GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

MINUTES OF THE MEETING OF THE TRUST BOARD HELD IN THE LECTURE HALL, SANDFORD EDUCATION CENTRE, KEYNSHAM ROAD, CHELTENHAM ON WEDNESDAY 12 APRIL 2017 AT 9AM

THESE MINUTES MAY BE MADE AVAILABLE TO THE PUBLIC AND PERSONS OUTSIDE THE TRUST AS PART OF THE TRUST'S COMPLIANCE WITH THE FREEDOM OF INFORMATION ACT 2000

PRESENT	Peter Lachecki	Chair
	Deborah Lee	Chief Executive
	Dr Sean Elyan	Medical Director
	Dr Sally Pearson	Director of Clinical Strategy
	Maggie Arnold	Director of Nursing
	Natasha Swinscoe	Interim Chief Operating Officer
	Dave Smith	Director of Human Resources and Organisational Development
	Sarah Stansfield	Acting Director of Finance
	Tracey Barber	Non-Executive Director
	Dr Claire Feehily	Non-Executive Director
	Tony Foster	Non-Executive Director
	Rob Graves	Non-Executive Director
	Keith Norton	Non-Executive Director
APOLOGIES	None	
IN ATTENDANCE	Martin Wood	Trust Secretary
PUBLIC/PRESS	Craig Macfarlane	Head of Communications
	Two Governors, four members of the public two representatives from the press and a member of staff.	

The Chair welcomed Governors, the public, representatives of the press and staff to the meeting.

067/17 PATIENT STORY **ACTIONS**

Karen Bradshaw presented her patient story on what she described as the "good, the bad and the ugly" side of a NICU journey. She described the journey of the birth and care of her two premature babies including the stays in both Bristol and Gloucestershire Royal Hospital. She expressed admiration for all the dedicated staff working in the NHS. From her personal experiences she offered some suggestions for improvement. These included:-

- There were parking costs at Gloucestershire Royal Hospital which were free at Bristol and could consideration be given to this?
- Meals were available in Foster's Restaurant but it would be such an improvement if meals could be provided to parents on the ward to avoid them leaving the unit.
- Accommodation for parents was available in Bristol on the unit but no such facility is available at Gloucestershire Royal Hospital. There are two rooms for staff accommodation

adjacent to the unit which she suggested could be made available to parents.
- A drinking water supply just outside of the unit would ensure hydration which is critical when mothers are breastfeeding.
- Bristol provided a password system to assist with telephoning the hospital which helped with accessing information when off site and could a similar facility be provided?
- It was difficult to drive to Bristol with reliance on family and friends. In Bristol there was a local charity operating a service to pick up parents for visiting. It was difficult for one parent to visit in Bristol and one to remain looking after the second child. Again, could a similar facility be provided?
- Can the sterile bags be changed to those used in Maternity Wards?
- Could more up-to-date breast pumps be available to parents?
- Staff behaviours helped but a reduction and explanation of medical terminology would be helpful.

Mr Foster, as Chair of the Charitable Funds Committee, said that the story provided ideas for the Committee's consideration.

The Chair thanked Karen for her patient story. [09:30]

067/17 DECLARATIONS OF INTEREST

There were none.

068/17 MINUTES OF THE MEETING HELD ON 24 FEBRUARY 2017

RESOLVED: That the minutes of the meeting held on 24 February 2017 were agreed as a correct record and signed by the Chair.

069/17 MATTERS ARISING

008/17 AUDIT AND ASSURANCE COMMITTEE - 18 JANUARY 2017
Dr Feehily asked for information on the process for sharing internal audit reports. The Chief Executive said that each internal audit report now has an Executive sponsor and all reports will be presented to the Audit and Assurance Committee for that Committee to determine whether there are issues within those reports which should be referred to other Board Committees. *Completed.*

042/17 NURSE AND MIDWIFERY STAFFING REPORT:
The Chief Executive asked that the data for Medicine Division needs to be complete and this will be included in the next report. *Completed.*

The Chief Executive asked how the correlation between harm and staffing levels was undertaken. In response the Deputy Nursing Director said that pressure ulcers etc. are included in the Safety Thermometer and a root cause analysis is undertaken which looks at whether staffing levels have contributed to any harm. He acknowledged that further work is required in this area. The Nursing

Director added that the Deputy Nursing Director is taking forward learning from a recent nursing summit and will be visiting North East Hertfordshire Trust in May 2017 to learn from them with the outcome being reported to the Quality and Performance Committee. *Completed as a Matter Arising.*

MA
(MW to note for Workplan)

