

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:

x

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 -o4,>BDC Q q 114.6 414.72 375.601 303.6 re W n B

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:

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

- x 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.
- x 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.
- x 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.
- x 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

- x 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

ACTION: FMc

- x 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.

Discussion:

- x 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 FMc
- x 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

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:

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

Discussion:

- x 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.
- x 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.
- x 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:

- x The Workforce Committee had discussed the results and the actions arising from the report in some detail.
- x 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.

- x The Trust's score has deteriorated in relation to Health and Well-Being, Safe Environment - Bully and Harassment and Quality of Care.
- x 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.
- x These actions arising from the survey will be part of the Leadership and Development Strategy.
- x There is a plan to look at the quality of appraisals to ensure they are valuable sessions for staff and the Trust.

Discussion:

- x 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.
- x 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.
- x 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.
- x 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:

- x 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.

- x 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.
- x Providing updates to the Workforce Committee and submitting regular reports to the National Guardian's Office.

Discussion:

- x 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.
- x 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.
- x M Von-Bertele noted that the role of FTSUG should be focused on educating staff to raise concerns through the correct channels.
- x 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:

- x 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.
- x In achieving improvement, the Trust is reliant on a change in our culture, our capability and capacity.
- x 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.
- x The Operational Plan outlines the key objectives to deliver and embed a quality improvement approach in 2019/20.

Discussion:

- x 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.
- x PK supported the strategy being overseen by CGC and the Workforce Committee and suggested that an organisational development and quality improvement approach is required.
- x 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.
- x T Baker agreed that culture change is important but suggested that not all improvement objectives will mov

