

**DRAFT**

**Minutes of the Trust Board meeting held in public on  
12 April 2018 in The Board Room, Salisbury Hospital**

**Present:**

Dr N Marsden	Chairman
Dr C Blanshard	Deputy Chief Executive and Medical Director
Ms T Baker	Non-Executive Director
Mr P Hargreaves	Director of Organisational Development and People
Mr A Hyett	Chief Operating Officer
Dr M Marsh	Non-Executive Director
Prof J Reid	Non-Executive Director
Mrs L Thomas	Director of Finance
Ms L Wilkinson	Director of Nursing
Dr M von Bertele	Non-Executive Director
Mr P Kemp	Non-Executive Director
Mr P Miller	Non-Executive Director
Ms R Credidio	Non-Executive Director

**Corporate Directors Present:**

Mr L Arnold	Director of Corporate Development
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**In Attendance:**

Sir R Jack	Lead Governor (observer)
David Seabrooke	Secretary to the Board
Andrea Prime	Deputy Head of Corporate Governance (minute taker)
Heidi Doubtfire-Lynn	Information Governance Manager (minute ref 2357/05)
Margaret Melsom	Patient (minute ref 2353/00)
Anne Dawson	Bowel Screening Programme Manager (minute ref 2353/00)
Ann Windsor	Lead Specialist Screening Practitioner (minute ref 2353/00)
Helen Rynne	Customer Care Advisor (minute ref 2353/00)
Hazel Hardyman	Head of Customer Care (minute ref 2353/00)
John Mangan	Governor
Nick Alward	Public Governor
John Adams	Liaison
Lynn Taylor	Governor
Vicky Bellato	Liaison
Dr Jenny Lisle	Governor

**2353/00 Patient/Staff Story**

L Wilkinson introduced the patient story which on this occasion linked with bowel cancer awareness month. L Wilkinson introduced Margaret Melsom, Anne Dawson the Trust's Bowel Screening Cancer Programme Manager and Ann Windsor the Trust's Lead Specialist Screening Practitioner.

The Board listened to two audio recordings of patient experience of the Trust's bowel screening programme from M Melsom and S Smith.

- J Reid thanked M Melsom and S Smith for talking about their experiences, recognising that some people find it difficult to talk about this aspect of their

health

- M Melsom highlighted the importance of raising awareness of the screening programme
- M Melsom considered that an area of the screening service that could be improved for patient experience is communication between departments, to enable test results to get to doctors in time for appointments, and communication between the Trust and Southampton Hospital

The Board thanked M Melsom and S Smith for sharing their experiences and helping to raise awareness of the screening programme.

#### **2354/00 OPENING BUSINESS**

#### **2354/01 Apologies and Declarations of Interest**

Apologies were received from Cara Charles-Barks, Chief Executive.

Members of the Board were reminded that they had a duty to declare any impairment to being Fit and Proper and of good character as well as to avoid any conflict of interest and to declare any interests arising from the discussion. No member present declared any such interest or impairment.

#### **2354/02 Minutes of the Trust Board meeting held in public on 5 February 2018**

The minutes of the meeting held on 5 February 2018 were agreed as a correct record with two minor amendments:

- Page 13 – second bullet point – amend second sentence to read ‘The Trust is investing in learning opportunities for nursing staff as part of the wider retention package.’
- Page 1 – Attendance – amend to read Mrs J Lisle

#### **2354/03 Action Log and Matters Arising**

The Board received and noted the Action Log.

It was agreed the action on the PICC line service is to be removed from the action log as this issue is being managed locally through directorates.

#### **2354/04 Chairman’s Business**

The Chairman informed the Board the NHS has been busy managing winter pressures and the closure of the financial year. There were no items to report from a national perspective.

#### **2354/05 Deputy Chief Executive’s Report – SFT4014 – presented by Dr C Blanshard**

C Blanshard presented the Deputy Chief Executive’s Report.

