

## MINUTES

<b>Present:</b>	Melloney Poole	Chairman
	Roger Burke-Hamilton	Non-Executive Director
	Gary Hay	Non-Executive Director
	David Parfitt	Non-Executive Director
	Martin Rolfe	Non-Executive Director
	Christine Slaymaker	Non-Executive Director
	Mark Cubbon	Chief Executive Officer (CEO)
	Chris Adcock	Chief Finance Officer (CFO)
	Paul Bytheway	Chief Operating Officer (COO)
	John Knighton	Medical Director (MD)
 <b>In Attendance:</b>	Nicole Cornelius	Director of Workforce and Organisational Development (DWOD)
	Penny Emerit	Director of Strategy and Performance (DSP)
	Lois Howell	Director of Governance and Risk (DGR)
	Emma McKinney	Director of Communication and Engagement (DCE)
	Sarah Dix	Operational Director (minute 080.19)
	Alison Fitzsimons	Divisional Nurse Director (minute 080.19)
	Constantinos Yiangou	Associate Medical Director (minute 080.19)
	Dave Gordon	Committee Clerk (minutes)

Item No	Minute
<b>079.19</b>	<p><b>Welcome, apologies and declarations of interest</b></p> <p>The Chairman welcomed everyone to the meeting. Apologies were received from Inga Kennedy (Non-Executive Director). No declarations of interest were made.</p>
<b>080.19</b>	<p><b>Networked Services Division</b></p> <p>The presentation outlined the structure and operation of the division, which had been established in July 2018. The division had combined three care groups (women &amp; children's services, renal &amp; transplantation and cancer); each of these had a Director, a Manager and a Senior Lead Nurse. It also included the Corporate Cancer Team which oversaw performance, quality and safety as well as future strategy in connection with cancer services across the Trust.</p> <p>The Divisional Nurse Director detailed the division's governance arrangements, with a Divisional Board receiving input from Care Group Performance Reviews and Governance meetings. The various boards or committees involved in the structure had clear roles in relation to assurance, information or decision making powers. Given the relative novelty of the division, the structure was still embedding; as a result, it was seeking external feedback to continue to refine these processes.</p>

The level of change involved in the new arrangements had proved challenging, as had the existence of a number of vacancies within it (particularly in the Corporate Cancer Team). However, rapid prioritisation of cancer standards had seen a significant improvement in performance. Recruitment to key posts had also helped embed the structure. Finance had proved challenging, but the recent appointment of an Operational Director was improving this situation. However, this would continue to be a priority in 2019 – 20 (with particular reference to transformational working).

The division would also continue to prioritise its workforce issues. Clinical leadership for the Cancer Care Group was an area for development, as was learning from incidents and deaths. Performance and accountability was a focus for the division for the foreseeable future. Risks identified (as well as those discussed above) included the lack of confirmed cost improvements within the division. This would be mitigated through challenge to care groups. Patient waiting times (particularly with reference to cancer) were another potential risk, with the harm review process identified as an area for mitigation in this regard. The imminent replacement of a number of IT systems was another area of activity in 2019 – 20.

The long term strategic aims of the division were to develop the division's identity, deliver the cancer and birthing strategies, bolster transformational working and improve engagement with service users (using the excellent example provided by the renal service).

The Chairman welcomed the clarity regarding the evolution of the division since its inception and the realistic analysis of the areas for development in the future. Roger Burke-Hamilton asked whether the division had adequate IT support, and the Director of Strategy and Performance responded that the Digital strategy was being developed and would include a review of support services. The divisional team also confirmed that they had dedicated support for specific IT systems. David Parfitt asked whether the division felt it had control over its own budget; the Divisional Nurse Director replied that the early absence of a Finance Business Partner had been problematic, but that work had subsequently been undertaken to clarify the division's budget and where staff were placed in the new structure. This had allowed planning for 2019 – 20 to be based on clearer understanding and with better controls. The Operational Director added that establishing accountability across the division was imperative. David Parfitt also inquired about Cost Improvement Programmes; the Operational Director responded that clinical engagement had helped identify easy savings that could be made quickly, and also longer term, more transformative efficiencies. The Director of Strategy and Performance outlined how the division had also considered reconfiguration and digital business partners when appraising its IT provision..

