

**Trust Board Meeting in Public
Held on Wednesday 26th January 2022
Via Zoom**

MINUTES

Present:	Melloney Poole Roger Burke-Hamilton Graham Galbraith Gary Hay Inga Kennedy David Parfitt 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 Alison Fox-St Marthe Graham Terry Lisa Ward Ruth Morris Dave Gordon	Director of Research Director of Governance and Risk Director of Strategy and Performance Director of Communications and Engagement Lead Nurse for Children (for minute 005.22) Committee Clerk (minutes)

Item No	Minute
001.22	<p>Welcome, apologies and declarations of interest</p> <p>The Chairman welcomed all to the meeting. Apologies were given by Martin Rolfe (Non-Executive Director) and Nicole Cornelius (Chief People Officer).</p> <p>No new declarations of interest were given.</p>
002.22	<p>Minutes of the last meeting – 24th November 2021</p> <p>The minutes of the meeting of 24th November 2021 were approved as an accurate record.</p>
003.22	<p>Matters arising / summary of agreed actions</p> <p>The Board noted the summary of agreed actions.</p>
004.22	<p>Notification of any other business</p> <p>No supplementary business was raised.</p>

<p>005.22</p>	<p>Patient story</p> <p>The Chief Nurse introduced the Lead Nurse for Children. The story she recounted related to a 16-year-old patient at Queen Alexandra Hospital who was diagnosed with Hodgkin lymphoma in 2019. Her initial treatment concluded in March 2020, but then the condition returned six months later. She also received care from University Hospital Southampton NHS Foundation Trust given their status as a tertiary provider for this area. The Shared Care Team had taken a lead role in co-ordinating this care, with her transfer to Portsmouth on a permanent basis being completed in August 2021.</p> <p>Her story had a primary focus on the importance of compassionate care. The patient had appreciated the option of using Portsmouth as a centre to receive treatment given the distance involved in any travel to Southampton. This had also enabled her family to provide additional support during her care. The efforts of her therapists had been central to her improvement, with an extension of this service to those who attended the hospital at short notice under consideration. In particular, the music and play therapy provided via the charity had assisted the patient. A further key theme in the patient's story had been the importance of staff recognising the concerns and fears faced by those receiving care. Whilst the matters involved may be part of their routine duties, the fact that they were often being faced for the first time by those receiving treatment or their families required recognition. This should also be used to shape and inform interactions within the hospital. Making time for patients was vital in this approach, with the Medical Director noting that efforts to talk to patients were important as a sign of care and had a notable impact on their experience.</p> <p>The Chief Nurse highlighted the ability of staff to dedicate themselves to the patient despite the operational pressures being experienced during the pandemic. The 16-year-old's mother had made special reference to the fact that her child was the focus of attention when being offered treatment. The maintenance of safe visiting arrangements in the context of COVID-19, which respected infection prevention but allowed family contact, had been valued.</p> <p>Gary Hay asked for staff training to include clear reference to the importance of compassionate care. The Lead Nurse for Children replied that this was already present in the package for her team; however, its prominence as a theme could be raised. The benefits for outcomes of ensuring that patients remained stimulated, engaged and active (as well as experience whilst at hospital) may be stressed as part of this.</p> <p>The Board noted the presentation.</p>
<p>006.22</p>	<p>Chairman's opening remarks</p> <p>The Chairman commended the resilience of the staff at the Trust and the Executive Team in meeting a series of recent challenges, both expected and unanticipated. This required a culture of learning from the experiences and putting the lessons into immediate effect, even when operating under continuous pressure. It also meant that planning needed to be flexible to accommodate any improvised activity necessitated by unforeseen incidents or trends. One example of this had been the preparations made for the Omicron variant of COVID-19 in the absence of key information regarding its transmissibility or severity.</p> <p>The need to meet national and regional expectations, whilst conveying the relevant information on these matters in a manner which could be actioned by staff, had been borne in mind throughout. However, the Trust had also managed not to lose its focus on the level of care offered to patients during this period. These themes would form the basis for discussions at this Board meeting.</p>

