

Present:

Dr N Marsden
Mrs C Charles-Barks
Dr M Marsh
Prof J Reid
Ms L Wilkinson
Dr M von Bertele
Mr P Kemp
Mr P Miller
Mr P Hargreaves

Corporate Directors present :

28 day faster treatments/diagnosis standards – A Hyett reported that there is not yet a national data definition on this potential new cancer target. Whilst A Hyett will commence tracking, this may not exactly meet a new definition

2365/04 Chairman's Business

The Chairman had no business to report that was not otherwise covered by the agenda.

2365/05 Chief Executive's Report – SFT4076 – presented by C Charles- Barks

C Charles-Barks presented the Chief Executive's report and highlighted the following:

- x C Charles-Barks thanked bem [3(i)3(et(eo pt)-7(s)-2oacbus)-22burowTm [cbuow ac(owe(h)3(

- x J Reid queried safety issues in relation to rota gaps. J Butler informed that more middle grade appointments have been made to the Acute

J Reid and M Marsh presented the escalation reports from the Clinical Governance Committee meetings of 26 June and 24 July 2018.

26 June 2018 – J Reid highlighted the following:

- x The workforce challenges in ED including relationships between different roles within the department and the potential impacts for patient experience. Immediate risks have been mitigated through role redesign and ongoing recruitment
- x Workforce challenges in the acute medical unit are being mitigated by an ongoing recruitment campaign
- x Workforce will be an ongoing concern for the future given the national position. J Reid informed the Board that given the national changes to nurse training bursaries and fees nurse recruitment is down by a third

24 July 2018 – M Marsh highlighted the following:

- x The Committee gave further consideration to workforce issues in its July meeting. Risk mitigation was underway through an ongoing recruitment campaign and close monitoring of quality and performance
- x The Committee deferred feedback from the initial major incident to incorporate multiagency feedback from the second major incident
- x L Wilkinson informed the Board of changes in the grading and attribution of pressure ulcers. As a result of these changes the Board is likely to observe an increase in attributable pressure ulcers to the Trust as any changes not picked up on first assessment will be graded as hospital acquired. L Wilkinson assured the Board the driver for the change is to further reduce pressure ulcers and see this as a whole system issue
- x M von Bertele queried to what extent pressure ulcers contribute to length of stay. L Wilkinson informed the Board they do not have a significant impact as the Trust has few grade 3 pressure ulcers
- x J Reid queried internal assurance for when pressure ulcers are documented for a period of time from transition from the previous 72 hour requirement to the new requirement to assure clinically appropriate action. Internally a way of identifying avoidable and unavoidable pressure ulcers is needed so there is the understanding of what is in our control and what isn't
- x M Marsh considered that the Trust should look at any patient who has experienced a long lie prior to admission to hospital and are likely to develop pressure sores so the right care can be given to patients as quickly as possible

2366/03 Finance & Performance Committee Report – 26 June 2018 – SFT4080 – presented by P Miller

N Marsden presented the update from the Finance & Performance Committee held on 26 June 2018 and highlighted the following:

- x The Committee received an update on the SUS/SLAM reconciliation which indicated that the Trust had been reporting some of its data inaccurately internally and externally. The Chief Executive instigated a serious incident investigation. Further discussion and consideration of this was being given by the Audit Committee

The Board noted the report.

in different services and activity that is planned. This will continue to be tracked over the coming months

- x P Miller expressed concern that given the challenging financial position the Trust cannot afford to outsource work and queried the approach being taken to waiting list management. A Hyett informed the Board that he holds weekly waiting list management meetings. Work is underway to maximise utilisation of the Trust's resources through the transformation programmes. The Trust is receiving referrals from other areas given SFT's waiting list position is better than others in the area. Patients have freedom of choice through Choose and Book and will understandably choose to go to a service that has shorter waiting times. Clinicians feedback if they start to experience referrals from other areas. A Hyett will discuss any changes in referral demography with the CCG.
- x M Marsh queried whether the Trust has experienced any challenges in controlling ward temperatures in the heatwave. A Hyett informed that the Trust's heatwave protocols have been tried and tested. Clinical staff have been paying additional attention to high risk patients. There has been a weekly meeting with all operational teams to address heatwave issues and the Trust has been working with the local media to promote public health messages. C Charles-Barks informed the Board that the Trust took actions to adjust the uniform policy to enable staff to wear shorts and provided ice pops for patients on the wards
- x J Reid was pleased to note the Trust had given consideration to staff and their hydration. A Hyett informed that there are a high number of chilled water dispensers located around the hospital

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A Hyett presented the specialist section of the Integrated Performance Report and highlighted the following:

- x The Wessex Plastics network has been launched which is being hosted by SFT and includes all those Trusts that use SFT's plastics service. The network has national links. It is intended to get patient representation on the network. The network will be considering the future for plastics provision
- x The national burns major incident exercise is to be rescheduled
- x The Trust is participating in a spinal injuries step down pilot which will look at what services need to be provided in an acute hospital setting and what services would be better provided elsewhere in a rehabilitation facility or a home setting
- x In the past the Trust had lengthy waits for spinal outpatient follow up appointments. There is now no delays in appointments within the department which is a major improvement

