

Held on Wednesday 1st May 2019

Trust Headquarters Meeting Room, Level F,
Queen Alexandra Hospital, Southwick Hill Road, PO6 3LY

MINUTES

Present:	Melloney Poole	Chairman
	Roger Burke-Hamilton	Non-Executive Director
	Gary Hay	Non-Executive Director
	Inga Kennedy	Non-Executive Director (until minute 117.19)
	David Parfitt	Non-Executive Director
	Martin Rolfe	Non-Executive Director
	Christine Slaymaker	Non-Executive Director
	Mark Cubbon	Chief Executive Officer (CEO)
	Chris Adcock	Chief Finance Officer (CFO)
	Paul Bytheway	Chief Operating Officer (COO)
	John Knighton	Medical Director (MD)
In Attendance:	Nicole Cornelius	Director of Workforce and Organisational Development (DWOD)
	Penny Emerit	Director of Strategy and Performance (DSP)
	Lois Howell	Director of Governance and Risk (DGR)
	Emma McKinney	Director of Communication and Engagement (DCE)
	David Connor	Emergency Medicine Registrar
	Dave Gordon	Committee Clerk (minutes)

Item No	Minute
103.19	<p>Welcome, apologies and declarations of interest</p> <p>The Chairman welcomed everyone to the meeting. No apologies were received. No declarations of interest were made.</p>
104.19	<p>Staff Story</p> <p>The Director of Workforce and Organisational Development introduced the item by outlining the 'Respect and Protect' campaign. This initiative concerned the Trust's stance on physical and verbal assaults on staff, clearly communicating that no such attacks would be seen as acceptable. It was supported by legislation which had come into force in 2018 which protected all emergency workers and increased maximum sentences in such cases, as well as speeding up the associated criminal process (Assaults on Emergency Workers (Offences) Act 2018).</p> <p>The assault of one of the Trust's Emergency Medicine Registrars (Dr David Connor) had been one of the first cases in the country pursued under this legislation. The incident in question had arisen in November 2018, and was described by Dr Connor. The night had been fairly typical by the standards of a winter weekend. Within the 'pit stop' reception area (where triage takes place) one individual had been confronting staff and patients whilst waiting for treatment. He had been asked to desist by nurses present, and security staff were monitoring the situation. As shift leader, Dr Connor subsequently approached</p>

the man and outlined expected standards of behaviour in the environment. However, the patient continued to insist that the treatment he was receiving was inappropriate. Further discussions concluded with an assault on Dr Connor and the prompt interception of the individual by security. Finally, the police (who were already in the vicinity) removed the man from the hospital and arrested him. Soon after this he was prosecuted and convicted.

Dr Connor went on to say that whilst physical incidents such as this remained relatively rare, verbal abuse was much more commonplace. Staff in the Trust did experience higher than average levels of physical attacks; at present, seven sisters were currently off work due to violence. Dr Connor was highly supportive of the 'Respect and Protect' campaign's central message that respect for workers was paramount; any abuse would not be condoned or placed in the context of waiting times, alcohol or similar issues. The clarity of this was welcomed and would help create a more positive environment for staff and other service users.

The Chair sought Dr Connor's views on the long term solution for the issue of abuse. He responded that no one measure would resolve the matter. Security was the last resort; measures such as intelligence on attendees with a history of violence would help intercept problems. Ensuring staff knew about their legal rights and the fact they would be supported was also paramount. Other solutions around reporting (e.g. the Trust's new reporting console, which circumvented the more time consuming methods traditionally employed) would also encourage staff to come forward. Martin Rolfe asked about the level of support offered after the event; Dr Connor said that he had been very satisfied with this. In particular, he welcomed the number of support options available depending on the specific needs of the individual staff member concerned. Inga Kennedy raised the issue of the use of Emergency Departments as somewhere to place those being drunk and disorderly. Dr Connor noted this observation, adding that some attendees were relatively frequent visitors to the Trust.

The Chair wished to record the need to address the recent reduction in funding for the specialist Alcohol Nurse Team in the context of the above discussion.

The Trust Board extended their thanks for the presentation.

105.19 Minutes of the last meeting

The minutes of the meeting of 1st May 2019 were approved as a true and accurate record, subject to amendments to minutes 087.19 and 090.19.

