

Trust Board Meeting in Public

Held on Thursday 4 October 2018

Lecture Theatre, Queen Alexandra Hospital, Southwick Hill Road, PO6 3LY

MINUTES

Present:	Melloney Poole Christine Slaymaker Gary Hay Roger Burke-Hamilton Mark Cubbon Chris Adcock Paul Bytheway John Knighton Theresa Murphy Nicole Cornelius	Chair Non-Executive Director Associate Non-Executive Director Non-Executive Director designate Chief Executive Officer (CEO) Chief Finance Officer (CFO) Chief Operating Officer (COO) Medical Director (MD) Chief Nurse (CN) Director of Workforce and Organisational Development (DWOD)
In Attendance:	Lois Howell Emma McKinney Penny Emerit Jenny Michael Susan Browning	Director of Governance and Risk (DGR) Director of Communication and Engagement (DCE) Director of Strategy and Performance (DSP) Freedom to Speak Up Guardian Staff Nurse
Minutes:	Sonia Clarke	Committee Clerk (CC)
Observing:	8 members of the public and staff	

Item No	Minute
198/18	<p>Welcome, Apologies and Declarations of Interest</p> <p>The Chairman welcomed everyone to the meeting and in particular welcomed Nicole Cornelius, Director of Workforce and Organisational Development and Roger Burke-Hamilton, Non-Executive Director to their first Board meeting. Martin Rolfe had also been recently appointed as a Non-Executive Director but was unable to attend this meeting. Apologies were also noted from Inga Kennedy, and David Parfitt, Non-Executive Directors. There were no declarations of interest.</p>
199/18	<p>Staff Story</p> <p>The Board received a staff story presented by Susan Browning a Staff Nurse, who had worked in the Health Sector for 20 years. Susan had recently used the Freedom to Speak Up service. Susan outlined that she had felt unworthy, ostracised and labelled a “trouble maker” when first raising concerns some time ago. Despite this Susan believed that patients came first and had continued to attend conferences to enhance her already extensive knowledge and it was at one of these conferences that Susan met a visiting professor from America which changed Susan’s outlook on the issues she faced. From that moment on Susan felt empowered to continue the campaign for change and approached the Freedom to Speak Up Guardian and met with the CEO and received support from a number of people within the Trust to pursue her concerns. Although the issues are not yet finalised, Susan has felt that finally she is being listened to and valued and work is underway to audit the</p>

	<p>concerns she raised and she now felt more at ease with each working day. The FTSUG confirmed that the audit was progressing. The month of October was Freedom to Speak Up Month and there had been a lot of interest in the service within the Trust.</p> <p>The Chair and the Board thanked Susan for telling her story and invited her to consider returning to Trust Board in a year to update them on any changes that had taken place as a result of her actions and following the completed audit. Susan thanked the Board for listening and accepted their invitation.</p>
200/18	<p>Minutes of the last meeting</p> <p>The minutes of the meeting of 2 September 2018 were approved as a true and accurate record of the meeting, subject to the following amendments:</p> <p>Page 1 – Penny Emerit, Director of Strategy and Performance was in attendance.</p> <p>Page 8 – 182/18 – Paragraph 2, line 5 amend to read and it was agreed that this did not need to be addressed</p> <p>Page 8 – 182/18 - Paragraph 5, 6 amend the minute to read. The Chief Operating Officer presented the operational performance element of the IPR. He noted that the significant hot weather period had delivered a number of challenges across the Trust that has manifested itself with a number of challenges. The significant weather changes had seen an increase in both ED attendances and medical admissions. This had ultimately resulted in the hospital seeing more patients and this, in turn, lead to a higher number of patients medically fit for discharge. During July, the Trust took a number of actions to ensure that patients were transferred in a timely way through working with our system partners. As part of our urgent care work, there have been a number of service developments to improve the internal processes within ED and this includes increasing senior decision makers well into the evening. Planning and preparation for winter continues, and the Trust, alongside System Partners has a plan to reduce Trust occupancy to 92% through improvements in community capacity.</p>
201/18	<p>Matters Arising/Summary of Agreed Actions</p> <p>The action log was reviewed and updated.</p>
202/18	<p>Notification of Any Other Business</p> <p>There were no items of other business.</p>
203/18	<p>Chair's Opening Remarks</p> <p>The Chair commented that it seemed as if good working relationships being built within the locality and this was a great tribute to the Executive team. The Chair also commented that the continued evolution of the Integrated Performance Report and the accuracy of the data and analysis provided were very important. The Chair said that it was important to remember at all times that "breaches " were people- our patients.</p>
204/18	<p>Chief Executive's Report</p> <p>The Chief Executive (CEO) presented his report and outlined that the Department of Health and Social Care had announced £145m funding for Trusts to assist with winter pressures and Portsmouth Hospitals NHS Trust (PHT) would benefit from £2.8m. Preparation has commenced across the Portsmouth and South East Hampshire Health and Social Care System and detailed plans had been discussed at the local A&E Delivery Board which for PHT is well advanced. The CEO reported he had attended an NHS Employers Workforce seminar which highlighted current and future workforce challenges. It was clear that the Trust needed to think differently about the roles that are undertaken and how care is delivered and this will be incorporated into the Trust wide workforce plan. NHSI had written to the Trust regarding the Trust's elective care position and the Trust had seen a 12.2% over performance in quarter one and compared to last year elective referrals are up 4% with some specialities increasing demand higher than that. The total waiting time had increased since March by 5.8% and work is being undertaken with Commissioners to understand the cause</p>

