Salisbury NHS Foundation Trust

Minutes of the Public Board meeting held on
2 October 2017 in the Boardroom at Salisbury District Hospital

Board Members Present:

Dr N Marsden	Chairman
Ms T Baker	Non-Executive Director
Mr M von Bertele	Non-Executive Director
Dr C Blanshard	Medical Director
Mrs C Charles-Barks	Chief Executive
Mr P Hargreaves	Director of People and Organisational Development
Mr P Kemp	Non-Executive Director
Dr M Marsh	Non-Executive Director
Mrs K Matthews	Non-Executive Director
Prof J Reid	Non-Executive Director
Mrs L Thomas	Director of Finance
Ms L Wilkinson	Director of Nursing

Corporate Directors Present:

Mr L Arnold	Director of Corporate Development

In Attendance:

Sir R Jack	Lead Governor
Dr A Lack	Public Governor
Mr N Alward	Public Governor
Mrs L Taylor	Public Governor
Mr J Mangan	Public Governor
Mrs J Lisle	Public Governor
Mr M Wareham	Staff Side
Mr D Seabrooke	Secretary to the Board

Apologies:

Mr A Hyett	Chief Operating Officer

ACTION

2324/00 DECLARATIONS OF INTEREST AND FIT AND PROPER/GOOD CHARACTER

Members of the Board were reminded that they had a duty to declare any impairment to being Fit and Proper and of good character as well as to avoid any conflict of interest and to declare any interests arising from the discussion. No member present declared any such interest or impairment.

2325/00 CHAIRMAN'S BUSINESS

Nick Marsden commented on the challenging times being experienced in the NHS at present and specifically on the Accident and Emergency Four Hour Target which the Secretary of State was expecting all Trust's to be meeting by March 2018.

ACTION

2326/00 MINUTES – 7 AUGUST 2017

The minutes of the meeting of the Public Board held on 7 August 2017 were approved as a correct record.

2327/00 ACTION LOG AND MATTERS ARISING

It was noted that reporting against the bed stock and occupancy reflecting escalation had not yet been included in the Integrated Performance Report. The Chairman reported that no Non-Executive Director appointment to the bed stacker company was required at this stage.

It was noted that the data warehouse cut over was due to take place in October and plans were in place with regards to the destruction of any data held.

The Older Peoples Board had launched on 29 September and would work towards improving this pathway. It was noted that the Genetics Tender had been received in recent days and that it would be timely to hold a seminar session in January 2018 to discuss the Trust's interests in this further. The proposed seminar on Getting it Right First Time had yet to be scheduled.

2328/00 REPORT OF THE CHIEF EXECUTIVE – SFT 3929 – PRESENTED BY CC-B

The Board received the report of the Chief Executive. Cara Charles-Barks highlighted key points from the written report. The Trust had delivered its Cancer Diagnostics and Referral to Treatment targets in August. A & E had achieved 91.4% of patients seen within four hours in August which she considered to be a failure in the local system of Health and Social Care. The Trust's financial position continued to be challenging and at this point in the year a recovery plan was being developed looking at short term actions, longer term transformation schemes and partnership working. Good progress was being made with the reduction of medical and nursing agency spend.

CC-B reported that the Eye Clinic had opened on 2nd October in its new location.

Work with departments on issues arising from the Lorenzo implementation of twelve months ago was continuing.

The Wiltshire Sustainability and Transformation Partnership had refreshed its priorities and was focusing on improvements to mental health provision and the Trust would be leading on a pilot in relation to the Older People's Pathway. Good progress had been made on emergency planning, resilience and response arrangements. CC-B highlighted the Trust's achievement in the Patient Led Assessment of the Care Environment (PLACE) assessments. The Trust was above the averages in five of the six areas covered with cleanliness and food quality rated by patients.

The seasonal flu campaign began on 2 October and the report described the established and new aspects of this year's promotion of the flu vaccinations. The Staff Survey for 2017 was launching today. Previous

ACTION

surveys had led the Trust to improve on its on-site security and extended access to physiotherapy and psychological support for staff. The results of the survey would be published in spring 2018 and CC-B again confirmed that the survey was anonymous to the Trust.