C Blanshard highlighted the following:

- C Blanshard thanked staff who have supported front line delivery and the operational and management response in keeping the hospital running whilst the recent major incidents have been ongoing and expressed how proud she is of the hard work and dedication of staff at the Trust. The incident has been officially stepped down and the Trust is now in an enhanced state of preparedness, collaborating in setting up the recovery phase of the incident

- Good performance has been maintained across a number of areas and there has been some improvement in performance against the A&E standard, reflecting the hard work and efforts of staff to maintain patient flow throughout the hospital in what has continued to be a busy period. The Trust has been performing well in infection control areas with no MRSA cases in February and two C difficile cases. The Trust had no falls that caused major or moderate harm
- The Trust is in the process of closing down the accounts for year-end and looks to achieve the year-end £12m deficit agreed with NHSI. 2018/19 will be another challenging financial year for the Trust
- The Trust is continuing to work on both domestic and international recruitment. The NHS Staff Survey results have been received and briefing sessions are being provided for staff. Non-medical appraisal compliance is below target at 84.4% and mandatory training is above target at 85.5%
- The Trust has completed the first phase of changes to improve the management of emergency and non-emergency patients in hospital. This includes relocation of the eye clinic and establishment of a short stay surgical ward on Breamore. Preparatory work is underway for the move of the new Pembroke ward and suite which is anticipated to be finished in late April
- The Trust's Pride in Practice event celebrating the achievements of nursing staff was very successful with over 30 posters that illustrated the commitment of staff in providing high quality patient care
- Nigel North, consultant clinical psychologist, won a lifetime achievement award from Wiltshire Life magazine for his dedication to patients, mentoring of staff and his work in developing a nationally recognised clinical psychology department
- The Trust has been awarded the Soil Association's 'Food for Life' Bronze Catering Mark for the food it serves to inpatients on the wards, as well as patients, staff and visitors in Springs Restaurant and Hedgerows Coffee Lounge

Discussion:

- J Reid queried whether there will be any financial support from the centre on the costs of the major incident. L Thomas informed the Board that she is exploring this through normal NHS funding routes
- NM expressed thanks on behalf of the Board to all staff and the Executives who have had a busy period coping with the incident as well as the additional winter pressures and closure of year-end

**2355/00 ASSURANCE AND REPORTS OF COMMITTEES**

**2355/01 Integrated Governance Framework & Accountability Framework – SFT4015 – presented by Dr C Blanshard and A Hyett**

C Blanshard presented the Integrated Governance Framework which brings together all aspects of the Trust's governance and risk management and sets out the role of the Board and its sub-committees including the two new committees for Strategy and Workforce. The documentation also includes updated Standing Orders and Scheme of Delegation.

A Hyett presented the updated Accountability Framework which outlines how the Trust will maintain and manage its performance and focuses on the accountability relationship between the Executive and the management of the five directorates that are subject to performance review meetings. A Hyett will be doing further work

to ensure the document contains the latest local and national metrics and will bring an update on this to the next Board meeting.

Discussion:

- D Seabrooke will include the Trust's Scheme of Delegation and Standing Financial Instructions within the suite of Trust's constitution documentation
- Revenue business case limits are in the SFIs and are reflected in the Scheme of Delegation
- The Terms of Reference for Trust Management Committee will be adjusted to reflect the requirement for quoracy to include at least one Executive Director
- AH informed the Board that the integrated governance approach introduced in 2017 has supported an increase in integrated performance reporting and removal of some meetings or agenda items where there was duplication of discussions, including at Board Committee level
- It was agreed to remove Appendix 2 from the Integrated Governance Framework

**2355/02 Workforce Committee Report 26 March 2018– SFT4016 – presented by R Credidio**

R Credidio presented the report of the Workforce Committee meeting held on 26 March 2018 where a key focus had been consideration of the results of the 2017 NHS staff survey and associated actions

**2355/03 Clinical Governance Committee Report 22 March 2018 – SFT4017 – presented by J Reid and M Marsh**

M Marsh presented the report of the Clinical Governance Committee meeting held on 22 March 2018. The Committee had received a formal presentation from the Older People's Assessment Liaison (OPAL) service which gave positive assurance on the achievements of the OPAL team. The Committee considered this is an impressive initiative which is benefitting patients and the Committee would want to support plans for the future of the service from a governance and quality of care perspective.

The Committee had also discussed the inability to staff and open the new medical ward and the operational, performance and financial consequences of this.

**2355/04 Finance & Performance Committee Report 26 March 2018 – SFT4018 – presented by N Marsden**

N Marsden presented the report of the Finance & Performance Committee meeting held on 26 March 2018. The Committee considered the Trust's performance at month 11. This included discussion on the increase in delayed transfers of care (DTCs) which will be an important aspect of the Trust's performance as service integration in South Wiltshire progresses.

**2355/05 Audit Committee Report 19 March 2018 – SFT4019 – presented by P Kemp**

P Kemp presented the report of the Audit Committee meeting held on 19 March 2018. The Committee continues to evolve and continues to be challenged by the fullness of its agenda with ongoing work to be as effective and efficient as possible.

