1. Chair’s Welcome and Housekeeping Arrangements

18/136 The Chair welcomed the Board to the meeting.

2. The Patient’s Voice

18/137 As the Patient Voice item had to be deferred due to unforeseen circumstances, the Director of Nursing and Quality gave a verbal update around the Patient Experience forums that have been taking place.

In discussion, the following comments were made:

a) The Director of Norfolk Operations and Integration added that Social Care have their own version of health coaching, known as Three Conversations, and the nature of the conversations shows the alignment with health;

b) Heather Peck noted that, from visits with nurses, some do a good
job in supporting carers, and they could be brought into discussions to discuss what works in that respect. At a recent Quality and Risk Assurance Committee, the Medical Director suggested that a patient story could be sought that illustrates the challenges of a patient moving through organisational pathways, and the Director of Nursing and Quality confirmed that this is being looked into by the Patient Experience team;

c) The Medical Director advised that the UEA has a health engagement team, with a number of trained patient experts, and that it would be useful to link with them to share the work that both organisations are doing, and spread it across the system;

d) Andrew Williams noted that he has met with one of the Patient Voice speakers since he attended Board, and noted that it has been a positive experience for him, and that his confidence has strengthened as a result.

The Chief Executive was then invited to set the scene for the Board, around the vision, values and objectives, and added that she has just written the introduction to the Annual Plan which has given her a good opportunity to reflect on those.

4. Declaration of Directors’ Interests

18/138 The Register of Directors’ Interests was CONFIRMED as a correct record.

5. Minutes of meeting on 28 March 2018

18/139 The minutes of the Trust Board meeting held on 28 March 2018 were APPROVED as a true and accurate record and were signed by the Chair.


7. Matters Arising

18/141 Directors reviewed the matters arising from the minutes and the relevant comments against the agreed actions and CONFIRMED that the necessary assurance has been obtained concerning the actions already taken.

8. Chair’s report

18/142 The Chair added the following to her update:

- Shortlisting has taken place for the Interim Chief Executive post, and interviews will take place on 30 April. She expressed gratitude to Andrew Williams, who will be sitting on the interview panel;
- There is a pause in the STP process, as interviews are taking place;
place with the Executive and Non Executive Chairs by Deloitte, and a survey has been issued, which will result in an action plan;
- She has been delighted to be back out visiting services, and sat in on the weekly Multi-Disciplinary Team meeting at North Walsham recently.

18/143 The Trust Board NOTED the Chair’s report.

9. Chief Executive’s Report

18/144 The Chief Executive added the following to her update:

- There are a number of national, and local, events taking place for the NHS 70th birthday. The Trust was asked for names to be considered to attend one of the Queen’s Garden Parties, and a number of staff have received invitations, plus some invitations for others to attend national events. The events will be used to highlight the value of general services, and get the public behind what the NHS does;
- The draft Health and Wellbeing Strategy has been received and the Executive team have reviewed, and largely endorsed, the draft. The Board will need to be prepared for having final sign off of the final strategy during Autumn.

18/145 In discussion, the following comments were raised:

a) Heather Peck noted she was pleased to see the Trust are finalists in the HSJ Patient Safety Awards 2018 in the “Patient Safety in the Community” category for its reduction in pressure ulcers, and shows how far the Trust has come. The Chief Executive added that the Board has discussed before how modest the organisation is, and that the Director of Nursing and Quality had to work hard to get people to understand why they should be nominated;

b) The Chair thanked the Director of Nursing and Quality, and the Chief Executive, for setting the scene at the beginning of the Board.

18/146 The Trust Board NOTED the Chief Executive’s Report.

IMPROVING OUR QUALITY

10. Integrated Performance Report

18/147 The Director of Finance and Performance presented the Integrated Performance Report, and highlighted:

- Next month’s report will do a year on year comparison of performance figures for the Board;
- The Trust is in a similar position to where it has been for a while,
generally meeting most KPIs (102 out of 120), and actions are in place to get the others to where they should be;
- The main concern is staying on top of waiting time performance. The 18 week referral to treatment target that has been given for the new financial year is that the Trust should not have any more waiting at the end of that year compared to the end of this year;
- The waiting time issues continue around the Autistic Spectrum Disorder and neurodevelopmental pathways but, as of today, all patients in danger of exceeding 52 weeks have now had an appointment booked, so the Trust is on target to eliminate that issue in June;
- There is a growing issue around the MSK physiotherapy waiting list in West Norfolk. The Finance and Performance committee received a detailed analysis of what has happened, which is a combination of recruitment difficulties, as well as supporting commissioners to take on the Upwell Practice, and this has resulted in the waiting list growing, and breaching 18 weeks. Actions have been discussed around recruitment, and commissioners have raised a contract performance notice to allow a joint investigation with the Trust to take place, so they are now part of the solution;
- Other waits include dental, which continues to underperform on waiting time standards. As at today two patients are at risk of breaching the 52 week wait time, and this is related to anaesthetic and theatre slot time;
- A resolution has been reached with commissioners around the community nursing and therapy contract notice, which has seen some money being returned to commissioners. This is included in the year end financial report and, on the back of that, agreement has been reached about how to spend the money next year, which includes supporting nursing apprenticeships.

11. Escalation of Performance Issues

18/148 John Kennedy raised the following points:

- Overall wait times for the first time are under 90%, which is an early warning indicator to get on top of those described by the Director of Finance and Performance;
- The MSK wait times in the West are slightly different to the other wait times mentioned, as discussions are still taking place as to how to solve this, but there does feel to be a strong leadership plan around the problems;
- The Delayed Transfers of Care (DTOC) figure looked to be a one off spike. The Director of Finance and Performance added that the Trust is coming under greater pressure to adopt the national target, and work is taking place to review what target other community trusts are signed up to. The guidance only applies to consultant led beds. The Chair asked if there is a national DTOC definition, and the Director of Norfolk Adult Operations and...
The Chair asked the responsible directors to share their plans with the Board to move to compliance for the services mentioned previously:

a) The Director of Norfolk Adult Operations and Integration explained that, for the West, robust plans are in place, with a lot of focus on recruitment. There is a desire to test a different role around group work, so the service will not just be reliant on physiotherapists and occupational therapists, and work is going on in partnership so it is a system issue. In relation to DToC, there are a number of health and social care initiatives with a focus on flow, refreshing the direction of choice guidance, red to green processes, and a summary paper has been to commissioners, which can be shared;

- The Director of Strategy and Transformation added that there is some overlap around MSK with services in Norwich and the South, and meetings are planned with the Assistant Director in the West to see if there are ways to flex capacity;
- DToC has an impact for Caroline House and Beech Ward, and a meeting is taking place with commissioners, as there are challenges due to these wards having a slightly different client group and also being regional services, so the flow out is not always into Norfolk;
- In relation to dental, the key driver is the availability of capacity of services under anaesthetic, which is also a national issue, and there are staff capacity issues in the service. Interviews for a clinical lead are taking place, and recruitment for locum dental capacity is also taking place;
- Discussions are taking place with commissioners around the paediatric continence and increasing capacity. At its own risk, the Trust has recruited ahead of time, and the locality Assistant Director chairs the escalation meeting;
- In relation to the neurodevelopmental service, and ASD, there has been good progress, and commissioners are happy with the performance that has been made. The services are on track to meet the mid June deadline for eradicating the 52 week wait list.

18/149 In discussion the following comments were raised:

a) Andrew Williams reported that he has spent some time with the Performance Team to aid his understanding about the way the team supports the process, and that the team are working at stretch, but impressively. A lot of intervention is going into the booking systems to try to avoid 18 or 52 week breaches;

b) Andrew Williams noted that there is a new dental booking system, and there needs to be an awareness that this may perform better, or worse, than anticipated. The Director of Strategy and Transformation explains that, in terms of
performance information and the dental trajectory, the service had an embedded performance manager and that person moved on, so this is moving to the central team, so it will be new to the team but not new to the Trust, just management of the process in a different place;

c) Heather Peck noted that, in relation to DToC at the James Paget, there is a system in place that patients cannot go home without support, and that an emergency social care package gets people home and buys time to consider longer term solutions, and asked if this is in place in Norfolk. The Director of Norfolk Adult Operations and Integration confirmed that it is;