Christine Slaymaker requested details on the transformational work being planned; the Operational Director identified the Birthing Strategy review and work with gynaecology and Multi-Disciplinary Teams (MDTs) as key projects. The Associate Medical Director added review of the cancer pathways as a priority, with the Divisional Nurse Director highlighting work on immunotherapy transfer. Workforce realignment (particularly in renal) would also be imperative. Gary Hay highlighted the references to the importance of culture and sought more information on the context for the division. The Divisional Nurse Director raised the possibility that any new structure could be seen by staff as an impediment to service provision; instead, it was vital to promote the importance of new processes in creating the division's new identity and providing extra assurance. The Chairman welcomed the information presented, and awaited the planned presentations from the other divisions and the further context they would provide.

The Trust Board extended their thanks to those providing the presentation.

081.19	<p><b>Minutes of the last meeting</b></p> <p>The minutes of the meeting of 7<sup>th</sup> March 2019 were approved as a true and accurate record.</p>
082.19	<p><b>Matters arising / summary of agreed actions</b></p> <p>The Board reviewed the Action Log. The Director of Governance and Risk informed the Board that the Freedom to Speak Up self-assessment had been moved to a different workshop. In addition, the Board Code of Conduct would return as an agenda item later in 2019 – 20.</p>
083.19	<p><b>Notification of any other business</b></p> <p>No notification of any other business was given.</p>
084.19	<p><b>Chairman's opening remarks</b></p> <p>The Chairman was anticipating the forthcoming series of divisional presentations; the decision to wait until the new structure had consolidated had made these items more substantive. This development was vital in improving performance management as required, providing an additional layer of assurance, facilitation, confidence and identity.</p> <p>The Chairman advised that at future meetings the order of the agenda would be varied to ensure periodic prioritisation of all board business.</p>
085.19	<p><b>Chief Executive's Report</b></p> <p>The Chief Executive Officer addressed the following key issues:</p> <p><u>Executive team recruitment:</u> The Chief Operating Officer would be leaving the Trust in the near future; the Chief Executive Officer and Director of Workforce and Organisational Development were leading the recruitment of his successor. Interviews for the post will take place on 21<sup>st</sup> May 2019, with Non-Executive Directors invited to participate.</p> <p><u>Quality reporting:</u> The Director of Governance and Risk would be presenting a report to the Trust Board on 1<sup>st</sup> May 2019 regarding the work programme for quality governance. <b>Action: DGR</b></p> <p><u>Urgent Care Standards:</u> It had been announced on 3<sup>rd</sup> April 2019 that the Trust would be one of 14 to undertake a pilot of the new standards. The full details of this were awaited, but would be clarified shortly. As a result, the Board would receive an agenda item on this matter at its next meeting on 1<sup>st</sup> May 2019. <b>Action: COO</b></p> <p>The Chief Executive advised, further to his previous report, that a discussion about the promotion of the Trust's values, and its expectations regarding compassionate care that a discussion on these matters would take place at the Board meeting on 1<sup>st</sup> May 2019. <b>Action: DCE</b></p> <p>The draft Care Quality Commission report into its winter inspection had now been received by the Trust. A response was being compiled; once it had been finalised and published, this matter would also be taken by the Trust Board as an agenda item. <b>Action: CEO</b></p>

Gary Hay raised the reference to care in the community in the Chief Executive's report. The Chief Executive Officer replied that the volume of admissions to the Trust had risen significantly, with type 1 (e.g. accident and emergency) attendances 17.5% higher in February 2019 than February 2018. This had put great pressure on front door services, which was compounded by difficulties with discharges - the number of patients waiting for care in the community exceeded plans. Three areas to be developed on this matter were systems and processes, winter beds and staff. Systems required greater consistency and efficiency, with all partners acknowledging the issues and working on improvements. 2019–20 would also see increased capacity for winter, with significant investment for this being finalised. The Chief Operating Officer specified that funding for 14 beds had been allocated under winter planning for 2018–19, but an acuity change had led to demand being nearly double this. Business processes for the complex discharge team were being analysed to assess any improvements that could be made.

David Parfitt asked if there was an understanding across the region of the drivers for increased acuity and demand. The Chief Operating Officer responded that this was presently unclear, although information from sources such as GPs could be triangulated with the intention of establishing this. It was also noted that the number of admissions had increased generally; discussions with GPs regarding joint initiatives to manage demand appropriately were ongoing. The links between operational pressures and quality of care were appreciated by all parties concerned, and there would be a focus on patients with problems caused by frailty.