**2355/06 Strategy Committee Report 26 March 2018 – SFT4020 – presented by T Baker**

T Baker presented the report of the Strategy Committee meeting held on 26 March 2018. This was the first meeting of the Committee to agree its format for meetings. The next meeting will focus on the clinical strategy work.

**2355/07 Integrated Performance Report (Month 11) – SFT4021**

A Hyett presented the local services section of the Integrated Performance Report:

- Overall the Trust delivered the 92% standard for elective treatment. Demand modelling is underway in those services which did not deliver the standard
- Diagnostic waits continue to deliver above 99% within 6 weeks. This has been assisted by the introduction of the static MRI scanner. Whilst this is not a permanent facility it does allow more activity
- The Trust did not deliver the ED standard, reporting 92.6% against the 95% standard for month 11 and similarly for month 12. The Trust's performance is in the upper quartile of Trusts in the country. A Hyett is looking for improved performance as the Trust moves into Q1 (quarter 1) of 2018/19

A Hyett presented the specialist services section of the Integrated Performance Report:

- Work continues on pathway links and clinical models between the Trust and other organisations to give the ability to communicate data to ensure smooth and seamless pathways for patients
- The Trust is working with University Hospitals Southampton to appoint a plastic surgeon to focus on skin cancer work
- The number of patients whose onward journey from the hospital has been delayed has continued to increase, with over 30 patients regularly experiencing delayed transfers of care. The level is higher than previous years despite the partnership work which has taken place. A Hyett meets regularly with partners to look at ways to improve the position. A Hyett reported that the Trust did not experience an increase in the number of patients who could be discharged during the major incident and this will be a key learning point for the local ED Delivery Board

Discussion:

- A Hyett informed the Board that the Cancer Improvement Team is due to visit the Trust and is interested in how, as a relatively small hospital, the Trust is able to deliver the cancer performance on a monthly basis. A Hyett will be presenting on this in a webinar next week and will be looking to learn from other organisations
- T Baker questioned what benefits the new community hernia pathway will have. A Hyett informed the Board that the initiative will look at treating patients with hernia repairs outside the hospital setting enabling quick recovery and return to home. The actual impact is yet to be understood. It will be important to ensure the Trust is not left with stranded costs
- T Baker questioned the relationship with the independent sector. A Hyett is due to meet with the local private provider to discuss the ongoing relationship and outsourcing activity to the private sector. The Trust needs to be open to working with other providers in order to deliver constitutional targets and pathways from rehabilitation centres to nursing homes
- J Reid questioned the level of assurance on quality of care regarding ED performance. A Hyett informed that the metrics introduced to report on time to assess and triage show how treatment is progressing and how quickly specialist

assessments can be obtained in ED. Procedures have been introduced to monitor patients whilst waiting and ensure staff are treating the sickest patients first. A Hyett continues to aim to minimise delays to ambulances and to improve waits for emergency patients

- AH informed that whilst the static MRI scanner is a better facility than the mobile scanner it does not provide the level of service a new fixed scanner would provide. The STARS appeal for MRI scanner funding is therefore still essential for developing diagnostic services for the local population
- P Miller queried what the Trust is doing to mitigate and minimise mixed sex breaches. L Wilkinson informed the Board that breaches are confined to the ambulatory area of the Acute Medical Unit (AMU) and is a symptom of when the Trust's capacity is most constrained and under pressure, and the need to balance patient safety and demand. Actions are taken to maintain dignity through the use of screens and single sexing the bathroom facilities. The March figures going into April are showing improvement, with reduced numbers of mixed sex breaches
- P Miller queried the average agency rate for a tier three nurse. P Hargreaves will confirm the cost with P Miller. Agency costs rose last month due to problems in staff vacancies, sickness and rostering. L Wilkinson informed that overall the Trust is underspending against the substantive nursing budget but there is still increased reliance on agency. Agency usage decisions consider the balance between safety and cost. An underlying issue for nursing is recruitment and retention. Given recent reviews of the Trust's rostering systems L Wilkinson is confident the rostering processes make best use of resources
- L Thomas informed the Board that the Sustainability and Transformation Partnership (STP) is looking at agency spend. The Trust has the lowest care hours per day which gives a bench mark for triangulating agency spend

C Blanshard presented the Innovation section of the Integrated Performance Report:

- The Trust has submitted a successful bid for two National Institute for Health Research (NIHR) funded research fellow posts. The research recruitment achievement for this year is 98.5% and the target has been increased for next year
- The Trust will be soon offering a wider range of options for knee surgery given the recruitment of a replacement orthopaedic surgeon who is able to offer different and more specialised knee procedures