d) Heather Peck noted that, for waiting times, there are some patients or parents declining appointments, and asked if there is a way to filter these from the statistics. The Director of Finance and Performance said that they cannot be filtered out, but if a 52 week wait breach occurs, and there is evidence that the Trust has made every endeavour to offer an appointment, then through a process with commissioners, it will not count as a fineable breach. John Kennedy noted that there is a dental project where, if someone has been sent a partial booking letter and does not respond, they are being discharged, and whether this could be expanded further. The Chief Executive added that the situation for children’s services is slightly different, not least because of the wider responsibility of safeguarding;

e) The Chief Executive commended Childrens Services for their increase in appraisal rates, and noted that this is a service that recognises and supports each other, and demonstrates this can be done under pressure;

f) Geoff Rivers noted the dental service tender that is coming up, and how performance issues can be resolved in a limited time. The Director of Strategy and Transformation explained that the tender is being issued in June, rather than that being the deadline for submission, and that is partly why the Trust has been liaising with NHS England, the commissioner, for a period of time. There is some consistency with other parts of the country and, in preparation for the tender, there has been some openness to what standards might be, and commissioning behaviour recognises that problems might be outside Trust control. The Trust is preparing for the tender by discussing partnership with other organisations, but agreed that it is an issue.

18/150 The Trust Board RECEIVED the Integrated Performance Report, and noted performance issues escalated from the Finance and Performance Committee.

12. Quality and Risk Assurance Report

18/151 The Director of Nursing and Quality presented the Quality Assurance and Risk Report, highlighting:
- An investigation is taking place into the pressure ulcer at Kelling, and the VTE at North Walsham, to see if they are attributable to the Trust;
- There has been a slight increase in falls but they are still below the stretch target;
- 100% best practice has been achieved for mortality reviews;
- There has been an increase in medicine incidents but no moderate or severe harms;
- Friends and Family was at 99% this month;
- Information has been provided to the Quality and Risk Assurance Committee every month about equipment issues with the supplier, NRS. There have been 14 issues involving delays, and 2 where there was actual patient harm. This has been raised with commissioners and the Trust is waiting to hear from commissioners, and the supplier, about the actions that will be taken to resolve the delays;
- The report contains the first information on care hours per patient day, which is currently being analysed. It involves the numbers of registered nursing hours added to healthcare assistant hours worked divided by the number of patients in a 24 hour period. This will be further translated in future safer staffing reports. The Trust should be achieving 1.8 or above, and is at 2.2. Healthcare assistants should be a minimum of 3.1, and the Trust is above that as well;
- The Chair noted two things to be proud of: the reduction in pressure ulcers, and the reduction in Clostridium Difficile cases, showing year on year that the Trust is improving harm free care.

13. Escalation of Quality Issues

18/152 Heather Peck raised the following points:

- The equipment failures from NRS are a serious issue that the Quality and Risk Assurance Committee are concerned about;
- The Committee had a spotlight on pressure ulcers, and that the team had identified an issue around performance for community patients and at least one issue with problems where scheduled visits were delayed, giving time for problems to begin or get worse. One solution identified is better data for triage decisions by the Hub, and a checklist has been prepared and is being used, to enable better decisions to be made. The team should be commended for this initiative.

18/153 In discussion, the following comments were made:

a) Dr Brooksby noted that medication incidents have stayed level for some time, and asked if this needs to be investigated further. The Director of Nursing and Quality explained that a lot of audits are currently taking place, and that the new Assistant Director is
adding fresh eyes. The audits have been discussed at the Matrons Group and Ward Managers group. The Medical Director added that assurance comes from the fact that surveys and audits are taking place to understand human factors, compared with workforce numbers, and to understand other issues of training and equipment. The pharmacist is also spending clinical time at PBL where the highest number of incidents take place, to gain some understanding, and quality requirements are being revalidated with the pharmacy at NNUH. There is to be a spotlight on this subject at the next Quality and Risk Assurance Committee;

b) Geoff Rivers noted that there have been some concerns about the lymphoedema clinic, and asked if anything has changed for that service. The Director of Norfolk Adult Operations and Integration agreed to check, as nothing has changed on a contractual basis;

c) Andrew Williams noted that Alder Ward has the lowest number of care hours by Registered Nurses, and asked if there was any particular impact or a planned skill mix on the ward. The Director of Nursing and Quality explained that this ward is a 24 bed general rehabilitation unit, and has the same 2.2 minimum staffing level, but the figures do not include any additional staff, such as specialists or therapy time at the moment.