106.19 Matters arising / summary of agreed actions

The Board reviewed the Action Log. The Director of Strategy and Performance informed the Board that the proposals for the development on the QAH site of a Maggie's Centre had been deferred for discussion by the Maggie's Board (minute 007.19) until the end of May 2019. The action regarding the End of Life Group (minute 065.19) had now been completed and would be reported in the next report on learning from deaths to Trust Board (29th May 2019).

107.19 Notification of any other business

No notification of any other business was given.

<p>108.19</p>	<p>Chairman's opening remarks</p> <p>The Chairman was pleased to inform the meeting that David Parfitt's term of office had now been extended for four years until 2023, after the application to do so had been approved by NHS Improvement.</p> <p>The Chairman also welcomed the fact that workforce and organisational development were early in today's agenda. This was given the fact that staffing levels were a recurrent theme in reporting received by the Trust Board, and the implications of this for performance. Finally, she noted the focus on care and compassion in the 'Working Together' report (minute 111.19) and the need to resolve issues recorded in the recent Care Quality Commission visit.</p>
<p>109.19</p>	<p>Chief Executive's Report</p> <p>The Chief Executive Officer addressed the following key issues:</p> <p><u>Urgent care performance:</u> The interplay between staffing levels and pressure across the healthcare system continued to present challenges to the Trust. The previous four months had seen sustained pressure caused by a sharp rise in demand, as would be further discussed by the Chief Operating Officer later at this meeting (minute 118.19). It was particularly important to ensure that provision was sustainable rather than based on short-term solutions; in addition, the potential impact of pressure on quality of care required monitoring. Given this, quality governance would be included as a formal agenda item at the meeting on 29th May 2019.</p> <p style="text-align: right;">Action: DGR</p> <p><u>'Respect and Protect':</u> The incident discussed in minute 104.19 was raised. The fact that this had been reported and acted upon was welcomed, and the Chief Executive Officer supported the campaign to raise the profile of the issue. Staff across the Trust should be aware that this was taken seriously and that a systematic approach was in place. In addition, the Trust was committed to de-escalating problems and putting effort into avoiding confrontations as frequently as possible.</p> <p><u>Gosport War Memorial Hospital:</u> Developments had recently been the focus of media attention. Further police investigations were likely to arise as a result of the ongoing inquiry; Trust Board members would be updated as necessary.</p> <p>The Chief Executive Officer would also be publicising the Great South Run and encouraging staff participation to re-enforce messages regarding healthy living.</p> <p>Christine Slaymaker requested further details on the spring sprints and the anticipated improvements. The Chief Executive Officer had initiated the approach to involve as many staff as possible in a cycle to improve five priorities. These were all linked to urgent care; Trust Board members were also encouraged to attend. Ideas would be formed during short sessions before being tested out and taken forward as appropriate. This innovation was part of the wider change programmes being implemented within the Trust.</p> <p>Gary Hay commented that the Quality and Performance Committee had discussed the Integrated Performance Report with the Chief Operating Officer. Despite their regular appearance amongst key corporate concerns, reporting on wider system issues seemed not to provide clear sight on the relevant metrics. The Chief Operating Officer responded that he acknowledged the need for clarity; the system was not keeping pace with demand, but was broadly functioning. However, Gary Hay asked if reporting on matters</p>