<p>007.22</p>	<p>Chief Executive's Report</p> <p>The Chief Executive Officer commented on the following matters:</p> <p><u>Urgent care performance:</u> the innovations discussed at the previous Board meeting were now fully operational at the Trust. The next stage involved their complete integration into service delivery, ensuring that the intended benefits from the additional capacity and processes were realised in full. Emergency Department processes were being reviewed as part of this, with Same Day Emergency Care a central element. This was with the primary objective of avoiding unnecessary admissions, thereby improving patient flow within the hospital.</p> <p>Support for the discharge of patients was being increased as a further aspect of reducing overall bed occupancy. The focus and commitment on this area from the Executive Team and across divisional leadership were strong.</p> <p><u>Clinical risks faced by the Trust:</u> as well as the operational pressures mentioned above, the Chief Executive Officer had identified continued uncertainty relating to COVID-19 as a key risk. Occupancy from patients with the virus would be discussed in detail under minute 008.22. The impact of this on the hospital and its ability to meet demand as a result required thorough consideration in service planning and delivery.</p> <p>To support this, the offer to staff was being prioritised given the importance of employees' wellbeing. The efforts being made by employees across the Trust were acknowledged and required an appropriate response from leaders. In addition, planning for the future workforce was being undertaken to ensure that staffing reflected the needs of the local population over coming years. As well as numbers of personnel required, the skills mix involved in provision was being assessed.</p> <p>Despite these day-to-day concerns, the leadership had also placed significant emphasis on the development of the Trust's strategy. This would be considered in depth under minute 009.22, whilst the partnership with the University of Portsmouth was to be discussed as part of minute 011.22. The improvement culture within the workforce and the Culture Change programme in operation at the Trust were central in this regard.</p> <p>The Board accepted the Chief Executive Officer's report.</p>
<p>008.22</p>	<p>Operating context</p> <p>The Chief Operating Officer outlined the current position at the hospital, with 116 COVID-positive patients on site at the time of this meeting. Out of these, eight were presently receiving intensive care; this was out of a total of 26 patients receiving such treatment. This meant that critical care was using additional capacity beyond its standard footprint. The number of patients with the virus on site had risen since the previous Board meeting, reflecting increased local prevalence rates. However, it was noted that these had decreased recently, with the rate standing at just over 900 / 100,000 having been more than 1,500 / 100,000 two weeks previously.</p> <p>Demand for both urgent care and elective services remained high, with walk in attendances and ambulance conveyances having peaked around the Christmas and New Year period. The increased capacity and new models of care reported under minute 007.22 had supported the Trust's response to this during the recent winter period. This had reduced occupancy, although this had remained above 97% and required further effort to continue the downward trend.</p>

Whilst additional wards had been provided to mitigate this, the requirement to close inpatient beds due to infection prevention and control measures had negated some of this additionality. At the time of this meeting, 30 beds were unoccupied to enable the safe cohorting of patients. Meanwhile, the prioritisation of urgent and cancer patient was ongoing and had seen a decline in the number of patients awaiting such treatment for long periods.

Workforce sickness absence stood at 5.4%, with an additional 0.6% self-isolating. This was an improvement on the situation presented to Board in November 2021. Greater details on this would be presented under minute 016.22.

Vivek Srivastava inquired as the volume of patients who were being treated through Same Day Emergency Care and the impact of this on admissions. The Chief Operating Officer responded that the rate of patients being cared through this pathway had increased from 30% to 42% in some specialties. This had been a positive change, with the long-term ambition being for 50% of cases to be resolved through this pathway. The Chairman asked whether staffing issues had placed limitations on this initiative. The Chief Operating Officer replied that the pace with which the model had been implemented meant that deployment of clinicians would be revised to reflect requirements. The eventual aim was to introduce a nurse-led model, with Advanced Care Practitioners to provide a vital element in the support for this.