18/154 The Trust Board RECEIVED the Quality and Risk Assurance Report and noted quality issues escalated from the Quality and Risk Assurance Committee.

14. Medical Director’s Report

18/155 The Medical Director presented the report and explained that:

- Work continues with colleagues to collaborate around joint posts and Associate Directors are working with the STP around the prevention workstream;
- Doctor number remain the same;
- The appraisal process has finished, and the job planning process is ongoing to get this into a more structured routine position;
- The Guardian of Safe Working Hours post has been appointed to;
- There is reduced locum support for community hospitals;
- Two Advanced Nurse Practitioners have been appointed, with two still to be appointed.

18/156 In discussion, the following comments were made:

a) The Director of Nursing and Quality congratulated the Medical Director and the Associate Director of Operations around the re-design work for medical roles, and the Advanced Nurse Practitioner role will add to that. The Chief Executive added that
Clinical Leads are also now working together in relation to their personal development, and understand their overall contributions and what their part might be particularly around finance;

b) John Kennedy noted that most of the reported complaints come back to waiting times and appointments.

18/157 The Trust Board RECEIVED the Medical Director’s Report.

15. Learning from Deaths Report Quarter Three

18/158 The Medical Director presented the report and explained that:

- There has been focus on how mortality reviews can be carried out across the system and there is learning, not just for our organisation, to assure boards in the various organisations understand the importance of how these reviews play a part in improving quality of care;
- Primary care reviews are not current taking place, but work is taking place with commissioners to progress this;
- Most reviews around in-patient care show that the quality of care remains good;
- The policy for engagement with bereaved families and carers is the only partially complaint action.

18/159 In discussion, the following comments were made:

a) Dr Brooksby added that involving families can be a problem, and that it might be worth engaging with a couple of families to see if they have ideas on how this could be achieved. A document has been circulated where other organisations share their experiences in implementing guidelines, and one example is to ask families collecting death certificates whether they wish to engage in a mortality review, which this Trust already does. The Chief Executive added that there is some experience of dealing with family concerns through the complaint process, where a complaint is made following a death, and the Chair added that there could be a timing issue, as it is sometimes difficult to engage straight after a. The Medical Director confirmed that the report does mention how the Trust is working with families;

b) The Chief Executive noted that 13 deaths had been notified to the Mortality Review Group in the previous report, and 8 in this report, and whether any reflections have been received back from the national team. The Medical Director advised that an internal member of staff carries out external reviews, and has reflected back on her own experiences, what she felt went well and what could have gone better.

18/160 The Trust Board RECEIVED the Learning from Deaths Report.

16. Operations Update and Childrens and Specialist Services
Update

18/161 The Director of Norfolk Adult Operations and Integration gave an update as follows:

- Nationally, discharge to assess is now a must do, with the focus on patients leaving hospital sooner so an MDT assessment can take place in different settings: at home, in an in-patient bed, or through Continuing Healthcare, and work has been taking place across the system in partnership, and being developed quickly in the West;
- Norwich locality is piloting a new integrated case management and community support model, and learning from that will be rolled out;
- In the North, they are implementing a 100 day challenge working with primary care, resulting in a version of the Norwich Escalation Avoidance Team (NEAT) being implemented there;
- One big challenge is the recruitment of therapists, and different approaches are being tested, with a joint recruitment approach with NCC being explored, and looking to pilot what happens in the Norwich Integrated Therapy team further;
- Within the team, there have been a number of secondments and temporary arrangements, but an update is about to be circulated on appointments to roles, to create a settled and robust team.

The Director of Strategy and Transformation explained that:

- In addition to previous updates during the meeting, the Clinical Sterile Services department, which provides sterilised equipment, is due for its three-yearly audit next week, and the outcome will be reported back. There is generally a high reputation on those audits.

18/162 The Trust Board RECEIVED the updates.

SECURING THE FUTURE

17. Finance Report

18/163 The Director of Finance and Performance presented the report highlighting:

- NHS Improvement through the year has an allocation of £1.8m nationally as the Strategic Transformation Fund, based on quarterly performance. There has been press coverage about the way this has been allocated, and NHS Improved have decided to allocate a small proportion based on meeting the A&E target of 95%, and the rest to every Trust that has signed up to a control total. The Trust has therefore received £411k and, in terms of the figures submitted yesterday, this will have changed
that figure, with the deficit being effectively £411k less. A revised report will be issued to take account of that change;
- In year there has been good performance around agency spend, with the total spend halved, and living within ceiling;
- There is a possibility of some additional locums in the next few months so this will be kept under review;
- Capital spend of £150k is inside the capital resource limit;
- Cash is ahead of the revised plan, as some significant cash recovery from NCC was seen during March;
- There has been an increase in the amount of debt with commissioners and NHS partners.

