

**Trust Board Meeting in Public
Held on Wednesday 26th May 2021
Via Microsoft Teams**

MINUTES

Present:	Melloney Poole Roger Burke-Hamilton Graham Galbraith Gary Hay David Parfitt Martin Rolfe Christine Slaymaker Vivek Srivastava Aswinkumar Vasireddy Penny Emerit Chris Evans John Knighton Mark Orchard Liz Rix	Chairman Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Officer Chief Operating Officer Medical Director Chief Financial Officer Chief Nurse
In Attendance:	Anoop Chauhan Nicole Cornelius Lois Howell Graham Terry Lettie Barrable Dannie Honey Sarah Thompson Dave Gordon	Director of Research Chief People Officer Director of Governance and Risk Director of Strategy and Performance Litigation Manager (for minute 044.21) Named Midwife for Safeguarding (for minute 044.21) Head of Safeguarding (for minute 044.21) Committee Clerk (minutes)

Item No	Minute
040.21	Welcome, apologies and declarations of interest The Chairman welcomed all to the meeting. Apologies were received from Inga Kennedy (Non-Executive Director). No declarations of interest were made.
041.21	Minutes of the last meeting – 31st March 2021 The minutes of the meeting of 31 st March 2021 were approved as a true and accurate record.
042.21	Matters arising / summary of agreed actions The Board noted the summary of agreed actions.
043.21	Notification of any other business No supplementary business was raised.

<p>044.21</p>	<p>Patient story</p> <p>The Chief Nurse introduced the story, centring on a Court of Protection application for a patient. The case had involved significant cooperation between clinical and corporate teams in the Trust. The Judge in the matter had commended the Trust for its diligence in making the application.</p> <p>The Chairman referred to the number of vulnerable patients being treated by the Trust at present and asked whether the number of such cases was likely to rise. The Head of Safeguarding responded that Court of Protection applications remained rare; however, their complexity was increasing. The safeguarding team had also been strengthened with a more diverse skills base given the workload being experienced; this had allowed for a proactive approach to be taken and the establishment of multi-disciplinary working.</p>
<p>045.21</p>	<p>Chairman’s opening remarks</p> <p>The Chairman observed the emphasis on strategy in the reports presented at this meeting, noting that this had been possible because of the de-escalation of pandemic related operational activity. However, the continued work on strategy during the pandemic, despite those operational pressures, had allowed matters such as Strategy Into Action and Delivering Excellence to be well prepared for implementation in coming weeks and months.</p> <p>The work being undertaken by the Research and Development team was also noted, with its support for effective management of COVID-19 appreciated. At present the team was involved in establishing a clear understanding of the profile of the local population, with a view to ensuring that health inequalities were considered in the restoration of elective services.</p> <p>The wellbeing of the Trust’s workforce is vital; the recent huge increases in demand for emergency services (as experienced generally across the NHS) were likely to cause increased pressure on staff. Given this, a firm focus on compassionate care would be required at all levels and supported by Trust Board as appropriate.</p>
<p>046.21</p>	<p>Chief Executive’s Report</p> <p>The Chief Executive Officer reflected on the wide range of issues requiring consideration at present. These fell across many areas and included operational as well as strategic issues, often necessitating system-wide approaches and integrated care. She highlighted the following matters:</p> <p><u>COVID-19 response:</u> Whilst activity relating to the pandemic had declined significantly, vigilance was being maintained. Over previous days the prevalence rate in Portsmouth had risen and was currently higher than the surrounding areas. As a result, the Trust would be maintaining a range of infection prevention and control measures. In addition, all patients (or their relatives) who had been identified as having contracted COVID-19 whilst at the hospital were being contacted. Finally, any potential future surges or requirements for booster vaccinations were being monitored and would be addressed as rapidly as possible.</p> <p><u>Elective recovery:</u> The reinstatement of capacity to pre-pandemic levels was a key priority for the Trust and the wider NHS and would be addressed in depth in minute 047.21. The embedding of innovations brought in over the previous months would support the recovery. The Trust was committed to re-establishing baseline activity and had secured</p>