043/17 OPERATIONAL PLAN 2017 -19:
In response to a question from the Chair the Director of Clinical Strategy said that copies of the Plan in braille are available on request. The new web platform will provide opportunities for Trust documents to be more readily accessible and she will review the format of the Plan when published. *Completed.*

046/17 GOVERNOR QUESTIONS:
Mrs Davies suggested that a glossary of abbreviations/acronyms be prepared to help understanding of the Board papers. The Chair agreed that the feasibility of such a glossary will be reviewed. *Governors have been provided with the link to a Jargon Buster document on the GovernWell Section of NHS Providers website which helps in explaining some of the acronyms which they come across in their role. Completed.* [09:40]

070/17 CHIEF EXECUTIVE'S REPORT AND ENVIRONMENTAL SCAN

The Chief Executive presented her report and drew attention to the continuation of the operational pressures impacting on the Emergency Department 4 hour standard, the safety improvements made in the Department in the light of the CQC concerns raised, the impacts of the new Patient Administration System (PAS) TrackCare and performance being a cause for concern. In March 2017 NHS England published their Next Steps on the Five year Forward View with the initial direction unchanged from 2016 but clarifying the priorities for the next two years which will require development with our partners. Our Trust has agreed to become a partner within the "healthy workplace" element of Gloucestershire County Council's

One You Pledge campaign with the aim to encourage our staff to make a pledge around one of five areas and maintain it for four weeks.

The draft CQC Inspection report is now expected towards the end of April 2017 with publication planned for 23 May 2017.

During the course of the discussion, the following were the points raised:

- Dr Feehilly referred to the withdrawal of KPMG from supporting the Cost Improvement Programme (CIP) and the risk to developing the Programme with the current small Project Management Office (PMO) Team. In response, the Chief Executive said that it was the right decision to move from KPMG to our own PMO team to develop the CIP which she acknowledged was a risk particularly with the absence of a substantive CIP Director. However, there were also a number on interim staff members and Stuart Diggles who is

no longer Interim Finance Director is providing significant additional support. Recruitment is underway for substantive personnel including additional resource to support CIP delivery in the four clinical divisions.

- The Chief Executive said in response to a question from the Chair that the publication of the Next Steps Forward View by NHS England and the refocus of priorities was to be welcomed but the resources to deliver the plan remains an issue. The Chair acknowledged the Chief Executive's efforts in moving forward the Sustainable Transformation Programme.

The Chair thanked the Chief Executive for her report.

RESOLVED: That the report be noted. [09:55]

071/17 QUALITY AND PERFORMANCE REPORT

REPORT OF THE INTERIM CHIEF OPERATING OFFICER:

The Interim Chief Operating Officer presented the report summarising the key highlights and exceptions in Trust performance up until the end of February 2017 for the financial year 2016/17. The key points to note were that this month the Trust has not met any of the four national waiting trajectories for A&E 4 hour wait, 62 day cancer standard, 18 week referral to treatment (RTT) standard or 6 week diagnostic wait. The Trust has met the 2 week wait standard. A&E 4 hour performance was 77% in February. The Trust welcomed the Emergency Care Intensive Support Team (ECIST) on 6th and 7th March and is now working through their initial follow up report. ECIST have offered to continue to support our Trust for 1-2 days per month. The Trust met the 2 week wait cancer target in February achieving 94.7% against the target of 93%. Unvalidated 31 days performance has also improved in February. In respect of RTT, concerns regarding data quality, following the migration to TrakCare, resulted in a decision to cease RTT reporting until the quality of data can be assured. Work to resolve this issue is still underway. The Trust appointed an RTT specialist who commenced work in late February. A team of data entry staff are inputting the referral backlogs, after which point our Trust should be able to recommence reporting.

Regular fortnightly oversight meetings continue with Gloucestershire CCG, NHSI and NHSE to monitor recover. The NHSI visit has provided assurance that our Trust is doing al that it can to improve performance. Our Trust did not meet the diagnostics target in February, mainly driven by underperformance in echo-cardiology and endoscopy. Our Trust reported seven 52 week breaches in February. These patients were all treated in March. The trajectory for meeting the cancer 62 day target is expected to be met in July 2017.

During the course of the discussion, the following were the points raised:-

- Mr Foster asked how the ECIST decide where to provide focus. In response, the Interim Chief Operating Officer said

that leadership in the Emergency Department has been enhanced and the ECIST have looked at previous reports and the action plan to agree areas to be looked at and a small number of areas have been prioritised where it is believed ECIST can add most value.