C Blanshard and L Wilkinson presented the Care section of the Integrated Performance Report:

- The Trust's mortality rate is declining and is now within expected range
- The Trust has received some reports of good audit performance in National Institute for Cardiovascular Outcomes Research (NICOR) and National Emergency Laparotomy audits
- Excellent performance continues in infection prevention and control with the Trust achieving the lowest year-end reportable infections ever for 2017/18, and one of the most improved organisations in reducing e-coli bacteraemia
- Nurse sensitive indicators for pressure ulcers and falls have shown a decline over the last few months
- There were two never events in February both relating to perioperative surgical care. Both are subject to investigation. There has been no long term harm
- L Wilkinson continues to focus on mixed sex breaches to get performance back to the Trust's pre-January position
- Stroke performance operationally remains challenging. Sentinel Stroke National

Audit Programme (SSNAP) audit score has fallen from C to D. C Blanshard is meeting with the stroke team to look at how performance can be improved

Discussion:

- J Reid queried the level of assurance in balancing delivery of service and demand on individual clinicians for NIHR trials. C Blanshard informed that in recruiting patients to trials the aim is to ensure maximum recruitment from efforts invested. The portfolio of studies is looked at carefully. The ability to run trials is good for recruitment, being attractive to a number of consultants who want to undertake clinical research
- M Marsh informed the Board that the Clinical Governance Committee has considered the stroke performance issues and an update will return to the Clinical Governance Committee. C Blanshard, L Wilkinson and A Hyett are working with the stroke team and will report up through the governance structure
- C Blanshard confirmed that the different knee surgery that the Trust is now able to offer is within the NHS commissioned service and are procedures offered elsewhere but not previously offered at SFT
- P Miller considered the improvement in mortality is to be commended and queried whether this is a result of actions taken or data. C Blanshard confirmed that it is a result of both. The Trust's quarterly Learning from Deaths Report shows how the Trust reviews the records and care of patients who have died and captures lessons learnt to apply to other circumstances. There have also been specific improvements such as the Grow programme reducing neonatal and still birth deaths and work on Sepsis has reduced specific mortality related to Sepsis. The Trust has also reviewed palliative care coding as data was not capturing all patients receiving palliative care

P Hargreaves presented the People section of the Integrated Performance Report:

- Work continues on overseas and domestic recruitment
- Processes to recruit are being reviewed to improve time to hire and appointment processes. An electronic recruitment system (TRAC) has been purchased to improve the recruitment process and communication with candidates. Work is underway to look at the Trust's dedicated branding and marketing to support recruitment activities
- The vacancy rate has increased slightly to 6.40% due to an increase in budgeted establishment for the new ward. There is a nursing gap of around 135 nurses to achieve a 95% fill, or 199 nurses from full establishment
- The pay bill is slightly overspent which is mainly resulting from temporary pay spend. Work is ongoing to reduce reliance on agency and the grip on use of agency has been tightened. The Trust has given notice to the locum provider and a business case will be developed to introduce a single solution for temporary staffing needs
- The Trust is forecast to overspend by £2.2m from the £6.2m control total for agency spend. This position has been discussed with NHS Improvement who are looking for a better year-end position for 2018/19
- Sickness has reduced. Key hot spots are theatres and the nursing staff group. Main causes of sickness are musculoskeletal reasons and stress which can be correlated back to the gap in nurse establishment. P Hargreaves is reviewing the Trust's health and well-being strategy with a key focus on prevention and support for staff sickness. Work is being undertaken with Loughborough University on a deep dive into the causes for stress and sickness
- There is an opportunity to partner with other organisations within the STP to work together on improving health and well-being support to staff
- An initial three month staff engagement plan has been developed. Staff are

working hard under relentless pressure. There is some feedback through the staff survey on this and the staff engagement plan is intended to support action in this area

- Statutory and mandatory training levels remain green. Appraisal levels for medical staff are green. There is a push to increase non-medical appraisal levels up from the current 84.4% to achieve green status

Discussion:

- P Kemp queried the Trust's approach to overseas recruitment. P Hargreaves confirmed that the approach is being adapted in light of learning from participation in recent recruitment events at which SFT is competing with large London providers. In future there will be more investment in specific campaigns where there is less competition
- N Marsden queried the effect of notice given to the locum vendor. P Hargreaves informed the Board that there are low risks associated with the change to the master vendor model. Going forward there is an increased need for a direct engagement model
- T Baker was pleased to hear of the collaborative work with the STP on staff health and well-being and queried whether there are any recruitment joint working opportunities with potential for joint posts. P Hargreaves informed the Board that the STP is considering a Wiltshire-wide recruitment campaign and for health and well-being is looking at 24-hour staff counselling service opportunities