Christine Slaymaker sought clarification as to the issues affecting discharge services (e.g. capacity, funding, care home provision). The Chief Executive Officer advised the Board that £4 million had been invested in the discharge system, but a bed deficit of approximately 50 remained; at times of peak demand, this could double. Such capacity issues also had an impact on patient flow, making the procurement of appropriate facilities imperative for 2019–20. At present, processes for discharge could also be improved; NHS Improvement was supporting the Trust on revising this to provide a more integrated discharge service. The Medical Director added that nursing homes had provided indications that the volume and acuity of demand had increased; anecdotal indications suggested that nursing capacity, risk appetite and quality concerns may be factors in this. In addition, cases admitted to hospitals may have greater care needs by the time of admission than might have been the case had alternatives within the community been employed at an earlier stage. The "Humanising Healthcare" work would analyse data regarding the sources of admissions and their movement through the care system.

The Board accepted the Chief Executive Officer's report.

**086.19 2019 – 20 Operating Plan**

The Director of Strategy and Performance had previously presented the Plan to a joint meeting of committee Chairmen. The meeting had recommended the Plan to the Board for approval, with the submission to NHS Improvement to be made on 4<sup>th</sup> April 2019. The risks identified in the paper would be the subject of ongoing discussions with committees throughout 2019 – 20.

In particular, the joint meeting had examined the dependencies across the Plan, and it was noted that the level of alignment had increased from previous years. This improvement was based on the learning taken from the process of drafting the 2018 – 19 version. It had also discussed the role of the divisions in the delivery of the Plan and associated risks, and the commitment of the Executive Team to its content. The role of the various committees in scrutinising delivery of the Plan was also considered, with

each committee to receive a report on the Plan initiating a discussion on this matter over coming weeks. A public facing document, providing a narrative, would be taken by the Trust Board with the next strategy update.

**Action: DSP**

Christine Slaymaker (who chaired the joint meeting referred to above) provided her comments. In particular, she had been assured by the level of alignment evident, which had exceeded her expectations. The commitment of Executives to the Plan was welcomed. Martin Rolfe added that the tracking of assumptions (especially at divisional level) would be crucial. Gary Hay concurred, and stated that committees would need to align in a similar fashion to the Plan itself. David Parfitt considered that the document was as rigorous as possible at this stage of the Trust's improvement trajectory.

The Chief Financial Officer highlighted one particular risk (income agreement), the assessment of which had yet to be concluded. Daily negotiations were being held to ensure that it did not create an excessive cost improvement requirement in order to reach a break-even forecast for 2019 – 20. Instead, it needed to be based on a joint planning process; a risk assessment of the relevant contractual negotiations would be produced and reported to the Finance and Infrastructure Committee in April 2019.

**Action: CFO**

The Chief Executive Officer had appreciated the joint meeting and the opportunity it offered to consider how the Plan should be taken forward. The Chairman thanked the Director of Strategy and Performance for her work in preparing for the joint meeting.

The Board noted the Plan.

#### **087.19 Finance & Infrastructure Committee Feedback (including Financial Plan 2019 – 20)**

The Chairman of the Committee (Christine Slaymaker) discussed the challenges for the delivery of the revised year-end forecast. The Agenda for Change pay award and Project Jill were of particular note in this regard. [In order to maximise utilisation of the 2018/19 Capital Resource Limit, a number of items from the 2019/20 capital plan had been brought forward in order to address slippage in the 2018/19 programme. Spending had also been brought forward for items which had not been purchased in-year.](#) The Financial Plan for 2019-20, based on the Operational Plan, had been discussed, with the associated risks outlined in the report provided in the agenda papers. Pressures on the Capital Programme also meant that the Trust will have to continue to prioritise expenditure. The cash mandate would be activated should payments not be received as appropriate during 2019 – 20.

The Committee had also raised the need for a Board level discussion of risk appetite. This would need to be a strategic conversation outlining general principles rather than granular detail of specific cases. Meanwhile, the Trust's approach on infrastructure was improving, with a better focus on the strategic overview than was previously the case.

The business cases presented to the Committee had been recommended for approval. The endoscopy case had included more detail on the financial implications; it was acknowledged that the Trust compiled bids with good information on quality but less so on monetary matters. Meanwhile, a detailed examination of the overseas recruitment case had provided evidence that the risk level was significantly lower than anticipated. This resulted from the fact that the £3.8 million headline figure would only be incurred if the nurses were recruited; elements of the expenditure would not be incurred if the campaign did not achieve its targets. The extension of the haemodialysis contract was also agreed. As a general principle, the Trust was requested to ensure that financial

aspects of business cases were clearly stated in reports presented to the Committee. The progress of cases which had been accepted was also required.

