

### TRUST BOARD OF DIRECTORS (PUBLIC)

Minutes of the Public Meeting held on Tuesday 30<sup>th</sup> January 2018 at 9.00 am  
 In the Boardroom, Scunthorpe General Hospital

For the purpose of transacting the business set out below

#### Present:

Mrs A Shaw	Trust Chair (Chair)
Dr P Reading	Chief Executive
Dr K Wood	Acting Medical Director
Mrs T Filby	Chief Nurse
Mrs J Adamson	Director of People and Organisational Effectiveness
Mr R Sunley	Deputy Chief Executive and Director of Operations
Mr M Hassall	Director of Finance
Mr S Shreeve	Non-Executive Director
Mrs L Jackson	Non-Executive Director
Mr A Bramley	Non-Executive Director

#### In Attendance:

Mrs W Booth	Director of Governance & Assurance & Trust Secretary
Mr O Hasan	Turnaround Director
Ms C Grinhaff	Interim Head of Communications & Engagement
Mrs J Loughborough	For the Patient Story
Mrs D Rojahn	Secretary to the Chair (for the minutes)

#### Cumulative Record of Board Director's Attendance (2017/18)

Name	Possible	Actual	Name	Possible	Actual
Mrs A Shaw	10	10	Mrs S Cousland	10	7
Dr P Reading	6	6	Mrs S Hills	10	9
Mr R Sunley	10	8	Mr A Bramley	10	10
Mrs J Adamson	10	10	Mrs T Filby	10	10
Mr L Roberts	7	5	Mrs W Booth	10	10
Mr S Shreeve	10	10	Mr M Hassall	7	7
Mrs L Jackson	10	8	Dr K Wood	4	4

#### 1. Business Items

1.1	<b>Chairs Opening Remarks</b>  Anne Shaw welcomed the Trust Board members and visitors to the meeting and declared the meeting open at 9.00 am. .
1.2	<b>Apologies for Absence</b>  Apology received from Sue Cousland – Non-Executive Director, due to illness

1.3	<p><b>Declarations of Interest</b></p> <p>Anne Shaw invited members to draw the Boards' attention to any conflicts of interest relating to specific agenda items or to any updates to their formal annual declarations.</p> <p>There were none.</p>
1.4	<p><b>To approve the minutes of the previous Public meeting held on the 28th November 2017 – NLG(18)001</b></p> <p>There were two minor amends to be made to the minutes and once amended they would be approved as a true and accurate record of the meeting and duly signed by the Chair.</p>
1.5	<p><b>Matters Arising</b></p> <p>There were none</p>
1.6	<p><b>Trust Board Action Log – Public – NLG(18)002</b></p> <p>Members received and reviewed the Action Log and updates were provided as required.</p>
1.7	<p><b>Annual Review of the Register of Directors Interest – NLG(18)003</b></p> <p>Wendy Booth presented the updated register and asked the Board to note the report. It was noted that Dr Kate Woods name had been omitted; this will be rectified forthwith and the revised register will be submitted to the February 2018 meeting.</p>
1.8	<p><b>Final Version of Meeting Structures – NLG(18)004</b></p> <p>Wendy Booth advised that this paper provides the final amended version of the Trust's high level management and Board assurance sub-committee meeting structures following recent review for agreement by the Trust Board, as follows:</p> <p><i>Appendix A: Trust Board Assurance Sub-Committees Structure</i>  <i>Appendix B: Quality Management Structure</i>  <i>Appendix C: Trust Management Meeting Structure</i>  <i>Appendix D: Improving Together Delivery Structure</i>  <i>Appendix E: Improving Together Assurance Structure</i></p> <p>Details in respect of some of the management sub-groups of these key meetings has yet to be finalised but this detail will be agreed through TMB and brought to the Trust Board at a later date along with the revised proposals for the Charitable Funds Committee.</p> <p>Sandra Hills commented that she thought this was really useful and helpful and asked for it to be effectively communicated so that people are aware of what goes on in the Trust and where; this was also re-iterated by Linda Jackson.</p> <p>Wendy Booth advised that there was a bit more detail to be added and once it had been presented at both the Trust Management Board and the Senior Leadership Community the intention was to communicate it across the organisation.</p> <p>Tony Booth asked for an amendment to be made to the wording on Appendix A in the Q &amp; S box as the committee is no longer known as QSPEC.</p> <p>Stan Shaw commented that he was not sure that the Council of Governors was correctly represented throughout the whole piece and that there were no points of clarification above the role of CoG within these appendices. Anne Shaw remarked that it was only missing off appendix A but it would be right to have a note of clarification about the role of the CoG.</p>

