an assessment of how well the NHS Commissioning Board had performed against the NHS care objectives described in the mandate. The Secretary of State has published the first annual report, a year early, to help Parliament and the public recognise how the NHS was performing and to understand the future direction of the NHS. The report showed that the NHS had maintained or improved performance against a range of longstanding clinical standards and had achieved £5.8 billion efficiency savings.

The Secretary of State had published his 'Report on the effect of the NHS Constitution' on patients, staff, carers and the public since its launch. The report takes into account the advice of the NHS Future Forum. It showed that there was strong support for an NHS Constitution and that further work was required to improve public and staff awareness.

She advised that there had been over 200 nominations for NHS Heroes, the new recognition scheme recently launched by Sir David Nicholson. NHS Heroes is open to all staff working in the NHS and runs until mid-September. Anyone working for the NHS who is nominated by members of the public, patients or colleagues for going the extra mile in their work will receive a recognition certificate. She felt that it was a real opportunity to

identify and recognise local staff.

It is to be confirmed that the cap which limits the amount that Foundation Trust hospitals (FTs) can earn from non-NHS income will be lifted from 1 October 2012. To coincide with the removal, the governance arrangements for non-NHS income would also be strengthened from 1 October. Any planned increase of five percent or more of the proportion of total income from non-NHS sources must be supported by a majority of governors in a vote.

The Chief Executive said that to mark the retirement of Dr Peter Barrett as Independent Reconfiguration Panel (IRP) Chair, the IRP had produced a new publication reflecting on Peter's ten years as Chair, covering how the key aspects of safety, sustainability and accessibility have guided the panel's work. She said that the report shows the success of reconfigurations and how it was managed at a local level.

Local authority health overview and scrutiny: proposals for consultation document sets out and seeks views on a number of proposed changes to the current arrangements and regulations for local authority health review and scrutiny. The consultation will build on the existing system of health scrutiny and ask for feedback on improving it further in light of the health reforms.

### Local

The Chief Executive advised that the Olympics games start tomorrow and the Trust was in a state of readiness should anything occur.

She was saddened to report that Steve Beaumont, Commanding Officer, MDHU who had worked with the Trust for 2 years was moving to a new post. She commended Steve for his hard work and commitment throughout his time in Portsmouth.

She was delighted to report that the Trusts Diabetes team had come first place in the HSJ awards for 'integrated care'. She extended her congratulations and thanks to all within the Diabetes team.

She advised that the Trust was working closely with Portsmouth City Council and the Primary Care Trust on a project to tackle alcoholism. Alcohol was a massive problem in Portsmouth and had a big impact on many services in the city. She said that the project had been recognised nationally for the significant positive impact it had had on those patients' lives and Panorama had recently visited the Trust as part of a documentary. The filming had gone extremely well and was a real tribute to those staff involved in the service. Mark Nellthorp said that alcoholism permeates many areas within the hospital and sought assurance that the training available for staff was adequate to enable them to deal with the issue. The Director of Nursing advised that bespoke training had only begun 2 years ago and was targeted to those areas that most come into contact with those patients. There is also an Alcohol team on hand to provide advice where necessary. There is also basic awareness training included within the staff induction. The Company Secretary advised that there were also extra security measures in place in those areas that regularly dealt with such patients.

### **A Patient Story**

This item was brought forward from the Trust Board in Private agenda.

The Director of Nursing thought that this particular patient story would support the Older Persons Partnership agenda item.

Julia Lake, Head of Nursing for MOPRS and Nichola Martin, Senior Nurse Discharge Services presented the story of 'Mrs P':



The Chairman asked what proportion of patients within the hospital was elderly. The Director of Nursing said that the Medicine for Older People CSC had 90 acute beds but demand was often greater than that. The Chief Operating Officer said that 250 of the patients within the hospital were over 75 years of age.

The Chairman was surprised at the amount of documentation which needed completing for a referral to social care and asked how long it took to complete the paperwork. Nichola Martin advised that there were 3 stages to the process, including a meeting with the patient and their family. The process could take up to 6 hours to complete depending on the needs of that particular patient. Julia Lake advised that there could be as many as 9 patients going through that process at any one time. The Chairman highlighted the importance of streamlining the process. Nicola Martin advised that national guidance was being followed but she was working with our community partners to try and streamline the process.