of the increase. The CEO commented that the Annual NHS Staff Survey has now been distributed to all staff and is undertaken by an external contractor and the results were fundamental to assist the Trust in understanding what is working well and what could be improved. The CEO was pleased to advise that the Trust has been shortlisted for a Health Service Journal award for its Time To Act initiative which improves the early recognition and early response to deteriorating patients.

The CEO advised that to coincide with “Stoptober” the Trust had launched its campaign for the QAH site to be smoke free from January 2019. The Trust has a responsibility to help improve the health and wellbeing of its staff, patients and visitors by supporting them to stop smoking. This would also be the theme of the Open Day in October.

On 20th September the Trust hosted the latest quarterly meeting with the Care Quality Commission (CQC) and amongst the topics discussed were the quality improvements being made in relation to the Mental Health Capacity Act and Deprivation of Liberty safeguards which included a focus on the simulation training the Trust has rolled out in this area, which was the first of its kind in the country. The Trust also discussed its Quality Recovery Plan which was praised as an example of good practice.

The CEO highlighted his top three concerns as:

- The Trust’s IT and information reporting systems do not provide adequate support for delivery of Trust strategic objectives and the Trust had been advised of a potential funding source for improvement and development of systems and infrastructure, and the Trust will pursue this support.
- The Trust’s financial position, particularly its cost improvement plan performance, is not on target at month five and this was clearly a concern for all members of the Board.
- Routine water testing had shown that Legionella existed within two staff accommodation buildings. There have been no reported cases of ill health as a result and an action plan had been implemented which saw all of the affected staff moved to alternative accommodation. The work was anticipated to take approximately six weeks and a full investigation has been commenced to establish the cause of the problem.

The CEO highlighted his top three clinical risks as:

- Staffing levels continued to be a concern with particular concerns relating to the levels of staffing at night. Safe staffing was being maintained by use of the bank and agency provision and the efforts continue to recruit to vacancies across the Trust. The risk would remain until the number of permanent and substantive staff shows further improvement.
- There has been progress in the area of Sepsis and the risk of deteriorating patients, however until there has been sustained improvement to the risk of patient harm resulting in a failure to identify and respond the risk will remain.
- There are risks associated with the inconsistent application of the Mental Capacity Act and associated Deprivation of Liberty safeguards. In practice this may mean that not all of the Trusts patients in all areas are being effectively assessed and supported when they lack capacity to make decisions about their care and treatment.

