

**Trust Board Meeting in Public
Held on Wednesday 29th September 2021
Via Zoom**

MINUTES

Present:	Melloney Poole	Chairman
	Roger Burke-Hamilton	Non-Executive Director
	Graham Galbraith	Non-Executive Director
	Gary Hay	Non-Executive Director
	Inga Kennedy	Non-Executive Director
	David Parfitt	Non-Executive Director
	Martin Rolfe	Non-Executive Director
	Christine Slaymaker	Non-Executive Director
	Vivek Srivastava	Non-Executive Director
	Aswinkumar Vasireddy	Non-Executive Director
	Penny Emerit	Chief Executive Officer
	Chris Evans	Chief Operating Officer
	John Knighton	Medical Director
	Mark Orchard	Chief Financial Officer
	Liz Rix	Chief Nurse
In Attendance:	Anoop Chauhan	Director of Research
	Nicole Cornelius	Chief People Officer
	Alison Fox-St Marthe	Director of Governance and Risk
	Graham Terry	Director of Strategy and Performance
	Lisa Ward	Director of Communications and Engagement
	Partner of dementia patient (for minute 089.21)	
	Emily Oliver	Lead Nurse - Dementia (for minute 089.21)
	Lynn Wooley	Director of Maternity Services and Midwifery (for minute 097.21)
	Dave Gordon	Committee Clerk (minutes)

Item No	Minute
085.21	<p>Welcome, apologies and declarations of interest</p> <p>The Chairman welcomed all to the meeting, particularly the representatives from the Care Quality Commission who were observing the session. No apologies were received.</p> <p>No declarations of interest were given.</p>
086.21	<p>Minutes of the last meeting – 28th July 2021</p> <p>The minutes of the meeting of 28th July 2021 were approved as a true and accurate record, subject to the amendment of a reference to cleaning standards in minute 075.21. This was to be changed from ‘considered from a financial perspective’ to ‘considered from an infrastructure perspective’.</p>

087.21	<p>Matters arising / summary of agreed actions</p> <p>The Board noted the summary of agreed actions.</p>
088.21	<p>Notification of any other business</p> <p>No supplementary business was raised.</p>
089.21	<p>Patient story</p> <p>The Chief Nurse introduced the story, which concerned a patient with dementia who presented at Queen Alexandra Hospital’s Emergency Department. His partner recounted her experiences from the incident. He had attended the hospital in June 2021 after reporting a severe headache and blurred vision. The initial observation and blood tests were conducted; several hours later a doctor reported that a bleed on the brain was the suspected diagnosis from these procedures. A CT scan was undertaken urgently.</p> <p>However, the results from this were inconclusive. He was subsequently transferred to a ward, at which point she was separated from her husband. Given the fact that this was the middle of the night, she waited in the Acute Medical Unit rather than return home. Meanwhile, her husband had struggled to provide information to clinicians regarding his condition given the fact he had dementia.</p> <p>She eventually returned home early the following morning. At this point she was informed that visiting would not be possible for the next 24 hours which caused some anxiety. She was offered the opportunity to drop some toiletries and clothes at Queen Alexandra Hospital to be delivered to his ward. On doing this, she met with members of the Family Liaison Service who gave her the chance to visit her husband for an hour.</p> <p>The patient’s partner welcomed the supportive actions of staff, but noted the delay in providing medical details to staff undertaking the care of her husband. Her own spinal condition also made regular transit from her home to the ward on the fifth floor of the hospital difficult. She felt that this may have been mitigated by allowing other people well known to the patient to visit.</p> <p>At the time of his discharge, his partner arrived with their daughter. However, not all his possessions had been gathered securely by this time. The nature of any treatment for her husband from this point forwards was also unclear. The discharge letter stated that there had been a further deterioration in his condition, whilst his remaining symptoms (e.g. head pains) ended after he had been discharged.</p> <p>In summary, whilst the kind actions of staff had been appreciated there were some processes which appeared to function less effectively than she had expected. The Lead Nurse for Dementia had worked with the patient’s partner in light of this feedback, and as a result some changes had been put into immediate effect. Visiting had been affected by the pandemic at the time of this case; nevertheless, communications were put in place regarding the flexibility that was available for patients with dementia.</p> <p>A strategy for the care of patients with dementia was being compiled to ensure greater consistency. This had the explicit aim of making the Trust a centre of excellence in the field, with the first draft of the document circulated for consideration by partners. This would cover a three-year period with the launch date currently set for January 2022. It was aligned to the Dementia-Friendly Hospital Charter as well as national policy and would seek to resolve issues regarding care pathways. To this end, dialogue with community</p>