<b>1.9</b>	<p><b>Chief Executive's Briefing – Verbal</b></p> <p>Peter Reading spoke about the impressions he gets as he meets staff around the Trust; a question he was asked last week when he met with the Trade Unions. He has met with a lot of staff across all sites within the organisation. There were three points he wanted to make:</p> <ol style="list-style-type: none"> <li>a. He is consistently impressed by their commitment, the long hours and how hard they work.</li> <li>b. Gets a sense that the organisation does not connect very well and the phrase repeated time and again is “not enough common sense in the organisation” in terms of making simple decisions and solving problems</li> <li>c. Staff are getting tired and this is being seen in terms of rising sickness. The organisation is taking a lot out of the staff and they need to be nurtured as much as possible.</li> </ol> <p>Peter Reading said visibility of support is key and that the Non-Exec Directors are very good at being out there amongst the workforce showing their support. Sandra Hills added that it was about how the staff felt valued. Anne Shaw commented that it is often the smallest changes that make the biggest difference.</p> <p>Peter Reading had noticed that a lot of wards do not have water fountains and that the local managers are not picking this up from their staff and talking to estates; this can be easily resolved as the Trust has good contracts for these.</p> <p>Anne Shaw added that the Trust Board had noted the problem</p>
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## 2. Board Assurance

<b>2.1</b>	<p><b>Board Assurance Framework &amp; Risk Register – NLG(18)005</b></p> <p>Wendy Booth presented the paper and advised the Board that a recommendation from the Well Led Review Report had been that the BAF needed to be simplified and went onto explain how she and Jeremy Daws had attempted to do that.</p> <p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• Note and approve the addition of a simplified view of the Trusts 6 key ‘risk themes’ (pages 5-10)</li> <li>• Note the key points (page 4)</li> <li>• Note the intended levels of detail to be presented to Board in future and the detail to be received by Board Sub-Committees and approve this proposal (Page 4)</li> <li>• Note the Trust's highest strategic risks and note the movement since last quarters BAF report and reasons (page 11-12)</li> <li>• Note the strengthening arrangements since October's BAF with the introduction of (page 4): <ol style="list-style-type: none"> <li>1. Assurance source levels (Levels 1-3)</li> <li>2. Assurance rated positive, negative or mixed</li> <li>3. Target risk rating target date</li> <li>4. Date risk was first added to risk register</li> <li>5. Greater detail / clarity for why risk rating has changed</li> </ol> </li> </ul> <p>A discussion followed whereby it was felt that the sub-committees should regularly spend some time on their area of the BAF and that this is where the detail will be picked up and challenged before coming back to the Trust Board in terms of levels of assurance.</p> <p><a href="#">The Board noted the report and approved the relevant items.</a></p>
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## 3. Quality & Safety

<b>3.1</b>	<p><b>Patient Story &amp; Reflection – Verbal</b></p> <p>The Board listened to ‘Julie's Story’, presented by Jo Loughborough. This lady has a long term urological condition, and would be classed as an expert patient as she understands her condition very well. She spoke about her experience as a patient using the service at DPoW which had always been</p>
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positive and that this service had now transferred to SGH where her experience; shortly after the transfer; was not so good and is unsure about going back there.

There were varying remarks and comments made by the trust Board members, some of which were:

- Patient with knowledge of her condition not being listened to
- Issues around communication and the delays of this and transfer of the service compounded this.
- Positive that the team was very responsive when she became very unwell but not good at communicating when we hand over our care, which is crucial, and this needs improving.
- Look at it as a systems failure; and we need to enable our staff to do the right thing the first time.

Anne Shaw asked Jo Loughborough what had been done to try and give a better service going forward. Jo said that the lady had not wanted to take her complaint to PALS but preferred to share her story and Jo had asked the Lead to the urology team to share it with the urology and transformation board but as yet there has been no response. This is the heart of the problem by not getting a response it cannot be addressed.