The nominations for the 2017 Striving for Excellence Awards had opened and would close on 30 November. The Salisbury League of Friends had sponsored the awards ceremony which would be taking place at Salisbury Race Course on 2 February 2018.

At its August meeting the Trust had a Patient Story on breastfeeding and new mums linked to the Trust's Maternity Services were able to get support from peers in a number of local groups set up across the area.

Finally the achievement of the Procurement Department in winning a CIPS Supply Management award and awards for the Scan4Safety were highlighted. Nursing assistant Emma Ward had been nominated for a Kate Grainger award for compassionate care and Board members had had a brief presentation from Emma in person at an earlier meeting.

In relation to a question about additional resources in relation to the STP work it was noted that there was some project management support on offer.

The Board noted the Chief Executive's Report.

2329/00 ASSURANCE AND REPORTS OF COMMITTEES

The Board received reports of recent meetings of Board Committees as follows –

Audit Committee – 18 September 2017 – SFT 3930

Workforce Committee – 25 September 2017 – SFT 3931

Clinical Governance Committee – 28 September 2017 – SFT 3932

Finance and Performance Committee – 29 August and 25 September 2017 – SFT 3933

The Chairman invited the Chairs of the Committee to comment on the reports and the following principal points were made –

- Audit Committee – Paul Kemp noted that the newly appointed auditor BDO had attended their first meeting with the Trust. A deep dive had taken place on the administration of 18 Weeks/Referral to Treatment which was considered to be helpful. The Committee had carried out its semi-annual review of the Assurance Framework and was looking forward to the next review as the changes to the Assurance Framework currently being enacted would be in evidence.
- Workforce Committee – Kirsty Matthews highlighted the Committee's deep dive on sickness absence and the on-going work to improve the position on this. The use of agency had been reviewed. The Committee had had a useful update on changes to the Trust's arrangements for nurse training and the Board would have a seminar on all aspects of labour supply in the new calendar year.

ACTION

- Clinical Governance Committee – Jane Reid highlighted the presentation given by Maternity and Gynae colleagues. Wiltshire Health and Care had attended the meeting to discuss Elderly Care. It was noted that the Mortality Review Policy was in place and published via ICID. A Task and Finish Group on children and young people's mental health service had been established which would report in March.
- Finance and Performance Committee – The Chairman highlighted the continuing work of the Committee in scrutinising operational and financial performance and initial review of the Financial Recovery Plan.

The Board received the reports of Committees.

2329/01 Integrated Performance Report Month 5 – SFT 3934 – Presented by LA

The Board received the Integrated Performance Report covering Operational Performance, Quality Indicators, Workforce, Finance and Safer Staffing.

Under local services CC-B reported that an upper limb Orthopaedic surgeon had been recently been appointed and this was expected to reduce waiting times in this area. Emergency pressures experienced by the Trust continued to fluctuate and the Trust had, in accordance with plan been operating with 30 less beds during August because of the reconfiguration. The Trust was receiving two to three days per week service on Interventional Radiology from University Hospital Southampton and this situation continued to be monitored.

The ward configuration was progressing for the end of December. A staffing issue had arisen in the Audiology Service which had subsequently been resolved. There continued to be outsourcing of MRI activity. There had been an Emergency Care Intensive Support Team visit in September which had raised some recommendations and an internal Urgent Care Steering Group was being formed in response. In response to a question from Tania Baker about cancer patients throughput, Cara Charles-Barks informed the Board that the capacity and demand in this area was being looked at in conjunction with the CCG.

In response to a question from Michael Marsh about the restoration of the Trust's bed base it was noted that the plan was to be down by ten beds by the end of 2017 and to have fully recovered by the end of February. The Chief Operating Officer would be procuring community beds to support the Trust in this regard.

In response to a question about theatre productivity from Jane Reid Christine Blanshard informed the Board that the approach was to change pathways and to secure capacity for planned procedures on a semi elective basis.