Mark Nellthorp noted that it had been a 99 year old patient who had suffered a stroke so it should have been obvious from the outset that she wouldn't be going back to her own home. He asked why the process of engaging with community partners seemed to start so late in the process. Julia Lake said that the process could only start at a certain point in the pathway. For example in stroke patients, it was impossible to predict the likely outcome for that patient so wouldn't be able to start the referral process until the outcome for that patient was clear.

Liz Conway asked what delays had caused the 32 lost days and how could they be reduced. Julia Lake confirmed that it was a mix of different things that caused the delays such as assessments not being carried out, staff capacity and the patient becoming ill etc. She said that a timely process and closer working with community partners would help reduce the delays.

The Chief Executive asked for more information about the particular patient's experience. Julia Lake said that she had difficulty with communicating so it had been difficult to understand how it had felt for her. The improvements which she enjoyed after her stroke were the best she could have expected. However, she had been in hospital longer than necessary and had endured several ward moves which would have adversely affected her experience whilst here.

## **106/12 Integrated Performance Report**

### **Quality:**

The Director of Nursing was pleased to report achievement of all national and CQUIN targets for the month of June. She reminded of the need not to be complacent, even though we were below the trajectory for C.Difficile.

She referred to the Quality Improvement priorities dashboard. She advised that in terms of grade 3 & 4 pressure ulcers, we were currently under trajectory with 10 reported against a trajectory of 12. A number of incidents had now been closed by the Commissioners resulting in a 2011/12 outturn of 40 (46 reported as the year end total in May). However, we were not currently on plan to achieve our 10% reduction target with medication errors, with 9 amber incidents reported, against a year end target of 14. She said that a dip had been seen this month in medicines reconciliation, although this might have been due to the fact that this months audit had been conducted on a Monday, which isnt the preferred day of the week due to it being directly after the weekend. She advised that Insulin

prescription charts were to be launched shortly to try and address the insulin prescriptions errors.

There is an internal target to reduce the number of patient bed moves from the 2011/12 figures. She said that we were currently off track and that we were working to identify the reasons for the high number of moves. The Chairman asked whether the high number of moves broadly related to the ongoing pressure within the hospital. Liz Conway asked what impact the bed rebalancing initiative would have on the number of patient moves. The Chief Operating advised that the bed balancing work had been concluded and the next stage was to look at each ward and make the necessary changes. It is also necessary to ensure that the right workforce is in the right place at the right time.

Steve Erskine noted that the number of slips, trips and falls appeared fairly consistent and was concerned that we appeared not to have better control. The Director of Nursing said that a lot of progress had been made overall. The more patients are outlied increases the risk. She confirmed that a full root cause analysis was carried out for all amber and red incidents.

Mark Nellthorp asked whether only permanent staff of a particular ward were audited or any and all staff that might visit the ward. The Director of Nursing confirmed that the audit includes all staff including those visiting. Audits are currently conducted internally within the wards but we are currently looking towards conducting peer review audits so as to add another level of reassurance.

### **Operations:**

The Chief Operating Officer advised that when considering our month 3 performance against Monitor's Compliance, we would be rated 1:0, Amber-green for June and 2:0, amber/red for quarter 1.

She reported the following month 3 performance against targets:

- A&E Timeliness standard - target achieved, with improved performance primarily resulting from the more consistent application of effective patient flow policies across the trust. Challenges remain from the high volume and in-hour profile of attendances and continued high numbers (regularly over 100) of medically stable patients occupying hospital beds.
- Referral to Treatment (RTT) - admitted and non-admitted targets achieved.
- Cancer standards - 2 week wait target achieved. 31-day wait target not achieved. Breaches primarily arose due to internal process (including capacity) issues and patient choice. 62-day wait target (three measures) achieved in month 3.
- Stroke performance targets - direct admission to stroke ward target not achieved. All breaches arose due to appropriate clinical decisions.
- PPCI performance standards - call to balloon target not achieved. Breaches arose primarily as a result of internal process delays.
- Diagnostic waits - targets achieved in month 3.

Mark Nellthorp asked whether any hospital in the country had resolved the issues within ED. The Chief Operating Officer advised that a league table of Trusts was published monthly for both ED and RTT performance which confirmed that ED activity had increased for most Trusts in the area. She said however, that in her experience, the ED attendances at Portsmouth were very much higher than elsewhere, especially after 7pm. She advised that we had recently invited in an external intensive support consultant to carry out a review of ED. Whilst the results of that review would be published shortly, the initial feedback had not revealed anything that was obviously deficient and therefore, a priority.