partners had been initiated to ensure that the offer was co-ordinated across organisations. Monthly meetings were being held with public and private providers as well as the voluntary sector, with transitions between settings and the transfer of information a significant focus. The Trust would also be employing a dementia specialist nurse as part of an expanded team for the service.

Training had been reviewed, with the package to be reshaped to mirror enhanced national standards. All clinical and non-clinical staff were receiving dementia awareness training as part of induction, with supplementary courses to be mandatory for all medical employees. An accredited module was also being developed in conjunction with University of Portsmouth, to be aimed at specialist nurses.

A virtual support group was open to all carers, with the forum being publicised as widely as possible. Dementia champions had been established for all services across the Trust to provide a network for clear messaging. In addition, a dementia volunteer pilot was operative within a surgical ward, with the feedback received thus far having been positive and the initiative to be extended across the Trust in 2022.

The Chief Nurse observed the variable level of care experienced in this case, with some areas more effective or responsive to patient needs than others. Whilst the supportive actions of some staff was acknowledged, the importance of education and specific knowledge was clear for the provision of appropriate treatment at all stages of the patient's journey through the healthcare system. This had led to the extended offer being developed as outlined above for the provision of personalised, planned care.

The Chairman asked the patient's partner whether she was assured that the required changes were in train. She replied that her conversations with the Trust had identified priority areas for improvement, with the work undertaken by the Lead Nurse for Dementia offering a clear route to better provision in the foreseeable future. This was particularly important in the context of an increase in elderly people across the local area and the resultant rise in dementia which was anticipated. The Chairman added that her recent meeting with dementia volunteers had inspired confidence in the efforts being undertaken at the Trust.

Gary Hay welcomed the patient's partner's contribution to recent work, with her insight having proved invaluable for clinicians and Trust Board. He inquired as to how consistency would be enforced; the Lead Nurse for Dementia would ensure that training was mapped to the national standards and recorded on the Trust's Human Resources systems. This information would then be included in the ward accreditation system. Roger Burke-Hamilton referred to research on the condition and how that would be applied. The Lead Nurse for Dementia had included this as a domain in the dementia strategy, with a study on the use of music being formulated with University of Portsmouth. National initiatives would also be followed, with the Trust to participate where possible.

David Parfitt asked how progress on dementia would be monitored by the Board in future. Graham Galbraith noted the importance of gathering vital information upon admission and the need for processes which maximised the potential positive impact of critical points in patient pathways. The Chairman requested that the Board consider the impact of discussions between patients and clinicians on the efficacy of treatment soon. This would be considered by the Trust leadership, with the learning taken from complaints to form part of this.