ACTION

Under specialist Services it was noted that the Trust was providing a melanoma service supporting Southampton and Portsmouth Hospitals. The funding of the Burns, Plastics and Spinal Specialities were being looked at as these were considered to be more expensive to provide than the income they generated. It was noted that a new Cleft Surgeon had been appointed.

The Trust was working in a consortium with Birmingham, Southampton and Oxford Hospitals in regard to the Genomics tender opportunities. Work continued towards securing a clinical lead for the Spinal Unit. It was noted in response to a question from Kirsty Matthews that Christine Blanshard was developing a combined staffing and operating plan for the Spinal Unit.

Tania Baker suggested that more information needed to be provided about the definitions behind some of the indicators featured in this part of the report.

In response to a question from Tania Baker, Christine Blanshard explained that the new Wessex Skin Service had been formed from the merger of the Dermatology, Laser and Plastics (Skin Service) following an increase in the establishment for Plastic Surgeons. This had been considered by the Executive as a business case which had considered the costs entailed.

Under innovation, Lisa Thomas informed the Board that the Laundry continued to win contracts and there was a need to expand the Laundry facility at Salisbury. Odstock Medical continued to progress research and development to promote the use of their products. The Trust continued to discuss with its STP Partnership insourcing further payroll work.

Under care, Christine Blanshard informed the Board that the HSMR to June was 112.5 and this had been declining over the past five months. A new Mortality Policy had been introduced. The SSNAP score had reduced due to capacity issues and the number of patients reaching the unit within the prescribed time and remaining there for the duration of their treatment.

Lorna Wilkinson informed the Board that there had been over 40 days of no falls resulting in moderate of serious harm. A full strategy was being implemented. Infection Control continued to perform well. There had been no mix sex breaches reported in the past six months. The Quality Indicator Report showed that quality had been maintained in August despite a pressured time. The Parliamentary and Health Service Ombudsman had completed a case review and the Trust had acknowledged a failure in a Urology case two years ago to recall the patient.

It was noted also that Wiltshire was an outlier for the carrying out of Best Interests Assessments. This continued to be escalated through the Safe Guarding Adults Board but the Trust continued to be able to deal with priority cases in a timely way.

ACTION

Christine Blanshard informed the Board that there had been an increase in mental health presentations by children and young people nationally. The Trust was seeing more patients under the age of 16. The Trust was discussing the service provided in this regard by Oxford Health. It was noted that a Mental Health Liaison Nurse had been appointed and a second post was being recruited. A gap in the administrative framework for dealing with children who were sectioned was being addressed by a Task and Finish Group.

Jane Reid asked about the rigour of the Mortality Review process. Christine Blanshard commented on the way in which the mortality review process operated and the difficulty of differing viewpoints among experts. Training had been provided for those involved in mortality and morbidity meetings. This was overseen by the work by the Mortality Surveillance Group who reviewed a sample of cases. Cases had also been reviewed externally. The work was estimated to take up around 40 person hours a week and at present the Trust did not identify many patients where problems in care was a contributing factor but there were learning points arising.

The weekend HSMR rate was broadly similar to that for weekdays but fluctuated slightly. The Trust continued to ensure that there was appropriate use of palliative care coding when patients came under staff groups who provided palliative care.

There were no issues to report on the handling of e-coli.

Under staffing, Paul Hargreaves highlighted work on improving the Trust's vacancy rates and controlling agency spend and reducing staff sickness. There had been an open day for nursing assistants which had resulted in a number of offers being made. Analysis of trained nurse interviews had indicated that 50% were not appointed and this was being investigated. Staff sickness hotspots were being investigated in terms of location and symptoms. The aim was to reduce sickness from 3.5 to 3%. The Trust was working with Loughborough University in analysing the reasons for absence.

In temporary staffing the Trust had brought down the demand for this and had reduced the spend on medical locums. The Trust however continued to work to ensure that these assignments were on cap.