Lisa Thomas presented the Finance section of the Integrated Performance Report:

- L Thomas is confident the Trust will deliver the financial plan reforecast position, subject to major incident costs
- Risks going into year-end which are not resolved continue to be the £0.7m contract dispute with Dorset Clinical Commissioning Group (CCG) which the Trust is progressing through the formal mediation process and workforce with concerns around capacity and ability to forecast and control the pay bill. There is work to do to ensure pay bill controls are in place for 2018/19
- The biggest challenge is to manage capacity and increasing demand alongside workforce capacity pressures

L Wilkinson presented the Safer Staffing section of the Integrated Performance Report:

- The report shows where the challenges are on planned staffing versus fill rate. There is a widening gap between registered nurse and nurse assistant fill rates. Safer staffing information is inputted three times a day and this is triangulated at the twice daily staffing meeting with directorate senior nurses
- Performance against high level quality indicators is being maintained. There is an increase in complaints regarding nursing care, the root cause of which is continuity of care
- There is a risk to workforce retention as a result of the pressures staff are working under
- The Trust is overstaffing on nursing assistants. Some staff identified as Nursing Assistants are EU recruits who are registered nurses in their home countries, have been with the Trust over a year and are trying to pass their IELTSs (international English language test). The Trust continues to support these members of staff through their tests
- Work is underway to look at apprenticeship models. The models and their cost implications will be considered through the Workforce Committee

**2356/00 STRATEGY & DEVELOPMENT****2356/01 Operating Plan 2018/19 – SFT4022 – presented by L Thomas and L Arnold**

L Arnold presented the refresh of the Trust's 2017-19 Operating Plan for 2018/19 for approval.

L Arnold highlighted the following:

- The refresh is the second year of a two-year plan. During the first year of the plan the Trust revised and updated the corporate strategy
- The format of the Operating Plan is set by NHS Improvement and needs to be submitted by the end of April. The document builds on the Trust's strategy and describes how main areas will be taken forward, building on the plans on a page in the Trust's corporate strategy
- Section 8 of the document shows how the Operating Plan links with STP priorities
- Further work will be done to incorporate feedback around outcome measures and indicators before the document is submitted. A more comprehensive document will be brought back to Board

Discussion:

- It was agreed that when referring to plastic surgery the Trust should adopt the term 'plastic and reconstructive surgery'. This phrase better reflects the complexity of the service provided
- P Miller suggested that a single page executive summary is included to outline the golden thread of the financial and clinical challenges, the Trust's participation in the STP and the timeline to achieving financial balance
- P Kemp suggested adjustment to 'supportable' wording on page 189
- T Baker welcomed references to working with the STP and highlighted the importance of specific actions
- L Thomas informed the Board that the £13.8m deficit assumes £9.7m of cost improvement plan (CIP) delivery for which there is a good level of worked up plans. This is the highest level of CIP savings for the Trust for some time so 2018/19 will be a challenging year. The financial position includes an assumption for £14.4m cash borrowing and a cash programme aligned to depreciation of circa £7m. Key risks to financial delivery are delivery of the CIP programme, ongoing workforce capacity constraints, Clinical Commissioning Group (CCG) affordability and relationships with CCGs as the Trust moves from a payment by results (PBR) environment and reduced costs within the system. Quarter 4 of 2017/18 saw the biggest rise in non-elective patients – if this continues this will put significant pressure on the Trust's ability to deliver within capacity constraints
- P Miller questioned whether L Wilkinson is content with the nurse staffing within the budget. L Wilkinson confirmed that she is content with it as it currently is
- P Miller questioned the level of risk that the Trust will not be granted the assumed cash borrowing. L Thomas informed the Board that there has been no indication that this cannot continue although all cash borrowing has to be returned which has a longer term implication for the Trust
- P Kemp expressed concerned that the target financial position is not in-line with longer-term aim of break-even. N Marsden considered that the Board can set an internal process to set a further challenge on the 2018/19 year-end position
- P Miller questioned whether the plan has been through a quality impact assessment (QIA) process. L Wilkinson informed that there is a robust QIA process in place in which L Wilkinson and C Blanshard sign off all QIAs. The

process has been tested by Boston Consulting and NHS Improvement will be visiting on 1 May to look at the process. L Wilkinson considered that as we move into 2018/19 it will be important to ensure ongoing QIA monitoring to see if there are any unintended consequences. C Blanshard considered there is a need to extend the QIA process to look at unfunded cost pressures and capital schemes and ensure these are also monitored