The Medical Director referred to the evolution of care models at the Trust, with any resulting workforce gaps being identified and resolved as appropriate. The implementation of Same Day Emergency Care may prove particularly challenging for frailty services and acute medicine given national staffing issues for these areas. However, it was recognised that increased levels of employment were required for the processes which enabled the effective and efficient treatment of patients through this route. Nevertheless, the level of clinical engagement with the new system was a promising indicator for the realisation of the concomitant culture change needed to deliver Same Day Emergency Care. The progress made by acute oncology was proving to be a role model in this regard.

The Chief Executive Officer observed that the level of change achieved over a short period made its management a paramount concern. The embedding of these innovations required clarity on their purpose and the measurement of their efficacy. Those involved would need to be empowered to ask the right questions to work out their role in delivering improvement. Reporting was being developed to provide Board-level oversight of the progress being made, with Quality and Performance Committee also reviewing the metrics used to achieve this. The Chairman requested that a clear narrative on this should be provided in that committee's feedback to Trust Board over coming months.

Action: DGR / COO / CN / MD / Board Secretary

Gary Hay sought guidance as to how staff were being made aware of the various priorities emphasised above. The Chief Executive Officer had been ensuring that messaging stressed the importance of timely patient discharge as an enabler for other objectives. Whilst this may be most apparent in Medicine and Urgent Care, the theme was central in discussions with all clinical divisions at the Trust. System partners were also receiving similar messages when they were being informed on the assistance they could offer to the Trust.

Christine Slaymaker noted that the number of patients deemed medically optimised for discharge remained above the desired level. As a result, she queried whether activity relating to front door admissions would address this. The Chief Operating Officer concurred that this was an important matter and was included in internal and external discussions. The recent focus on Same Day Emergency Care and other methods of

	<p>reducing admissions had arisen given their recent introduction. However, the discharge of patients who were ready for transfer to an alternative care setting remained a priority and had been such for a considerable time. The incident command structure set up across the local healthcare system was considering the matter and was likely to remain in place for the foreseeable future. This had already delivered improvements in key areas such as patient length of stay, whilst the number of patients who were medically optimised for discharge had reduced over time.</p> <p>In terms of the military partnership, Joint Defence Group South continued to offer support. This had a focus on agile response to allow the Trust's functioning to reflect the changing realities of situations it faced. Inga Kennedy was working alongside her former colleagues, with the offer presented from the military being subject to change given the political volatility currently being experienced in areas such as Afghanistan and Ukraine. In addition, other trusts often made requests for personnel from this source. Despite this, they continued to provide a valuable and recognised element in the Trust's response to the issues it faced. The Chief Nurse engaged with those involved in providing this assistance as required to support staff resilience. In particular, the operation of tiger teams had been appreciated by all concerned. The Chief Operating Officer added that their assistance had proved invaluable during the water leak on 7th January 2022.</p> <p>The Board noted the report.</p>
<p>009.22</p>	<p>Quarterly strategy update</p> <p>The Director of Strategy and Performance summarised the work undertaken on the corporate strategy during the second and third quarters of the financial year. As discussed previously under several items at this meeting, the Trust had been implementing change whilst responding to significant service demands. In terms of planning for this, Strategy Into Action was being developed. This was with a view to ensuring that everyday activity was connected to strategic objectives, with a series of key metrics identified to measure the degree to which this was achieved. These focused on the elimination of avoidable delays, avoidable patient harm, the maintenance of an environment within which staff could continually improve, the provision of an excellent workplace and delivery of services within the Trust's budget.</p> <p>Trust Board and the Trust Leadership Team were providing oversight of this, with a series of supporting mechanisms being put in place to assist these ambitions. To this end, a series of strategic initiatives (e.g. "Proud to be PHU", University hospital) had been nominated and assigned executive-level ownership. Breakthrough objectives were established to address the areas identified as requiring the greatest improvement within the next year.</p> <p>Regarding patient delays, the system operating plan for the second half of 2021 – 22 had included the Emergency Care Centre, establishment of additional bedded capacity and the Medical Village amongst other measures targeting this. In addition, an acute collaborative had been formed to assist with the response across the local healthcare system.</p> <p>Safe, high quality care had seen the roll out of Delivering Excellence Every Day in four wards, with the adoption of the accreditation methodology as part of this. Clinical Fridays continued to be used as a forum for the discussion of staff experiences and sharing of potential improvements. Research remained a central element for this initiative.</p>