Action: CN

	<p>The Chief Executive Officer thanked those presenting the item and would ensure that staff were supported to implement the dementia strategy once in place. Compassion and the application of flexibility in care, whilst ensuring consistency in practice, would be central themes in this regard. The mandatory nature of training was a further indication of the priority given to the matter.</p>
<p>090.21</p>	<p>Chairman’s opening remarks</p> <p>The Chairman referred to the recent national funding settlement for the NHS and the importance of its optimal deployment. The effective management of the money allocated would need to be translated into observable improvements across elective, urgent and emergency care; this would be overseen by NHS England and local commissioners.</p> <p>The current operational context and associated pressures on services (particularly accident and emergency) were recognised. Staff would be supported throughout this, as the number and acuity of patients received at the hospital had increased over recent months period. Given this, the Operational Plan (to be considered under minute 095.21) would be pivotal in delivery of services at a high standard.</p>
<p>091.21</p>	<p>Chief Executive’s Report</p> <p>The Chief Executive Officer highlighted the following matters:</p> <p><u>Strategic context:</u> Given the expectations connected with the funding settlement mentioned by the Chairman in minute 090.21, the Trust would be required to deliver improvements. The Operating Plan for the second half of 2021 – 22 was therefore challenging, but also robust and aligned with other work (e.g. planning for the forthcoming winter). This would also require activity from the Hampshire and Isle of Wight Integrated Care System as well as consideration as part of the delivery of the corporate strategy ‘Working Together’.</p> <p><u>Operational pressures in Urgent Care:</u> The escalating trends reported to Trust Board in July 2021 had continued, both nationally and locally. In addition, this was being experienced across the healthcare system, with partner organisations reporting increased pressure on their services. As a result, both levels of admissions and bed occupancy at Queen Alexandra Hospital had risen; the late summer had recorded statistics which were more commonly associated with peak winter activity.</p> <p>This had inevitably led to increased waiting times for patients either attending the Emergency Department or being conveyed by ambulance. Work was being undertaken internally and with system partners to resolve patient flow concerns; collaborative work (as well as actions undertaken within the Trust) would be imperative. As part of this, the Trust had identified actions intended to improve safety, patient flow and effective team working. Command and control arrangements had been enhanced as part of this response, as had safety huddles and similar activity. Executive to Executive meetings were being held to co-ordinate the response at system level.</p> <p><u>Trust workforce:</u> The demands placed upon staff at all levels by the present situation and the sustained period of pressure preceding it were acknowledged. The importance of recognising and marking achievements was recognised, with events such as the Pride of Portsmouth Awards being ideal opportunities for such celebrations. Staff resilience would be prioritised over the next six months. Culture and behaviours would continue to be important in maintaining a supportive workplace whilst demand for services remained high.</p>

	<p>The Board accepted the Chief Executive Officer's report.</p>
<p>092.21</p>	<p>Operating context</p> <p>The Chief Operating Officer reported that 38 COVID-positive patients were presently on site, with five of them in intensive care. When required, additional space had been identified and was being used for patients requiring the latter form of treatment. Local prevalence rates were marginally below the national average and had improved recently although were subject to fluctuations.</p> <p>Demand for urgent and emergency care had remained at an elevated level for some time. This had led to occupancy rates frequently exceeding 98%, with urgent and emergency care expanding beyond their standard allocation of beds. As a result, 31 escalation beds had been opened with their use monitored daily. Elective recovery continued to proceed well, although was being evaluated in terms of its continuation whilst emergency cases required treatment.</p> <p>In addition a series of actions, both within and outside of the hospital, had been identified and were being put in place. External agencies had assisted with the reinstatement of Same Day Emergency Care, which had been available since August 2021. The workforce and resources had also been allocated appropriately to manage the increased demand experienced in the early part of each week. Community services were also supporting the response, whilst the modular ward would be available by the end of 2021. The Chief Executive Officer referred to the importance of redirecting patients to more suitable alternative care settings as a longer-term solution. Trials such as the provision of other services at the front door of the hospital were being undertaken to explore options to mitigate pressure. The Medical Director was attending a regular Clinical Leaders Forum to co-ordinate the response across the footprint.</p> <p>The Board noted the report.</p>
<p>093.21</p>	<p>Corporate strategy – quarterly update</p> <p>The Director of Strategy and Performance summarised the position at the start of the fourth year of the strategy's implementation. Progress was being made, despite the importance of maintaining provision during the operational pressures discussed under previous items. In terms of national guidance, the transition of healthcare networks from Sustainability and Transformation Partnerships to Integrated Care Systems was a prominent feature, with the publication of a series of guidance documents. Collaboration with system partners was supporting this, whilst the acute partnership with Isle of Wight NHS Trust was developing. Formal guidance on the second half of 2021 – 22 was awaited, although planning for this period was well advanced.</p> <p>Strategy Into Action was to be aligned with Working Together, ensuring that the objectives were embedded fully. Divisional performance reviews had recommenced, with a focus on the delivery of the metrics associated with Strategy Into Action. Strategic initiatives were to be implemented to support the work, with associated breakthrough objective projects progressing well.</p>