The CEO highlighted that Penny Emerit, Director of Strategy and Performance would be taking over the Executive Lead for Information Technology, this would be temporary and continue whilst the department lead was being reviewed.

The CEO advised that the Trust had been notified by the Care Quality Commission of an error which occurred which resulted in the Trust being issued with a Section 29, these do not apply to hospitals and a Section 29a should have been issued. The Trust has been fully cooperative with the CQC and this does not change any of the content. The Section 29a has now been reissued. On a positive note the CQC had also notified the Trust formally that the

	<p>Section 31 which had been issued in respect of the Acute Medical Unit, which had within it six conditions, has been lifted.</p> <p>The Chair commented that the NHS Staff survey is hugely important and the indicators were taken into account by the CQC and regulators and it was important that we support staff to complete the survey.</p> <p>Gary Hay asked when letters are received from NHSI to what extent do those letters include the STP and the wider community? The CEO responded that all the information had been shared with all organisations. In the future communications from NHSE and NHSI would be more streamlined as the system aligns itself.</p> <p>Gary Hay commented on the intention to make the site smoke free and asked about the poll in the local newspaper, was there any intelligence about how staff have responded. The CEO responded that there are a number of different messages that have been shared and so far the comments that have been received from staff have been positive, although the difficulty to monitor and enforcement of the policy is recognised. The Trust will be very clear how it supports its staff to challenge and specific training will be provided to assist in this area. There is a steering group overseeing this work and the focus is on encouraging alternatives to smoking. Gary asked if it was in the Culture Change Programme, the CEO responded that it was not intended to include it yet, but take a view on feedback received once it commenced before including it.</p> <p>Christine Slaymaker commented that it had been raised at Workforce Committee and given the recruitment and retention of staff issues, the policy did need some amending and there was a discussion about putting staff into a position where they would consider working elsewhere and the strategy should consider how to achieve this without causing unintended consequences. The CEO responded that the policy would be reviewed and the approach is being carefully thought through.</p> <p>Christine Slaymaker asked about the waiting list and the Isle of Wight, the elective numbers are not going through as they should, but increasing by those numbers seems dramatic. Also there are difficulties recruiting on the Isle of Wight, is there a suggestion that patients are gravitating to PHT. The CEO confirmed that the activity levels are not related to the Isle of Wight but it is unusual growth that has been seen and the Trust is currently working with commissioners to understand where the referrals and type of referrals are coming from.</p> <p>Roger Burke-Hamilton commented that there needs to be consistency behind the messages that are made, and consideration should be given to the reasons that people go outside to smoke and also how to engage staff and what other support services are available to promote an alternative.</p> <p>The Medical Director commented that apart from alcohol consumption, smoking is the biggest public health issue and smoking contributes to so much sickness in the community and PHT as the biggest provider of healthcare must take a lead in the push for non-smoking. There may need to be more shared responsibility for publicising this through public health and commissioning colleagues. The CEO confirmed that the local area has the second highest lung cancer incidence per head of population within the UK and the Director of Communication and Engagement confirmed that the Portsmouth News was supportive of the stance the Trust is about to take.</p> <p>The Board noted the contents of the CEO's report.</p>
<p>205/18</p>	<p>Winter Plan</p> <p>The Chief Operating Officer (COO) presented his report which provided an overview and assurance of the plans that the Trust is implementing to support operational delivery during winter 2018/19 which would ensure an improved patient and staff experience.</p> <p>During the Summer of 2018 a comprehensive review was undertaken across the system that</p>