The Board felt that it had not had sufficient opportunity to scrutinise the three business cases recommended by the Finance & Infrastructure Committee and declined to make a decision on them at the meeting. The Board did, however, agree to use its powers under Standing Order 6.3 to make a decision about the three business cases outside of the formal meeting.

**Action: DGR**

The Board noted the Committee's report.

**Post meeting note:** The Board subsequently agreed all three business cases.

**088.19 Financial performance report analysis**

The Chief Financial Officer reported on the current position, with the caveat that the closure of the 2018–19 accounts is in progress. The data presented in the report covered the period up to the end of February 2019, with non-recurrent items set to leave the deficit at £34.8 million. However, as reported in minute 087.19 external factors subsequent to this had compromised the forecast. There was no mitigation for these issues; work with regulators had been initiated with a view to establishing how these could be addressed. The level of unscheduled care had also driven up staffing costs; there was some, but not complete, mitigation for this.

The Chairman noted the planning which had taken place, and the external nature of the issues which had led to problems with meeting the revised forecast. The Chief Financial Officer added that the Trust was working with system partners on these matters; however, year-end deadlines made time to resolve this very limited.

Christine Slaymaker asked if Board members felt that financial reporting provided a clear outline of the Trust's position. The Chairman wished to note that she was confident that it offered general guidance to members on key areas. The Medical Director noted the further assurance provided by Trust Leadership Team discussions on financial performance. Roger Burke-Hamilton stated that understanding the cycle of financial decision making was imperative; the joint meeting noted in minute 087.19 was an example of addressing this. Gary Hay added that he was confident regarding major investment decisions, but needed more assurance on cost improvement programmes and financial controls. The Director of Strategy and Performance stressed the importance of linking financial assumptions to operational delivery. David Parfitt also noted that, whilst the year-end position provided clarity on overall performance, it was vital that the position was understood earlier in the financial year. The Director of Governance and Risk welcomed the triangulation of financial information through diverse discussions; this provided a breadth of views and rich discussion. Martin Rolfe emphasised the need for an understanding of the key assumptions which had an impact on a number of areas; members needed to understand the mechanisms to track them and their implications across the Trust. The Chief Executive Officer concluded that there was consensus that there was visibility concerning Trust finances. It was important to build on the work that was underway regarding alignment and ensuring committees were triangulating analysis.

Given these points, the Trust Board resolved for a joint meeting of committee Chairmen to be organised for the mid-point of the 2019 – 20 financial year.

**Action: Committee Clerk / DSP**

The Board noted the report.

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<p><b>089.19</b></p>	<p><b>Quality and Performance Committee feedback</b></p> <p>The Chairman of the Committee (Martin Rolfe) highlighted the Integrated Performance Report which had been discussed by the Committee; this had been a productive discussion, but was hampered by the publication of the document on the morning of the meeting. As a result, the Committee prioritised timeliness over perfection regarding the data. This particularly applied to the context, where long term trends were being analysed. Should the final verified data be significantly different from preliminary estimates, this could be highlighted for the Committee at the meeting.</p> <p>The quality discussion had led to a discussion on compassionate care. Given the link between operational pressure and quality of care (proven by a range of metrics and triangulated data), this was a matter the Committee would continue to monitor. The incidence of MSSA cases indicated that previous improvements had deteriorated after a reduction in focus, suggesting that those improvements had not been sufficiently embedded to become permanent. In terms of mental health, 16 – 18 year olds had been subject to above average waiting times; the extension of the Children and Adolescent Mental Health Service was intended to improve this.</p> <p>In terms of the friends and family test, there had been a rise in the number of ‘not recommend’ responses. Much of this increase appeared to be linked to staff attitudes and compassionate care. The resulting discussion on the observation of care had links to previous Board conversations on compassion and Trust values.</p> <p>The diverse subjects covered in the Quality Recovery Plan and the fluctuation in the level of performance led to a discussion about the need for clarity on reporting. In particular, the areas being measured and the timeframes involved were required; as it stood, the Committee felt that there was too much emphasis on short term issues. The Committee was satisfied with the planned Shared Assurance Programme and the insight it provided to the Clinical Commissioning Group.</p> <p>With regard to incident reporting, it was vital that those presenting their concerns received feedback. This applied even in cases where the decision was that no further action should be taken. Unless this was done, there was a risk that a perception of inaction on the part of the Trust would become prevalent. It was also imperative that any case of suppression of staff concerns was met with clear, firm action.</p> <p>The Chief Executive Officer stated that the issues regarding observations of care would form part of the report to the Trust Board on compassionate care.</p> <p style="text-align: right;"><b>Action: DCE</b></p> <p>The Director of Governance and Risk agreed that future Integrated Performance Reports would be based on provisional data. This would ensure timely dispatch to members for consideration.</p> <p style="text-align: right;"><b>Action: DGR</b></p> <p>The Board noted the update.</p>
<p><b>090.19</b></p>	<p><b>Safety, quality and operational performance report analysis</b></p> <p>The Medical Director highlighted the main points of the report, with particular reference to amendments made to reporting in recent iterations. The number of safety events was high in February 2019; however, falls and pressure ulcers had not seen a continuation of January 2019’s increase. There had been some pressure on the ambulance service leading to a number of holds. All actions identified to address the MSSA issue referenced in minute 089.19 had been taken by the time of the Quality and Performance</p>