	<p>some funding to achieve this. However, the risks arising from potential delays in treatment were acknowledged and had been added to the Board Assurance Framework (minute 048.21). A clear clinical prioritisation process had been put in place, and the need to consider the impact on health inequalities as part of the recovery of elective services was acknowledged.</p> <p><u>Care Quality Commission (CQC)</u>: The CQC had undertaken a focused safety inspection of Maternity Services on 20th May 2021. The draft report had not yet been received from the Commission and would be reported to Trust Board through the Quality and Performance Committee in due course. Initial feedback had commended the teams involved on their engagement with the process; in particular, Inga Kennedy’s work as the Non-Executive Director overseeing the area was recognised. In addition, the Section 29a notice relating to the Emergency Department had been lifted by the CQC.</p> <p><u>COVID-19 vaccination programme</u>: The Trust had built on the establishment of one of the first vaccine hubs in the region and had (at the time of reporting) achieved the highest rate of staff vaccination (93.1%) in the South East of England. Ongoing research in the area would be addressed in minute 055.21. The vaccination hub itself had been decommissioned given the proliferation of alternative sites in the area; the Surgery and Outpatients Division would provide a residual service for those staff who required it.</p> <p>The Chief Executive Officer referred to the risks relating to extended patient pathways, the rise in demand for non-elective services and pressures faced by staff. On the latter, support was being provided, shaped by the results of a recent staff questionnaire on personal resilience. There would also be a focus on compassionate care to ensure this remained a prominent issue. In addition, financial control would need to be maintained given the cost pressures associated with COVID measures and increasing activity.</p> <p>The Board accepted the Chief Executive Officer’s report.</p>
<p>047.21</p>	<p>Operating context</p> <p>The Chief Operating Officer outlined the current situation at the Trust, in terms of COVID-19 and other activity. At the time of this meeting, there were 15 patients on site with a positive COVID diagnosis. One of these had remained in Intensive Care for over 21 days. Local prevalence had fluctuated at around 20 / 100,000 population in Portsmouth for some time.</p> <p>In terms of non-elective activity, walk in attendances had been increasing over recent weeks. The demand for this service was more than the figure for August 2020 for the first time in almost a year, indicating an imminent return to pre-COVID levels. This reflected national trends and had led to occupancy rates in the medical bed-base exceeding the standard baseline, peaking at 113% of capacity. Overall bed occupancy stood at 96.7%, above the upper limit of the target range (92%). Space was being reassigned to ensure coverage reflected the current profile of patients at the hospital.</p> <p>The restoration of elective care was progressing well, with the thresholds based on 2019 – 20 activity levels currently being exceeded. There had been no cancellations of treatment on the day due to a lack of high care capacity, with the Intensive Care Unit supporting care for patients as required.</p> <p>The Board noted the report.</p>

048.21

Corporate strategy – quarterly update

The Director of Strategy and Performance outlined the continued delivery of the strategy and the momentum behind it, despite the challenges mentioned in previous discussions. The Strategy Into Action approach would be the means by which the strategic intent would be translated into deliverable actions. This would also focus on the embedding of the principles behind it and their application at all levels within the Trust. A key element of this was to make sure that all employees understood how their work had a direct impact on corporate objectives. The Board had considered the practical implications of this at a recent development session.

In terms of the strategic aims, the fulfilment of the Trust's responsibilities to the community it served would be bolstered by the development of the planned new Emergency Department. The business case for Building Better Emergency Care was being completed and scheduled for presentation to Trust Board on 28th July 2021. As part of this, the clinical model which would be in operation had been decided and aligned with system requirements as well as national guidance.

Safe, high quality care had been demonstrated in the patient story taken under minute 044.21 and was supported by the continued operation of the Incident Review Panel. The confirmation from the CQC that the Trust had complied with the requirements of the Section 29a notice provided external assurance as to the improvements being made. The delivery of a modest financial surplus in 2020 – 21 had been the second year in a row in which the Trust had lived within its means, demonstrating improved management of the organisation's resources. Support for staff wellbeing had been prioritised and enhanced as a result of the pressures associated with the pandemic, whilst opportunities for personal development and career progression continued to be available.