would support the planning for the component parts of the Trust and system winter plan. The capacity assessment work undertaken by Price Waterhouse Coopers has led to an expansion of community capacity, alongside internal changes to PHT to support the delivery of 92% bed occupancy for the Trust. The Divisional teams since their inception in July 2018 have been working to ensure that the improvements within the first quarter of the year 18/19 continued through the delivery of efficiencies and ward reconfiguration. The internal work has been led by the Associate Medical Director and further work is expected in the coming weeks. The work has included reduction in medically fit patients and delayed transfers of care are consistently below 4.5%, super stranded patient numbers are consistently below 200 and the A&E 4 hour performance was at 85% for the month of July. Through the improvements that have been seen in Quarter 1, there has been a reduction in escalation beds, improved flow through the hospital and a significant improvement in how the Trust manages 'busy' periods, the Trust is in the best place possible to further improve and drive the length of stay further to meet the occupancy requirements. A reduction in the medically fit for discharge patients (MFFD) to around 90 is required. The Trust was now at the point where all of the schemes are being worked through and some of those will be tested throughout October. The actions undertaken and the plans in place meet the learning from last year and will put the Trust in the best place possible to manage the winter challenges.

Christine Slaymaker asked what Plan B was. The COO responded that there are some schemes being worked up, for example QA at Home, with the Trust's Southern Health partners, and Portsmouth with their private providers to ascertain if there is scope to increase their capacity and also colleagues within Continuing Healthcare to support fast track and it may be possible for them to commission 7 beds. The CEO added that some of the capacity that is coming on line does rely on Southern Health and there are recruitment challenges within that. The CEO had met with the Director of Adult Social Services to review commissioning and the need for extra beds within Hampshire, this had been recognised and was being undertaken.

Christine Slaymaker asked if as well as planning the Trust should be asking "what if" ? There is a risk that there are not enough people to undertake the work over the winter period. Is there something to be done which may not be detailed but what if all of this goes wrong? The second risk Christine highlighted related to some of the Estates programmes which are large and complicated. The CEO responded that the desk top exercise had been undertaken and there was more confidence in the domiciliary care market. They are confident that they have secured staff and additional hours by working differently with agency relationships. The issue which remains is the element the Southern Health team will provide. The CEO was reasonably confident that another provider could pick up and cover any gaps. The test would be over the coming weeks and when the Board next meets it will be seen how effective the plans are. Christine asked whether there was concern over the Christmas period and the unavailability of care staff in the community. The CEO responded that Emergency Preparedness Resilience and Recovery teams are working very closely with the external escalation processes and this would test the system and how it works together in the event of a crisis. This would inform what the Trust did in the event of an unexpected event. The Chair was assured that the Trust had a plan in the event of an unexpected occurrence.

The Board noted the Winter Plan.

206/18

Emergency Preparedness Resilience and Recovery (EPRR)

The COO presented the report and advised that NHSE have awarded the Trust as substantially compliant and are comfortable with the evidence that has been provided. At the Quality and Performance Committee there was concern relating to the Hazmat Policy only. The Committee did not feel qualified to approve it. A meeting is being arranged with Surgeon Commander Bland to assist in providing a briefing that will assure the Committee that the policy meets the requirements.

The report provided a summary of the outcome of the PHT EPRR annual assurance and self- assessment to NHS England. It was noted that all NHS organisations are required to prepare for a response to a wide range of incidents or emergencies that could impact on

