

DRAFT
Minutes of the Public Trust Board meeting
held at 10:00 am on Thursday 4th April 2019
in The Board Room, Salisbury NHS Foundation Trust

Present:

Dr N Marsden	Chairman
Ms T Baker	Non-Executive Director
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
Mrs C Charles-Barks	Chief Executive
Dr C Blanshard	Medical Director and Deputy Chief Executive
Mr P Hargreaves	Director of Organisational Development and People
Mr A Hyett	Chief Operating Officer
Mrs L Thomas	Director of Finance
Ms L Wilkinson	Director of Nursing

In Attendance:

Mark Ellis	Deputy Director of Finance
Esther Provins	Director of Transformation (TB1 – 04/04/25)
Kylie Nye	Corporate Governance Manager (minutes)
Helen Rynne	Patient and Public Engagement Coordinator (TB1 – 0404/01)
Cris Mulshaw	Head of Therapies (TB1 – 0404/01)
Megan Robson	Senior Occupational Therapist (TB1 – 0404/01)
Hamish Cameron	Physiotherapist (TB1 – 0404/01)
Elizabeth Spicer	Freedom to Speak Up Guardian (TB1 – 04/04/23)
Sir R Jack	Lead Governor (observer)
John Mangan	Deputy Lead Governor (observer)
Lucinda Herklots	Governor (observer)
William Holmes	Governor (observer)
Dr Irwin Cardoso	Specialist Registrar (observer)

ACTION

OPENING BUSINESS

TB1 – Patient Story
04/04/01

L Wilkinson introduced the patient story and welcomed H Rynne and the Wessex Rehab team to the meeting. The story focused on a patient’s rehab journey and the importance of therapy in supporting patients in their recovery. L Wilkinson expressed her thanks to the patient for sharing her story with the Board.

Discussion:

- N Marsden gave thanks to the Wessex Rehab team for their continued hard work and efforts in delivering a great service to patients. C Charles-Barks noted that the service ensures a longer term solution to care and avoids readmissions via an emergency pathway. L Wilkinson noted that as an acute Trust it is important to recognise the importance of services that enable prevention and rehabilitation.

- T Baker queried how much funding is allocated to these services by the Clinical Commissioning Group (CCG). L Thomas explained that these services are a lower priority from a commissioning perspective and historically rehab has been under-funded.
- A Hyett explained that at a recent Wessex Plastics Network meeting, an action had been taken to collaborate with rehab services to enable better ways of working together.
- P Miller noted that these patient stories are useful in developing services and that patient suggestions in designing a service should be given consideration.
- C Marshall explained that Wessex Rehab is a unique service and work is ongoing to restructure and develop. A business case is currently under development to ensure the chronic pain service is properly funded.

NM thanked the team for attended the meeting.

TB1 - Apologies
04/04/02

Apologies were received from:

- Fiona McNeight - Director of Corporate Governance
- Jane Reid - Non-Executive Director

TB1 - Declarations of Interest
04/04/03

Members of the Board were reminded that they have 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.

TB1 - Minutes of the Public Trust Board meeting held on 7 March 2019
04/04/04

L Wilkinson noted that on p.6 TB1 – 07/03/12 the sentence should read “Feedback will be provided to the CCG”, rather than CQC.

C Blanshard clarified that in relation to the action under TB1-07/03/07, there is a detailed piece of work regarding weekend mortality rates required. A paper will come back to a future meeting. **ACTION: CB**

CB

The minutes of the Trust Board meeting held in public were approved as a correct record, subject to the above amendment.

TB1 - Matters Arising and Action Log
04/04/05

N Marsden noted that the items on the action log were either included in the agenda or scheduled to come back to a future meeting.

C Charles-Barks explained that the Communications Strategy had been discussed at the Workforce Committee and a wider discussion is scheduled for the Board Development Day on 11th April.

There were no further matters arising.

TB1 - Chairman's Business
04/04/06

N Marsden reported that he had recently attended a Chairs Advisory Panel led by Dido Harding, which had largely focused on the on-going work of the reconfiguration of NHS Improvement (NHSI) and NHS England (NHSE) into a single joint organisation. The combined entity is focused on establishing its organisational structure and ensuring new appointments are in place.