In discussion, the following comments were made:

a) The Chair congratulated everybody involved in delivering the finances, which provides assurance to the Chair and the Board;
b) John Kennedy said that finances are run well, and commitments have been delivered, so the Board should be assured;
c) Heather Peck added her congratulations on the achievement around agency spend, and the Director of Finance and Performance added that the set ceiling was low, and it was still met.

18. Annual Plan Approval
- Financial Plan 2018-19

The Director of Finance and Performance presented the report highlighting:

- This is the same plan as was reviewed at the Private Board in March, and will be submitted together with the Annual Plan on 30 April 2018;
- Discussions have been taking place with NHS Improvement about the plan for some time, and a draft was submitted in March. There has been no further response from NHSI since then;
- A general letter to all Chief Executives was sent last week by NHSI concerning a number of Trust plans being unrealistic, and asking for them to be revisited, as there are concerns about bold assumptions around CIP and performance. This request for a revisit is so that NHS are aware of problems now, rather than when Trusts go off plan during the year;
- The Trust’s plan is based on a set of assumptions that are not too stretching, and the personal recommendation is to submit this plan. The plan includes a £3.9m deficit but CIP is much lower than in previous years so the plan has more achievability;
- John Kennedy added that the Finance and Performance committee debated the plan, and the risks around the plan need to be understood, with a CIP delivery risk, cost pressures, and what gets funded as part of the pay award, where anything over
18. Annual Plan Approval
- Annual Plan 2018-19

18/166 The Director of Strategy and Transformation presented the report highlighting:

- The Board signed off a two year Annual Plan a year ago, in a format mandated by the planning guidance. By Annual Plan this means a document that covers a range of purposes and the full submission includes this narrative document as well as various detailed workbooks covering finance and workforce plans. These are consistent with the financial plan and the detail reviewed by Executives before submission. To the regulator the Annual Plan acts as a forward looking document as well as an assurance document confirming the Trust’s approach and systems;
- This year’s plan is required to be an updated rather than entirely new document and, with that in mind, the planning guidance has been reviewed for any additional requirements. The most substantial changes are in the activity and financial sections which reflect the expectations for next year. They also update, where relevant, on the closing year position around, for example, agency spend, or reference cost submissions;
- An interim submission, approved by the Executive, was submitted in February and, unlike previous years, no feedback has been received from NHS Improvement;
- The Board is asked to approve the Annual Plan for submission.

18/167 The Trust Board APPROVED the Annual Plan submission, which includes the Financial Plan 2018-19.

19. Change Programme and Cost Improvement Programme (CIP) Update

18/168 The Director of Strategy and Transformation presented the Change Programme and CIP report highlighting:

Year End Outturn
- The Trust had an initial CIP plan of £6.2m, reduced to £3m when the revised forecast was approved by NHS Improvement;
- £1.9m has been delivered recurrently and £1.1m non-recurrently, meeting the £3m revised target.

Plan for 2018/19
- The CIP plan for 2018/19 is £3.9m;
- Of this £2.3m is non-recurrent through a vacancy factor applied to all budgets. This does not mean that recruitment is to be stopped or slowed, rather that the benefit that happens every year through natural turnover is being used. The entirety of
benefit seen in previous years is not being taken, meaning the risk of delivery is low and also ensures budget holders still retain non-recurrent flexibility in their budget management;
- The recurrent target is therefore £1.6m. The current forecast against that is a gap of £1.4m. This is due to some approved schemes having forecast costs in the first year as well as one scheme, the space utilisation project, with a significant forecast of under-delivery.

Workforce Plans Update
- Six are still due to go to the Executive Team, with 3 due next week and 2 deliberately being held for the time being for specific reasons;
- From the next report the pipeline will be updated having reviewed current items on it and adding those schemes that have been approved by the Executive but not yet completed the fuller Gateway process. This means that next month any potential risk against the above target can be reported, and progress tracked in converting to gateways and higher levels of assurance as well as implementation.