	<p>In terms of the main objectives, fulfilling the role of the Trust to the communities which it serves was being maintained through the recovery of elective services. National thresholds for activity based on 2019 – 20 performance were being met, whilst waiting times were reducing (although not yet at desired levels). Partnership working was another major element of this, with the Armed Services Covenant having been re-signed.</p> <p>Safe, high quality patient-focused care was being monitored by the Quality and Performance Committee, with Maternity Services an area of focused activity. Quality improvements were being undertaken through insight provided by analytical data at ward and service levels, whilst Clinical Fridays had been introduced to conduct deep dives.</p> <p>Taking responsibility for care now and in the future was supported by the delivery of a break-even financial position for first half of the year. This would ensure that the Trust was living within the Trust’s means. Investment in the capability of the staff to deliver our vision had been supported through Every Voice Matters and its activity regarding equality, diversity and inclusion. Health and wellbeing were also being emphasised in Trust activity.</p> <p>The Trust’s enabling strategies were being implemented, with work ongoing by the Digital Team to ensure access to aspirant funding. This would allow IT provision to progress to the next level, with the benefits of automated reporting already apparent in the analysis of Emergency Department processes. Efforts made relating to the estate strategy had seen the commencement of work on the modular wards and North public car park. Business cases associated with the commercial strategy were being taken through the Trust’s governance processes and would be presented to Trust Board as required.</p> <p>Martin Rolfe recognised the pressures being experienced by the Trust and the potential for these to detract from work on strategic improvements. However, the role of such transformational change in providing a sustainable solution for many of the issues involved in operational concerns made continued progress a priority. As a result, the maintained focus on strategy at Executive level was welcomed although the possible constraints on it were acknowledged.</p> <p>The Board noted the report.</p>
<p>094.21</p>	<p>Board Assurance Framework</p> <p>The Director of Governance and Risk introduced the proposed Board Assurance Framework, which had been revised given the comments of Trust Board in May 2021. Following this, meetings had been held with lead Executives to evaluate risks, both in terms of their content and rating. As a result, each responsible officer introduced their entries on the framework and invited feedback from Trust Board.</p> <p>The Chief Operating Officer had considered the risk relating to urgent care (BAF1). Despite the improvement actions being taken by the Trust, the scoring had increased significantly from nine to 20 reflecting the current operating environment. Meanwhile, the recovery of services (BAF33) was on schedule but retained the risk of possible increases in COVID activity. Given this, the views of Board members were sought before any final decision was made on the level of potential hazard to delivery in this area.</p> <p>The Chief Financial Officer held responsibility for BAF7 regarding capital spend. This had been proposed for reduction in risk rating in May 2021, with the Board asking for that suggestion to be reviewed. Investments had been made across the site, which was a significant factor in the request for a reduced score.</p>

However, the depreciation in the value of assets that were aging and, in some cases, approaching the end of their useful life was counter to this. Other mitigations (e.g. commercial opportunities) were being scoped to account for any required capital expenditure arising, but this work was yet to reach fruition. In addition, the second half of 2021 – 22 would require extra capacity to assist with improvement work on ambulance handover performance. As a result, the risk rating had been increased in this iteration of the Framework.