N Marsden noted that Julian Hartley, NHS Long Term Plan workforce lead, had also attended the meeting to discuss key workforce issues. It was noted that some of the actions in relation to the workforce implementation plan will be delayed. This is due to recent news in relation to Health Education England (HEE) budget set by the government. N Marsden explained that the allocated additional investment will need to be prioritised for those urgent actions required e.g. increased nursing placements. N Marsden noted that in regards to the national focus it was important for Trust's to align and prioritise actions.

Discussion:

P Miller noted that an updated Sustainability and Transformation Plan (STP) was due in 6 months' time which should be integral to the Trust's campus development and Estates Strategy. P Miller queried if these work plans were aligning as they should. C Charles-Barks noted that an update on STP would be covered in her report.

TB1 - Chief Executive's Report
04/04/07

C Charles-Barks presented the Chief Executives report and highlighted the following:

- The Trust continues to experience challenges with emergency pathways and failed to deliver the 4 hour performance target in February, achieving 89.4% against the 95% target. However, despite challenges throughout 2018/19 the Trust has achieved 91% overall, which puts SFT in the top 25% nationally. C Charles-Barks noted that emergency pathway challenges link to bigger issues relating to patient flow and community capacity. Whilst there is a clear framework for using community beds there are ongoing workforce challenges.
- C Charles-Barks thanked the team for their hard work on improving CIP savings during 2018/19. Following agreements with the commissioners against 2018/19 contracts the Trust has a revised projection of £8.9m planned deficit and is expecting to be paid £1.7m Provider Sustainability Funding (PSF).
- Nursing recruitment has improved significantly and has been largely supported by overseas recruitment.
- The Trust is delighted to report that the CQC have rated the hospital as outstanding in Critical Care and good overall in their report published on 1st March 2019. All of the four core services have made improvements since our last report and really reflects the hard work of all staff to deliver outstanding care for patients.

- The Trust has successfully migrated to NHSmail. CCB thanked the project team, champions and floorwalkers who did an exceptional job providing support. It is hoped this will provide the Trust with the opportunity to improve shared distribution lists.
- Public exhibitions were held in March to launch the Health, Education and Technology (HEAT) Project Salisbury. These events were held to gain initial feedback from the public. 132 people attended with a majority of attendees expressing their support for the project. The feedback will be analysed and a further event will be run in June with more detailed plans.
- The annual Pride in Practice conference was held on 21 March and is a chance for nurses, midwives and therapists to share best practice, celebrate achievements and highlighted improvements to patient care. There were over fifty posters representing all aspects of the Trust's care.
- The STP has recently appointed a joint chief executive across the three Clinical Commissioning Groups. It is expected that a regular Board report relating to STP progress will begin to come to Board meetings over the next few months. The STP will be going out to consultation from a restructuring perspective during April, which will enable a more strategic setting from a commissioning viewpoint.
- The Primary Care Network pilot across the Sarum Practice has commenced. It is hoped these services will enable greater provision of coordinated and integrated health and social care. C Charles-Barks explained that from a risk perspective, workforce is a key issue, with each primary care network funded to have therapists and pharmacists; recruitment is going to be challenging. The work to develop Primary care Networks will play a key role in transforming patient pathways in the future

Discussion:

- C Blanshard agreed with C Charles-Barks comments in relation to recruitment challenges within Primary Care Networks. C Blanshard explained that she had been to a recent meeting with another primary care network in the South and the consensus was that a broader and more strategic method to recruitment was required in primary and secondary health care.
- P Miller queried as part of ongoing STP work if there had been an early indication of services at SFT. C Charles-Barks explained that wider discussions regarding the site, skill mix and requirements of the community are required and this is a critical piece of work for 2019/20. L Thomas suggested that it was useful going forward to focus on the gaps in the service across the region rather than have asset based discussions.
- T Baker requested more information to come to the Board reflecting on the STP work and the impact on SFT, including details of how we are strategically moving forward with various work streams discussed. L Thomas explained that, working alongside the new Associate Director of Strategy, over the next 3-4 months, 1 hour sessions will be held bringing various strategic papers for the Board to evaluate and discuss.

N Marsden presented the Board Annual Work Plan which provided a summary of the Board's annual business cycle for 2019/20.