	<p>The Trust remained on track for the delivery of a breakeven position for 2021 – 22. In addition, capital expenditure had been planned to achieve budget whilst providing the infrastructure required for the development of the site. The capability of the workforce was being developed through the Culture Change programme, which had been the subject of a session at the Board Development Day in October 2021. An equality, diversity and inclusion strategy was being developed, with a completion date of February 2022 which is currently on track.</p> <p>The improvement agenda was intended to provide the platform for continuous staff development. A series of events had been held over recent weeks, with the Emergency Department the current focus and ophthalmology to be covered soon. Quality improvement work continued across the Trust.</p> <p>Inga Kennedy asked how this work would interact with Delivering Excellence. She also inquired as to how reporting on the balanced scorecard attached to the report could evolve to provide an overview on progress. The Director of Communications and Engagement was developing a strategy for her area, for presentation to Trust Board on 25th May 2022. This would be one of the enabling strategies with links to the workforce aspects of the corporate document. As part of this, it would include a variety of real-life examples to make the strategy more applicable to the reality of work at the Trust.</p> <p style="text-align: right;">Action: DCE</p> <p>The Director of Strategy and Performance was updating the balanced scorecard as part of the strategy’s review and Delivering Excellence. The inclusion of trend data and an analytical narrative would form part of this for the scorecard’s next presentation to the Board in May 2022.</p> <p style="text-align: right;">Action: DSP</p> <p>The Board noted the report.</p>
<p>010.22</p>	<p>Board Assurance Framework</p> <p>The Director of Governance and Risk set out the proposed version of the framework, with the changes to the risk ratings and entries covered in the report. David Parfitt requested that the target dates for BAF1 (system-wide pressure on the urgent care pathway) and BAF3 (application of compassionate care) should be reviewed prior to its next presentation. This would be completed in conjunction with the relevant executive leads.</p> <p style="text-align: right;">Action: DGR</p> <p>The Board adopted the Board Assurance Framework as presented.</p>
<p>011.22</p>	<p>University hospital</p> <p>The Director of Research gave an overview of the strategic partnership’s development, which had been established in 2018 – 19. This had seen a joint commitment given to the expansion of the offer for research and education. The three key areas identified within this were a significant increase in the amount and types of research undertaken, new healthcare technologies and the enhancement of educational opportunities for staff. On the first of these, work on COVID-19 had been recognised internationally. New technologies developed had included diagnostics, whilst education would be supported by the appointment of three academic chairs.</p>

The recruitment of volunteers to clinical trials continued to be an area of high achievement. Much of this was due to collaborative work with University of Portsmouth, which had supported the Trust in becoming a leader within the sector for the region. Areas which had seen much activity in this area were cancer and COVID-19, reflecting the needs of the local population. The genomic research project with the University was also delivering benefits which were being covered in the international medical press. Meanwhile, a project on the increased immunity offered by the booster vaccine for coronavirus had been used to inform national policy.

Funding had been allocated to the vaccination hub in Portsmouth, with this work focusing on sections of the population who had below-average compliance rates. The joint data research programme was being developed, with chairs to be appointed to support this work as appropriate. The work of the function was being recognised through awards such as the NHS Foundation Programme.