In addition, delivery of the corporate Trust strategy was being supported by delivery of a series of enabling strategies which were being presented to Trust Board. In terms of digital, the Trust's maturity was rated as being at Level Two using a diagnostic tool widely employed across the NHS; this represented a significant degree of progress over a relatively short period. The commercial strategy was ensuring that revenue-raising activities were fully aligned with the provision of benefits for patients and the wider community.

The Chairman sought clarification as to the main issues to be faced in delivering the strategy over the coming three months. The Director of Strategy and Performance identified the development of collaborative relationships across the Hampshire and Isle of Wight Integrated Care System as pivotal in delivering sustainable improvements. In addition, the potential need to balance service provision should any later peaks in COVID activity occur may require sensitive management.

Gary Hay inquired as to the level of staff engagement with corporate strategy. The Director of Strategy and Performance would be working to ensure that Strategy Into Action was a deliverable approach, presented in ways meaningful to staff. As part of this, a series of metrics was being developed by which progress would be measured throughout the Trust. The Chief Executive Officer emphasised the role of ownership in providing a mature strategy with a measurable impact on performance. Trust values were reinforced in conversations as appropriate.

Roger Burke-Hamilton referred to the improved quality of the information presented to Quality and Performance Committee and how this could be replicated across the local healthcare system. The Director of Strategy and Performance was engaged with the Hampshire and Isle of Wight footprint on reporting and how to improve its analytical focus.

	<p>It was intended that the development of key metrics as part of Strategy Into Action would assist with this.</p> <p>The Chief Executive Officer identified the quality of modelling that had allowed the Trust to prepare for the second peak of the pandemic and the future benefits this could generate for data analysis. Urgent care was also receiving richer information drawn from a variety of sources (including primary care and other external providers) which was helping with the development on non-elective provision and ambulance conveyances. The Medical Director would be focussing on developing the information which would identify local health inequalities and the actions required to address them.</p> <p>The Board noted the update</p>
<p>049.21</p>	<p>Board Assurance Framework</p> <p>The Director of Governance and Risk summarised the proposed risk ratings for the entries on the latest version of the Board Assurance Framework (BAF). There had been an overall downward shift in the Trust's risk profile. In many cases, this was an anticipated correction after the response to the pandemic and associated uncertainties had caused ratings to rise in many areas previously. In addition, there was greater insight into the potential impact of trends on service provision given the learning taken from the second wave of COVID-19.</p> <p>This reflected the Board Assurance Framework's role as the repository for high level strategic risks, rather than the operational matters considered in the Board Risk Register. As a result, the overall trends that may be observed in the next iteration of the latter may differ from those being presented in this instance. As an example of this, BAF29 (delivery of strategic objectives and diversion of resources to manage COVID-19) had been revised downwards significantly. Whilst issues remained regarding the management of COVID-19, their potential consequences for Trust strategy had been demonstrated to be limited.</p> <p>The downgrading of BAF7 (demand for capital exceeds sums available) had been mitigated by the capital prioritisation process which had been introduced. As well as this, the investment made during the pandemic had improved the Trust's position regarding its infrastructure. Whilst BAF31 (break-even year-end financial position for 2020 – 21) had been nominated for removal as the target had been achieved, an equivalent entry for 2021 – 22 may be added if appropriate. This was not yet proposed as uncertainties (e.g. lack of clarity on arrangements for the second half of the year) meant that the risk could not yet be articulated with sufficient clarity. BAF25 (exit from the European Union) was also proposed for removal as the matter had been monitored and no material issues to date had emerged.</p> <p>However, the Chairman queried the downward revision of the score for BAF1 (urgent care, quality, performance and patient flow) from 12 to nine. The Director of Governance and Risk responded that whilst the layout remained the same, the usage of the facilities and pathways involved had improved significantly. This had resolved the issues regarding bottlenecks that had been observed previously. As a result, the probability of incidents relating to patient safety had declined. Ambulance handover performance had improved, with the number of hours lost during patient transfers reducing dramatically. The Chief Executive Officer suggested that the wording of this entry may require revision as, at present, it may reflect the historical position rather than the current one. However, the proposed scoring reduction was deemed to be appropriate given the position regarding the Section 29a notice.</p>