Alan Cole asked whether the composition of the 100 medically stable patients awaiting discharge was similar to that of 12 months ago. He also asked whether there was enough nursing capacity within the community to cope with these patients. The Chief Operating

Officer said that a report showing the detail of those patients was available today but a detailed analysis had yet to be conducted.

### **Finance:**

The Director of Finance advised that he intended to provide a more detailed graph, showing the forecast line for income and expenditure and cash, at future meetings.

At the end of month 3, the Trust recorded a deficit of £(4.7)m on income and expenditure. This represents a £(1.3)m adverse movement from the month 2 position and compares to a planned position of £(3.6)m deficit, which means the Trust is £(1.1)m adrift of plan after three months of the financial year. The primary reasons for the adverse variance include pressure on non-elective activity (with payment only being at 30%) and continued high levels of temporary staffing spend.

He said that it was critical that we continue to maximise the value of the workforce by efficiently realigning them.

The Trust's cost improvement target for 2012/13 is £27m. This reflects what the Trust would be required to deliver if it was to achieve its targeted year end position of a £4.3m surplus. Whilst these plans are challenging to achieve, delivery is broadly on plan.

He advised that in terms of the capital programme, the chart had been amended to show the actual/forecast against the plan. At the end of Month 3, The Trust had spent £647k compared to planned expenditure of £1,177k meaning the programme was £530k behind plan.

Steve Erskine felt that the Trusts current cash position was not sustainable and that contingency planning needed to take place. The Director of Finance suggested that this could be discussed in more detail during the meeting of the Trust Board in private.

### **Workforce:**

The Director of Workforce advised that the total workforce expenditure had decreased by £192k in June to £21m. This was as a result of a decrease in substantive expenditure of £346k to £18.9m and an increase in temporary expenditure of £154k to £2.1m. An analysis of the increase in temporary spend shows that 44% is related to the number of vacancies within the organisations. 17% is related to the additional activity. A number of newly qualified nurses are joining the Trust in August which will see the vacancy rate drop.

In terms of the cost improvement programme, the Workforce plan was currently behind schedule. He assured the Board that he was working closely with the Clinical Service Centres (CSC's) to identify other savings around workforce.

Steve Erskine asked if the increase in temporary workforce was appropriately allocated. The Director of Workforce said that the analysis is clear that every case of using temporary staff was appropriate for example gaps in the nursing rota. We need to find a way of removing the temporary spend without putting patient care at risk.

## **107/12 Quarterly Quality Report**

### **Patient Safety**

The Director of Nursing was pleased to report that the Dementia CQUIN indicator had now been agreed with Commissioners.

She advised the Board that 'Rule 43' gives coroners the power to make reports to a person or an organisation where the coroner believes action needs to be taken to prevent future deaths and where that a person or organisation may have the power to act. Until recently the Trust had received only 1 Rule 43 report; in 2009. However more recently, the Trust has received four; this may be due to the appointment of a new Deputy Assistant Coroner, who is also a Crown Prosecutor. She reassured the Board that the Trust has introduced a robust process for managing Rule 43 reports. Steve Erskine referred to one of the Rule 43 cases where an ultrasound scan had not been provided despite being asked for. The Medical Director advised that scans would be available.

### Patient Experience

The Director of Nursing advised that the Trust was currently participating in the national cancer survey and the national cancer information survey. The results of the previous national cancer survey had been poor with the Trust reported as being in the lowest performing 20%. The development and implementation of the Cancer Steering Group had provided greater direction and the group had developed a more robust and focussed approach to implementing the required changes. The appointment of a Matron/Lead Nurse for Cancer Services will further support the Trust-wide delivery of improvements.

The Director of Nursing advised that for the first time, the Trust had failed to meet the complaints targets for acknowledging the complaint within 3 days. This was due to capacity issues within the Patient, Advice and Liaison Service (PALS).

### Governance Compliance

The Director of Nursing advised that from April 2012, the Care Quality Commission (CQC) had introduced changes to the way in which they regulate and inspect. The changes mean that the CQC will inspect most services more often. They would inspect most hospitals, care homes and domiciliary care providers at least once a year. They will continue to re-inspect those services that fail to meet the government standards and will inspect any service at any time if there are concerns about poor care. Following an inspection, the CQC will judge a service to be either compliant or noncompliant with the regulations. Our own quarterly self assessment had shown Outcome 13 (staffing) as being non-compliant due to concerns being identified in relation to staffing in the Day Unit within the Cancer CSC. Nursing staffing levels were significantly below the requirement due to turnover and an inability to recruit appropriately trained Chemotherapy nurses. An action plan has been put in place and is being progressed.