Committee meeting. Data reporting on sepsis and deteriorating patients was being modified and was not yet complete. However, there had been significant improvements in this version of the Integrated Performance Report.

Reporting for mental health had also undergone significant change. This was partly the result of dedicated capacity being allocated to some of the identified areas for improvement. Some of the layout and data for medication safety had been modified to reflect the themes arising from qualitative assessment. As an example, insulin prescribing was a particular area for potential harm. Given this, a small working group had been established to ensure effective oversight of related reported incidents.

Despite recent operational pressures and occupancy issues, the Trust was substantially below its trajectory on C. difficile cases. This had been achieved through rapid isolation of patients and high quality antibiotic stewardship. There had been no second peak in influenza cases despite the Trust's expectations. Point of care testing for flu patients had proved very effective and would form a core element in winter planning for 2019–20.

In terms of sepsis and deteriorating patients, reporting was becoming more complete. Cardiac arrest in hospital was a nationally recognised (albeit surrogate) indicator of the recognition and treatment of deteriorating patients. Reporting was being used to focus efforts to improve care, with the Trust at national average levels of performance despite the high level of acuity. Meanwhile, mortality rates for inpatients were in line with national averages; the aim was for further reduction in this metric. However, NEWS compliance had fallen; the NEWS 2 upgrade had directly contributed to this, and it was anticipated this would return to previous levels in future months.

The Chairman inquired as to progress made on end of life care. The Medical Director responded that this was being discussed with the Mortality Review Panel and would be incorporated in the next report on learning from deaths. The Mortality Review Panel had also been influential in the reduction in the Summary Hospital-level Mortality Indicator (SHMI).

Mental health reporting had improved, with the Head of Safeguarding now responsible for the area. Metrics for response times and placement times would continue to be refined. Progress was being made on safeguarding although training remained a concern; continued communication with non-compliant staff members was in hand. Issues regarding applications for deprivation of liberty safeguards may well be caused by the low response rate from the Local Authority, leading staff to question the process. The Trust acknowledged the limitations regarding current reporting on patient experience.

The Chief Executive Officer indicated that future reporting on safeguarding could highlight the new training requirements. In addition, the rise in the number of applications for deprivation of liberty safeguards needed to be triangulated and included in training. The Director of Governance and Risk raised the role of improved safeguarding awareness in reducing elements of the current risk register.

Christine Slaymaker asked if demand for pharmacy services outstripped demand and caused issues with discharge. She asked whether patients could be referred to local pharmacies for prescriptions. The Medical Director replied that the 'FP10' route could be used, but that external pharmacies did not always stock the same range of medications, and there was also a cost implication for the local health economy. The Chief Operating Officer added that the Trust had a visible representation of the discharge process on 'Bedview' which staff could use to monitor a patient's progress, and chase pharmacy referrals if they looked likely to cause delay.