	<p>The Chief Operating Officer added that the confirmation that the Trust had complied adequately with the Section 29a notice provided additional external assurance on improvements made. Regarding BAF16 (physical environment of emergency floor) the use of the Emergency Department had been reviewed in light of the pandemic. The Building Better Emergency Care project would further improve the situation in the long term. However, it was acknowledged that it may be advisable to retain the rating at nine rather than reduce it to six until the Outline Business Case for BBEC was presented.</p> <p>David Parfitt referred to BAF7 and the potential for expenditure related to renovation of the Trust's existing estate and investment in digital technology. Graham Galbraith placed this risk in the context of all organisations facing the question of capital prioritisation and whether it required rephrasing given this. The Chief Financial Officer acknowledged this observation, with the wording chosen to reflect the existence of significant commitments (e.g. additional bed capacity, development of Emergency Department). However, whilst potential demand would always exceed the available resources the prioritisation process had been introduced to manage this. Nevertheless, the views of all parties were welcomed on the matter.</p> <p>David Parfitt also raised BAF8 (demand for mental health services exceeds capacity) and its reference to a lack of pathways in the wider system as a concern. The Chief Executive Officer informed the meeting that provision in any updated Emergency Department was being considered in this context, with particular focus on capacity for children and adolescents. The current uncertainty on the long-term resolution of the gap between demand for, and provision of, such services was a major factor in the escalation of the risk rating.</p> <p>The Medical Director was holding regular discussions with system partners to ensure the matter was addressed. In addition, the Mental Health Co-ordinating Group had recommenced its work and was being attended by a wide range of key service providers and stakeholders. However, all parties were aware of the challenges likely to be posed by an increase in future demand for services.</p> <p>The Board approved and adopted the Board Assurance Framework, including the removal of BAF25 and BAF31. This was subject to the maintenance of BAF16's rating at nine, and a review of the wording of BAF7 and BAF1. A risk relating to the year-end financial position for 2021 – 22 would be considered for the Board Assurance Framework to be presented on 28th July 2021.</p>
<p>050.21</p>	<p>National Staff Survey</p> <p>The Director of Workforce and Organisational Development summarised the results of the survey which had been conducted in the autumn of 2020. 54% of staff had responded; a 2% increase on the Trust's rate in 2019, and above the average within the benchmarking group (consisting of 128 trusts) by 9%. For this year's survey, the questions relating to appraisals had been removed and replaced with others centring on COVID-19.</p> <p>In terms of the ten themes in the questionnaire, health & wellbeing and safety culture had both improved significantly. Seven of the remaining areas had remained stable, with team working declining. At present, the directorate was undertaking analysis into the factors leading to this trend. One aspect that had been identified as a potential contributor had been redeployment during the pandemic, and the fact that this had led to many established teams being disaggregated. In terms of the benchmarking group, the Trust was in line with averages for five themes, above average in four, and underperforming against comparator organisations on 'a safe environment free from violence'. Work on addressing this matter was ongoing, with staff supported in reporting any instances of unacceptable behaviour.</p>