Peter Reading asked Tara Filby to follow this up with urology and that it is important to have ownership within the Divisions. Peter Reading stated that he was worried about the transfer of the service and handover to SGH and asked Richard Sunley to follow this up. Sandra Hills expressed her concern about the transfer of the service and that her understanding was that there would be a post implementation evaluation which should actively look at where things have gone wrong but does not recall this having taken place. Action: TF and RS

Richard Sunley's response indicated that it had for ENT and that they were looking at the pathways post the implementation and that they do have patient involvement in ENT, Urology and also Haematology. Tara Filby reiterated Sandra Hills comment and did recall the conversation that they would pro-actively seek out user experience.

Anne Shaw asked Jo Loughborough to thank the lady concerned for sharing her user experience with the Board and sincerely hoped that this was an isolated case.

### **Quality Special Measures Progress Report**

#### **Integrated Performance & Improving Together Progress Reports – Quality & Safety NLG(18)006 & NLG(18)007**

3.2

3.2.1

Tara Filby shared the Integrated Report with the Board and pointed out that two new metrics had been added to the data (paper 006, page 10), a) Pressure Ulcers per 1000 bed days & Falls per 1000 bed days; this information had been published on the website. There were no never events reported for December and positive progress had been made in Safety Thermometer in both acute and community; however there is still more work to do regarding pressure ulcers and VTE. Staffing fill rates have been maintained in terms of registered nurse fill although there has been a slight dip in December. Midwives to birth ratio have been maintained from the previous month. Also there were no MRSA cases to report but there were three C.Diff cases identified which are currently going through the review process of which 80% of these, over the year, are seen across the DPoW site.

Improving Together Progress Report Quality & Safety - Tara Filby presented the paper to the Board and advised that both Claire Pacey and Beth Hayward had been instrumental in the format of this. A programme manager for Q&S had now been appointed and that person will take up the post with effect from April; until then the maintenance of this role will be filled by an interim. Due to the operational pressures within the organisation there have been some issues with attendance at the oversight meetings. The priorities remain to be:

- Patient Safety in ED
- Safety in Maternity
- Sepsis in the deteriorating patient
- Safer staffing

A joint meeting had taken place with colleagues from ULHT to look at working together to develop the use of the handheld devices for recording sepsis at the bedside. An error had been made in the mixed sex accommodation breaches; the report states 105 and it should be 52; this will be corrected nationally. Staffing continues to be a challenge as mentioned previously. There were no avoidable pressure ulcers or falls in December. An increase has been seen in bank fill and a corresponding reduction in agency.

Anne Shaw asked how consistency would be obtained across the organisation for the deteriorating patient and the development of the local ward dashboards if they are developed locally. Tara Filby advised that it is the same model being developed but having it at a local level.

Linda Jackson remarked that there were a number of measurements without any statistics and wondered when this would be resolved. Tara Filby hoped that it would be a six week timeframe, mid to end of February and that we should see this in the report at the next Trust Board meeting.

Obi Hasan mentioned the nursing oversight meetings and the effectiveness of these meetings and the fact that it was difficult to get senior people to attend especially when in Opel 3. He asked Tara Filby if she thought they had got the balance right. Tara Filby thought that they were not completely there yet and that each group and corporate team had been asked to prioritise the absolutely must do's and that they have tried to be more organised and proactive at looking forward.

Sandra Hills said that she had some concerns about the approach and questioned whether the Trust was working in a smart enough way. She mentioned about the wards having care (discharge) coordinators; someone who could do the chasing and free up time for the nurses to attend these meetings and could it be looked at in an integrated way.

### 3.2.2 Monthly Capacity & Capability on our Wards - NLG(18)009

Tara Filby presented the paper which is the monthly report outlining those wards where staffing capacity fell short of what was planned and any risks were mitigated. This shows an overall achievement of fill rate for inpatient wards with a continued high reliance on the use of temporary staff including agency staff (both on and off framework).

P4 - The overall fill rates are constant across the Trust with some reduction at SGH.

P8 - Midwife to birth ratios in month are 1:29 DPOW, 1:23 SGH

P9 - Two wards are showing fill rate of less than 80%

Kate Wood advised that a lot of work had taken place around medical staffing. Jane Heaton will now be leading on a piece of work; to determine medical establishments, which will take from 9 - 12months to complete; on behalf of Kate Wood to look at reviewing these as we need to know what they should be in order to respond to current situations. At some point in the future a progress paper would be brought to the Board .

Sandra Hills highlighted that the report stated that ward sisters chose to put their permanent staff on days and use agency at night and how could the Trust be reassured that this decision had been tested. Tara Filby said that agency nurses usually chose to work nights and they do prioritise to have one of their own registered nurses on night shift. Fill rate has been better on a night time than on the day.