Housekeeping
- New reporting has been agreed by the Finance and Performance Committee, with the proposal for finances to be included in future Finance reports, and a quarterly Change update on wider improvements and change, with more detail to the committee on the role of the Transformation Programme Board and implementation oversight.

20. Escalation of Finance Issues

18/169 John Kennedy did not escalate any finance issues.

18/170 In discussion, the following comments were made:

a) The Board confirmed they were happy with the changes to the reporting schedule;

b) Heather Peck said she was pleased that the target has been brought down to something more realistic, but is still nervous around the reliance on the vacancy factor as, if she has understood the background correctly, a substantial part of savings are to be made when a member of staff leaves a gap before being replaced, and if this is being logged as part of non-recurrent CIP it might encourage delays in recruitment. Her second concern is the expected delivery of approved plans of £1.4m but, on past performance, there is not much confidence unless something considerably different takes place. The Director of Strategy and Transformation said that, in terms of vacancies, the plan is to try to make recurrent something that happens non-recurrently every year, and the mitigation to the risk is that it will not all be taken all benefit, and the control mechanism is through the Workforce board report. Targets for
the recruitment process also make recruitment as swift as possible, and other mitigation regularly discussed with the management team is to cash what already what happens rather than incentivise delays. This will be kept under review, as the risk is most likely to manifest in smaller teams. In terms of the gap, focus will be given at the Finance and Performance Committee, and other actions are underway to bring forward some benefits linked to workforce plans, but he agreed the Trust is starting the year with a gap.

The Trust Board RECEIVED the Finance Report, Change Programme and CIP Update, and finance issues escalated from the Finance and Performance Committee.

ENABLING OUR PEOPLE


The Director of Strategy and Transformation presented the Report and explained that:

- The paper presents to the Board, by way of an annual update, progress against the Equality and Diversity Objectives and recommends actions for next year;
- Key activities undertaken in 2017/18 included being selected for the NHS Employers Diversity Partnership programme and completing the Stonewall Workplace Equality Index for the first time. These activities were supported by an ongoing awareness and education programme as well as incorporating themes into relevant activities such as Talent Management or the approach to Freedom to Speak Up;
- Objectives for 2018/19 follow a similar structure to previously. They have been developed by the Equality and Diversity Steering group with input from the Trust Management Team, and include specific awareness raising campaigns, promoting volunteering and employment opportunities for those with Learning Disabilities, preparation for new standards such as the Workforce Disability Equality Standard, as well as work to demonstrate progress for example the Stonewall Diversity Index;
- The Board is asked to note the update and approve the action plan.

The Trust Board NOTED the Equality Objectives for 2018-19 and APPROVED the Action Plan.

GOVERNANCE

22. Delegation of Authority to Approve Annual Report and Accounts
The Trust Board APPROVED the Delegation of Authority to Approve the Annual Report and Accounts.

**23. NHS Provider Licence self-certification**

The Trust Secretary presented the declarations and supporting assurance schedules. In summary:

- The Board was asked to approve two self-certification declarations regarding compliance with the NHS Provider Licence;
- The Executive advise full compliance with the relevant conditions, which is backed-up with sufficient evidence to enable the Board to have confidence in approving the declarations.

In discussion, the following comments were made:

a) Heather Peck asked the Board to consider paragraph six of the document that states that: “the Board is satisfied that there are systems to ensure there are sufficient personnel in place and reporting to the Board who are appropriately qualified to ensure compliance,” given that there are major recruitment problems in some areas particularly medical consultants. The Director of Strategy and Transformation replied that there are sufficient actions and mitigations in place to enable the Board to confirm compliance. The risk features on the Board Assurance Framework and has been managed to within the Board’s risk appetite. The Chief Executive added that reports reviewed at Board today continued to show that there are systems in place to ensure capacity. The Chair agreed that there remains an ongoing challenge in recruitment but that evidence does not show any material breach.

b) The Chair thanked the Trust Secretary for the work he had done on collating a substantial amount of evidence that provided the Board with a good level of assurance on compliance.

c) The Board agreed that the Chief Executive and Chair should sign on behalf of the Board declarations G6(3) and FT4(8).

The Trust Board APPROVED the NHS Provider Licence Self-Certification Declarations.