	<p>outside of the Trust's control may help with understanding the wider context. The Chief Executive Officer added that discussions with system partners were ongoing to ensure that improvements were made across services and inter-dependencies were clearly understood. Inga Kennedy welcomed the recent developments in reporting and the manner in which they assisted with analysis.</p> <p>The Board noted the Chief Executive Officer's report.</p>
<p>110.19</p>	<p>Workforce and Organisational Development Strategy</p> <p>The Director of Workforce and Organisational Development had previously discussed the strategy with the Trust Board at a workshop. It had also been shared with the Workforce and Organisational Development Committee. It has also been through a consultation process with staff across the Trust and was now being presented to the Trust Board in its final draft.</p> <p>It contained the objectives for the Trust and a series of critical success factors. Governance of the strategy would be through a Programme Board (chaired by the Director of Workforce and Organisational Development. This would be overseen by the Workforce and Organisational Development Committee.</p> <p>The Board approved the strategy at this point. However, during discussion at item 111.19 below, further revisions were agreed in principle.</p>
<p>111.19</p>	<p>Working Together: embedding our values</p> <p>The Director of Communications and Engagement set out the context of the report. Care and compassion had been a recurrent theme in a diverse series of discussions at the Trust Board. Its link to the wider values and behaviours of the Trust was also apparent. As a result, actions to promote the Trust values set out in the Trust strategy (Working Together) would be developed and implemented to co-ordinate these issues under one banner. This would assist in providing clear ownership for the overall agenda and its constituent elements. A cohesive approach would help provide consistency in and longevity for improvements.</p> <p>The document commenced by reiterating the Trust's values. Each month would see the programme focus on one value, with a series of related activities and events. Comments on the proposals were welcomed; they had also been shared with the new Chief Nurse, whilst change agents had also been asked for feedback. The change agents were particularly keen to see the restatement of values in a positive context, and also to ensure that methods besides social media were used to disseminate key messages.</p> <p>The Chairman sought assurance that this would support dignity in care and that progress would be monitored appropriately. The Director of Strategy and Performance emphasised the role of consistent language in providing the right message on care and compassion. In particular, it was vital to ensure that these behaviours were a central part of healthcare rather than an additional consideration. The Director of Governance and Risk assured the Board that the proposed ward accreditation process would measure progress.</p> <p>The Chief Executive Officer added that the ward accreditation process would provide local triangulation on the extent to which a series of initiatives were becoming embedded as standard practice. Inga Kennedy raised the potential of the appraisal process in reinforcing values; the Director of Workforce and Organisational Development replied</p>

	<p>that this was included in current Workforce & Organisational Development Strategy delivery plans, but Inga Kennedy felt this could be made more explicit. The Chief Executive Officer recognised the validity of this observation.</p> <p>Roger Burke-Hamilton raised the potential of sprints to test the extent to which values were embedded. The Chief Executive Officer responded that this would be part of the process. The Medical Director stated that the Patient Safety Conference would address civility and patient outcomes and receive an update from the new Chief Nurse on her proposals in this area.</p> <p>The Board requested that the Workforce & Organisational Development Strategy be amended to make the role of values more explicit in staff appraisals prior to its adoption. Action: DWOD</p>
<p>112.19</p>	<p>Digital Strategy</p> <p>The Director of Strategy and Performance had presented proposals to a Trust Board workshop and the Finance and Infrastructure Committee. In particular, the Digital Strategy sought to address two key issues; digital maturity and interoperability. As a result, implementation required a change of approach. This consisted of including all forms of digital operation (rather than solely information technology), enabling change and transformation. This gave rise to altered expectations of the IT team and the creation of relevant clinical leadership roles.</p> <p>Gary Hay welcomed the strategy, and enquired as to the level of staff support for proposals. The Director of Strategy and Performance responded that staff had been involved in the development of the strategy; there had also been demonstrations of the new systems which had been well attended and based on real life examples of the impact it would have. The Sustainability and Transformation Partnership had also secured funding for it in recognition of its importance.</p> <p>Roger Burke-Hamilton raised the possible transformative impact of the strategy; the Director of Strategy and Performance was conducting a series of visits to assess this. David Parfitt discussed the context of other enabling strategies and whether they were co-ordinated to ensure best possible outcomes. The Director of Strategy and Performance raised the importance of language in this. The Chief Executive Officer further noted the upcoming strategies to be presented to the Board (Communications, Estates and Financial) and the potential for the Board to cross-reference these as they were taken.</p> <p>The Board approved the strategy.</p>
<p>113.19</p>	<p>Workforce and Organisational Development Committee feedback</p> <p>The Chairman of the committee (Gary Hay) provided the feedback, in particular welcoming the report received by the committee regarding areas of staffing to which it was proving difficult to recruit. It had provided comprehensive information as to which posts this involved and the actions undertaken to resolve the issue. The Equality, Diversity and Inclusion annual report had also been well received.</p> <p>The Cost Improvement Programme continued to be a consistent focus of attention. The issue of corporate and divisional appetite for efficiencies had been raised; the team in charge of enforcing the programme were aware of this. The process was ongoing, with progress to be monitored throughout 2019 – 20.</p>