The Board discussed several minor amendments to the document.

Decision:

The Board approved the work plan subject to these amendments.

Assurance and Reports of Committees

**TB1 - Operating Plan
04/04/09**

L Thomas explained that the 2019/20 Operating Plan had been approved for submission at the Finance and Performance Committee on 26 March. L Thomas noted that the plan had been submitted today and summarised the key points:

- The Trust has signed up to a new control total and performance trajectories.
- The plan focuses on the requirement of integrating service provision across South Wiltshire, working with community services, primary care and the local council. This is alongside the wider STP which sets out a longer term system wide plan to meet the increasing demand on health services.
- The plan includes growth aligned to military repatriation projections in Wiltshire, which is expected during the summer.
- It is expected that the Trust will sign up to a block contract agreement for outpatient services.

L Thomas and C Charles-Barks left the meeting.

**TB1 - Finance & Performance Committee Report – 26 March 2019
04/04/10**

P Miller presented the report and asked the Board to note the items for escalation.

P Miller noted that at the Trust Board meeting on 7th March 2019 it was agreed to delegate the final approval of the 2019/20 Operating Plan to the March F&P Committee. The plan was discussed and approved at this meeting.

Discussion:

C Blanshard queried the approval of the Cardiac Rhythm Management tender evaluation report without a clinical representative at F&P Committee. P Miller assured the Board that as part of the tender process there had been a detailed clinical evaluation with a clear recommendation of support.

**TB1 - Charitable Funds Committee – 21 March 2019
04/04/11**

N Marsden presented the report and noted that the committee continues to debate the strategy in relation to how and where the trustees make charitable fund investment decisions. The finalised approach will go to

June's Charitable Funds Committee and will report back to Board.

The committee received a fundraising report confirming the success of the MRI Scanner Appeal. A procurement process will now take place and installation is planned for early 2020.

The committee discussed the financial position, which is healthy, however there were concerns regarding the fund management performance in an uncertain economic environment.

Discussion:

PK queried if the Board had received the committee minutes where the accounts had been approved. *Post meeting note: Charitable Funds Committee minutes to be received in Private Board meetings.*

TB1 - 04/04/12 Clinical Governance Committee – 26 March 2019

P Miller presented the report and provided a summary of the key issues discussed.

P Miller noted that the committee had a detailed discussion in relation to vascular services. C Blanshard explained that the Trust is reliant on other Trusts for key medical staff to enable certain vascular procedures to take place on site. However, these arrangements are no longer supported and therefore other methods of delivering this service are being urgently investigated to ensure an agreed service model and a Service Level Agreement (SLA).

Discussion:

- T Baker queried the delay in managing a problem that had been raised during a safety walk-about a year earlier. C Blanshard noted that a key issue has been the specialist commissioners but assured the Board that patient safety and providing an efficient service is at the forefront of discussions.
- PM noted that the committee had been assured that whilst an interim solution to the gastroenterology service was in place from 1st April, strategic plans would be coming back to the Trust Board in May or June. **ACTION: AH**

AH

TB1 - 04/04/13 Subsidiary Governance Committee – 15 March 2019

P Miller presented the report and provided a summary of the key issues discussed:

- The terms of reference have been agreed and Mike Hawker's role as non-executive chair of each subsidiary company was discussed.
- The committee discussed Salisbury Trading Limited (STL) current performance as well as key issues. Performance is good and the committee were assured that the future risks and opportunities could be successfully managed over the next year.

TB1 - 04/04/14 Workforce Committee – 28 March 2019

M Von-Bertele presented the report and provided a summary of the key issues discussed:

- The results from the Staff Survey highlighted the work to be done in relation to Health and Well-Being. This will be taken forward as part of the Workforce Plan but further investment will be required.
- The Freedom to Speak Up Guardian (FTSUG) had attended the meeting and had provided a useful update. It was noted she would be joining the Board meeting later to present the FTSUG annual report.
- The Guardian of Safe Working report highlighted concerns regarding junior doctors and night work. A paper will come back to the committee in May to outline the risks, actions and recommendations going forward.
- The committee received the first draft regarding compliance with NHSI workforce safeguards. LW noted that this requires further work and a gap analysis and an agreed action plan should be completed by the end of April and returned to the Workforce Committee. **ACTION: PH**