- P Miller queried whether QIAs have been considered through the Clinical Governance Committee. L Wilkinson confirmed they have been considered through Outstanding Every Time Board (OETB) and will explore what goes to Clinical Governance Committee
- J Reid considered the size of the CIP programme and questioned how the Trust will support the resilience of staff members on whom the delivery of CIPs is dependent. P Hargreaves informed that the Trust is strengthening its health and well-being resilience package for staff as well as increasing staff engagement

### **2356/02 Organisational Development Strategy – SFT4023 – presented by P Hargreaves**

P Hargreaves presented the Staff Engagement Plan (months 1-3).

P Hargreaves highlighted the following:

- The proposed plan outlines an initial three-month step change to implement a new staff engagement approach. The plan has three phases. The approach will be heavily focused on inclusion
- This will be a bottom up approach to generating ideas to strengthen engagement. P Hargreaves is also looking to strengthen communications support for this agenda
- It is intended to generate an action plan with measurable outcomes
- Following this three month engagement plan there will be a pause to look at the design of the on-going engagement plan

Discussion:

- R Credidio considered there is a need to consider staff empowerment as part of engagement
- J Reid questioned how the approach will connect with quality programmes such as 'Sign Up For Safety' and the need to capture the resource and engagement through such programmes. PH recognised that there are already a number of engagement mechanisms in place and the need to build links with these. The Staff Engagement Plan will look to building infrastructure to ensure there is inclusion and staff voices across the organisation are heard
- C Blanshard highlighted that the national NHS Staff Survey results have shown the Trust is in the top 20% of Trusts for staff engagement and considered it is important to look at how to reach those staff that don't feel engaged
- M von Bertele considered that the focus needs to be on all staff understanding their contribution rather than on 'engagement'. This is about leadership and structure and that those who deliver the services know what they are delivering and those who support them know how they support and contribute
- T Baker informed the Board that there is a good report from the Kings Fund on staff engagement and six building blocks one of which is on leadership styles that encourage engagement and giving staff the tools they need to do their job. P Hargreaves informed the Board that the Trust's leadership model is currently being developed to define the expected leadership standards

The Board endorsed the three-month plan for implementation with a progress

report at the end of Phase 2.

**2357/00 QUALITY & RISK**

**2357/01 Board Assurance Framework & Corporate Risk Register – SFT4024 – presented by L Wilkinson**

L Wilkinson presented the revised Board Assurance Framework (BAF) and Corporate Risk Register (CRR).

Lorna Wilkinson highlighted the following:

- The BAF and CRR has been for review to all the committees of the Board
- In the next version of the BAF the actions will be presented in a separate column
- The BAF illustrates that people, resources and local services are the highest risk areas for the Trust
- The risks for the 2018/19 resources section of the BAF and CRR are under review and will be incorporated into the next version received by Board

Discussion:

- It was considered that the documentation reflects the risks of the organisation
- CB to review the risk score for CRR 5379

The Board approved the updated BAF and CRR.

**2357/02 Staff survey results for 2017 – SFT4025 – presented by P Hargreaves**

P Hargreaves presented the Trust's results from the national NHS Staff Survey 2017 highlighted the following:

- In 2017 the Trust carried out a whole Trust, rather than a sample survey
- The Trust ranked top out of the four local STP partner trusts
- Overall staff engagement levels are good and in the top 20% compared with Trusts' of a similar type. However the engagement score has declined and the organisational development and people strategy will be addressing this
- The top 5 ranking scores for the Trust were percentage of staff able to contribute towards improvements at work, percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves, staff motivation at work, organisation and management interest in and action on health and wellbeing and quality of appraisals
- Staff motivation and the ability to contribute to improvements at work remains a positive result and in the top 20% of trusts nationally
- It is concerning that the percentage of staff recommending the Trust as a place to work or receive treatment has declined as has the results around staff confidence in reporting possible unsafe clinical practice and the effectiveness of procedures for reporting errors, near misses and incidents

Discussion:

- J Reid considered it is important to understand why staff are underreporting. L Wilkinson expressed concern on this aspect of the staff survey and the need to understand why staff responded this way given the National Reporting and Learning System (NRLS) report indicates that the Trust is in the upper quartile for reporting of incidents. There is a need to talk to staff to better understand

this

- It was agreed that overall this is a positive report and needs to be promoted. P Hargreaves informed the Board that he and Executive colleagues are running a series of staff sessions. Further work on this will include promoting what the Trust is doing well and will feedback on areas where there have been improvements in response to feedback received through the survey. There is an ongoing need to remind staff of things the Trust does, what's good and what we can do better
- R Credidio considered that the improvement in the response rate is positive and a good indicator to tie into the wider employee voice agenda
- R Credidio considered that it is important that the Board supports staff engagement on the survey results and is visible to staff. P Hargreaves welcomed Board involvement in the engagement plan
- P Hargreaves informed that the free text aspect of the survey needs to be worked through. A break-down of responses by staff group could help to inform targeting and focus of engagement efforts
- L Arnold identified the opportunity to learn from the results of surrounding NHS employers

The Board received the report outlining the national NHS staff survey results 2017 and noted the next steps.

**2357/03 Benchmark results and action plan for the National Maternity Survey 2017 – SFT4026 – presented by L Wilkinson**

L Wilkinson presented the National Maternity Survey 2017 and highlighted the following:

- The Trust benchmarks well against local peers
- The Trust received a statistically significant improvement in the score for not being left alone which is a positive outcome from the investment decision the Trust made 2-3 years ago to increase the midwifery establishment
- The survey shows further improvements are needed in providing information about breast feeding, communication and discharge
- Not having a midwifery led birthing unit affects the Trust's score for patient choice

Discussion:

- L Wilkinson confirmed the Trust has around 2,500 births per annum. This number is expected to increase as a result of military resettlement
- M Marsh informed the Board that the survey results had been discussed at the Clinical Governance Committee which will monitor progress on the action plan on behalf of the Board

The Board received the report and endorsed the approach for the Clinical Governance Committee to oversee the resulting action plan.

**2357/04 Q3 Customer Care Report – SFT4027 – presented by L Wilkinson**

L Wilkinson presented the Customer Care Report for Quarter 3 2017/18 which brings together the themes from patient experience feedback and provides an overview of Patient and Public Involvement (PPI) activity and outcomes across the Trust to improve services for patients.

L Wilkinson highlighted the following:

- The percentage of complaints for the same period last year is static at 62 complaints received. In general over the year (2017/18) there were 43 fewer complaints than last year (2016/17)
- The Trust is still working hard on improving response times which is a difficult area given the complexity of some of the complaints that have been received
- The Trust has a baton system in place to support improved one-to-one contact for those who want to complain
- A half day workshop is being held in early May to review timeliness, the quality of responses and the number of re-opened complaints to see what further improvements can be made to the process

Discussion:

- L Wilkinson will look at how carers' experience is captured
- L Wilkinson informed the Board that the process for senior manager support to the helpdesk process has changed with the emphasis of increasing real time feedback which provides rich commentary on the Trust's services

The Board received the Customer Care Report Q3 2017/18.

**2357/05 Progress to implement GDPR – SFT4028 – presented by L Arnold**

L Arnold presented a report on General Data Protection Compliance to Board. H Doubtfire-Lynn attended for this item.

H Doubtfire-Lyn highlighted the following:

- General Data Protection Regulations (GDPR) come into force on 25 May 2018
- The Trust continues to engage with the Information Governance Alliance, and work collaboratively across the Wessex region to agree and establish standard document templates, operating procedures, guidance materials and policies to ensure a consistent and cohesive approach to data protection is developed and ensuring the Trust is legally compliant
- Guidance continues to be issued nationally for interpretation
- It is anticipated the Trust will achieve an 80% GDPR compliance level by 25 May 2018. The Trust will need to be able to evidence its plans for further compliance

Discussion:

- H Doubtfire-Lynn confirmed that there has been much learning as the organisation has progressed towards compliance
- M Marsh considered that if the Trust is 80% compliant by 25 May this is a good starting position and recognised the need for further work. M Marsh queried the level of risk relating to non-compliant areas. H Doubtfire-Lynn informed the Board that work is underway to consider the classifications of information held by the Trust to give a risk-based approach to the information being processed. H Doubtfire-Lynn informed that a key issue is what we do with information held. H Doubtfire-Lynn is looking at the lawful basis for collection, use and storage of data and the processes and procedures for that information. This will inform the understanding of the Trust's information assets
- H Doubtfire-Lynn is engaged with the with procurement department to undertake due diligence for information systems being procured, ensuring the Trust's contract exit as well as entry processes protect the organisation
- M Marsh questioned the justification for holding onto historic information. H Doubtfire-Lynn considered that the GDPR work gives an opportunity to clean out data held. The Corporate Records Management Committee is looking at data