	<p>The Chairman raised the welcome provided to overseas staff on arrival. The Chief Executive noted that some leaders provided good pastoral care, whilst the Trust also offered induction to all workers. In addition, community connections were available to help with initial integration. The Chairman referred to cultural celebrations held by some other trusts; the Portsmouth Hospitals NHS Trust also provided similar events.</p> <p>David Parfitt had concerns regarding the level of identified cost improvements for 2019 – 20, given that the financial year was already underway. Gary Hay assured the Board that this was a standing item and the committee was currently satisfied with progress made (although would continue to pursue the matter). The Chief Executive Officer was confident the current gap would be closed in 2019 – 20; this process may need more clarity in future reporting to the Board. The Chief Financial Officer indicated that the difference between targets and plans may need reinforcing, as well as the role of the Operating Plan. Christine Slaymaker raised the importance of clarifying ownership for making the necessary savings.</p> <p>The Board noted the Committee's feedback.</p>
<p>114.19</p>	<p>Workforce and Organisational Development performance report analysis</p> <p>The Director of Workforce and Organisational Development detailed the headlines in reporting for March 2019. The establishment remained at 7,206; any changes to this would be reported to the Workforce and Organisational Development Committee and subsequently reflected in its report to Trust Board. Bank fill was over 50%, its highest level for some time. The campaign to convert staff to permanent positions had supported this, as had the development of a collaborative bank of workers. A chart on overseas staff in post for 21 months had been introduced; at present, numbers were low given the relative novelty of related initiatives but it was anticipated that this would rise considerably.</p> <p>The target for staff turnover had been amended to 12% (from 10%) as the previous level had been deemed to be unrealistic. The retention programme (started in late 2018) had increased performance in this area. Meanwhile, the target for sickness absence had risen from 3% to 3.5%; this was still ambitious given the Wessex area average of 3.9%. Steady decreases in sickness levels continued. Vacancy rates had risen to 6.6% (largely as a result of the increase in the establishment) but remained below the 7.5% target. The revised appraisals form had seen greater compliance although performance remained below target. Essential skills compliance was also below target. Improvement in the proportion of staff recommended the Trust as a place to work had occurred, although the basis of this statistic was less comprehensive than the national staff survey.</p> <p>The Workforce and Organisational Development Committee would take a report on appraisals in June 2019.</p> <p>The Board noted the update.</p>
<p>115.19</p>	<p>Quality and Performance Committee feedback</p> <p>The Chairman of the committee (Martin Rolfe) provided the feedback, and informed the meeting that the mortality indicator was at its lowest level for three years. However, the committee had requested a specific agenda item on the use of restraint; this may be referred to the Trust Board depending on its findings. Safeguarding training compliance had improved.</p>

Fluctuations remained with regard to the Quality Recovery Plan. Whilst processes had been put in place, activity levels were still having a significant impact on this area. The implications of the Operating Plan had been discussed, with the alignment of reporting and measurements to the priorities outlined in the Plan to be checked. Meanwhile, the controlled drug action plan would be revisited by the committee in the context of plans for the pharmacy later in 2019.

The Chairman welcomed the apprentice scheme at the Trust's pharmacy. The Chief Operating Officer added that the new Chief Pharmacist would support developments in this department. The committee had considered and commended proposals for a revised approach to quality governance.

The Trust Board resolved to take a separate report on quality governance as outlined in minute 109.19.

The Board noted the update.

116.19

Safety, quality and operational performance report analysis

The Medical Director informed the Board that the Hospital Standard Mortality Ratio was now at its lowest rate for three years: As a result, it was now in line with national averages. The Chairman welcomed this progress; the Medical Director observed that those approaching end of life were now being offered alternatives to hospital where requested. Much of this had been based on recent reports on learning from deaths.

A never event had been recorded in March 2019; this was the result of a surgical error. Supervision had been identified as the issue involved, which meant that the implications of the case had been less widespread than most never events. The percentage of serious incidents as a proportion of the total number of incidents reported had reduced, with particular progress on the number of pressure ulcers and falls with harm. These had reduced approximately 15% over the course of the year.

There had been three cases of MRSA in the year, but cases of MSSA had risen. A significant piece of work had been commissioned focusing on this; it was recognised that long stay patients were most vulnerable to this. In terms of C. difficile, the Trust had performed well; however, 1st April 2019 had seen a change in the national definition of attribution. This meant that the timeframe between discharge and infection during which the Trust would be deemed responsible for infection had been amended from 48 hours to four weeks.