The business support programme for the partnership currently included over 200 companies. It was intended that this would assist with the provision of innovation through the supply of technology and expertise. Clinical trials were being held as part of this, ensuring that clinical technology could be applied to service delivery. Honorary appointments had increased, ensuring that appropriate governance was in place to support the work being undertaken.

A series of events had been held to consider the possible appointment of academic chairs. These had identified workforce, joint infrastructure, partnerships and functioning governance systems as crucial in the delivery of successful NHS university hospitals. As a result, these would be the focus of the appointments to be made to the joint chairs, with the process to be overseen by a sub-group reporting to Quality and Performance Committee.

Future activity may include climate action and research on plastic waste in healthcare. The health inequalities in the local population also appeared to be an area which would benefit from further work.

Graham Galbraith welcomed the potential appointments and designated focus of work. He requested an opportunity to present his ambitions to the Trust's senior leadership to maintain the momentum behind the partnership. The development of the Medical School was nominated as a vital area for activity to increase the prominence of the relationship across both organisations. Nominations for the Project Delivery Group were also required. Vivek Srivastava also commended the work undertaken, with the importance of protected time for teaching in arrangements for educators with clinical responsibilities raised as an issue.

The Director of Research had placed the role of joint facilitator out to advertisement, with several indications of interest having been received. The university hospital strategic initiative was included in Delivering Excellence and would therefore have regular oversight from Trust Leadership Team. This would ensure appropriate prioritisation for its activities over the foreseeable future. The importance of further appointments was recognised, with the benefits of recruiting chief investigations demonstrating the improvements that could be delivered.

Roger Burke-Hamilton linked this work to the corporate strategy considered under minute 009.22, with the partnership crucial in translating objectives into reality. Outreach within the local community and businesses would also assist in this regard. The Director of Communications and Engagement was co-leading on this area for Delivering Excellence, with key contacts within the University of Portsmouth being identified. Work within the local

	<p>community would be advanced on this basis. The Director of Research added that the two additional posts had been recruited after the work undertaken on the vaccination hub.</p> <p>The Chief Executive Officer would ensure that work on the university hospital was prioritised appropriately, with the aspects delivering the greatest initial benefit to commence first. The appointment of the academic chairs had been selected for activity on this basis. The joint facilitator would take responsibility for identifying the aspects which would be selected for these efforts.</p> <p>The Board noted the report.</p>
<p>012.22</p>	<p>Quality and Performance Committee feedback</p> <p>The Maternity Champion (Inga Kennedy) noted the impact that the themes already discussed had on quality and performance. Whilst operational pressures could be detrimental to service delivery, the new models of care and facilities were designed to improve provision and its quality. In this context, the issues raised regarding pressure ulcers, falls and associated infection by the Committee had been anticipated. The pausing of the electronic prescribing and medicine administration system had been paused due to technical matters.</p> <p>Despite this, delivery on the constitutional cancer standards remained positive. The work of the Family Liaison Team continued to be valued across the Trust and had been presented to NHS England as an example of best practice. The maternity services section for inclusion in the Integrated Performance Report continued to be developed, with its presentation anticipated by the end of 2021 – 22. The Board Risk Register would be revisited once the Trust’s implementation of a new system had increased the functionality for incident reporting.</p> <p>The Committee had undertaken a significant discussion on the quality improvement work of the Getting It Right First Time programme and its potential benefits. Over coming months, meetings would continue to focus on the maintenance of quality and safety in the context of high demand and the impact of the new models of care on delivery.</p> <p>The Board approved the Board Risk Register.</p>
<p>013.22</p>	<p>Safety, quality and operational performance report analysis</p> <p>The Medical Director highlighted the anticipated impact of continued demand on areas such as pressure ulcers and falls. Mitigation was being put in place, with communications to staff emphasising the importance of clinical prioritisation in achieving the best outcomes for patients. There had been a rise in cardiac arrests; analysis was currently endeavouring to establish if this was likely to become a trend. At present, the view was that this was not the case. As a result, work was being undertaken with governance bodies such as the Deteriorating Patient Group to provide a proportionate response to the situation.</p> <p>In terms of positive progress, the number of oxygen safety incidents had declined considerably and consistently over the previous 12 months. This had been based on a focused multidisciplinary approach to the matter and was commended by Quality and Performance Committee at its meeting on 20th January 2022.</p>