	<p>health or patient care. The minimum requirements which commissioners and providers of NHS funded services must meet are set out in the current NHS England Core Standards for EPRR. Following an independent desktop assessment in February 2018 to confirm the Trust's position, it found the Trust to be non-compliant. An intensive work programme has taken place over the last ten months to progress the level of compliance. On 14th September the Trust Accountable Emergency Officer and the EPRR Officer attended a formal confirm and challenge meeting with the CCG and presented a self-assessment demonstrating compliance of 57 of the 64 core standards. As a result the Trust considers itself to be in a position of Substantial Compliance. A further confirm and challenge meeting took place on 1st October and a final level of compliance will be awarded. A work programme has been produced to progress the core standards currently assessed as partially compliant in preparation for the 2019 EPRR Assurance Process. The CEO and the Board thanked Kate Scott, the EPRR Officer, for the huge amount of work that she has undertaken.</p> <p>The Board noted the report.</p>
<p>207/18</p>	<p>Corporate Objectives Balanced Scorecard</p> <p>The Director of Strategy and Performance (DSP) presented the report. The Scorecard allows for the Integrated Performance Report (IPR) to highlight the issues which are laid out in detail in the majority of the report. The DSP highlighted the safer target of patients discharged by midday and the need for the Trust to focus on the early birds to help improve the flow. Supporting high quality patient focused care has seen some changes in the Board Assurance Framework (BAF) entries such as basic compassionate care and safeguarding which were picked up through the Quality Recovery Plan. The Workforce Committee makes reference to staff recommending the Trust as a place to work and the appraisals and focus remains in those areas. Building foundations on which the Trust can best deliver care requires more work and there is an additional entry to the BAF relating to the Facilities Management provider. The DSP commented that the Spotlight report is intended to inform the Board that those are the issues which it is considered the Board requires sight of and the supporting detail could be removed as it is being discussed in detail at Committee level. The Medical Director added that the IPR had been discussed in detail at the Quality and Performance Committee and the level of challenge had been appropriate. The Board requested that the detail remains within their packs for the immediate future.</p> <p>The Board noted the Balanced Scorecard.</p>
<p>208/18</p>	<p>Quality and Performance Committee Feedback</p> <p>Gary Hay presented the feedback from the Committee meeting and commented that there had been very good discussions with the Annual Controlled Drugs Report being received and a discussion had been held regarding electronic prescribing which would provide a plan for the next committee. There had been an effective discussion relating to the 62 day Cancer performance and assurance had been provided about the levels of work being undertaken to increase performance. The Committee received a progress update on the Harm reviews and it was noted there was balancing of the need for openness and transparency and the requirement of accountability.</p> <p>The Board noted the feedback.</p>
<p>209/18</p>	<p>Safety, Quality and Operational Performance Report Analysis</p> <p>The MD commented on the IPR and it was noted that there were some detailed discussions within the Quality & Performance Committee about the data inaccuracies and inconsistencies within the IPR and work was continuing to ensure checking prior to publication occurs. There was reassurance that the team understand the problem and will address those appropriately and as quickly as possible.</p> <p>The COO presented the Operational Performance report and commented that the four hour performance for August was at 88.32% against the improvement trajectory of 86.1%. The work continues within the ED Department with NHSI to support the transformation work. The 62 day standard had been delivered in August but demand remained high. The number of</p>

	<p>patients overall that are waiting has improved but there are currently 90 patients waiting and the new Interim Head of Cancer remains focused on further improvements. The Diagnostic standard has not been achieved, this is mainly relating to workforce and capacity during August. There had been a productive meeting to discuss the strategy for imaging, but it will pose a risk in two specific areas in MSK Ultrasound and CT/MRI. Stroke although not on the IPR continues to have particular workforce issues and sustainable improvements are aimed from October.</p> <p>Gary Hay asked when the Interim Head of Cancer expects to have concluded the work. The COO responded that an action plan by tumour site, by date, by milestone would be presented to the Cancer Steering Group and then to Committee, it was hoped that this would be available by the end of the month, but the work of the Head of Cancer would be ongoing for some time.</p> <p>The Chair commented that 37 operations had been cancelled on the day for non-clinical reasons, which were equipment issues. That is not good as the patients have prepared themselves, made arrangements and the detail behind this was not available in the IPR. The CEO responded that any patient attending for a procedure that does not occur is a serious matter. The reasons why they do not proceed could be various, for example the piece of kit originally identified may then change and although there are improvements to this that does not detract from the individual patient experience. These issues are being addressed through the Divisional Performance Reviews. There are too many patients who arrive on the day and then do not have their surgery and the communication between pre-assessment and the surgical team must be better.</p> <p>Christine Slaymaker commented that the Spotlight report must have a larger degree of input and confidence and this is not within the report. The DSP responded that there was a logistical issue in that the Spotlight reports are written for the Committees and the Board at the same time. Each month the items to be included in the Spotlight report should be appropriate and the feedback from the Committees will contain the assurance gained from the detailed debate that has occurred in the respective Committees and this would provide assurance to the Board.</p> <p>The Board noted the report.</p>
<p>210/18</p>	<p>Quality Recovery Plan</p> <p>The CEO and Director of Governance and Risk (DGR) presented the report and commented that through the engagement with the CQC the feedback had been very positive and that they enjoyed reading it and they were clear that it was helpful and covered everything. The Trust was now firmly in the cycle of recovery and looked forward to the Board being advised of further progress being made. There have been some problems with the development of the Dashboard but there is confidence it will be available soon. The report remains a fast moving document and there was good progress but there is clearly still more work to be done.</p> <p>Christine Slaymaker commented that the plan was excellent, but had a query about the membership of the Recovery Group and noted that there were not many medics and also asked that when some of this work is completed how ongoing compliance would occur and finally are there priorities within the list upon which other things are predicated. The DGR responded that there are additional actions arising constantly to ensure that the Trust is flexible and responding appropriately as the document progresses.</p> <p>The Board noted the Recovery Plan</p>
<p>211/18</p>	<p>Corporate Risk Register</p> <p>The DGR presented the report, which had been recommended by the Quality and Performance Committee. The Committee had also reviewed the risk register for Corporate Functions for the first time at its September meeting and there had been a significant improvement in risk management activity in clinical areas since the last time it was</p>