The Chief Nurse referred to governance in Maternity Services (BAF32), with process changes needing to be embedded to be fully effective. Whilst systems had been implemented, the Board was invited to comment on their permanence. This also applied to the efficacy of arrangements within the local community.

Two risks for Human Resources (BAF5 – organisational culture and BAF6 – mandatory training) were proposed for closure. The Chief People Officer reported that mandatory training compliance had been above target for some time. Uncertainty regarding the pandemic and its potential impact on the ability to deliver training remained. However, this had been mitigated by the development of innovative methods to provide the relevant courses. Military colleagues had also supported this through the filling of workforce gaps created by attendance at events by Trust staff. Robust improvement plans were in place for areas which were struggling to reach required attendance levels.

The third phase of the culture change programme had been completed. The National Staff Survey had reported sustained improvements in organisational culture, with the appointment of the Head of Equality, Diversity and Inclusion offering further support for this area. The Chief Nurse and Medical Director were involved in the Standards Committee which operated across the Trust.

The Chairman indicated her reluctance to reduce the risk ratings for BAF32 (governance in Maternity Services) and BAF33 (recovery of services). The Medical Director placed the latter in the context of observations made at the Trust regarding suppressed demand during the pandemic, increased numbers of patients requesting services and their level of acuity. This contradicted any downgrading of the risk score at present, with the Medical Director advising that the current rating should be retained.

David Parfitt also requested that these risks should not be reduced. In terms of Maternity Services, a delay in re-evaluating the rating may be appropriate given the importance of ensuring new systems were effective. Inga Kennedy commented on the high degree of risk associated with maternity; until sustainable improvement had been reported to Trust Board via Quality and Performance Committee on this matter she would not support a reduction in risk rating for BAF32.

David Parfitt concurred with the elevation of score for BAF7 (capital spend), although the new entry for a year-end break-even financial position (BAF34) had many associated uncertainties given the lack of definitive guidance for the second half of 2021 – 22. Nevertheless, he accepted the proposed score in these circumstances.

The Chief Executive Officer highlighted the continued importance of organisational culture in affecting change across the Trust. Therefore, she indicated that BAF5 should either remain on the Framework or be removed on the condition that it was included in the update on corporate strategy (as taken under minute 093.21).

The Board adopted the Board Assurance Framework as presented, subject to the retention of risk ratings for BAF32 and BAF33 at 12 and retention of BAF5.