- Mr Norton asked when our Trust would return to meet the four national waiting trajectories. The Interim Chief Operating officer said that 2017/18 Operational Plan indicates the timeframes to return to performance. The 2 week wait standard and the 62 day standard will be met in July 2017. The ED 4 hour standard and the RTT standard will not be met until next year but improvements each quarter are planned. The Chief Executive added that ED performance is impacted by the number of breaches as a result of workforce and capacity issues. This is linked to the reconfiguration proposals and there should be step changes. RTT performance is as a result of backlog and staffing issues. It could be 18 months before the performance standard is met. She stressed that there is oversight of patients and provided assurance that there is no evidence of harm to patients associated with excess waiting.
- The Nursing Director explained that Gallery Wing Ward at Gloucestershire Royal Hospital has been transitioned into a reablement ward targeted at those patients who are medically stable for discharge but whose discharge is delayed. There is a high focus of therapist activity. Whist it is only in its third week of operation the number of patients on the medical fit for discharge list is reducing with many patients able to return home rather than to a community setting at discharge. The Chief Executive explained that there is a delay in preparing the new format performance report. With the publication of the new Single Oversight Framework by NHSI, it will be necessary to develop our reporting to follow those arrangements, resulting in a delay.
- In response to a question from Dr Feehily, the Interim Chief Operating officer said that there is oversight of the Patient Treatment List (PTL) to ensure that there is no patient harm to delays in treatment with the seven 52 week breaches. It is predicted that there will be no 52 week breaches by May 2017.

The Chair thanked the Interim Chief Operating Officer for the report.

RESOLVED: That the Integrated Performance Framework report be noted as assurance that the Executive Team and Divisions are appropriately focussed on improving current poor levels of performance.

REPORT OF THE CHAIR OF THE QUALITY AND PERFORMANCE COMMITTEE ON THE MEETING HELD ON 30 MARCH 2017:

Mr Graves who Chaired the Committee on this occasion reported on the business conducted at the meeting of the Quality and Performance Committee held on 30 March 2017. He apologised for

the absence of a written report. He commented on the scale of the agenda but said that the processes were excellent with a wide range of material. Medicine Division made an informative presentation but consideration should be given to allowing greater time for Divisional presentations. The Committee also considered the performance data, the safety alert which appeared later in the agenda and Serious Untoward Incidents.

The Chair thanked Mr Graves for the report.

RESOLVED: That the report indicating the Non-Executive Director challenges made and the assurance received for residual concerns and/or gaps in assurance be noted.

TRUST RISK REGISTER

The Chief Executive presented the Trust Risk Register providing assurance that the Executive Team has oversight of all significant risks within the organisation. All risks with a score of 15 and above will be presented to the Board. Following reassessment it is likely that the majority of risks currently 15 and above will be de-escalated. Those risks in the safety domain with a score of 12 and above will also be presented to the Board. Other risks with a score of 12 will be managed by the relevant Committee. Risks with a score of 10 or below will be managed by the relevant Division. Two new risks had been added to the Register since the last meeting; risk to patient experience in the Emergency Department at Gloucestershire Royal Hospital during periods of overcrowding and risk to patient experience and safety requiring insertion of a gastrostomy tube. Controls and actions to address these risks were presented and DL confirmed the investment has been made into additional dietetic staff to address the gastrostomy risk and this would significantly mitigate the risk.

During the course of the discussion, the following were the points raised:-

- In response to a question from Mr Foster about the absence of financial risks on the Register, the Chief Executive said that the Finance Committee are to consider the Financial Risk Register in April 2017 and this would likely result in a small number of financial risks migrating to the Trust Risk Register.
- The Chair of the Audit and Assurance Committee said that the Committee should review risk based process bi annually.

RESOLVED: That the report be noted.

MINUTES OF THE MEETING OF THE QUALITY AND PERFORMANCE COMMITTEE HELD ON 22 FEBRUARY 2017:

RESOLVED: That the minutes of the meetings of the Quality and Performance Committee held on 22 February 2017 be deferred to the next meeting. [10:19] **MW**

073/17 FINANCIAL PERFORMANCE REPORT

CAPITAL INVESTMENT PROGRAMME 2017/18:

The Acting Finance Director presented the report seeking approval of the recommendations from the Finance Committee and Trust Leadership Team to approve the Capital Investment Programme for 2017/18. The key points to note were the capital programme is compiled into the following themes:

- Ongoing and committed schemes from 16/17
- The highest Health and Safety priorities have been included
- Essential backlog maintenance is funded
- Essential equipment replacement is funded
- Capital requirements to support approved revenue business cases is included

A number of equipment replacement items fall outside the capital programme with alternative lease or managed service arrangements being investigated to enable further asset replacement.

The capital programme schedule has been updated with the latest available programme information. The current internally funded schemes totalling £14.66m is aligned to a depreciation fund for 2017/18 of £12.70m resulting in a funding gap of £1.96m and the risk of not closing the gap is considered to be low. There are a further £18.04M of externally funded schemes with funding from a number of sources including the Department of Health and lease arrangements. There is a contingency of £475k in the Programme to deal with unexpected in year issues.