	<p>The Chief Nurse would be undertaking actions to support staff in addressing the number of falls at the hospital. The Chief Executive Officer noted that reducing these was a stated objective in Delivering Excellence. As a result, detailed analysis of this was presented to Trust Leadership Team monthly. The matter was also included in the ward accreditation process. Real time feedback was still at the pilot stage, whilst visiting policies would be reviewed given the positive impact family contact had on patient experience. However, any such amendments would be mindful of infection prevention and safety considerations.</p> <p>The Chief Operating Officer discussed the Emergency Care Centre, which was receiving an average of over 30 patients per day. This had alleviated pressure on the pre-existing Emergency Department, with plans being implemented to increase the level of activity it undertook. The establishment of the additional bedded capacity (formerly referred to as the modular wards) had supported the establishment of the Medical Village model. Work was being undertaken with South Central Ambulance Service and other partners on the direct conveyance of patients to Same Day Emergency Care. This was to assist with the ambition of treating 50% of emergency patients through this pathway, as stated in minute 008.22.</p> <p>Older Person's Same Day Emergency Care had been implemented with the support of the Geriatrician Team. This was currently receiving approximately 10 patients per day and was also redirecting cases where appropriate. This was also intended to be extended over coming months. The oncology Same Day Emergency Care service was providing early, visible benefits and had been identified as an exemplar for the rest of the Trust.</p> <p>Eight out the nine cancer standards had been achieved in November 2021. However, it was anticipated that workforce pressures and an increase in consultant referrals had caused this position to decline in December. This was likely to be the subject of detailed reporting to Trust Board relatively soon.</p> <p>The Board noted the report.</p>
<p>014.22</p>	<p>Finance and Infrastructure Committee feedback</p> <p>The Committee Chair (Christine Slaymaker) had operated a streamlined agenda over recent meetings. This was in line with national guidance issued to reduce the reporting workload for NHS trusts during the current wave of the pandemic. The main themes discussed by the Committee had been the Trust's financial performance after the third quarter of 2021 – 22 and planning for 2022 – 23. On the former, the Trust appeared on track to deliver a breakeven year-end position. However, some potential risks to this had been identified, including costs relating to the management of the pandemic, workforce requirements and annual leave. The position appeared positive at system level as well.</p> <p>Regarding the next financial year, the resource implications of the facilities and care models discussed throughout this meeting may have a considerable financial impact on 2022 – 23. In particular, this applied to workforce costs. The meeting in February 2022 would have a focus on these future considerations.</p> <p>The Committee had reviewed the water leak on 7th January 2022 and the response to it. This had provided assurance that the factors which had caused the incident were under investigation. The rapid actions which had allowed for the reopening of clinical areas on the same day had been commended.</p> <p>The Board noted the report.</p>