PH

TB1 - Integrated Performance Report
04/04/15

C Blanshard presented the Integrated Performance Report (IPR) and summarised the following points:

- C Charles-Barks had summarised month 11 performance earlier in her Chief Executive's report but it was worth noting the considerable achievements in year despite a number of challenges.
- The Trust's financial position remains challenging but there has been a significant effort in delivering CIP savings throughout the year and it is expected the Trust will receive £1.7m non-recurring PSF.
- There have been 5 reported C Difficile cases during 2018/19. The Trust's C Difficile upper limit for 2019/20 is 9 cases.
- The Trust has reported 3 MRSA cases over the last year all of which have been reviewed and learning has been shared.
- The Trust had 3 never events during the year. Processes have been put in place and learning has been shared.
- ED has continued to experience challenges with patient flow, although the Trust achieved 91% against the 95% 4 hour performance target.
- Cancer and RTT have seen improving trajectories.
- A key focus going forward will be consistency in performance as services have experienced levels of variance throughout the year.
- The Trust has recently had a successful recruitment of nurses, supported by the overseas recruitment plan.
- The Trust will focus on improving the uptake of the flu vaccine for front line staff.
- The Bank function has moved from the Quality Directorate to Organisational Development and People in the hope of aligning temporary and substantive staffing requirements.
- Medical Agency Spend has halved during the year. The Trust uses Locums Nest this week to source bank staff.

Discussion:

- T Baker noted the report included a lot of useful information but sometimes failed to summarise the mitigating actions and outcome of the issues raised. N Marsden explained work is underway to reconfigure the IPR and a revised report would be coming to the Board in June. **ACTION: AH** AH
- T Baker queried if any further action had been taken in managing consultant annual leave during busy periods throughout the year. C Blanshard explained that departments currently have their own locally agreed maximum number of staff allowed off at one time. Whilst this is agreed locally, if each department has the maximum number of staff off this can sometimes cause issues across the Trust. It is very challenging to dictate annual leave across several departments, particularly during school holidays. A Hyett explained that each department is aware of the level of activity required to achieve the plan and run an effective service. Reinforcing the 6-4-2 theatre timetables has developed an improved method of managing staff in advance and has meant a reduction in agency use. P Hargreaves noted the e-rostering system has been useful in exposing areas which are short of staff and provides a better level of transparency of staffing numbers.
- L Wilkinson highlighted the positive news that elective cancellations due to bed shortages are at an all-time low.
- L Wilkinson referred to the ED figures and asked if the median time to triage was different to the time to first assessment. A Hyett explained that there are data anomalies and that a meeting had been arranged with the team to clarify time to first assessment and time to triage figures. A Hyett agreed to clarify this and bring it back as part of the future IPR reports. **ACTION: AH** AH
- P Miller noted that a discussion had taken place at F&PC in regards to time to treatment in resus and the issues relating to a fully occupied department. It was noted that a fully utilised resus can create a bottleneck effect in the department as senior clinicians are pulled into resus leaving other areas vulnerable.
- L Wilkinson referred to the Safer Staffing report and noted that staffing levels had been safe during February. L Wilkinson was also pleased to report that F Hyett had been offered a fellowship in the NHSI workforce team due to start in April.
- There are an insufficient number of exit interview returns to reliably identify trends. PH noted that he and E Provins were meeting with all Directorate Management Teams to discuss how exit interviews are triggered and actions to ensure they are completed. P Hargreaves noted that the Trust will be writing to all staff who have left in the last 6 months to investigate reasons for leaving. This will feedback to the Workforce Committee. **ACTION: PH** PH
- P Kemp requested a further learning session on how to interpret the hours of care per patient detailed in the report. **ACTION: LW** LW
- R Credidio referred to the workforce paper and suggested that it is difficult to draw out the key areas of concern due to the large amount of unnecessary detail in the report. P Hargreaves explained that the team is currently reviewing how the data is presented and is hoping to introduce a heat map to highlight areas of concern.

- AH made note of a typo within the report on p. 97 and explained that in paragraph two the statement regarding the dismissal of a nurse was incorrect. It was agreed that this level of detail was not required in the IPR and would be reviewed as part of the reconfigured report coming back to June's meeting.