Schemes that are able to demonstrate a payback in the medium term (10 years) may be funded by further borrowing. Currently the utilisation of depreciation funding for additional assets is reducing the investment in existing asset maintenance and renewal. This is the purpose of deprecation funding, therefore wherever practicable the funding of additional assets should support effective payback on investment.

During the course of the discussion, the following were the points raised:-

- Mr Graves asked where the outcome of the Programme is reviewed. In response the Chief Executive said that it will form part of the Finance Committee's capital outcome review. The Nursing Director was invited to submit to the Quality and Performance Committee the allocation of the Environmental Fund. **MA (MW to note for WorkPlan)**
- The Acting Finance Director said in response to a question from Mr Foster that the outcome of bid to Central Government for £69M of capital funding for the estate has yet to be determined.
- Dr Feehily asked if there is a procedure for in year adjustments to the Programme for emergency environmental works, for example the lift in East Block, and that staff are able to raise such issues. In response, the Acting Director of Finance said that the Estates and Facilities Division manages risks and for the first time a contingency is included in the

Programme. It was agreed that the journey of the East Block lift be followed to assess the process.

- The COO confirmed that an operational risk assessment had been undertaken to ensure that there were no high risks associated with capital bids that had not secured funding.
- The CEO referred to the full asset review which will be undertaken in 2017/18 to enable the development of a risk assessed backlog to inform future capital planning priorities. The Acting Finance Director said that the plan is to conclude the audit by mid-summer 2017 and then RAG the assets.to determine how best to use the uncommitted Medical Equipment Fund monies. It is proposed to pre plan for 50% of the monies with 50% being for ad hoc assets. It was agreed that the Audit and Assurance Committee should receive an update following the audit.

SS
(MW to note for WorkPlan)

The Chair thanked the Acting Finance Director for the report.

RESOLVED: That the Capital Investment programme for 2017/18 be approved noting that the current funding gap of £1.96M which the Trust Leadership Team is confident can be eliminated.

REPORT OF THE INTERIM FINANCE DIRECTOR:

The Acting Finance Director presented the report providing an overview of the financial performance of our Trust as at the end of month eleven of the 2016/17 financial year. It provided the three primary financial statements along with analysis of the variances and movements against the forecast position, including an analysis of movement in the forecast outturn. It also provided a summary of the variance against the planned position to NHS Improvement. The key issues to note were that the financial position of our Trust at the end of month eleven of the 2016/17 financial year is an operational deficit of £20.1M which is an adverse variance to the forecast prepared at month ten of £0.7M. Against the forecast prepared as part of the original Financial Recovery Plan at month seven there was a favourable variance of £0.1M and our trust is on track to deliver the revised FY17 plan of a £18.0M deficit. Against the NHS Improvement Plan the adverse variance is £34.2M

During the course of the discussion, the Chair and the Chief Executive referred to the solid financial information now presented. NHS Improvement has acknowledged the huge amount of work undertaken to reach the current position to lead us on the journey to come out of financial special measures. The Chair had attended the Education. Learning and Development Team meeting on the previous day and staff had enquired what is needed to help staff manage the Cost Improvement Programme which was a positive indication of the scale of reach of the recovery messages

The Chair thanked the Interim Finance Director for the report.

RESOLVED: That:-

- The financial position of the Trust at the end of Month 11 of

the 2016/17 financial year is an operational deficit of £20.1m. This is an adverse variance to forecast of £0.7m be noted.
- Against the forecast developed as part of the original FRP at Month 7 the variance is favourable of £0.1m.
- Against NHSI Plan the adverse variance is £34.2m.
- The focus of performance reporting is now against the forecast position and achievement of the £18.0m deficit recovery target.
- The NHSI Plan and the planning process that created the original plan was not as robust as would be expected. The Plan lacked granular supporting detail and as such comparisons are not necessarily to be relied upon in isolation for decision making or performance management purposes. The Trusts internal budget does not reconcile, either by cost category or phasing, to the original NHSI plan. The figures presented in this report as 'plan' reflect the figures as submitted to NHSI unless explicitly stated otherwise.
- The Trust is forecasting an income and expenditure deficit of £18.0m against a revised plan of £18m deficit and the original planned surplus of £18.2, representing a £36.2m adverse variance to the original NHSI plan. This forecast has moved to reflect the Financial Recovery Plan since the prior month.