The Chairman was concerned that in terms of the number of falls per 1000 bed days, the Trust seemed significantly higher than the national average.

Mark Nellthorp applauded the significant increase in the number of responses to surveys. He asked if the increase in responses had addressed the issue of diversity of respondents.

### Clinical Effectiveness

The Medical Director advised that Dr Foster was set to re-benchmark mortality data in August 2012. Prior to the re-base exercise for the period April 2011 – March 2012, the Trust position was 90 against a national average of 100. Following the re-base exercise the position changes to 98 against an average of 100. Therefore, the Trust was below the national average on both counts.

He advised that the Trust continued to participate in the national Patient Reported Outcome Measures (PROMs) programme which currently comprises patients who have undergone hip or knee replacement, groin hernia repair and varicose vein repair. Validated PROMS outcome data is reported annually but the provisional results show that

the trust performance is on or above the national average.

## **108/12 Foundation Trust Pipeline Update**

The Chief Executive advised that the latest iterations of the Integrated Business Plan and Long Term Financial Model had been submitted to the Strategic Health Authority on 13 July. Feedback was expected by 3 August 2012 with the next iteration due to be submitted to the SHA in mid-September. An updated project plan was being worked up and agreed with the Strategic Health Authority and will be shared with the Board. She advised that the Board needed to be aware that the timeline for producing the final two iterations of the Integrated Business Plan and the Long Term Financial Model would become increasingly tight and would require tight turnaround times.

The SHA visit on 23 July had been very positive regarding our application and showed that our strategy was very much aligned to that of our partners and commissioners. It reinforced their commitment to us becoming a Foundation Trust.

The Chairman asked the Board for their comments on any of the annexes included in the paper. Steve Erskine said that whilst the PEST analysis contained several references to our Cost Improvements Plans (CIPS), he felt that some of the Transformational work should be included and the innovation of technology...He also felt that our current financial position should be included in the SWOT summary. Julie Dawes felt that being 'average' was not necessarily a weakness. Mark Nellthorp felt that the issues around discharge should be reflected within the weaknesses/threats part of the SWOT. He felt that whilst reference had been made to managing the demand at the front door, the poor standard of out of hours care needed to be added as a threat. The Chairman asked that any comments or suggestions be sent to the Company Secretary.

### **• Reflections on CASS Business School**

The Chairman advised that all members of the Board had either attended or were due to attend a 3 day course provided by the CASS Business School .Tim Higenbottam delivered the following presentation on his reflections of the course:



Reflections on the  
Cass Business School

### **• Board Development**

The Director of Workforce said that a programme of Board Development was on-going including:

- 360 degree appraisals
- Objective settings
- Appraisals
- Trust Board Workshops
- Board Development Programme

## **109/12 Update on Pathology Consortium Project**

The Chief Executive advised that the purpose of the paper was to provide an update on the Pathology Consortium Project. 3 organisations were involved in the project; Portsmouth Hospitals NHS Trust (PHT), University Hospital Southampton NHS Foundation Trust (UHSFT) and Isle of Wight NHS Trust.

The Memorandum of Understanding had recently been signed by all 3 organisations. The Chief Executive advised that it had been agreed that in terms of future governance arrangements, the consortium would be a Shared Services Organisation with an

independent Chair. Karen Baker, Chief Executive, Isle of Wight will be the Senior Responsible Officer.

She sought the support of the Trust Board with moving the project to the next stage; Full Business Case. The Board supported the decision to move to Full Business Case.

## **110/12 Older Persons Partnership (OPP)**

Jane Williams, Chief of Service for MOPRS, was in attendance for this item. The Chief Executive advised that evidence of population growth clearly shows that the population served by the Trust was older than the average across England as a whole. Over the next five years the local population was forecast to grow in line with the England average. However, over a longer time-frame, the population growth was due to outstrip that of England. By 2032, 28% of the catchment population will be over 65. This, combined with high levels of deprivation in some areas, result in higher attendance rates and admission to hospital.