The NEWS2 reporting had seen a dip in performance. The Trust was anticipating this would return to previous levels in the near future. The Time To Act Project had focused on the area of providing escalation plan in notes and seen significant progress. Reporting on sepsis mortality had provided assurance that Trust performance was in line with national averages. Medication safety reporting had focused on oxygen prescription; it would vary month by month. In addition, the risk of the pharmacy robot had been assessed and factored into planning. Procurement of a replacement was underway.

Mental health referrals had risen over the last year. Particular concerns over the use of restraint had been escalated with the new lead for mental health. However, resources for the Trust remained very limited (although external support was available); internal plans for dedicated capacity were being considered. Combining existing roles could prove one method for achieving this.

Inga Kennedy observed that whilst reporting on the level of referrals was taking place, reporting on diagnoses of mental illness was not. The Medical Director noted this, and added that there was insufficient data at present to conclude on any causes for mental health issues. Gary Hay requested details regarding on-site provision; the Medical Director responded that there was less commissioned provision than other trusts of a similar size with comparable case mixes. However, it had increased in the previous two years and progress would continue. In addition, there was greater awareness on the demand for the service. The Chief Executive Officer informed the Board that the Trust would be adopting the core 24 standards for psychiatric liaison this year; this had been costed with the support model being designed. This would have a major impact on provision.

Christine Slaymaker referred to cleaning and the Private Finance Initiative contract. The Medical Director responded that domestic cleaning was undertaken by Engie, with a gap analysis being conducted into current levels and required standards. In terms of clinical cleaning, there were concerns regarding maintenance of procedures during times of pressure on the Trust. Vacancies in managerial positions had also caused slippage on the hand cleaning audit, but this had been resolved. These three elements would be reported to the Trust Board once the audit had been completed. The Chief Financial Officer added that this would contain assurance regarding Care Quality Commission standards.

(At this point, Inga Kennedy left the meeting).

The Chief Operating Officer outlined performance in urgent care, with average attendances having risen from 314 in March 2018 to 364 in March 2019. Workforce was a particular issue for the area, with the business case for staffing levels previously having been based on the 2018 demand figures. As a result, innovations had been introduced into the recruitment in the Emergency Department (e.g. roles which offered opportunities in other areas of the Trust or abroad). Solutions for increasing the presence of doctors overnight were also being formulated. Three consultant positions were intended to be filled in the summer of 2019.

The system for cardiology referrals had proved particularly efficient and was now being considered for deployment in areas such as gastroenterology. However, the urgent care centre's performance level had slipped, partly as a result of reduced fill of GP slots – it was noted that this coincided with an increase in GP appointments being made available in the community. The Trust was looking at how to attract more GPs to the centre.

Bed occupancy rates remained high after the lower levels in the period before Christmas 2018. Solutions to increase the number of discharges were being scoped with external consultants. A number of multiple agency discharge events were planned to reduce the number of patients in the Trust who were medically fit for discharge; at present, this figure stood at approximately 150 (as opposed to the target of 90). It was noted that 100 – 110 simple discharges per day would also be required as part of this. However, performance on this remained inconsistent. The Emergency Department's improvement plan had been the focus of work, with Wednesday mornings being protected time for this. The key focus would be filling vacancies in management, and maintaining oversight of performance in the interim period.

All eight cancer standards had been met in March 2019, with quarter 4 data for 2019 – 20 being compiled. There had been approximately ten breaches, whilst performance against the urology improvement plan had improved. The 104 days standard remained a challenge, especially for the colorectal and urology departments. Diagnostic capacity was being investigated in order to free up appointments earlier in the process. The