REPORT OF THE CHAIR OF THE FINANCE COMMITTEE ON THE MEETING HELD ON 23 FEBRUARY 2017:

The Chair of the Committee, Mr Keith Norton, presented the report describing the business conducted at the meeting of the Finance Committee held on 23 February 2017. The Committee had received an assurance that the in month adverse variance of £0.7M was a timing issue which would be addressed in month twelve. Reassurance was received that the financial processes are in line with NHS Improvement guidance and best practice. Four of the 35 recommendations in the Deloitte Financial Reporting Review had been completed and a closure report is to be presented to the Board in May 2017. The Committee noted that the Workforce Committee are reviewing the Vacancy Control Panel process. The 2017/18 budget has been prepared with staff engagement and how it is to be delivered and reassurance on this was received.

The Chair thanked Mr Norton for the report.

RESOLVED: That the report indicating the Non-Executive Director challenges made and the assurance received for residual concerns and/or gaps in assurance be noted.

MINUTES OF THE MEETING OF THE FINANCE COMMITTEE HELD ON 23 FEBRUARY 2017:

RESOLVED: That the minutes of the meetings of the Finance Committee held on 23 February 2017 be noted. [11:05]

(The Board adjourned from 11:05am to 11:21am)

073/17 AUDIT AND ASSURANCE COMMITTEE – 10 MARCH 2017

REPORT OF THE CHAIR OF THE AUDIT AND ASSURANCE COMMITTEE ON THE MEETING HELD ON 10 MARCH 2017:

The Chair of the Committee, Mr Rob Graves, presented the report describing the business conducted at the meeting of the Audit and Assurance Committee held on 10 March 2017. He said that the internal audit work programme for the forthcoming year had yet to be finalised but is being prepared following a very detailed review of priorities.

MINUTES OF THE MEETING OF THE AUDIT AND ASURANCE COMMITTEE HELD ON 10 MARCH 2017:

RESOLVED: That the minutes of the meeting of the Audit and Assurance Committee held on 10 March 2017 be noted. [11:23]

074/17 WORKFORCE REPORT

REPORT OF THE DIRECTOR OF HUMAN RESOURCES AND ORGANISATOINAL DEVELOPMENT:

The Director of Human Resources and Organisational Development presented the report providing an overview of the workforce performance as at the end of month eleven of the 2016/17 financial year. It provided information on the continuing over spend on pay (including agency) costs, movements in headcount. Of the key issues to note it was disappointing to see an increase in the overall pay bill between months ten and eleven of £0.45M. The reason for the increase was due to the high number of bank holidays in December and January which were paid in February 2017. Agency expenditure remained at the level of the previous month with the stabilisation of nursing expenditure and an increase in medical locum spend being balanced with a reduction in non-clinical agency spend.

Nursing vacancies are now 106 whole time equivalents, the lowest level for the whole of 2016/17. There continues to be increased grip on staffing expenditure through the Vacancy Control Panel. Approximately 95% of applications are approved by the Panel following rigorous scrutiny though often with variation to reduce cost whilst still recruiting staff. Proposals to use agency locum doctors for greater than five days require approval of the Panel. There are applications approved for permanent doctors thereby reducing expenditure for locums. Divisions are being more creative in the submission of proposals to the Panel. CEO approval of any locum in excess of the NHSI cap is in place.

During the course of the discussion, the following were the points raised:-

- The Director of Human Resources and Organisational Development responded to a question from Mr Foster about the increase of £100k in medical staffing stating that it was part of a reduction in locums in December 2016 who were re-

employed in January 2017 to address workload issues.

- The Chair asked for information on the staff approach to presenting proposals to the VCP involving a better use of resources and improved planning. In response, the Director of Human Resources and Organisational Development said that there is a greater awareness amongst staff of the financial special measures. The Panel adopts a greater level of scrutiny of applications.
- In response to a question from the Chair about the duration for the VCP to remain in place, the Director of Human Resources and Organisational Development said that that the greater focus on key issues in the playbill and agency spend needs to become business as usual particularly in the Executive Review Groups and we have not yet reached that position.
- The Chair appreciated the work being undertaken to reduce agency spend.

The Chair thanked the Director of Human Resources and Organisational Development for the report.

RESOLVED: That the report be noted.

REPORT OF THE CHAIR OF THE WORKFORCE COMMITTEE ON THE MEETING HELD ON 6 APRIL 2017:

The Chair of the Committee, Ms Tracey Barber, reported on the business conducted at the meeting of the Workforce Committee held on 6 April 2017. Given the timing of the Committee before the Board it was understood that on this occasion there was no written report. The Committee considered agency spend and delivery of the Workforce Strategy recognising the balance between the two. Other key areas discussed were nurse retention and the impact on the reward and recruitment strategies, learning from the operation of the Vacancy Control Panel, the response to the CQC on the Fit and Proper Persons test noting that all actions had been completed.