	<p>There had been a 3% increase in the proportion of staff who would recommend the Trust as a place to work, and a 4% increase in the proportion of staff who would be happy for relatives to receive care at the Trust. Effective leadership & communication, the health & wellbeing offer, and infection prevention were identified as key elements in this positive trend. The Pulse survey had recommenced and reflected these observations.</p> <p>Divisions had received a report on their own areas, with support being tailored accordingly. Improvement plans were being compiled as appropriate and would be monitored by the Workforce and Organisational Development Committee. This would be complemented by the ongoing analysis of the recent survey into staff resilience. The Culture Change programme would also be providing relevant input.</p> <p>The Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) had both indicated that staff from a black and minority ethnic group and staff with a disability reported a poorer experience than colleagues. This applied to two of the four domains in the WRES (bullying & harassment and career development), and all eight areas in the WDES (although two had improved). The Head of Equality, Diversity and Inclusion had recently taken up their post and was working with teams on the issues identified.</p> <p>The Board noted the report.</p>
<p>051.21</p>	<p>Workforce and Organisational Development Committee feedback</p> <p>In addition to the points raised in minute 050.21, the Committee Chair (Gary Hay) raised the rise in reports of bullying by management from staff over the previous quarter. This matter would remain a key line of enquiry for the Committee.</p> <p>Other areas of performance had reported positive statistics to the meeting in May 2021. Sickness absence had increased (but only slightly) during the pandemic and was returning to previous levels, whilst the focus on recruitment and retention had seen vacancy rates at a historic low. However, the profile of the Freedom to Speak Up service required raising, as advocates had been unable to undertake their duties in the usual manner during COVID-19. The volume of work undertaken by the Learning and Development team to support the response to the pandemic was also commended.</p> <p>The Board noted the report.</p>
<p>052.21</p>	<p>Workforce and organisational development performance report analysis</p> <p>The Director of Workforce and Organisational Development identified the key risk facing the service as the alignment of the workforce with the Trust's financial position. This had arisen as a theme given the fact that, whilst the funded establishment had remained stable, the number of temporary staff engaged had risen to match the activity undertaken during the pandemic and in the initial phases of the recovery. The health and wellbeing of staff remained an important focus for the service, with rising levels of both elective and non-elective activity having the potential to place pressure on a workforce already experiencing fatigue. The final concern raised by the Director was compliance with the appraisal process, including wellbeing conversations.</p> <p>Aswinkumar Vasireddy referred to the impact of high levels of activity on staff safety and sought guidance on the factors involved. The Director of Workforce and Organisational Development attributed some of the rise in reported incidents of violence and aggression to the increased prominence given to reporting instances of verbal or physical intimidation.</p>

	<p>As a result, staff who may have previously tolerated some behaviours were being encouraged to report the matter formally. Recording processes had also simplified the process; this may have led to an increased staff focus on staff safety.</p> <p>Vivek Srivastava asked how the views of the 46% of staff who had not responded to the National Staff Survey were being ascertained. The Director of Workforce and Organisational Development was identifying areas where engagement had been lower than others and would focus efforts on these in the interim. Trust Leadership Team also took an active role in encouraging participation in the survey and monitoring progress once the questionnaire had been issued. Twelve hot spot areas whose responses had been identified as sub-optimal were receiving additional support.</p> <p>The Board noted the report.</p>
<p>053.21</p>	<p>Finance and Infrastructure Committee feedback</p> <p>The Committee Chair (Christine Slaymaker) stated that the focus the two meetings being reported upon were the year-end position for 2020 – 21, and preparations for undertaking the Committee’s duties in 2021 – 22. This involved developing an understanding of progress made on enabling strategies (e.g. digital, procurement), it was reported that the finance team are now delivering reporting on Day One, which enabled analysis and insight to be developed in a timely manner. The work behind this achievement had been commended by the Committee.</p> <p>The Board noted the report.</p>
<p>054.21</p>	<p>Financial performance report analysis</p> <p>The Chief Financial Officer highlighted the financial results for 2020 – 21, the financial plan for the first half of 2021 – 22 and the results for month one of the current year. The Trust had delivered a modest surplus for the second successive year, although much of the cost arising from the pandemic was covered by the national incident response. The delivery of a break-even position had increased the level of autonomy under which the Trust was operating. The external audit of the financial results was well advanced and had not to date identified any material concerns.</p> <p>The framework for the first six months of 2021 – 22 was clear; however, this was not yet the case for the second half of the year. Furthermore, it was apparent that this may remain the case until September 2021. As a result, the Trust would have to operate on the basis of certain assumptions. In terms of the first half of the year, the situation which applied was broadly analogous with the last six months of 2020 – 21. This involved a fixed income, except for the Elective Recovery Fund. Under this, should the Trust reach thresholds based on 2019 – 20 activity levels it would receive additional income. This had been the case thus far and appeared to be an achievable ambition for the remainder of the period in question, albeit this was subject to the overall performance of the local Integrated Care System. In total, the Trust was operating on the basis that these top ups would total approximately £7.5 million. Efficiencies were required at the rate of 0.5% for the first half of 2021 – 22; the Cost Improvement Programme tended to deliver over 3% when fully operational.</p> <p>The funding would be allocated through the Integrated Care System and had been planned based on of delivering a break-even position for the first half of 2021 – 22. Any deficits which had been identified by member organisations were being offset by surpluses elsewhere within the system. However, the risks associated with this and the degree of</p>