	<p>The Chief Operating Officer outlined preparations for Easter. Internal reorganisation and the realignment of processes in the complex discharge team (aiming to maintain 40 such discharges a day) would commence on 8<sup>th</sup> April 2019. A system-wide steering committee would oversee this work, with work on urgent care also being prioritised. The number of incidents of Operational Pressures Escalation Level (OPEL) 3 had risen in February and March 2019; however, on each occasion there had been more timely de-escalation to OPEL 2. The Trust was keen to maintain simple discharges (in particular on Sundays) to allow for greater long term planning as operational pressure decreased.</p> <p>February 2019 had seen seven out of the eight cancer standards achieved. Performance on the 62 day standard stood at 82.4% (a slight increase from the previous month), with diagnostics, urology and colorectal being the main areas of challenge. The urology team had reorganised their work plans after a three week period of work with Trust leadership. In terms of the 18 weeks referral to treatment standard, the number of cancelled operations had decreased, and the Trust's ability to reorganise had assisted progress. Diagnostics performance had improved since January 2019, with oversight and a plan established.. The long term sustainability plan would be the focus for the immediate future. Performance on stroke care had not shown have the desired sustainability. Workforce issues and processes required improvement; increased funding for the speech and language therapy service would assist with this.</p> <p>The Chairman asked if the frailty assessment unit was appropriately staffed. The Chief Operating Officer responded that it was open, but nursing workforce and vacancy issues were limiting its deployment. Work with the older persons' medicine team to make the transition to a fully functioning unit was underway.</p> <p>The Board noted the update.</p>
<b>091.19</b>	<p><b>Draft Quality Account – priorities</b></p> <p>This item was deferred to the May meeting.</p>
<b>092.19</b>	<p><b>Corporate Risk Register</b></p> <p>The Director of Governance and Risk advised that all risks on the Corporate Risk Register had been updated since its previous presentation to the Board, and that the covering report now included increased analysis, with particular reference to movement in risks. All corporate level risks were included, regardless of score. The risk relating to departure from the European Union having risen whilst six others had been reduced. A number of safeguarding risk were amongst these. It was noted that winter pressures also had an impact on the scoring of certain risks. Pharmacy and medicine management were also prominent on the register, with a medicine management action plan being overseen by the Quality and Performance Committee. A revised heat map was also included, as were graphs showing the movement of risks over time. The Chairman welcomed the approach and acknowledged the importance of reporting the Corporate Risk Register to the Board.</p> <p>The Board noted the update.</p>
<b>093.19</b>	<p><b>Workforce and Organisational Development Committee feedback</b></p> <p>The Chairman of the Committee (Gary Hay) outlined the business discussed at the Committee, in particular, the ongoing challenges regarding recruitment and retention. A substantial amount of work was being done on this (e.g. overseas recruitment as</p>

	<p>mentioned in minute 087.19), with a report on areas where recruitment was particularly challenging to return to the Committee on 17<sup>th</sup> April 2019. On the workforce cost improvement plan, the Committee had sought details on the shortfall for 2018–19 and the alterations in approach for 2019–20. The staff survey had been assessed and would be discussed at this meeting under minute 095.19. The Committee also raised the need for more emphasis on equality and diversity, with the annual report on this matter to be taken by the Committee on 17<sup>th</sup> April 2019. The Chief Executive Officer added that workforce cost improvements for 2019–20 may require revision.</p> <p>The Board noted the report.</p>
<p><b>094.19</b></p>	<p><b>Workforce and organisational development performance analysis</b></p> <p>The Director of Workforce and Organisational Development introduced the amended reporting for her area, which provided greater focus in the commentary and offered more measures for analysis. The next Workforce and Organisational Development Committee meeting would be considering revised workforce measures, metrics and standards.</p> <p>The funded workforce had now been agreed with finance; any changes to this would be monitored through a change control process and reported to the Committee. Work on recruitment and retention was being undertaken in order to reduce the temporary workforce at the Trust. It was reported that 850 people had attended the recent careers fair, whilst hard to recruit areas were also being targeted. Shift fill by Bank Partners had increased, reducing spend on agency staff. ‘Time to recruit’ reporting was also evolving in order to ensure that the most suitable metrics were received by the Board. Improvements in turnover had been evident throughout 2019, although the Trust was unlikely to achieve its target – which would be reviewed by the Committee.</p> <p>The stability index was above its target. However, further research had highlighted the need for more staff to be retained beyond their first year. As a result, this matter would be revisited. Meanwhile, sickness absence was below the Wessex average but above the Trust’s target; therefore, this may also require revision. The vacancy rate had fluctuated; it was intended to drive this down given the finalisation of the establishment. Compliance with completion of appraisals would continue to be monitored.</p> <p>Gary Hay noted the amount of work being undertaken, and the incorporation of the comments of the Workforce and Organisational Development Committee in reporting. Martin Rolfe concurred with this, and also asked if measures where continued performance at static levels indicated that they may not be appropriate to evaluate change should be reviewed. The Chairman welcomed the changes in reporting.</p> <p>The Board accepted the report.</p>
<p><b>095.19</b></p>	<p><b>National Staff Survey analysis</b></p> <p>The Director of Workforce and Organisational Development introduced the survey results, which had been shared with Board members, staff and divisions. Although the response rate had declined slightly, it was still well above the national average. The dashboard indicated that of the ten themes, three were above average, four were in line with national averages and three were below this level. One theme had improved within the Trust since 2017, along with four specific measures. Four had remained constant, whilst five had declined and would be the focus of improvement plans. A heat map had also been created to identify areas for deep dives. In particular, equality &amp; diversity, health &amp; wellbeing, work pressures and bullying &amp; harassment had been specified as</p>