The Chair thanked Ms Barber for the report.

RESOLVED: That the report indicating the Non-Executive Director challenges made and the assurance received for residual concerns and/or gaps in assurance be noted.

MINUTES OF THE MEETINGS OF THE WORKFORCE COMMITTEE HELD ON 3 MARCH 2017:

RESOLVED: That the minutes of the meeting of the Workforce Committee held on 3 March 2017 be noted. [11:38]

075/17 NURSE AND MIDWIFERY STAFFING REPORT

The Nursing Director presented the report providing assurance to the Board in respect of nurse staffing levels for March 2017 against the Compliance Framework *Hard Truths – Safer Staffing Commitments*. She highlighted that whilst there are no major safety concerns

arising from the staffing levels, the individual Divisional reports comment in detail where staffing hours are either lower than the centile set by NHS England, or over, and the rationale behind these findings. The action plan has been shared with NHS Improvement who has indicated, subject to written confirmation, that our Trust is undertaking all that they would expect in relation to agency staff, safety and staffing. There are issues in Medicine Division with the over recruitment of HCAs which has been offset against the budget. Consideration is to be given next week to the position of those staff who have repeatedly been unsuccessful in the International English Language Testing System (IELTS). HCAs are not a protected category of staff and it may be that some staff has to return home.

Following a recent recruitment day 85 positions were offered to nurses qualifying in September 2017 and arrangements are in place to maintain engagement in the intervening period to reduce typical attrition. Exit interviews are being undertaken to ascertain the reasons why staff are leaving our Trust so that this is more clearly understood and can be addressed. On 24 April 2017 13 nurse associates will be starting and will rotate to County partners as part of the Sustainability and Transformation Plan. The University of Gloucestershire, as part of the teaching for nurse undergraduates, is introducing fitness activities which will be of benefit to our staff health and wellbeing strategy.

During the course of the discussion, the following were the points raised:-

- The Chief Executive sought assurance that the 18 whole time equivalent vacancies on Ward 4a were not impacting on patient safety. In response, the Nursing Director said that the ward has been reconfigured with more beds and new posts. Matrons daily at 7.30am review night reports and staff are moved as necessary to ensure safe staffing. Agency staff are used with approval of the Nursing Director. Staff are aware of the need to complete an incident report if they believe staffing levels are impacting on safety of care.
- The Chair asked how the information for the harm free care focus for ward 6A where there was no correlation with safer staffing was triangulated with the falls on that ward which were red rated. In response, the Nursing Director said that the information is based on a snapshot undertaken on the first Tuesday of each month and the RCA model underpinning harm enabled themes and thus triangulation to occur. She assured the Board that our Trust did not go below the minimum staffing numbers.
- Dr Feehilly referred to the doubling of medical errors between January and February 2017. In response the Medical Director said that Pharmacy are working on reporting medical errors which is impacting on reporting. Actions are underway to reduce such errors and he provided assurance that patients were not affected,

The Chair thanked the Nursing Director for the report.

RESOLVED: That the report be noted as a source of assurance that staffing levels across our Trust are supporting the delivery of safe care. [12:00]

076/17 SMARTCARE PROGRESS REPORT

The Director of Clinical Strategy presented the report to provide assurance from the SmartCare Programme Board on progress within the continued operation of TrackCare and planned implementation of phases 1.5 and 2. The proposed revised governance arrangements involved the continuation of the SmartCare Programme Board with revised membership and terms of reference reflecting the responsibility to oversee the contractual relationship with the supplier and to develop the technical solutions to support deployments of further functionality of the system. The TrackCare Operational Board will have oversight of the operational recovery plan following the go live of phase 1 and will also provide the operational sign off for all subsequent developments. That Board will report to the Quality and Performance Committee and subsequently to the Board.

The progress report showed the overall RAG status as amber on the basis that dates for subsequent phases are still to be confirmed. There is a revised and robust testing methodology to be adopted by the supplier prior to release following the failure of a software release. The planning for phase 1.5 is taking into account lessons learned from Phase 1. Preparatory work in relation for the release of phases 1.5 and 2 is progressing with Trust engagement and ownership. Training is being supported by the champions and question and answer sessions. Risk management of clinical risks is being managed by the Clinical Systems Safety Group. The financial forecasting is proceeding in line with the revised implementation timetable. A review of the financial resources has indicated that pressure on the Capital Investment Programme is not anticipated. Our internal auditors, PriceWaterhouseCoopers, have undertaken an audit of phase 1 and their report has been presented to both the SmartCare Programme Board and the Audit and Assurance Committee. That report did not identify any issues of which our Trust is not already aware.
During the course of the discussion, the following were the points raised:-

- In response to question from Dr Feehily, the Director of Clinical Strategy said that the income recovery aspects will be considered by the Finance Committee from the operational aspect.
- The Chair asked if an assessment of all the operational learning has been undertaken. In response, the Director of Clinical Strategy said that a lessons learned document has been completed which is being monitored as part of the action plan. Feedback from the lessons learned is being provided to staff.
- The CEO said that consideration would be given to specialist third party assurance prior to go live of any subsequent phase.
- Mr Norton asked if staff working arrangements are being captured to minimise workarounds. The Director of Clinical

Strategy said that the majority of working arrangements have been captured.