	<p>control exercised over it by the Trust were recognised.</p> <p>In month one of 2021 – 22, there was a small deficit of £33,000. Despite this, the Trust was still anticipating receipt of the Elective Recovery Fund given the activity which had been delivered. The workforce pay bill had seen an overspend against funding for reasons discussed under minute 052.21. Nevertheless, the need to realign workforce and finances was acknowledged. The re-establishment of financial grip and control was also a major priority given the atypical regime in operation during the pandemic and the autonomy this had provided on expenditure decision-making. The costs associated with COVID-19 had been estimated at £2 million for the month; this was being reviewed to ascertain any savings possible as the situation de-escalated.</p> <p>Divisional performance was broadly in line with trajectory, except for Medicine and Urgent Care. However, the workforce alignment issues mentioned above applied across all areas. Divisional performance meetings were providing a focus on the restoration of financial discipline.</p> <p>The main risks identified for finance were alignment of workforce and funding, limiting costs arising from COVID-19 and the delivery of cost improvements. The last of these necessitated culture change across the organisation and would be imperative in delivering the required position to allow planning for the second half of 2021 – 22 to be undertaken.</p> <p>The Board noted the update.</p>
<p>055.21</p>	<p>Quality and Performance Committee feedback</p> <p>The Committee Chair (Martin Rolfe) summarised the diverse items covered in the previous two meetings. It was noted that the decreasing COVID related activity was counterbalanced by an increase in demand for emergency care. This was taking place against a backdrop of elective care restoration; the number of patients waiting longer than 52-weeks had reduced and all nine cancer standards had been met in the month. Given this, a future item on the NHS 111 First redirection initiative would be taken to establish the potential impact this may have on non-elective activity.</p> <p>As discussed under minute 049.21, the rising levels of mental health care activity had been a theme for consideration. This applied in particular to children and young people, where demand was at unprecedented levels. The reporting of safety learning incidents (particularly those resulting in no or low harm) had returned to the levels seen prior to the second wave of the pandemic, which indicated an open and healthy culture. Patient falls and pressure ulcers were also closer to performance levels observed before COVID-19.</p> <p>Midwifery Services had made progress, with the CQC inspection mentioned in minute 046.21 to be reviewed by the Committee once the formal report had been received. Meanwhile, the 2019 – 20 Infection Prevention and Control Annual Report had been discussed by the Committee and was attached in the feedback presented to Trust Board. Whilst the limitations on the applicability of the document to the contemporary situation were recognised given its historic, pre-COVID nature, Board approval was sought for the report.</p> <p>Delegations of authority were sought for the approval of the submissions regarding the Clinical Negligence Scheme for Trusts and the Data Security and Protection Toolkit. If granted, these items would both be presented to the Committee on 21st June 2021.</p>