TB1 - Review of Board Committee Terms of Reference
04/04/16

K Nye presented the report and noted the following:

- The Strategy and Subsidiary Governance Committees have been added as committees of the Board. Due to this all Board committee terms of reference have had a complete revision and have been discussed at the relevant committees.
- Once approved they will inform the Integrated Governance Framework.

Discussion:

- R Credidio noted an imbalance in non-exec directors that attend the committee meetings. N Marsden explained that this is result of people leaving and having the appropriate people sat in on the right meetings. N Marsden noted that he and C Charles Barks would be reviewing the members and attendees of the committee meetings in the coming months.
- Quorum was discussed and it had been agreed at the Clinical Governance Committee, Finance and Performance Committee and the Workforce Committee that a minimum of two non-executive directors were required for the meeting to be quorate.
- T Baker noted that service improvement and change management were separately considered at two committees and queried if this was necessary. C Blanshard stated that there are two aspects to Quality Improvement; firstly the cultural change alongside organisational development and empowering staff; secondly the process and outcomes. C Blanshard suggested keeping the reporting structure as it was but to keep it under review.
- A Hyett suggested that all terms of reference should state that any executive director or non-executive director should be able to attend any Board committee. **ACTION: FMc**

FMc

Decision:

The Board approved the Terms of Reference subject to the amendments discussed.

TB1 - Integrated Governance Framework
04/04/17

K Nye presented the report and explained that the document had been updated and aligned with the Terms of Reference. K Nye noted that the revised document included tracked changes for ease of reference.

Discussion:

- The Board discussed where the BAF should report to as it currently stated it went to all sub-committees. It was agreed that the BAF did not need to report to the Subsidiary Governance Committee.

FMc

ACTION: FMc

- C Blanshard noted that the framework did not provide details of the operational committees and structure of reporting to the sub-committees and Board. PK suggested that as the Board had not delegated responsibility to these groups it was not necessary for them to be included in the governance framework. It was agreed that the Integrated Governance Framework should include an appendix with the structure of operational meetings and how they report into to Board committees and to the Trust Board. **ACTION: FMc**

FMc**Decision:**

The Board approved the Integrated Governance Framework subject to these amendments.

**TB1 - Accountability Framework
04/04/18**

AH presented the Accountability Framework for 2019/20 which provides a framework for how the Trust manages performance on the accountability relationship between the executive and the Trust's five directorates.

AH noted that historically, there has been no formal structure to oversee the performance of corporate services, so a paragraph has been added to the report (p.16) to reflect the formal structure.

The Board approved the Accountability Framework.

**TB1 - Register of Seals
04/04/19**

KN presented the report which presented the entries to the Trust's Register of Seals since the previous report in December 2018.

The Board noted that there had been one new entry since the previous report.

Decision:

The Board approved the Register of Seals

QUALITY AND RISK**TB1 - Board Assurance Framework & Corporate Risk Register
04/04/20**

K Nye presented the report and noted the following:

- The Board Assurance Framework (BAF) has been strengthened to include items raised through the Board committees.
- The Director of Corporate Governance will be working with the Associate Director of Strategy over the next few months on the Trust's corporate objectives, which will inform a revised version when it comes back to August's Board meeting.
- The BAF and Corporate Risk Register (CRR) will be presented at the Board and its committees quarterly with a detailed report outlining the current position of the risk profile.

Discussion:

- L Wilkinson noted that good progress had been made on the BAF. However, a summary to highlight the key areas of prioritisation and focus would be useful. N Marsden agreed that due to the size of the document and information detailed, a brief summary of key areas of focus should be added. **ACTION: FMc**
- PK made reference to the tables and queried how the action and progress related to the original objective. L Thomas explained that the action relates to closing the gaps in control, rather than the overall objective. It was agreed that the action column should read 'action to close gaps in control' to make the document clearer. **ACTION: FMc**

FMc

FMc

Decision:

The Board approved the Board Assurance Framework subject to these amendments.

TB1 – Patient Experience Report Q3
04/04/21

L Wilkinson presented the report providing a summary of activity for Q3. The following key points were highlighted:

- The Customer Care Team has been rebranded to Patient Advice and Liaison Service (PALS).
- Response timescales for complaint responses over 25 days has improved in Q3.
- A new quarterly compliance report is being compiled to share with directorates.