Linda Jackson advised that at their recent Finance & Performance committee meeting Lynn Carter went through nursing and other work which she is doing for Tara Filby and Kate Wood on establishments and F&P have asked for a bi-monthly assurance on progress for this.

#### 3.2.1.1 Progress Report on CQC actions – NLG(18)008

Tara Filby advised that all of the 'must do's' that were in the stock take paper are mapped within the improving together paper. Highlights from the achievements are:

- Patient Safety – seen improvement with the HEW checklist
- Fit to care checklist around safety equipment checks – still some gaps within this.

	<ul style="list-style-type: none"> <li>• Consultation for the second theatre staffing – will be in place by the end of February</li> <li>• Safety &amp; Security – SGH A&amp;E access control; unit was not locked down, it now has swipe access</li> <li>• Prime focus for assurance on the nursing perspective has been drafted in to new Ward assurance process.</li> <li>• Patient Experience issue – having child friendly areas around theatre recovery.</li> </ul> <p>Jayne Adamson advised that in terms of appraisals the Trust is down at 70%; one of the key measures CQC will look at. It has been simplified and areas need to ensure these are completed.</p> <p>A discussion followed querying certain aspects of this report and feeling assured as to whether the Trust would be ready when the next inspection takes place. Anne Shaw felt that from a CQC perspective the report needed to be clearer and show how we are actually meeting the CQC requirements. Peter Reading agreed that it was a point well-made and they will look at bringing the level of detail from the two reports together populating the second report differently next time.</p>
3.2.3	<p><b>Quality Matron Environment Report (Q3) – NLG(18)010</b></p> <p>Tara Filby advised the Board that this paper could be taken as read. It made reference to the cleanliness of the in-patient wards and out-patient areas at all three sites at NLaG Trust for the period covering October, November and December 2017. In order to support operational pressures over the winter period Tara Filby agreed that no FLO audits were to be completed during December.</p> <p>Anne Shaw asked where the completions are captured in the report. Tara Filby advised that it was not but it would be helpful if it was and that she would take the paper back to the matrons. Anne Shaw asked Tara Filby to thank them for their efforts.</p>
3.2.4	<p><b>Mortality Improvement Plan – NLG(18)011</b></p> <p>Kate Wood referred to the paper and advised that there were 3 key points she wished to highlight:</p> <ol style="list-style-type: none"> <li>1. Mortality Improvement Project Plan</li> <li>2. Mortality Meeting Oversight Structure – meetings to be led by Dr Kate Wood initially with Dr Kamath who will eventually take the lead. Dr Kamath is the new clinical lead for mortality. Kate Wood advised that this would be an internal meeting and stakeholders would be invited to the Quality &amp; Safety meeting. A discussion followed regarding attendance by the CCG's at these meetings and it was agreed for their representatives to be invited to both.</li> <li>3. Mortality reviews – Learning from: Avoidable Mortality.</li> </ol> <p>Anne Shaw asked for clarification on paragraph 2 of item 3 and it appears that until December 2017 the Trust was not reporting the avoidable deaths, Kate Wood clarified that this is a requirement within the Mortality Report; going forward this will now be reported. This will also be a standing agenda item for the Public meeting going forward.</p>
3.3	<p><b>Quality &amp; Safety Highlight Report &amp; Board Challenge – NLH(18)012</b></p> <p>Tony Bramley as Chairman of this committee raised the point about the backlog of outpatient letters. Peter Reading advised the Board that letters had gone out on Friday the 26<sup>th</sup> January to GP's and the Trust had also written to OSC's, MP's and others. There had been a positive response from the MP Nik Dakin.</p>

#### 4. Strategy

4.1	<p><b>Integrated Performance &amp; Improving Together Progress Reports – Service Strategy NLG(18)006 &amp; NLG(18)007</b></p> <p>Richard Sunley advised that the Humber Acute Service Review (HASR) Group, under the chairmanship of NHSE continues to meet and bring together all of the strategic initiatives. The most fragile services being ENT, Urology and Haematology. Transformation groups have not only been meeting internally to go through the planning but have also brought in the rest of the STP to do this</p>
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	<p>and will bring the options back to the Board in March.</p> <p>The strategy seminar follow-up will take place in February with a wider audience. Jayne Adamson spoke about the combined Board Development day which would include the strategy but also the Insights Development; it has been confirmed as the 21<sup>st</sup> March 2018 from 1pm for the Insights Development. However it was agreed that the strategy session needed to happen towards the end of February and that the private meeting on the 27<sup>th</sup> February would be the date.</p> <p>The agenda was altered at this stage to allow for the Progress Report on Winter Planning.</p>
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## 6. Access & Flow