<p>095.21</p>	<p>Operational Plan for the second half of 2021 – 22</p> <p>The Director of Strategy and Performance provided an update on performance during the first six months of the financial year and the planning undertaken for the second half. A break-even position would be delivered from April to September 2021, with the targets for elective recovery also met in this period. The activity assumptions for this had been revisited for October 2021 – March 2022, with the required level of provision expected to increase whilst patients would have to be prioritised appropriately. Whilst waiting lists had increased, the number of those waiting for long periods had fallen. This had been achieved whilst maintaining cohorting policies relating to the management of patients with COVID-19.</p> <p>Planning for the second half of the financial year had triangulated activity, financial and workforce considerations. Urgent and emergency care assumptions were being recalibrated given the experiences of recent months, although the potential need to respond to any surges in COVID activity was understood. Capacity was being assigned to the areas requiring support, with a review of the funded workforce establishment being undertaken as part of this. Elective recovery planning was based on the maintenance of services at 95% of 2019 – 20, although the relevant thresholds had yet to be confirmed nationally. Financial planning would be mindful of the requirement to deliver this within available budgets.</p> <p>The final submission would be made at the level of the Hampshire and Isle of Wight Integrated Care System. The Trust’s plan would be fed into this in accordance with stipulated deadlines. Finance and Infrastructure Committee had been involved in detailed scrutiny of these plans as they were being formulated. Trust Leadership Team were also providing oversight, with a dedicated Core Planning Group. The Chief Financial Officer would be prioritising the delivery of efficiencies which appeared likely to be necessary given the funding envelope that may be available to the Trust. The Chair of Finance and Infrastructure Committee (Christine Slaymaker) acknowledged the progress made in terms of robust planning and its recent record of providing a break-even position</p> <p>David Parfitt referred to the implementation of a mandatory vaccination policy for care home staff, with the concomitant risk of this reducing their workforce. The Chief Executive Officer had included the shared nature of planning across the system in preparations, with no provider being asked to consider their position in isolation.</p> <p>The Board noted the report.</p>
<p>096.21</p>	<p>Research and innovation</p> <p>The Director of Research reviewed the position of the Trust’s research and innovation function. Out of the acute trusts in the country, Portsmouth Hospitals University NHS Trust was in the top 20 for recruitment. It was one of only two in this category that was not associated with a medical school, whilst the number of people participating in clinical trials had been exceptionally high. This had assisted with studies on the treatment of patients with COVID-19 and therefore central to the national response to the pandemic. As part of this, treatments such as dexamethasone were being routinely offered to critically ill patients with the virus whilst other drugs had been discounted.</p> <p>Collaboration with the Wessex Clinical Research Network had been supported with funding, with the research vaccine hub established in the city centre as a result. The findings of the work on booster doses had informed national policy on their administration. The SIREN study on infection had also been influential and had input from the Trust.</p>

	<p>The knowledge base of the cardiology service had been supplemented by the Iron Man study. This had examined approximately 50 cases across the country and indicated that iron was beneficial for those who had suffered from acute cardiac failure. The story of the patient at the Trust was summarised in the report and detailed the benefits he had experienced personally as well as the wider knowledge taken from the research.</p> <p>The translation of capacity into a genomics unit had provided invaluable insight into infection prevention and control. A report on this had been submitted to a journal and would be publicised once peer review had been completed.</p> <p>Future months would see the resumption of activity which had been stood down given the focus on the pandemic. The Chief Executive Officer added that a Research Committee had been established and would report to Quality and Performance Committee. This would build on the partnership with University of Portsmouth and be the subject of the subsequent report on research and innovation presented to Trust Board on 24th November 2021.</p> <p>The Board noted the report.</p>
<p>097.21</p>	<p>Maternity Services improvement plan</p> <p>The Chief Nurse summarised the progress made on the plan thus far, with Inga Kennedy serving as the Safety Champion for the service. Alongside the Director of Maternity Services and Midwifery, these postholders oversaw the implementation of improvements in the area. The document had been compiled after the receipt of an assessment tool from NHS England in December 2019. This was used to evaluate the contemporary position of maternity at the Trust, with an external consultant engaged to provide an independent voice. This led to a series of recommendations on leadership, culture, teamwork, safety, governance, managing performance and improvement.</p> <p>The leadership of Maternity Services and governance systems were overhauled as a result. These were instituted to oversee the delivery of improvement in six areas (safety, the voice of women, the voice of the maternity team, quality improvement, partnership working and regulatory obligations); these were mirrored in the recent report issued by Care Quality Commission on the national picture for maternity. The response to the recent inspection in May 2021 and the Ockenden Review were also incorporated into the plan.</p> <p>At this point, the improvement plan had facilitated the inclusion of Maternity Services as a central consideration in policy making. Oversight and governance arrangements were in place and clear. However, the translation of this change into a permanent system required embedding. A clear vision had been established for the provision of safe, kind and personalised care for mothers and their babies.</p> <p>Inga Kennedy had regular meetings with the Chief Nurse and Director of Maternity Services & Midwifery as part of her role. The department was extremely busy; to provide appropriate oversight the information presented to governance meetings was highly detailed. This reflected the importance of understanding issues which went beyond the headline statistics to ensure that any safety concerns were identified before they transpired into incidents. However, continued recruitment of staff was essential to provide the desired level of care. The primacy of safety was borne in mind throughout planning and reflected in the allocation of resources.</p>