Discussion:

- Andy Hyett referred to the complaints raised regarding discharge and noted that this information, triangulated with the delayed discharge figures, reiterates the requirement for the Trust to be able to predict and prepare for discharge.
- N Marsden noted that the report was clearer than previously presented and urged the Board to review the report in detail as there were a number of useful points to consider.
- RC queried if patient comments could be triangulated with those who stated they wouldn't recommend care or treatment in ED. A Hyett explained that comments are left anonymously so this would be difficult. However, the data analysed for ED did reveal that there were no particular trends other than waiting times and these numbers have since decreased.

TB1 – National Staff Survey Results
04/04/22

Paul Hargreaves presented the NHS Staff Survey 2018 Report and highlighted the following key points:

- The Workforce Committee had discussed the results and the actions arising from the report in some detail.
- 39% of staff took part in the survey, which is a lower response rate than previous years. However, the clinical return rate has improved

- in comparison to non-clinical.
- The Trust's score has deteriorated in relation to Health and Well-Being, Safe Environment - Bully and Harassment and Quality of Care.
- The Organisational Development and People Department is in the process of presenting the results and requesting feedback from a number of groups across the Trust. This feedback will then inform a plan, which will include two key actions for each of the three areas of concern.
- These actions arising from the survey will be part of the Leadership and Development Strategy.
- There is a plan to look at the quality of appraisals to ensure they are valuable sessions for staff and the Trust.

Discussion:

- P Kemp considered the current downward trend in relation to question 11. Does your organisation take positive action on Health and Well-Being? P Kemp queried what action the Trust had taken in the last year to improve this. P Hargreaves explained that whilst actions to improve this position have not been proactive enough, there are now strategic aims and measures in place to improve the health and well-being of staff and it is a main focus for 2019/20.
- C Blanshard noted that in 2015 the Trust had been performing well in the Health and Well-Being Category as a new program had been introduced and included free health checks for staff and the re-launch of the staff club, amongst a number of other initiatives. L Wilkinson suggested that communicating the available services for staff is really important so they are aware what is on offer.
- P Kemp asked what proportion of supervisors/line managers were trained to undertake appraisals. C Blanshard stated that 100% of the medical appraisers had received formal training. PH explained that the appraisal processes were not as robust as desired and this would be taken forward as part of the work reviewing the quality of appraisals.
- R Credidio referred to the deteriorating trend in Bullying and Harassment, particularly with staff experiencing this from their managers and queried the reason behind this problem. P Hargreaves explained that there had been a bigger focus on performance managing staff over the last year and whilst this is good practice, it is important this is done in a respectful way. PH assured the Board that this was to be discussed at the Staff Engagement Forum and there is a bigger piece of work underway in regards to strengthening leadership and development throughout the Trust.

**TB1 – Freedom to Speak Up Guardian Annual Report
04/04/23**

E Spicer joined the meeting to present the 2018/19 FTSUG Annual Report and noted that as part of the CQC report published in March 2019, the Trust's current FTSUG arrangements did not reflect the recommendations of the National Guardian's Office. Work relating to these recommendations has been ongoing over the last few months and includes:

- Working with Equality, Diversity and Inclusion to ensure strategies

are aligned including, communications and recruitment for FTSU Champions. There have discussions at the Workforce Committee meeting regarding protected time for Champions and further work is required on this.

- Focus on education and providing people with the correct information on how to raise concerns and how to respond when concerns are raised. Ensuring staff know how to access the FTSUG.
- Providing updates to the Workforce Committee and submitting regular reports to the National Guardian's Office.

Discussion:

- A Hyett noted that the role of FTSUG provides clarity on concerns raised, as the person raising the concern has a point of contact and does not feel like they can only speak up anonymously.
- P Kemp asked if there was a balance between anonymity of a concern raised and the ability to take action. E Spicer noted that each concern raised requires a judgement. For example if patient safety is being compromised anonymity will have to be broken and this is carefully managed.
- M Von-Bertele noted that the role of FTSUG should be focused on educating staff to raise concerns through the correct channels.
- P Miller asked E Spicer what the specific priorities currently were. E Spicer stated that working on communications and establishing a network of ambassadors is a key priority.