The Trust along with Southern Health Foundation Trust (SHFT) has entered into a collaborative arrangement from which the Older Persons' Partnership (OPP) was formed in August 2011. To date this had been run as a pilot within a governance framework (a partnership Board) with the support and oversight of the executive directors from both organisations. It was agreed at the outset that the emphasis would be on developing the most appropriate model of care, and thus there would no changes to the payment mechanisms through the pilot phase. Both Solent Health and Adult Social Services organisations are closely involved with the partnership. She assured the Board that the project had been running successfully for 12 months and asked that the Board support the pilot proceeding to the next stage; development of a business case.

The Chairman asked what the governance arrangements were for the project. The Chief Executive advised that senior managers from both organisations meet as a Board and all decisions are made via that Board.

Tim Higenbottam asked what the timescales were. Jane Williams advised that the plan was for the business case to be written by the Autumn with the Older Persons Pathway being established over the next 9 months. The Integrated Care Pathway would develop over the next 2/3 years.

The Board supported the decision to move to Business Case.

## **111/12 Strategic Objectives Review**

The Company Secretary delivered the following presentation:



Strategic Objectives  
2011 12.ppt

He explained that evidence to demonstrate the achievement of the strategic objectives was patchy which reinforced the need for strategic objectives previously to be SMART.

Mark Nellthorp referred to strategic aim 4; 'To be the employer of choice in South East Hampshire'. Evidence suggested that the Trust did not struggle to recruit yet had recently needed to go to Portugal to recruit nurses. The Director of Workforce said that on the whole we do have successful recruitment campaigns but there was a national shortage of staff for areas such as Medicine for Older People.

The Chairman said that in the future, it was imperative that the strategic aims were not only 'SMART' but that we conduct regular reviews against those aims. The Company

Secretary advised that reviews would be conducted every 6 months. The Director of Workforce confirmed that the Executive Directors had been set individual measurable objectives which were all linked to the strategic aims.

## **112/12 Assurance Framework**

The Company Secretary reminded that the new strategic aims had been agreed and that the objectives towards achieving those aims had been identified...

He said that the Board needs to assure itself that the risks included within the Assurance Framework were those that currently threatened the Trust. The Risk Department had arranged appointments with each of the executive leads for the strategic aims to identify the risks which threaten the objectives, which, in turn, enable the achievement of the strategic aims. The Executive Lead should use that as an opportunity to add any risks that they feel necessary.

Steve Erskine said that the financial sustainability of the Trust was the biggest risk yet was not adequately reflected in the Assurance Framework.

The Director of Nursing felt that those risks highlighted within the Foundation Trust paper should be included in the Assurance Framework. The Chief Executive agreed and felt that more alignment was needed to the SWOT and PEST.

Mark Nellthorp referred to strategic aim 3. He felt that Referral to Treatment (RTT) times was not the only thing that influences patient choice. The Chief Executive agreed, saying that there were currently 22 GP practices in the area which do not refer to us and that we needed to meet with each of them to understand why.

The Company Secretary advised the Board that each aim would have an Executive Lead who would identify the risks that threaten the achievement of those aims. There would also be an Operational Lead and Committee who would oversee the planned management of those risks.

Liz Conway said that whilst a lot of work had gone into addressing the communication issues, she felt that they were not yet completely resolved. She advocated the need for a really powerful communications function. The Director of Strategy agreed but reminded of the financial restraints.

## **113/12 Standing Orders**

The Company Secretary advised that a recent review and update of the Standing Orders had recently been approved by the Audit Committee which commended them to the Board for ratification.

The Trust Board ratified the Standing Orders.

## **114/12 Provider Led Education and Training System**

This report was noted by the Board

## **115/12 Staff Health and Well-being Annual Report**

This report was noted by the Board.

The Chief Executive asked the Director of Workforce to bring this report back to a future

Board meeting for proper consideration.  
**Action: Director of Workforce**

**116/12 SHA Education Funding**

This report was noted by the Board

**117/12 Company Seal**

This report was noted by the Board.

**118/12 Charitable Funds Update**

This report was noted by the Board.

**119/12 Non Executive Directors' Report**

The Patient Safety Walkabout paper was noted by the Board

**120/12 Opportunity for the Public to ask questions relating to today's Board meeting**

There were no questions from the Public.

**121/12 Any Other Business**

There being no items of any other business, the meeting closed at 14:15pm.

**122/12 Date of Next Meeting:**

**Thursday 30 August 15:00pm**

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