	<p>The Director of Maternity Services and Midwifery organised the Maternity Committee, chaired by the Trust’s Safety Champions. Service users were also involved in this body, with a current emphasis on workforce in its deliberations. Initiatives were being undertaken to resolve shortfalls, with 16 midwives due to arrive during the early autumn 2021. Recruitment to the obstetrics department had also been successful. Increasing the training of midwives at universities was being investigated, whilst support from other sources such as the military was being instigated. Wellbeing concerns such as the observance of breaks and supply of food were being addressed. A launch event had been organised for November 2021 to publicise the improvements in the service.</p> <p>Policies regarding the resolution of complaints or dialogue with those whose outcomes had not been as desired were also being established. These sought to ensure that the tone, timeliness and rigour of any communications were appropriate and at the required level. The presentation of reports following incidents had been reviewed with a view to avoiding overly technical language or other impediments to parents understanding their content. Learning was also disseminated across the team to avoid recurrences.</p> <p>Work with system partners was ongoing to provide seamless transitions during care pathways. All four local trusts had moved to one digital platform (Badgernet) as part of this, whilst the ambulance service was co-ordinating calls from across the region and make sure that cots and maternity beds were available to mothers in unexpected labour. Models were being aligned to support continuity of care, with 100% continuous care to be provided by March 2023. The resulting continuity teams were being managed to avoid any undue pressure on staff.</p> <p>Daily morning meetings had been held since summer 2021 to anticipate potential pressures and were chaired by the Lead Commissioner. Relationships with regulators were also being developed to provide an independent view of progress.</p> <p>The Chair of Quality and Performance Committee (Martin Rolfe) reported that he had dedicated a significant amount of Committee meeting time to the topic recently. This had provided assurance on the level of planning being undertaken and breadth of work covering areas such as compassionate care and staffing. These also pulled together the diverse influences on Maternity Services such as the Ockenden Review, the Care Quality Commission visit and internal observations. The contributions of Inga Kennedy as Safety Champion were also valued.</p> <p>The Board noted the Maternity Services improvement plan.</p>
<p>098.21</p>	<p>Quality and Performance Committee feedback</p> <p>The Committee Chair (Martin Rolfe) referred to current operational pressures and the amount of time dedicated to their consideration at recent meetings. The incremental performance improvements in areas such as patient flow and discharges required to ameliorate the hospital’s position were clearly understood. Safety events in this context had also been considered in depth, with the clinical prioritisation of cases paramount. The work streams on infection prevention and control had also reported to the Committee in detail on learning taken from the pandemic.</p> <p>The NHS 111 First pilot had been discussed, with the importance of cultural change (both within the hospital and externally) identified as crucial in changing behaviours. Performance on cancer standards had been maintained, whilst the potential of research to anticipate trends may be an area for future consideration. Finally, the possible impact on the experience of primary care providers and the consequences of any diminution of their capacity was a matter the Committee wished to raise for Trust Board’s attention.</p>