	<p>waiting list for referral to treatment was around 250. Weekly activity plans were being used to track performance in this area. Workforce gaps were having an impact on diagnosis, with four sonographers having left the Trust; this would affect approximately 250 ultrasound appointments per month unless rectified. Mitigation for this would be constructed with the relevant teams. A sustainability plan for stroke provision was being put together and completed imminently.</p> <p>Gary Hay sought guidance on the key areas for focus given the number of initiatives ongoing. The Chief Operating Officer stated that workforce would be his priority in order to provide resilience when demand fluctuated. In terms of the system plan, the influence of bed occupancy rates was central. Finally, alignment of consultant and nursing leadership would ensure the Emergency Department could escalate as required. The Chief Operating Officer informed the Board that the view regarding required roles was clearer than previously the case. Given the domestic situation, this had led to the prioritisation of overseas recruitment.</p> <p>The Board noted the update.</p>
<p>117.19</p>	<p>Care Quality Commission – Winter Pressures Visit</p> <p>The Director of Governance and Risk summarised the report's findings, which had included a variety of conclusions. The Care Quality Commission had referred to culture, with staff reporting that they were able to raise concerns and received support as required. The Trust would respond to the six 'must do' actions within 28 days by a formal letter, mapping these issues to the quality recovery plan and similar activity. Ward accreditation and quality governance processes, combined with the 'Working Together' activity reported in minute 111.19, would assist with the matters noted in Care Quality Commission observations.</p> <p>The Board noted the report.</p>
<p>118.19</p>	<p>Revised urgent care standards</p> <p>The Chief Operating Officer presented the current position, with proposals being formed at the present time. The Medical Director acknowledged the progress made on the existing standards, but raised questions concerning their appropriateness for the future. Any future standards would be based on seven key principles, namely:</p> <ul style="list-style-type: none"> • The promotion of safety and outcomes • Driving improvement in patient experience • Clinically meaningful, accurate and achievable • Priority given to the sickest and most urgent patients • Right service in the right place • Simple and easy for patients and public • Inequalities not to be worsened <p>All standards were to be reviewed (not just urgent care); however, it would be the urgent care standards which the Trust would be trialling. At present, the current urgent care standards used the four hour measurement. However, this did not differentiate between levels of severity. In addition, mean time in the department as a whole was likely to be a focus of any new standards.</p> <p>Care bundles would be compiled, with the Trust then being asked to consider how to translate these into meaningful reporting. Two six-week cycles would be used to trial the</p>

	<p>new standards, with a fortnightly review group to include the Clinical Commissioning Group and consider progress. Discussions with other trusts involved in the trial would also be used to share learning. Regular reports would be made to the Quality and Performance Committee to ensure patient safety was maintained.</p> <p>The Chief Executive Officer noted the importance of tracking the different times involved in revised standards. This would provide a more complete picture of patient pathways, and also require clear messages to staff to ensure that the implications of the pilot were understood. The opportunity to ensure that the sprint work mentioned earlier in this meeting was aligned with the new standards was also raised. The Medical Director welcomed the new standards as a chance to prioritise care for those most in need of immediate attention.</p> <p>Roger Burke-Hamilton sought assurance that the community voice would be integrated into any care bundles that were compiled. The Chief Operating Officer responded that the requirement to treat those with specific diagnoses within one hour would refocus the work of the Trust. The Medical Director added that there was significant evidence that treating care of sepsis (as one example) as a bundle improved outcomes for the patient significantly. Martin Rolfe raised the impact of altering measurements on the day to day operation of the Trust; for example, those with cardiac arrests were already seen immediately. The Medical Director concurred that the impact should be limited; however, he welcomed the change in the focus of reporting.</p> <p>The Board noted the report.</p>
<p>119.19</p>	<p>Finance and Infrastructure Committee feedback</p> <p>The Chairman of the committee (Christine Slaymaker) had sought assurance on a series of issues at the committee's last meeting. Given the external matters which had caused a slippage from the Trust's revised year end forecast, clarity on the 2019 – 20 budget had been pursued. The Cost Improvement Programme had also been raised, as had the progress on the Private Finance Initiative contract negotiations. The committee was also pursuing the impact of business cases. The Digital Strategy (minute 112.19) had also been discussed and approved.</p> <p>The committee recommended the approval of the interim financing facility. The Trust Board was satisfied to approve this.</p>
<p>120.19</p>	<p>Financial performance report analysis</p> <p>The Chief Financial Officer had presented the year end position to the Finance and Infrastructure Committee and an informal meeting of the Audit Committee. In due course, the further draft would be presented formally to the Audit Committee on 22 May 2019. The Agenda for Change and Project Jill positions had not been resolved in the Trust's favour. There had also been some issues which had created pressure within divisional forecasts; a review was being conducted into mitigation and risk management on such matters. The lessons learned process for 2019 – 20 would contain the findings of this process. Some income had also been lost through underperformance against variable activity contracts. The Trust was taking note of early signs of improvement in this area, although these were not sufficient to provide increased assurance at this point.</p> <p>In relation to divisional variances, the Trust was putting in place robust governance to provide greater control. Recurring issues and risks were being identified to assist with this; winter pressures were also a part of the material challenges faced by the Trust. The</p>