	<p>presented. There were two new risks proposed which were (i) the Failure to deliver annual financial outturn forecast and (2) harm to staff arising from the water safety concerns in staff residences. The Board noted that the Risk Management Strategy presented earlier in the year required that items rated as over 16 are required to be presented to the Board. There had been three increases, two decreases and four removals from the risk register, three of them because the score has decreased and one of them as the risk has been resolved.</p> <p>Christine Slaymaker asked if the Corporate Functions' Risk Register included Procurement. The DGR responded it would be included for the next report.</p> <p>The Board noted the Register.</p>
<p>212/18</p>	<p>Workforce and Organisational Development Committee Feedback</p> <p>Gary Hay presented the feedback and highlighted that the Committee received relating to the delivery of the CIP reconciliation and agency establishment. There was a separate piece of work which Gary felt worthwhile which was challenging the Trust on the use of agency staff and the pattern of using agency and bank workers although a requirement, there was a need to reduce the costs and also how does the Trust encourage them to work for the Trust substantively. The Committee had reviewed the Workforce and Organisational Development Strategy which is due to be presented to a Board Workshop in October. It was agreed that it does still require some more work before it is ready for Trust Board but it should be shared with the Divisional Management Teams now. The Committee had also received an update on the Workforce Race Equality Standard data (WRES). The Committee were keen to view the Professor Lewis report and the DBS reporting where the Committee asked for a report to ensure that the Trust was clear about what it was asking in relation to the re-testing at the three year point.</p> <p>The CEO responded that the reality is that a temporary workforce will be part of the workforce within the NHS, and that there will be encouragement to sign onto the Bank Partners service in the first instance. The CEO suggested that consideration be given to the Trust making use of the national resource which could be presented at a Board Workshop on the WRES.</p> <p>The Board noted the feedback.</p>
<p>213/18</p>	<p>Workforce and Organisational Development Performance Report Analysis</p> <p>The Director of Workforce and Organisational Development (DWOD) outlined that the current appraisal rate was 76.5% and the CEO commented that the Divisions had received a very clear expectation that appraisals are required and should be in line with their workforce anniversary. It is hoped that with better line of sight and streamlined documentation this will improve.</p> <p>Roger Burke-Hamilton asked if there was a way to stage this in order to help staff engage more easily and see the advantage of having the appraisal. The MD responded that it is one of the few areas where the medical staff are successful as there revalidation is dependent upon their appraisals and the onus is on them to ensure that is occurring.</p> <p>Gary Hay commented that in Agenda for Change the new pay requirement is linked to appraisals and this should assist with achieving compliance.</p> <p>The DWOD highlighted that there had been a reduction in 151 whole time equivalent members of staff from last month which was largely as a result of a reduction in the temporary workforce. There would now be a sharp focus on what the workforce needs to look like and the funding associated with that. There are still issues with turnover currently at 13.2% with a stability index of 85.7%. There has been a lot of activity ongoing in relation to turnover which includes active recruitment and retention schemes and the Trust has embarked on the NHS Improvement Workforce Retention Project and a meeting was held where best practices including flexible working, career mapping and how to support new starters and new ways of working. As a result of that NHSI are providing direct support to</p>