suitable for more detailed investigation. An organisation wide Improvement Plan would be presented to the Workforce and Organisational Development Committee and then the Board.

The Chairman asked how results were communicated. The Director of Communications and Engagement informed the Board that any related messages (e.g. bullying and harassment) would refer to the survey. Feedback from culture change agents had indicated that this was one potential means by which the impact of communication could be increased. A corporate message from the Chief Executive Officer had also been issued, as had local divisional messages.

Martin Rolfe asked if the results had been examined from a leadership perspective, and whether management and staff views were aligned. The Director of Workforce and Organisational Development informed the Board that this had not yet taken place but was possible using the systems available. Christine Slaymaker noted the decline in scoring for effective communication by senior managers; she suggested that as expectations rise, managers may have to remain consistent in their approach, despite the feedback. David Parfitt asked if it was the case that over half of Trust staff had faced abuse; this was confirmed, although it included verbal as well as physical abuse. He also sought an indication as to whether the overall picture was better or worse than 2017; this was unclear given the changes in the measures reported in the survey.

The Chief Executive Officer added that the document should not be viewed in isolation, given the other sources available. Staff views on the most effective means of communication were also being taken on board. A series of Listening Into Action events would be held to reinforce this and identify the key trust-wide issues for prioritisation. Christine Slaymaker suggested that using different categories for statistical analysis could provide new perspectives on the information presented.

The Board noted the survey.

**096.19**

### **Freedom to Speak Up**

The Director of Governance and Risk updated the Board on the work over the last year. The related data was largely in line with national averages. The referrals to the Freedom to Speak Up Guardian also reflected the findings of the staff survey. Commitment to the Freedom to Speak Up self-assessment was also sought, as was reflection of the process in the workforce strategy. The amalgamation of processes was also proposed. On the three points above, the Board gave its approval.

The Chairman indicated an interest in receiving information on the speed of resolution. The Director of Governance and Risk stated that this could be hard to measure or misleading, with some cases (e.g. relationship management) requiring longer procedures. However, this could be included in future reporting in terms of number of cases closed to the satisfaction of the staff member making the report.

David Parfitt asked if this matter should be co-ordinated with the incident reporting discussed by Quality and Performance Committee at its March 2019 meeting. Whilst the Director of Governance and Risk noted the possibility for issues raised by these matters to be at variance, she would raise it with the Freedom to Speak Up Guardian.

**Action: DGR**

There was clarity regarding initial reporting (as all incidents were logged via the Datix system). It was also indicated to staff that the Freedom to Speak Up system was not the initial procedure to use. Christine Slaymaker sought guidance as to whether one