L Wilkinson presented the innovation section of the Integrated Performance Report and highlighted the following:

- x The Research Annual Report shows the Trust's compliance with national standards on research. SFT is considered a top recruiter for research studies however this means the Trust has been set an increasingly challenging recruitment target

L Wilkinson presented the care section of the Integrated Performance Report and highlighted the following:

immediate rehabilitation. Staff are working to keep a side room clear at all times to support rapid admission to the unit. M Marsh informed that a new national task force is being set up by the national medical director which will bring a priority focus to this area

- x M von Bertele considered there is an effect of short staffing on patient experience and impacts on staff morale. P Hargreaves informed the Board that the workforce strategy links how staff feel and are being managed with the quality of delivery of an individual's job
- x J Reid considered that the Chief Executive's and Director of Nursing's use of twitter is a good way to engage with staff
- x L Wilkinson discussed the Safer Staffing report which shows most areas green or amber with only one area rated red with mitigation in place

P Hargreaves presented the People section of the Integrated Performance Report and highlighted the following:

- x The new electronic TRAC recruitment system is now in place which supports an efficient recruitment process for both the Trust and the candidate and will support reductions in the time to hire
- x There continues to be a large nursing gap of around 117 whole time equivalents (WTEs). The return rate on overseas recruitment campaigns is starting to improve and the Trust's approach to retention is starting to improve retention rates
- x Agency spend has increased in month 3 which has been offset by a slight underspend on the pay budget, with savings made spent on agency usage. As a result the Trust is breaching its NHSI agency control total by 50% in order to maintain safe services. In response, new control caps are in place internally with the requirement for Chief Executive sign off of those with an agency rate over £170 per hour. Agency usage is reviewed at the Workforce Pay Control Group

2368/00 QUALITY & RISK

2368/01 Board Assurance Framework and Corporate Risk Register – SFT4083
– presented by L Wilkinson

L Wilkinson presented the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) and highlighted the following:

- x Both the BAF and CRR have been considered at the Board's Committees during July
- x The BAF will go via these Committees again through September on its way to the October Board meeting
- x The risk overview indicates that 'people' and 'resources' are highest areas of risk for the Trust
- x The new SUS/SLAM data risk has been added to the CRR. C Charles-Barks considered this risk level needs to be increased given the impact of the SUS/SLAM issue

LA

The Board approved the BAF and CRR.

2368/02 Skill Mix Review – SFT4084 – presented by L Wilkinson

L Wilkinson presented the Skill Mix Review and highlighted the following:

- x In autumn 2017 the skill mix process was amended as per national guidance to a once a year review and with mid-year update. This report is the mid-year report with work commencing with wards in September to inform the annual review which will be presented to Board in December
- x The report provides assurance of the current staffing levels.
- x Appendix 4 and 6 show staffing establishments as currently set are broadly appropriate. Nurse sensitive indicators are reviewed monthly
- x The main risk to safe staffing is the recruitment and retention challenge and the 17% registered nurse vacancy level
- x Appendix 2 provides data to show how effectively staff are being deployed. The Trust compares well on most indicators
- x The Safer Staff Working Group has been reviewing additional duties to understand these and links to the care collaborative work
- x L Wilkinson recommended that further work is undertaken to review staffing in ED and to continue to look at new ways of working. This will include consideration of new staffing guidance which was published in July in relation to staffing urgent and emergency care settings
- x An increased focus is needed on the Acute Medical Unit which is experiencing higher turnover and to understand the impact on nurses of the higher throughput of activity in ED
- x The Trust is having to provide increased nursing at night in this area due to GP admission patterns
- x There is a need to review orthopaedics nursing levels given the aim of increasing the activity through that service
- x An initial evaluation of the paediatric outreach service shows that this is a positive service but a full impact evaluation is needed to demonstrate the positive improvements

P Hargreaves presented the Revalidation Annual Report to Board and highlighted the following:

- x It is a statutory requirement for the Board to receive the Revalidation Report at a public meeting of the Board. The Chief Executive and Chairman are required to sign off the report
- x 9% of medical appraisals are out of date. Exceptions are being managed through the escalation process
- x The report is to provide assurance to the Board that the process of revalidation is being carried out in line with national requirements

Discussion:

- x N Marsden reminded the Board that C Blanshard discussed this report with the Board at its meeting in July given she would be absent from today's meeting
- x M Marsh informed the Board that he chaired the annual appraisal quality assurance process and supported sign-off of the report
- x M Marsh informed the Board that C Blanshard considers there are adequate resources in place to support revalidation. The Trust is carrying out the right activities and recognises there are areas for further improvement. M Marsh informed the Board that best practice indicates a reduced number of appraisers should be carrying out medical appraisals in order to reduce variation and work is underway to reduce the number of appraisers within the Trust
- x M Marsh considered the report can be signed-off, recognising there are areas for ongoing improvement

The Board:

- x Agreed that the process of medical appraisal and revalidation is being carried out in accordance with the Regulations
- x Agreed to support the Responsible Officer with the resources she needs to comply with the Regulations
- x Agreed to share this report with the Higher Level Responsible Officer
- x Approved the 'statement of compliance' confirming that the organisation, as a designated body, is in compliance with the regulations