	<p>develop an improvement plan and the focus is on registered nurses and three key areas which is flexible working, staff wellbeing and leadership development. The sickness absence rate the rate remains at 3.7% and action continues to be taken in relation to the management of absences.</p> <p>Roger Burke-Hamilton asked how the leavers are managed and why are they leaving? The DWOD responded that a direct conversation is held with staff to ascertain the learning from leavers to develop strategies that can address those issues. The CEO added that four HR Business Partners have now been recruited to work with the four Divisions and there will be work undertaken to ascertain what is occurring at Divisional level and also to work with new recruits to ensure they feel supported. The DGR added there will be an increased focus on their wellbeing to ensure support is available.</p> <p>The Chair commented that the Trust was fortunate to have connections with the School of Nursing at the University of Portsmouth and the first cohort would qualify in 2020 and hopefully the majority of the students would want to stay in the area and this was an ideal opportunity to perhaps recruit 100 nurses per year.</p> <p>The CEO added that there is another group of Nursing Associates who are soon to become a major part of the nursing workforce nationally and this will form part of our strategy going forward. This will be brought to the Board in due course.</p> <p>The Board noted the update.</p>
<p>214/18</p>	<p>Finance and Infrastructure Committee Feedback</p> <p>Christine Slaymaker presented the feedback and commented that month 5 position was discussed. The run rate is escalating and is now £1.2m and is not a comfortable place. The second issue to be reviewed was what exactly are the variances being measured against the financial plan. It does seem difficult to change the baseline budget for example the pay award money. The winter capital funding was noted and assurance was sought and received that they were on track. The CIP schemes relating to Workforce which appear difficult to achieve in particular with regard to high agency costs. There was a PFI update on facilities management provider, the water hygiene and the fire safety action plan. It was recommended to approve the Mobile Devices policy The recommendations to be added to the Risk Register were Fire Safety, Water Hygiene and the Estates Agenda and to know that the year-end financial position is reflected appropriately within the BAF.</p> <p>The Board noted the Committee's feedback.</p>
<p>215/18</p>	<p>Financial Performance Report Analysis</p> <p>The Chief Financial Officer (CFO) presented his report. The position continues to reflect the pressures and the challenges that the Trust face, there are difficulties such as the unscheduled care pressures and staffing arrangements and therefore the Trust response relates to address those drivers. The shortfall in the delivery of activity plans against the variable contracts principally are planned care activity has resulted in an income year to date position being £1.7m lower than plan, but the adverse variance of £2.1m is a large contributor to that and is partially offset by lower expenditure levels particularly in Surgery and Cancer. There is a specific response to that led by the COO and supported by all of the relevant teams to identify the recovery of those plans. The shortfall in the delivery of the CIP targets are as a result of a combination of impact unscheduled care pressures and reduced savings that have been delivered as a result and compared that. This does suggest making a net deficit of approximately £1-2m year to date. The profile and the variance to profile in the plan associated with CIP has been a particular issue for procurement, these are reported as large deficit plans and that deficit plan assumed a level of delivery of a procurement savings profile but the reality is that it will not be delivered in the way it is profiled. The core procurement project is anticipating delivering in the following financial year. There are still the issues that making sure the Trust's actions and forecasts match the £35m efficiency target which is the value of the plans submitted to date.</p>