	<p>Board and Finance and Infrastructure Committee would be updated as progress was made.</p> <p>David Parfitt asked if consumables in surgery (an area causing adverse variance in 2018 – 19) had also been an issue in 2017 – 18. The Chief Financial Officer noted that it had not been possible to predict monthly expenditure with sufficient accuracy on this, with high volume acuity work using expensive consumables being above predicted levels. Better planning on matters such as variable contracts would assist with future control. Gary Hay raised the possibility that the relative novelty of the divisional structure had impeded accountability. The Chief Financial Officer responded that there would be greater divisional accountability for 2019/20 plans due to the divisional role in their formation.</p> <p>The Board noted the report.</p>
<p>121.19</p>	<p>Audit Committee feedback</p> <p>The Chairman of the committee (David Parfitt) had focused the last meeting on the draft Annual Report and Accounts; these would be approved at the committee's next meeting with delegated authority from the Trust Board. The committee had commented on the initial draft, and the next iteration of the draft would be circulated to all Board members.</p> <p style="text-align: right;">Action: DGR</p> <p>The Board resolved to give the Audit Committee formal delegation on behalf of the Board to approve the Annual Report and Accounts for 2018/19.</p>
<p>122.19</p>	<p>Directors' and Non-Executive Directors' reflections on the meeting</p> <p>Martin Rolfe welcomed the progress being made on corporate strategies and the move from original design to execution. The Board would require assurance on the outcomes of these and the measurable benefits and results arising. The Chief Operating Officer noted the recurrent theme of workforce in discussions and would reflect on how to ensure enthusiasm and energy could be maintained in making progress on this. David Parfitt stated that the focus on future Board meetings would evolve as the Trust moved from the design phase to delivery. The Director of Workforce and Organisational Development would focus on the delivery of her strategy as discussed in minute 110.19.</p> <p>Gary Hay was satisfied that today's agenda had allowed for a focus on major strategic themes. The reports supporting these debates were also helpful in shaping these discussions. The Chief Financial Officer noted the adverse financial position at present but saw positive developments in the plan for 2019 – 20, with the framework being created for sustainability. The Director of Communications and Engagement raised the role of change agents in supporting the Board's work and their positive attitude to recent developments. The Director of Strategy and Performance saw the strategies as a commitment to transform work at the Trust, with examples in the reports as to how this was already underway.</p> <p>Christine Slaymaker focused on the need for the Board to maintain momentum for change as new senior management took position at the Trust. The Director of Governance and Risk raised the importance of refocusing committee efforts on the Trust's emerging priorities. This could involve forming agendas for Board meetings based on specific themes. Roger Burke-Hamilton welcomed the discussion on mental health, and asked if the Trust needed to examine service provision to integrate this area more fully. This was also a theme reflected in other debates within the Trust. The</p>

	<p>Medical Director agreed on the points made regarding delivery of strategies, which reflected the greater clarity on direction within the organisation. He also noted that, despite the increase in demand mentioned repeatedly over previous months, performance at the Trust had improved significantly in the past year.</p> <p>The Chief Executive Officer welcomed the completion of the Digital Strategy as a significant step forward for staff and patients. The Chairman reminded the Board of mental health training on 30th May 2019 in light of today's discussions.</p>
123.19	<p>Record of attendance</p> <p>The record of attendance was noted.</p>
124.19	<p>Opportunity for the public to ask questions relating to today's Board meeting</p> <p>There were no questions from the public.</p>
125.19	<p>Any other business</p> <p>There were no further matters raised.</p>
126.19	<p>Additions to Board Assurance Framework and Risk Register</p> <p>No additions to either the Board Assurance Framework or Risk Register were requested.</p>
	<p>Date of Next Meeting: Wednesday 29th May 2019, 9.30 am in the Oasis Centre.</p>