<b>6.1.1</b>	<p><b>Winter Planning Progress Report – NLG(18)015</b></p> <p>Sue Barnett presented the paper and updated the Board on the effect winter pressure was having. It was discussed how the Trust was doing nationally and also that staff like to know how they are doing. Peter Reading advised that in the first quarter of this year, April – June 2017, NLaG ranked in the bottom 5 out of 139, in quarter three and continuing into January 2018 it is just into the top quartile. The Trust is doing a lot better and the flow through the hospitals is working much better.</p> <p>Tony Bramley referred to the stranded patient numbers (183 at DPoW and 144 at SGH) and asked how the rest of the community services were coping. Sue Barnett believed that they were under as much pressure and if the Trust admits more patients they in turn have to take more. It is worse than it was, particularly at SGH; acuity is a concern; and there are greater incidents of patients with respiratory disease.</p> <p>Sue Barnett asked the Trust Board if they would support the approach of not bringing day cases and elective surgery back up to its full capacity until the pressure abates, as recommended by the A&amp;E Delivery Board. The continuation of this would be up until the 16<sup>th</sup> February.</p> <p>Sandra Hills advised that she would be happy to support this but how do you do this without impacting on some of the vulnerable groups and would need reassurance that this had been catered for. Peter Reading reported that both he and Sue Barnett had had a discussion with the CCG's and they had agreed the Trust would do its level best to use this as an opportunity to push faster on the cancer wait patients.</p> <p>It was discussed about putting out comms to all of the staff thanking them for the extra work they have had to do during this period and importantly they need to know they are doing a good job. Peter Reading advised that this would be done immediately, both internally and externally.</p> <p>The Board supported the proposals and thanked staff for their commitment and hard work during a very difficult period.</p> <p>The meeting reverted back to the agenda at this point.</p>
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## 5. Leadership, OD & Culture

<b>5.1</b>	<p><b>Integrated Performance &amp; Improving Together Progress Reports – Workforce, OD &amp; Culture NLG(18)006 &amp; NLG(18)007</b></p> <p>The Board was asked to take both papers as read and Jayne Adamson reported that some of the items she was going to talk about had previously been covered by Tara Filby. The recruitment for the trainee advanced clinical practitioners was now complete and they had begun their training at Sheffield Hallam on the 18<sup>th</sup> January 2018.</p> <p>Jayne Adamson updated the Board on the apprenticeship levy and since reporting to the Board previously there were now 123 staff on apprenticeship programmes; the target of 148 to be reached before the end of March.</p>
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<p>5.2</p> <p>5.3</p>	<p>New KPI's have been developed in the Improving Together Report and these will be seen at the next Board meeting.</p> <p><b>Workforce Committee Highlight report &amp; Board Challenge – NLG(18)013</b></p> <p>Sandra Hills as Chair of the committee presented the paper and wished to highlight in particular the communities and therapies workforce; this department has a workforce plan and are continually looking at innovative ways of keeping their staff and utilising their skills more widely. The items for concern were as stated in the paper covering:</p> <ul style="list-style-type: none"> <li>• PADR Compliance</li> <li>• Maintenance staff – vacancy positions</li> <li>• Experience of junior doctors – enhance that this is a good place to work</li> </ul> <p>There was a discussion regarding the low figures on PADR compliance and it was suggested that an investigation to look at it to see what the underlying issues were would be helpful.</p> <p>Tony Bramley queried the issue with the vacancies for the maintenance staff, which is an age related skills gap and that the salaries paid are very low compared to the outside sector; and what is happening about it. It was agreed that this area needed looking at urgently. Jayne Adamson stated that the Trust is in competition with manufacturing from food, kitchen design, refineries etc. which also adds to the difficulty.</p> <p><b>Overview of the National Health and Care Workforce Strategy for England 2017 – Verbal (Presentation via a link)</b></p> <p>Jayne Adamson advised the Board that this had been launched by Public Health England ready for consultation and it would have a formal launch (after the consultation) in July 2018. Links and slides were to be circulated after the meeting whereby members could add their thoughts to this document. Humber HRD's were all actively talking to their Boards about this as they can influence what is in it. Feedback could go through directly or it could be co-ordinated; with feedback to Jayne Adamson by the 21<sup>st</sup> February; through the final Workforce meeting to then feed through NLaG's response.</p>
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## 6. Access & Flow