	<p>Research and innovation had played a crucial role in supporting the response to the pandemic. The Director of Research reflected on the progress made by the service over the previous 12 months, with the recruitment of patients having been the highest amongst 42 comparable acute trusts. This level of activity reflected trends which had been evident for some time, with this having been an area of considerable achievement over the previous five years. The Trust was in the top 20 trusts nationally for involvement in urgent public health studies, which had been particularly important in the context of the pandemic.</p> <p>The SIREN study regarding nosocomial infection had provided insight into the transmission of the virus within hospitals. Research into the efficacy of the vaccine within the staff and across the wider local population had been undertaken; given this, a bid for funding to support a research vaccine hub had been made. The hub would be located outside of the Trust in an area selected to help address health inequalities; this would be as part of a national initiative featuring 12 such centres.</p> <p>Work had also been reviewed to minimise the impact of the pandemic. This included the introduction of remote access and the modification of the trials. The partnership with the University had seen joint work being established, with a joint strategy to be compiled and joint academic chairs appointed.</p> <p>The Board approved the Infection Prevention and Control Annual Report 2020 – 21.</p> <p>The Board delegated authority for the approval of the submissions regarding the Clinical Negligence Scheme for Trusts and the Data Security and Protection Toolkit to the Committee.</p>
<p>056.21</p>	<p>Safety, quality and operational performance report analysis</p> <p>The Medical Director highlighted the uncertainties regarding any future resurgence of COVID-19 and the potential for an increase in Respiratory Syncytial Virus (RSV) in children over coming months as risks being faced by the Trust. On the latter, correspondence had been issued nationally regarding the potential for a higher and earlier peak than may usually be encountered. This was predicted because of low levels of immunity arising from the social distancing and isolation that had taken place in 2020 – 21. Combined with recent concerns relating to B1.617.2 and its potential to cause a spike in cases across the country, any possible impact on the Trust would require advance modelling and preparation.</p> <p>The Chief Nurse referred to the maintained focus on infection prevention and control. All associated learning was currently being gathered and used to establish a transformation programme for the area. Assessments of falls and pressure ulcers were also taking place to ensure greater standardisation and consistency. Meanwhile, the Trust’s innovative establishment of a patient experience lead had been recognised as an example of best practice and promoted nationally.</p> <p>The Chief Operating Officer identified risks arising from themes which had been addressed across all previous items. Increasing ambulance conveyance rates, rising demand for non-elective services, and the restoration of elective care would all combine to have a significant impact on operational pressure. The last of these would involve concerted effort over a considerable period and may include a rising number of patients waiting significant lengths of time for treatment. The mitigation of this would be central in Trust planning for the foreseeable future.</p>

	<p>Christine Slaymaker emphasised the importance of taking a holistic approach to resolving the risks mentioned here and elsewhere during this Board meeting. The Chief Executive Officer concurred with this, with strategy being used to combine elements of the position and resolve them in a co-ordinated fashion. The Operational Plan for 2021 – 22 was also composed on this basis, whilst members of the executive team had reviewed their own objectives to identify interconnectivity.</p> <p>The Board noted the report.</p>
057.21	<p>Audit Committee feedback</p> <p>The Committee Chair (David Parfitt) referred to the requirement for the Trust’s auditors to issue a letter to the Secretary of State for Health and Social Care under the Local Audit and Accountability Act 2014. This resulted from the organisation’s historical deficit and was not a response to financial performance in 2020 – 21. The Chief Financial Officer reminded the Board that such debts had been annulled as part of the initial response to the pandemic in 2020.</p> <p>The Board noted the report.</p>
058.21	<p>Self-certification against provider licence</p> <p>The Director of Governance and Risk introduced the documentation, which was presented as a requirement of the Trust’s provider licence. This set out compliance with regulatory obligations and the governance arrangements in place to provide oversight of this.</p> <p>The Board approved the proposed submission for self-certification.</p>
059.21	<p>Record of attendance</p> <p>The record of attendance was noted.</p>
060.21	<p>Any other business</p> <p>No other business was raised.</p>
061.21	<p>Opportunity for the public to ask questions relating to today’s Board meeting</p> <p>No questions were raised by the public.</p>
062.21	<p>Conclusions on key messages from the meeting</p> <p>The Chairman wished to thank the members of the public present and anticipated a return to in person (rather than virtual) Board meetings once circumstances allowed.</p>
063.21	<p>Additions to Board Assurance Framework and Risk Register</p> <p>This had been considered in depth under minute 049.21.</p>
	<p>Date of Next Meeting: Wednesday 28th July 2021, 9.30am at the Oasis Centre, Queen Alexandra Hospital, Cosham, Portsmouth PO6 3LY*</p> <p>NOTE: this may be subject to change given public health guidance regarding COVID-19.</p>