	<p>The Board adopted the Board Risk Register.</p>
099.21	<p>Safety, quality and operational performance report analysis</p> <p>The Medical Director indicated that the main risks that they identified for the Trust involved operational pressures. The combination of existing demand for emergency care, imminent winter pressures and the possibility for this to compromise elective recovery would be monitored closely and reported to Quality and Performance Committee in coming months. Any possible impact on patient experience also required mitigation, with adverse outcomes relating to waiting lists to be borne in mind during decision making. Prioritisation would be pivotal in managing this situation, reflecting the finite resources available and the capacity of current staffing levels. Regular communications with operational centres and within the Trust were required to manage safety.</p> <p>The Chief Operating Officer highlighted the forthcoming arrival of modular ward capacity and recent provision of Same Day Emergency Care as mitigation for some of these factors. The changes in Urgent Treatment Centres could also support efforts to resolve the position.</p> <p>The Board noted the report.</p>
100.21	<p>Workforce and Organisational Development Committee feedback</p> <p>The Committee Chair (Gary Hay) highlighted the discussions held at the August meeting regarding Freedom to Speak Up, health & wellbeing and equality, diversity & inclusion. On the first matter, the recent de-escalation in COVID activity had allowed for some greater interaction between staff and Freedom to Speak Up ambassadors. There had been an increase in anonymous reports made to the service regarding behaviours, which reflected the rising levels of pressure being experienced by employees at all levels.</p> <p>It was reported that Graham Galbraith had been appointed as the Trust's Wellbeing Guardian, with the principles behind this role outlined to the Committee and considered by members. Part of this would be the development of formal reporting to Trust Board on the matter. Examination of the principles had also indicated that much of the Trust's ongoing work aligned with them, even prior to their institution.</p> <p>The feedback from the NHS Staff Survey and the Workforce Equality Standards relating to race and disability would be used to inform future scrutiny on diversity and inclusion. Recruitment processes and behaviours from other employees had been identified as key issues for the Committee in this regard.</p> <p>The Board noted the report.</p>
101.21	<p>Workforce and organisational development performance report</p> <p>The Chief People Officer reflected the themes of this meeting in her identified workforce risks. These related to the wellbeing of the workforce and the maintenance of their resilience. This would be monitored closely over coming months, with the Wellbeing Guardian reporting supporting this and providing Board-level oversight.</p> <p>The Board noted the report.</p>

102.21	<p>Finance and Infrastructure Committee feedback</p> <p>The Committee Chair (Christine Slaymaker) was pleased to confirm the completion of Project Jill, with the benefits being received from this point forwards. A minor cumulative deficit had been reported at the end of the fifth month of 2021 – 22 but was expected to become a break-even position for the half-year at the end of September 2021. The main risks facing the Trust’s financial position had been identified as the continuation of the receipt of the Elective Recovery Fund, the need to make efficiency savings in the second half of the year and the pay bill.</p> <p>The Board noted the report.</p>
103.21	<p>Financial performance report analysis</p> <p>The Chief Financial Officer reported that they would be closing the half year position on 1st October 2021. It was anticipated that there would be a small surplus for the first six months of 2021 – 22. The balance sheet position was also currently strong, which allowed for planning for the remained of the financial year to be undertaken with a degree of confidence. In addition, over 98% of third party invoices were being paid within the deadlines. Meanwhile, the Trust’s cash position benefitted from the first receipt of funds from the PFI Bond sale.</p> <p>The modular ward was on schedule, with the floor dedicated to stroke rehabilitation due to open in November 2021 and the head and neck services area set to be active the following month. This capacity supported the winter plan for 2021 – 22 and was also included in the Operating Plan discussed in minute 095.21.</p> <p>The finance team would liaise with workforce to ensure that any costs associated with pay were incorporated fully into planning. This included consideration of overtime payments or the changes in the funded establishment arising from reviews of the Trust’s required workforce. As part of this discipline, the spend on agency staff had remained very low despite the pressures associated with the pandemic.</p> <p>The Board noted the update.</p>
104.21	<p>Record of attendance</p> <p>The record of attendance was noted.</p>
105.21	<p>Any other business</p> <p>No other business was raised.</p>
106.21	<p>Opportunity for the public to ask questions relating to today’s Board meeting</p> <p>No questions were raised by the public.</p>
107.21	<p>Conclusions on key messages from the meeting</p> <p>The Chairman requested that the Director of Communications and Engagement develop a digest of the main messages from this meeting, to be shared with all staff at the Trust.</p>

108.21	Additions to Board Assurance Framework and Risk Register No additions were requested.
	Date of Next Meeting: Wednesday 24 th November 2021 9.30am