**24. Board’s Annual Self-Assessment**

The Trust Secretary presented the outcome of the self-assessment exercise. In summary:

- This is the seventh year that the questions have been used from the NHS Providers compendium of best practice which allows the Board to track progress over time;
- This year has shown an improvement across 18 of the 19
NORFOLK COMMUNITY HEALTH AND CARE NHS TRUST
(‘NCH&C’)

questions, with one slight drop in one question, and shows the areas focused on in previous years to have improved;
- Proposal that areas scoring below 4 be prioritised and, if the Board is agreeable, those priorities will be turned into an action plan and incorporated into the board development programme.

18/179 The Trust Board NOTED the outcome of the self-assessment and AGREED the priorities to improve Board effectiveness in the coming year.

25. Board Assurance Framework

18/180 The Trust Secretary presented the financial year-end position on NCH&C’s strategic risks. In summary:

- The BAF continues to be scrutinized on a monthly basis by the Executive, Risk Group and by the Finance and Performance Committee (FPC) and the Quality and Risk Assurance Committee (QRAC);
- The position will be reported in the Annual Governance Statement and Annual Report;
- FPC and QRAC had both agreed the BAF represented a fair and accurate view;
- The three Quality and Workforce risks were at target. Three of the four sustainability risks had moved closer to target. CIP had remained at the inherent risk level;
- The CIP and sustainability of services risks remain red rated;
- The Executive are currently working to refresh the Board Assurance Framework for the coming year, and it will be presented to the next round of monthly committee meetings.

18/181 In discussion, the following comments were made:

a) John Kennedy confirmed the discussion at the Finance and Performance Committee and felt there was more confidence that the CIP risk will be mitigated next year. There was a discussion about the extent to which these were longer term versus annual risks. The Trust Secretary replied that the BAF is aligned to long term strategic objectives with an annual milestone review. The impact of the year-end position on longer terms plans will be assessed in the next iteration of the BAF;

b) Andrew Williams added that, at present, there is confidence in the submission of the final financial plan, but the regime being stepped into is unclear and cannot currently be crystallised. That is part of what will be presented at the next committee in response to the plan.

c) The Board agreed that the BAF represented a fair and accurate view of the strategic risks facing the Trust at the year-end position and the actions being taken to mitigate those risks.
The Trust Board AGREED the Board Assurance Framework.

26. Use of Trust Seal: The report was NOTED by the Trust Board.

27. Board Committees’ Minutes

Committee minutes NOTED: Finance and Performance Committee of 27 February 2018, Quality and Risk Assurance Committee of 19 March 2018.

28. Any New Risks Identified: There were no new risks identified during the meeting, and all risks on the Board Assurance Framework were confirmed as having been covered at the meeting.

29. ANY OTHER BUSINESS: No Other Business was raised.

30. QUESTIONS FROM STAFF AND PUBLIC: Graham Middleton, Health Overview and Scrutiny Committee asked about the difficulties in recruitment and what seems to be a problem nationally for rural counties is attracting specialists. He asked what the Trust is doing differently to attract staff, and make it more desirable. The Chief Executive explained that there are 40k less nurses than needed nationally and the Trust took the view a few years ago that it could try to compete, but one way to make the Trust more attractive to different types, as part of the Health and Care Strategy, was to “grow our own”, and carry out significant work around recognition, education and attainment as this is often lower in this county. This is being done through apprenticeships, and advanced practitioners, who are being supported to gain qualifications.

31. Date of Next Meeting: 30 May 2018, Board Room, Norwich Community Hospital.

32. RESOLUTIONS TO MEET IN CLOSED SESSION

The Board resolved to meet in closed session to consider: routine private Board business eg minutes, matters arising, action log, confidential update from the Chief Executive, update on Serious Incidents Requiring Investigation, and confidential commercial and strategic updates from Directors.

ITEMS CIRCULATED FOR INFORMATION

Trust Board noted the summary of items discussed in closed session, rolling annual work plan, staff locality presentation programme and board glossary.

33. LOCALITY PRESENTATION: Emma McCluskey, Outreach Team Leader and Sarah Norton, Family Support Worker gave a presentation on the SureStart Children’s Centres.
There being no further business the meeting closed at 12.15.

Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.

…………………………. ………………………………..
Geraldine Broderick
Chair                                            Date