<p>015.22</p>	<p>Financial performance report analysis</p> <p>The Chief Financial Officer highlighted the small surplus in the month nine financial position. This improvement from the previous month was largely based upon the growing certainty on income that the Trust would be receiving and the £1.1 million rebate relating to the Clinical Negligence Scheme for Trusts that had been confirmed.</p> <p>Initial analysis of the position of annual leave accrued estimated that the cost may increase by just over £1 million. This was in addition to the £6.7 million accrued by the end of 2020 – 21 and was not presently funded in the Trust’s current position. However, mitigation was being planned and the situation was expected to be manageable. Temporary workforce costs were likely to continue to rise in order to ensure that staff were able to support the new facilities at the Trust. Despite this, the level of increase involved was not expected to compromise the ability of the organisation to live within its means.</p> <p>Inga Kennedy sought clarification on the messages being given to staff on annual leave. The Medical Director responded that the importance of rest for wellbeing was being emphasised. However, it was recognised that the reduced options for activities during leave (e.g. restrictions on foreign travel) had a negative impact on the appetite of employees to take time off. This was combined with a desire to support the organisation during a time of significant pressure and the associated unwillingness to step away from work in this context.</p> <p>The Board noted the report.</p>
<p>016.22</p>	<p>Workforce and organisational development performance report</p> <p>The Chief Financial Officer reported that the increase of the funded workforce establishment, staff turnover, sick leave and the vacancy rate were the key areas. As of December 2021, the establishment stood at 8,059 full time equivalent posts. This was an increase of over 400 employees since September 2021. This had been included in the system plan for the second half of 2021 – 22 and had continued the upward trend in the size of the workforce over recent months. This increase was permanent and therefore the recruitment to these positions would be substantive. In the interim, bank and agency staff usage had increased to fill these roles. However, it was accepted that this was not a long-term solution.</p> <p>Staff turnover had increased recently, standing at 12.5% for December 2021. This compared with a figure just under 10% at the start of 2021 – 22. The reasons for leaving the organisation were being established and assessed by the People Team; the findings would then inform the work on the Proud To Be PHU initiative. The NHS Staff Survey 2021 and the results of the internal quarterly questionnaire would also be used.</p> <p>Sickness had risen, with the Omicron variant of COVID-19 being the primary cause at the turn of the year. However, the position had improved over the previous month. Vacancy rates had increased significantly since the establishment had been raised; this reflected the new positions which were awaiting recruitment.</p> <p>Gary Hay welcomed the mitigation that had been put in place for workforce pressures over recent months, with sickness rates not having reached the levels experienced at some trusts. The Workforce and Organisational Development Committee would continue to monitor other areas such as appraisal and training compliance. The NHS Staff Survey 2021 was due to be reported to Trust Board on 30th March 2022. This would include reference to both the overall impact of the pandemic on employees across the NHS and the observations specific to the Trust.</p>

	<p>Inga Kennedy asked whether specific data on the maternity workforce could be included in the Integrated Performance Report information for the service. The Chief Nurse would ensure that this was incorporated into the dashboard.</p> <p style="text-align: right;">Action: CN</p> <p>The Board noted the report.</p>
017.22	<p>Audit Committee feedback</p> <p>The Committee Chair (David Parfitt) summarised the Committee’s recent meeting, with a focus upon internal audit and financial policies. The former had seen the issuing of an urgent recommendation relating to the documentation of safeguarding assessments. This was being resolved through the introduction of new processes which had secured the approval of the internal auditors. It was also noted that the matter did not directly impact on patient care.</p> <p>The Standing Orders, Standing Financial Instructions and Scheme of Delegation had been presented to the Committee for recommendation to Board. These had been subject to minimal revision since their previous iteration. As a result, a summary of these changes was presented to Board rather than the documents in their entirety; this was with a view to securing the Board’s ratification of the policies.</p> <p>The Board approved the Standing Orders, Standing Financial Instructions and Scheme of Delegation.</p>
018.22	<p>Usage of Company Seal</p> <p>The Director of Governance and Risk provided the report, which set out the use of the seal throughout 2021. This was an administrative matter, with no action expected from the Board in response.</p> <p>The Board noted the report.</p>
019.22	<p>Record of attendance</p> <p>The record of attendance was noted.</p>
020.22	<p>Any other business</p> <p>No other business was raised.</p>
021.22	<p>Opportunity for the public to ask questions relating to today’s Board meeting</p> <p>No questions were raised by the public.</p>
022.22	<p>Additions to Board Assurance Framework and Risk Register</p> <p>No additions were requested.</p>
	<p>Date of Next Meeting: Wednesday 30th March 2022 9.30am</p>