<p>6.1.2</p>	<p><b>62 day Cancer Performance Progress Report – NLG(18)014</b></p> <p>Richard Sunley presented the paper to the Board. Key points highlighted were as follows:</p> <ul style="list-style-type: none"> <li>• Last 12 months performance and forecast position for December, Q3 and January. Background and context – as it relates to NLaG</li> <li>• Comparisons re referrals and treatments within Humber, Coast &amp; Vale Cancer Alliance</li> <li>• Backlog position (&gt;62 days) from November 17 to January 18</li> <li>• Confirmed cancer diagnoses &gt;63 days, volumes with and without TCI dates (by tumour site)</li> <li>• Suspected cancer pathways without diagnoses &gt;63 days (by tumour site)</li> <li>• 62 day draft trajectory to meet compliance by end June 18 (with caveats)</li> <li>• 62 day improvement plan – key themes/issues</li> <li>• Other cancer work streams</li> </ul> <p>Richard Sunley advised the Board that the plan was to get cancer waits down to 62 days by the end of June. The backlog from 104 days has shifted down slightly from 42 to 39. Infrastructure needs to be in place for cancer site leads/leadership across the organisation and how this is managed.</p> <p>Anne Shaw commented that this particular pathway had been a problem for some considerable time and that there had been various approaches and efforts to address the difficulties. Richard Sunley said that nationally there has been a problem and that this Trust is not alone in the difficulties that it has; it is also ensuring that our tertiary centres are delivering as well.</p>
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Sandra Hills asked the following three questions:

1. June 2018 is a long way away if you have been diagnosed with cancer and was there any possibility of moving that date to a closer timescale?
2. Tertiary referrals – NLaG has a link with HEY but they are under pressure themselves, so have we explored other tertiary centres that might be better and faster for our patients?
3. A reduction of skin cancer treatments in our Trust as this service has gone elsewhere. How are we reassuring ourselves of the clinicians maintaining their skill sets in this area?

Richard Sunley said he would relook at the June 18 date but was not very optimistic and that patients are being looked at on an individual basis. The cancer group is being relaunched to look at and manage the PTL. In terms of the tertiary element, the Trust needed to be more focussed about what is being asked of it in terms of delivery. The dermatology service is being predominantly provided through South Lincolnshire and East Riding. East Riding is looking at procuring their service in a different way. A recommendation will be coming to the Board regarding this service as to whether we wish to stay in.

Kate Wood added that she had been investigating some of the long waits and commented that some patients had requested no treatment for a given period of time and that this level of detail needs to be included in the report, as it is not currently.

## 7. Finance

### 7.1.1 & 7.1.2 **Integrated Performance & Improving Together Progress Reports – Finance NLG(18)006 & NLG(18)007 Month 9 Progress Report – NLG(18)016**

Marcus Hassall informed the Board that progress was being made in terms of the financial position and that it was looking very encouraging on the £40m deficit target agreed with NHSI. Regarding the contract on income agenda there were 2 points he wished to make:

1. Allocated amount of £1.5m for winter pressure funding; in order for this money to come to the Trust targets have be met.

Anne Shaw asked for clarification on this. Marcus Hassel explained Initially when the money was offered the STF conditions were not included at the time but have developed since as things have moved forward and additional caveats have been added.

2. Core contract for income; negotiations have been taking place with NL & NEL CCG's regarding the resolution for this year which would overwrite the minimum income guaranteed contract and associated risk share arrangements. (NLCCG is currently saying that they cannot afford the deals they have set out for the Trust)

Marcus Hassall mentioned the slow down on the planned care activity and that this would have an effect on the PBR elements of the contract portfolio; this however should not have any adverse effect on the FRP but would need to keep an eye on this. He mentioned the expenditure control position and this had been very effective; there had been a marked difference in the attitude to spend within the organisation.

The Finance Department has been working very closely with NHSI regarding the capital expenditure, and what could be done with the £4m released to date. This has given the Trust the flexibility to start the reconfiguration of C Floor at DPoW and the scanner replacement programme. The Trust will know in March what the confirmed allocation of the winter money will be.