N Marsden thanked E Spicer for her work in developing the FTSUG role.

TB1 – CQC Report
04/04/24

N Marsden noted that a discussion regarding the CQC report would be taking place at the Board Development session on 11th April.

STRATEGY AND DEVELOPMENT

TB1 – Strategy for Improvement & Quality Improvement Operational Plan
04/04/25 2019/20

E Provins presented the report which included the Strategy for Improvement and Quality Improvement Operational Plan and highlighted the following key points:

- The strategy outlines the Trust's commitment to improvement and outlines what is meant by improvement, how we ensure sustainable improvement, roles and responsibilities and measurable actions.
- In achieving improvement, the Trust is reliant on a change in our culture, our capability and capacity.
- This piece of work is a long term strategy and delivery will be overseen by the CGC, Workforce Committee and reported to the Board every 6 months.
- The Operational Plan outlines the key objectives to deliver and embed a quality improvement approach in 2019/20.

Discussion:

- C Blanshard noted that discussions with clinical leaders had already begun in relation to changing cultures and empowering staff to take ownership of their services.
- PK supported the strategy being overseen by CGC and the Workforce Committee and suggested that an organisational development and quality improvement approach is required.
- A Hyett thanked E Provins for recognising the historical work and highlighting the challenges going forward. A Hyett noted that this piece of work had no additional investment and is being managed within the Trust's existing budget.
- T Baker agreed that culture change is important but suggested that not all improvement objectives will move at the same speed. It only takes a few small improvements to initiate a wider spread of change across the organisation.
- N Marsden thanked E Provins and reinforced the Board's support of the strategy.

Decision:

The Board Approved the Strategy for Improvement & Quality Improvement Operational Plan 2019/20.

CLOSING BUSINESS**TB1 – Agreement of Principle Actions
04/04/26**

N Marsden recognised the performance of the Trust in 2018/19 and thanked the Executive Team and the wider Trust for their hard work.

**TB1 - Any Other Business
04/04/27****EU Exit Assurance**

A Hyett assured the Board that the F&PC had received an update on the Trust's EU Exit Plan. He asked the Board to note that the EU Exit Planning Situational Report is submitted daily by 5pm in line with national requirements and assurance processes are in place.

N Marsden thanked A Hyett and the wider team for their hard work.

**TB1 - Public Questions
04/04/28**

J Mangan congratulated the Board on their achievements during 2018/19 despite the challenges during the year. J Mangan observed that the Clinical Governance Committee (CGC) Terms of Reference only lists a small number of people to attend to reach quorum, in contrast to F&PC. He suggested that the committees should have an equal number of members to provide a level of challenge and balance of review. As part of the patient falls data J Mangan questioned why there were 5 reported fractures but no reported falls in January 2018.

N Marsden assured J Mangan that the Board committees were equally important and that the committee membership was to be reviewed by himself and C Charles Barks to review the balance of membership across the committees. L Wilkinson advised that she would look into the falls data

and confirm the outcome outside of the meeting.

R Jack noted the importance of staff health and well-being in relation to recruitment and retention and suggested that actions relating to this should be funded from the Trust's baseline and not from charitable funds. M Ellis noted that the a large proportion of staff health and well-being projects comes from the Occupational Health Budget and the earlier reference to charitable funding did not relate to all health and well-being related projects. N Marsden noted that an additional £250k investment had been allocated to four key areas relating to Organisational Development and People, with health and well-being included.

R Jack referred to the earlier discussion regarding all members of the Board being able to attend committees and asked if the same rules applied to governors. N Marsden confirmed that governors should be able to attend any Board sub-committee and advised that the Terms of Reference would be updated to reflect this. **ACTION: FMc**

FMc

TB1 - Date of Next Meeting
04/04/29

The next public meeting of the Board will be held on Thursday 23rd May 2019 at 9am.

TB1 - ITEMS FOR INFORMATION
04/04/30

There were no further items for information.

TB1 - RESOLUTION
04/04/31

Resolution to exclude representatives of the media and members of the public from the remainder of the meeting (due to the confidential nature of the business to be transacted).