	<p>Christine Slaymaker commented that the IPR seems to be well developed with regard to clinical metrics. However, it is less well developed around the workforce and finance metrics which are quite difficult for Board members without the background to understand. Could there be a review of what the appropriate non clinical metrics should look like.</p> <p>Run rate does fluctuate through the year, because of income. In terms of position we do have a plan, savings programme which delivers ahead of the level being seen in year to date. More important that we deliver that plan rather than look for another one.</p> <p>Drivers of the deficit are caused by factors that the Trust seeks to directly impact on through the winter plan.</p> <p>The Board noted the report.</p>
216/18	<p>Audit Committee Feedback</p> <p>The DGR presented the feedback and noted that the Draft Terms of Reference had been amended and were now recommended to the Board for ratification. Improvements to the process for following up on implementation of internal audits were noted. Further work was required in the revision of the Reservation of Powers Policy and it had been agreed to extend this to January 2019 to allow the work to be undertaken. The Overseas Patients Charging Policy was received and approved subject to some minor amendments and it was agreed to add Overseas Patients would be added to the internal audit programme. The need to review the process for reporting breaches to the Standing Financial Instructions to the committee was agreed. The Local Counter Fraud Team presented their report and their work is being carried out thoroughly. The Standards of Business Conduct Policy was approved following revision subject to some minor amendments and a new process for reporting Trust responses to briefing notes issues by the internal auditors was welcomed.</p> <p>The Board noted the feedback.</p>
217/18	<p>Provider Licence Certifications 2017/18</p> <p>The DGR presented the report and outlined that the Health & Social Care Act 2012 introduced powers for Monitor, now part of NHSI, to require providers of services to the NHS to obtain a Provider Licence, unless exempt from law to do so. NHS trusts are exempt from the requirement, but are obliged by NHS Improvement to self-certify that they are compliant with the same standards of corporate governance required of Provider Licence holders. The conditions required to be certified were noted and related to the maintenance of an effective system of corporate governance. The annual Board Work programme has been revised to ensure timely production of the certifications in the future.</p> <p>The Board noted the certifications.</p>
218/18	<p>Non-Executive and any Directors Reports</p> <p>The Chair invited members to reflect on the Board discussions today in relation to supporting staff to enable them to care for patients. The CEO felt there had been a balanced discussion around the agenda, but acknowledged there was more work to be done. Gary Hay commented that the metrics relating to patients and staff did require more work to be accurate. Roger Burke-Hamilton commented that he would like to see more emphasis on the outcomes for patients. The DSP had taken away a number of things to think about, not least of which was to consider breaches as patients and to consider how to share the IPR with Divisions and Care Groups to drive the business. The COO felt there had been challenge in the conversation and it had been focused on patients, staff and partner organisations and how the Trust delivers its plans. The CFO commented that the focus was on the difficulties and delivering of a stretching plan. There could be enhancement relating to patients and the purpose of the Aligned Incentive Contract. The MD welcomed the challenge around the use of the IPR, and it reminded him of the conversation that had been held regarding values and behaviours and the impact on patients. The DGR reflected on the opportunity to refining the structure of the agenda to allow the Board to continue its work and the DCE confirmed that work was underway to ensure issues were being communicated</p>

	appropriately.
217/18	Record of Attendance Noted
218/18	Opportunity for the Public to ask questions relating to today's Board meeting <ul style="list-style-type: none"> • The Chair commented that it was apparent that the hearing was an issue in the room and this would be addressed as far as was practicable. • A member of the public asked how the discharge delays as a result of issues with the pharmacy could be resolved. The COO responded that this was a focus for the Trust and during autumn the Trust is undertaking a Sprint which is a quality improvement project and the Associate Medical Director was leading and the focus was on the issue of take home medication (TTO). An electronic monitoring score has been implemented on Bedview, which is the Trust's electronic bed monitoring system, and it demonstrates where the TTO is and when it is ready. This is being rolled out across the Trust and by the end of the Sprint there should be an improvement.
220/18	Any Other Business None.
221/18	Additions to the Board Assurance Framework and Risk The Board noted
222/18	Next Month's Trust Board and Trust Board Workshop Agenda Date of Next Meeting: Thursday 1 November 2018, Lecture Theatre, Education Centre, E Level, QAH