	<p>committee needed to be the lead body for whistleblowing matters; the Director of Governance and Risk would ensure that internal, external and Freedom to Speak Up information on the Trust would be triangulated and reported as appropriate.</p> <p>The Board noted the report.</p>
<p><b>097.19</b></p>	<p><b>Audit Committee feedback</b></p> <p>The meeting on 25<sup>th</sup> March 2019 had not been quorate. As a result, its recommendations would be taken to the next full meeting of the Committee for approval. The Chairman reminded members that their attendance was vital to ensure that business could be transacted. However, the intervention of commitments for members at short notice was recognised.</p> <p>It was reported that TIAA had been re-appointed as the Trust's Internal Auditors by the Trust Leadership Team.</p> <p>The Board noted the update.</p>
<p><b>098.19</b></p>	<p><b>Directors' and Non-Executive Directors' reflections on the meeting</b></p> <p>The Director of Strategy and Performance welcomed the clear links between parts of the agenda. She also valued the divisional presentations which helped present a more diverse view of the Trust. David Parfitt indicated that the discussion of finance had been very productive. The Director of Governance and Risk felt that the Board was moving away from discussing only data, to fulfil a more analytical and valuable role. Christine Slaymaker noted the importance of quality, and the need for making a difference rather than focusing on task alone. Given this, prioritisation would be imperative. Clinical expertise amongst the Non-Executives would also be vital in having the desired impact. The Director of Communications and Engagement appreciated the reordering of the agenda which gave rise to a more developed conversation on finance.</p> <p>Martin Rolfe noted the more analytical discussion regarding the staff survey, rather than seeking short term reactive solutions. Gary Hay felt that triangulation was developing, and the Board was avoiding complacency in its search for improvement. The Chief Operating Officer had seen a focus on people, process and engagement which would deliver improvement. Roger Burke-Hamilton was anticipating the opportunity to use the divisional presentations to consider how change could be delivered using an evidence base and taking an innovative approach. The dialogue had improved since his term of office had started.</p> <p>The Chief Financial Officer stated that the pre-work on the Operational Plan had been very productive and positive. It had provoked a conversation on how reporting could be modified in a number of areas. The Medical Director concurred with the observations regarding an improved analytical focus and its potential to drive future improvement. The divisional presentation also helped with staff engagement and Board visibility; this could be encouraged in other ways (e.g. service level presentations). The Director of Workforce and Organisational Development noted the cultural issues discussed at the meeting and the need to embed change to drive improvements in performance.</p>

	<p>The Chief Executive stated that triangulation was pivotal in understanding the underlying issues and holding informed discussions. He was also very satisfied to see the Board's commitment to maintaining its strategy rather than launching initiatives in response to short term concerns. The Chairman echoed this comment and the need to adhere to identified priorities.</p>
<b>099.19</b>	<p><b>Record of attendance</b></p> <p>The record of attendance was noted.</p>
<b>100.19</b>	<p><b>Opportunity for the public to ask questions relating to today's Board meeting</b></p> <p>The following questions were submitted to the Board prior to the meeting. The Chairman gave the responses set out below:</p> <p>1. Is every member of the Trust Board committed to ensuring the Trust Values are demonstrated through their own personal role modelling?</p> <p>We are working together as a Board, taking into account the feedback and advice from our Cultural Change Agents in particular, to understand how best we can individually and collectively demonstrate the Trust Values. For example, at our last meeting, we discussed and agreed the Code of Conduct that relates to the conduct of the members of the Trust Board and we are committed to continue this work through our own Board development work and accept that this will always be something that we need to measure ourselves against.</p> <p>2. If so, can the Chairman of the Trust give a public assurance that any incident or occurrence where this is not shown to be the case is dealt with regardless of an individual's position within the organisation?</p> <p>I can give assurance that if issues are raised about any individual, they will be dealt with in accordance with our policies. These policies apply to everyone regardless of their position in the organisation and provide for a variety of outcomes ranging from mediation, informal action or formal sanction.</p> <p>3. Can the Chairman of the Trust give a public assurance that any complaints or issues or concerns raised against the members of the Board in relation to not demonstrating the Trust values through bullying, inappropriate language or behaviour are investigated thoroughly and the outcomes documented in personal files?</p> <p>Yes. I can give assurance that complaints or issues raised in accordance with our policies against any Board Member in respect of bullying, inappropriate language or behaviour would be investigated.</p> <p>We rely in particular on our Datix reporting system and Freedom to Speak Up Guardian who offers an accessible, confidential and objective service whereby any such complaints can be fully and fairly investigated and which includes if necessary further investigation of any matter by our senior independent advisor.</p> <p>Remedial actions can be recommended and can vary from mediation to informal action or formal sanction. Any formal sanction would be recorded on the personal file.</p>

<b>101.19</b>	<b>Any other business</b> There were no further matters raised.
<b>102.19</b>	<b>Additions to Board Assurance Framework and Risk Register</b> No additions to either the Board Assurance Framework or Risk Register were requested.
	<b>Date of Next Meeting:</b> Wednesday 1 <sup>st</sup> May 2019, 9.30 am in the E Level Boardroom.

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