The Chair thanked the Director of Clinical Strategy for the report.

RESOLVED: That:-

- The revised governance arrangements be endorsed.
- The programme report as a source of assurance continues to progress be noted. [11:54]

077/17 STAFF SURVEY

The Director of Human Resources and Organisational Development presented the report providing the key findings from the 2016 staff survey and to outline the process by which results will be shared with staff and proposed next steps for how and when actions will be taken. The report set out the staff engagement score, the top and bottom ranking scores and improvements and deteriorations since 2015. For staff engagement our overall score has remained unchanged. The top five ranking scores are the percentage of staff working extra hours, staff feeling unwell due to work related stress in the last 12 months, staff/colleagues reporting most recent experience of violence, staff believing that the organisation provides equal opportunities for career progression or promotion and staff/colleagues reporting most recent experience of harassment, bullying or abuse. The bottom five ranking scores were effective use of patient/service user feedback, quality of non-mandatory training, learning or development, staff attending work in the last three months despite feeling unwell because they felt pressure from their manager, colleagues or themselves, staff confident and security in reporting unsafe clinical practice and staff satisfaction with the quality of work and care they are able to deliver.

Disappointingly, the majority of the 2016 staff survey results showed little change since 2015 with the exception of those showing a deterioration which all related to staff experience; effective team working, staff experiencing discrimination at work in the last 12 months and staff appraised in the last 12 months. Our Trust is to consider how staff can be supported to manage conflicting demands on their time and how we act on patient/service user feedback and how we publicise our action following this. The results will be shared with staff before an action plan is presented to the Board including risks from a detailed analysis of the survey results.

The Chair thanked the Director of Human Resources and Organisational Development for the report.

RESOLVED: That the report be noted as assurance that the Executive Team has considered the recent staff survey results and has plans in place to further analysis the findings and develop specific and Trust-wide actions to address key findings. [12:26]

078/17 SAFETY ALERT – NASOGASTRIC TUBLE MISPLACEMENT – ASSURANCE REPORT

The Medical Director presented the report providing assurance of the extra controls in place to prevent nasogastric tube related Never Events following the issuing of a stage 2 Patient Safety Alert.

Just prior to the alert being issued our Trust completed a significant amount of improvement work following two Nasogastric Never Events. Our processes have been reviewed in detail and further minor adjustments have been made. The risk is now considered to be well controlled and the Director of Safety provided assurance that similar incidents were unlikely to happen in the future.

SE/AS
(MW to note for Q + P workplan)

The audit will be undertaken in August 2017 with the results being presented to the Senior Nursing Committee and the Quality and Performance Committee.

The Chair thanked the Medical Director for the report.

RESOLVED: That the alert be closed. [12:28]

079/17 APPROACH TO TRANSFORMATION

The Director of Clinical Strategy presented the report setting out a proposal to establish a Transformation Programme to deliver our Trust's vision of "Best Care for Everyone" ensuring that the appropriate governance, process and resource is assigned for an organisational "step change" through large and complex changes. The proposal involved establishing a Transformation Board with a Non-Executive Director lead, a Transformation Programme to support the delivery of our Trust's immediate priorities, the 'core' transformation team which is not yet fully in place and to implement the programme reporting framework and emerging transformation model. The Transformation Programme Office (PMO) is distinct from the developing Cost Improvement Plan (PMO) but it is expected over the time that two will be aligned as we moved from a transactional approach to CIP to more transformational approaches.

During the course of the discussion, the following were the points raised:-

- Mr Graves said that it was the right approach but sought assurance that the work would not become over extended. In response, the Director of Clinical Strategy said that a project discipline will be established for the programme. Mr Norton added that it is vital that there is a personal commitment from all involved to deliver the programme.
- The Chair asked for information on the working relationship for the Project Management Office (PMO) and the Transformation Board. The Director of Clinical Strategy said that they are currently separate teams with a similar skills set. There are future options to rationalise posts to enhance the PMO support and service team or to create a single team with a service bias.

The Chair thanked the Director of Clinical Strategy for the report.

RESOLVED: That the approach to enable the establishment of the Transformation Board and subsequent governance, structure and programmes of work be endorsed.