and how it is held

- H Doubtfire-Lynn has sent an electronic secure questionnaire to all contractors to ask for details of their data protection officers and what data they are processing so the Trust can understand and review high risk contracts
- H Doubtfire-Lynn informed that she is working with the project to align information sharing protocols so there is a pan-Wiltshire protocol in place with a set of core standards all organisations will be required to sign up to
- A Hyett informed the Board that with H Doubtfire-Lynn's support the Trust has been able to lead the way on information sharing within the cancer network
- H Doubtfire-Lynn considered that there is a need to look at lawful grounds for processing activities rather than relying on consent – there needs to be a lawful basis for sharing information and ensure objection processes are in place so that there is a realistic process and patient care is not compromised
- P Kemp questioned whether H Doubtfire-Lynn is getting help from DXC and those holding the Trust's information. H Doubtfire-Lynn informed that the Trust is engaging with the local data guardian to opt-out. Work is underway to look at bringing this in at summary care record level to auto-filter down to Lorenzo. The Trust would be relying on public authority with that data rather than on consent. The importance is being open and transparent on our approach and how we are managing this. H Doubtfire-Lynn will be taking this forward with the Director of the Information Governance Alliance and Strategic Information Governance Network

The Board received and noted the report.

#### **2358/00 CLOSING BUSINESS**

#### **2358/01 Any Other Business**

N Marsden informed the Board that private patient work has been administered through OPCL, a charity formed by the Trust several years ago. The factors for that arrangement no longer pertain and so the Trust has, from 1 April 18, brought private patient administration back in-house to the Trust.

#### **2358/02 Public Questions**

J Lisle questioned whether the Trust has looked at staff survey non-responders?

- P Hargreaves informed that the national NHS Staff Survey is confidential and so it is not possible to know who has and has not responded

J Lisle considered that some staff groups may feel excluded and hidden such as those staff who might have a dual role caring for patients here and at home and considered these staff may need more flexibility to care for people at home.

- P Hargreaves informed that to date the Trust has not had a formal structure to hear from all staff. There are a variety of mechanisms in place at the moment but P Hargreaves is building a variety of feedback routes to give all staff the opportunity to feedback and engage

Sir R Jack extended congratulations on behalf of the Board of Governors to staff for all their work in dealing with the cumulative recent problems including winter pressures, snow and the incident. Whilst the Trust hasn't met the ED 4 hours standard Sir R Jack considered that ED has done well in difficult circumstances and considered the Board and Governors should be proud of those who work here.

Sir R Jack questioned the performance of Wiltshire Health and Care and the Trust's relationship.

- A Hyett informed that Wiltshire Health and Care face some of the same challenges as the Trust such as workforce and capacity constraints. The Trust has been working with them on new and existing pathways of care. The Trust is a partner of Wiltshire Health and Care and A Hyett represents the Trust as a customer

J Mangan echoed the thanks from Governors to staff.

J Mangan informed the Board he was encouraged by the response to the staff survey especially in the context of change and challenges at that time last year.

J Mangan requested clarity regarding the presentation of how the Outstanding Every Time Board (OETB) and the Outstanding Every Time Management Team fit into the structures of the Integrated Governance Framework and suggested the Trust Management Team should be called the OETB

- C Blanshard informed that the OETB is a task and finish group reporting mechanism for CIPs and the turnaround programme. Once financial balance is achieved the Trust will no longer need OETB

J Mangan questioned how the Trust ensures there is sufficient competence in preparing written responses to complaints and the quality assurance of draft letters before they are signed by the Chief Executive. J Mangan considered there could be conflicts for those drafting responses to complaints about their own areas and considered this should not be devolved to directorates, considering that there should be an arrangement between the directorate management and the Executives to review the responses before signature by the Chief Executive

- L Wilkinson informed that the responsibility to prepare draft responses to complaints letters sits with the Directorates' senior nurses and directorate managers. These individuals work with the appropriate clinicians and leads in departments to produce a response. The workshop at the beginning of May will be looking at the learning from the current processes and what further improvements can be made
- C Blanshard informed that she signs letters as deputy Chief Executive in the absence of the Chief Executive. The complaints are very thoroughly investigated. C Blanshard recognised that sometimes there is a need to further distil the reason for the complaint to ensure the response addresses the specific issues of the complaint

### **2358/03 Date of next meeting**

The next meeting will be held on Thursday 7 June 2018 at 1:30 pm in the Board Room at Salisbury District Hospital.