Obi Hasan thought that the report on finance was positive, but there is a need to understand what the underlying drivers are and how much of this is sustainable given that we are now at month 10. The savings plan is very tactical and the strategy behind this is that it will drive efficiencies that are fundamental. The financial numbers for month 9 and month 10 have so far been delivered but there is a shortfall forecasted of £1.2m as mentioned in the report. £8.4m has been delivered in the savings to date, this figure will be short by £2m at the year end and it will be the technical accounting adjustment

7.2	<p>which will enable the Trust to meet the required savings.</p> <p><b>Finance &amp; Performance Committee Highlight Report &amp; Board Challenge January 2018 – NLG(18)017</b></p> <p>Linda Jackson as Chair of this committee presented her report to the Board, highlighting in brief the following points:</p> <ul style="list-style-type: none"> <li>• Winter Planning</li> <li>• Business Planning, Budget Setting and Discipline</li> <li>• Planned and Unplanned Care – Productivity</li> <li>• Workforce and Establishment Review and Control</li> <li>• Management Support Information</li> </ul> <p>Peter Reading remarked generally on the meeting and pointed out that the organisation was starting from a very low point across the board and that it had taken a long time to get to this point and that it would take more than a few months to sort out.</p>
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## 8. Items for Approval

<b>Terms of Reference &amp; Work Programmes for the following 4 sub-committees</b>	
<p>Wendy Booth explained that the changes made were in respect of membership to ensure the Non-Executive Directors are the core members and the Executive Directors are in attendance and to ensure the committees are focusing on assurance.</p>	
8.1	<p><b>Terms of Reference Finance &amp; Performance Committee – NLG(18)018</b></p> <p>Linda Jackson as Chair of this committee advised the Board on the changes made to the ToR.</p> <p>Peter Reading raised a point regarding in particular the FIP and Q&amp;S Committees; that a number of other Trust's invite governors to attend as observers. Wendy Booth said that this was a model which did operate in other organisations and it is a mechanism which can be used by governors to hold the NEDs to account.</p> <p>A discussion followed whereby it was agreed that Wendy Booth and Alison Hurley (the membership manager) would meet and discuss the protocols around this. Peter Reading suggested that he thought the place to start would be the Q&amp;S committee ensuring attendance with the right etiquette.</p> <p>Anne Shaw asked the Board if they were happy to approve the Terms of Reference. . The Board were happy to approve.</p>
8.2	<p><b>Terms of Reference Quality &amp; Safety Committee – NLG(18)019</b></p> <p>Tony Bramley as Chairman of this committee advised that there had been a heavy rewrite as it had been mapped on the one from East Lancs. and amended accordingly to local circumstance. The work plan was to follow.</p> <p>The Board was happy to approve this on the workforce, membership caveat and work plan.</p>
8.3	<p><b>Terms of Reference Audit Risk &amp; Governance Committee – NLG(18)020</b></p> <p>Stan Shreeve as Chairman of the committee advised that the paper could be taken as read and recommended its approval.</p> <p>The Board was happy to approve.</p>
8.4	<p><b>Terms of Reference Remuneration Committee – NLG(18)021</b></p> <p>Anne Shaw as incoming Chair of this committee advised that the paper could be taken as read. It had had a considerable rewrite.</p>

	<p>Linda Jackson wanted to know what happened regarding approval of interim appointments of £50,000 and what happened regarding extensions to contracts. Jayne Adamson advised that a draft plan of interims had been pulled together and part of that was a plan for exit and these in turn would come to the Remuneration committee. Linda Jackson asked for this point to be strengthened within the Terms of Reference.</p> <p>The Board was happy to approve subject to the strengthened Terms of Reference as above.</p>
<b>9</b>	<p><b>Items for Information – (see separate Appendix A)</b></p> <p>No items to note</p>
<b>10</b>	<p><b>Matters to be included in the Board briefing for Governors</b></p> <p>Anne Shaw pointed out as this was a public meeting the governors had sight of all papers.</p>
<b>11</b>	<p><b>Any Other Urgent Business</b></p> <p>None</p>
<b>12</b>	<p><b>Date and Time of the Next Meeting:</b></p> <p>Date : Tuesday 27<sup>th</sup> February 2018          Time : 9.00 am          Venue : Boardroom, Diana Princess of Wales Hospital</p> <p>Anne Shaw thanked members for their attendance and closed the meeting at 12.40pm</p>