Mr Marstrand had submitted the following question in relation to this report.

"The Transformation Programme would appear to involve the reconfiguration of at least some services. Bearing in mind the importance of maintaining public support for the Trust and necessary changes to services, can the Board please outline how public consultation will be incorporated in to the Transformation process?"

In response the Director of Clinical Strategy said that the transformation papers could be improved by inclusion of a clear statement that :

- All transformation projects that impact on services will be enhanced by early involvement of users of the service and a function of the board and team will be to work with the patient experience improvement lead to develop innovative ways of strengthening early involvement e.g. co design.
- Any changes that might constitute significant service change will need to follow the local and national guidance for engagement which includes an NHS England assurance process. See link below
  https://www.england.nhs.uk/wp-content/uploads/2015/10/plan-ass-deliv-serv-chge.pdf

We will explicitly build this into the operational processes of the transformation board. [12:39]

080/17 INNOVATION GOVERNANCE TOOLKIT STANDARDS

The Director of Clinical Strategy presented the report setting out the final scores for our Trust's 2016/17 Information Governance (IG) Toolkit. The IG Toolkit allows organisations to assess themselves or be assessed against Information Governance policies and standards. It also allows the public to view participating organisations' IG Toolkit assessment. The NHS operating Framework requires Trusts to achieve level 2 in the IG Toolkit which is equivalent to substantial compliance. Our Trust's assessment is level 2 with an overall rate of compliance of 77% which is the same as last year. Our internal auditors have provided independent assurance of the evidence to demonstrate compliance with a sample of standards. A decision has been taken not to pursue level 3 due to the associated costs in the light of our Trust's financial position. In future the report will be presented to the Audit and Assurance Committee who will consider what is required, the level of investment and whether our Trust should pursue level 3.

The Chair thanked the Director of Clinical Strategy for the report.

RESOLVED: That:-

1 The final IGT assessment be endorsed.
2 Authority be delegated to Dr Sally Pearson, Director of Clinical Strategy, in her capacity as Senior Information Risk Owner (SIRO) to give final approval to the improvement plans resulting from the assessment and audit
3 The Information Governance Assurance Statement be accepted. [13:13]

081/17 SAFE WORKING HOURS FOR DOCTORS AND DENTISTS IN TRAINING

(Dr Russell Peek, Guardian of Safe Working Hours, attended the meeting for the presentation of this item)

The Guardian of Safe Working Hours presented the report summarising the 133 exception reports generated since December 2016 highlighting particular issues in the Department of Neurology. Most issues related to working hours with some relating to educational opportunities. The workload associated with exception reporting will increase as more doctors transfer to the new terms and conditions and the requirement for data handling increases. However, the Trust will have established a computer based system (Allocate) by the end of April 2017 to assist in the management of the process.

During the course of the discussion, the following were the points raised:-

- Ms Barber enquired whether the 133 exception reports were comparable with similar size Trusts. In response the Guardian of Safe Working said this is a new process and anecdotally our Trust is in a similar position to comparable benchmarks and if neurology is addressed will be in a better position than many..
- In response to a question from Ms Barber the Guardian of Safe Working said that he is exploring further the working practices of doctors in the neurology service to better understand the reasons for the exceptions.
- In response to a question from the CEO on the application of fines, the Guardian of Safe Working Hours said that this is an uncertain area and processes are being developed in the light of national experience but the fine was to the department and the funds largely accrued back to the Guardian to spend for the benefit of junior doctor training.

The Chair thanked the Guardian of Safe Working Hours for the report.

RESOLVED: That the report be noted as assurance that our Trust is compliant with the requirement for oversight of junior doctor working practices and that plans are in place to address areas of concern, notably the working practices of doctors in training within the neurology service. [13:05]

081/17 ITEMS FOR THE NEXT MEETING
ANY OTHER BUSINESS:

No further items of business were identified.

ITEMS FOR THE NEXT MEETING:

No further items were identified for the next meeting.

082/17 GOVERNOR QUESTIONS

See minute 079/17 above for question submitted by Mr Marstrand and response [13:13]

083/17 STAFF QUESTIONS

There were none. [13:13]

084/17 PUBLIC QUESTIONS

There were none. [13:13]

085/17 DATE OF NEXT MEETING

The next **Public** meeting of the **Main Board** will take place at **9am** on **Wednesday 10 May 2017** in the **Lecture Hall, Redwood Education Centre, Gloucestershire Royal Hospital.**

086/17 EXCLUSION OF THE PUBLIC

RESOLVED: That in accordance with the provisions Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960, the public be excluded from the remainder of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted.

The meeting ended at 13:14pm.

Chair
10 May 2017