In response to a question from Jane Reid about the rigour of the Trust's appraisal process it was accepted that some leaders had too many appraises. A values based approach was in place. Paul Kemp was concerned about the removal of the second sign off and while it was noted that senior managers had visibility of the appraisals of the next layer down, Paul Hargreaves undertook to consider whether the removal of the second sign off should proceed. PH

There was also work to improve the Trust's offer to prevent sickness absence and to provide support.

Under Effective which linked to the monthly Finance Report Lisa Thomas reported that the Trust had had a better August but was £2m away from plan year to date. Savings plans were behind at this stage in the year. With winter coming on it would be important to protect planned elective activity.

ACTION

It was noted that the Trust may need to revise its current year end forecast of £7m deficit and that increased scrutiny from NHS Improvement could be expected. In response to this the Trust had launched the Outstanding Experience Every Time Board which was coordinating a number of strands of work in support of the Financial Recovery Plan.

Under Partnership it was noted that there was joint commissioning with the local authority for community placements. The Trust was working with the Salisbury Chamber of Commerce to promote the locality as an area for school leavers to gain employment, in this case via health and science careers.

The Early Supported Discharge and Home First initiatives had been delayed by staffing and recruitment problems.

It was noted that less bed days had been used up by Delayed Transfers of Care but the Trust needed to continue to monitor excess bed days.

In reflecting on the content of the report the Board felt that there was some instances where there was a lack of plans directly referenced to the identified challenge and that some indicators needed better definition and where possible to appear more frequently.

Under the Safer Staffing report, August had been a challenging month for fill rates. There had been greater use of band 3 and band 4 nursing staff. The Trust continued to manage this through the Safer Care processes and the twice daily staffing meeting. In relation to staffing on Breamore and Tamar Wards there had been no recorded impact on quality from staffing factors. The new model of supervision discussed by the Workforce Committee for nurse trainees had potential to increase trainee throughput.

2330/00 QUALITY AND RISK

2330/01 Customer Care Report – Quarter 1 – SFT 3935 – Presented by LW

The Board received the Quarter 1 report. 60 complaints had been received. There was good performance on initial acknowledgements and Customer Care where continuing to monitor complaints taking in excess of 25 days to resolve. The Emergency Department had been a complaints hot spot in Quarter 1. There was good improvement work on Winterslow Ward arising from complaints.

MSK Directorate had seen a significant reduction in their complaints through the use of a duty manager arrangement who would get involved in dealing with issues of complaint at early stage. Customer Care were looking to spread this practice to others if it proved to be successful in the longer term.

Surgery Directorate had seen an increase on bookings and appointments based complaints. Kirsty Matthews said that with the increase in pressures it was good to celebrate the reduced complaints and the positive comments that the Trust continued receive.

The Board received the Customer Care Report.

ACTION

2330/02 Review of Assurance Framework by JBD – SFT 3936 – Presented by CC-B

The Board received for information the minute extract from the Joint Board of Directors providing assurance of the on-going quarterly review of the relevant section of the Assurance Framework and Corporate Risk Register.

2330/03 Risk Management Annual Report 2017 – SFT 3938 – Presented by LW

The Board received the Annual Risk Management Report. Lorna Wilkinson highlighted the internal audit review of this area which had given reasonable assurance. Risk Management Policies were up to date and a positive reporting culture was in place. 90% of reported incidents were no or low harm. There continued to be positive feedback from staff. There was a high rate reported in the staff survey of incidents witnessed but not reported. This continued to be investigated. The number of Serious Incidents declared had increased and this was due mainly to falls. The Trust continued to be active in the Patient Safety Collaborative.

It was felt that the work of the Risk Department was clinically focused as was appropriate but that this needed to broaden out into other areas as necessary. Lorna Wilkinson undertook to reflect this in future strategies and the work of the Risk Management Team.

2330/04 Risk Management Strategy 2017/18 – SFT 3937 – Presented by LW

The Board received the Risk Management Strategy. The objectives for 2017/18 were set out. It was agreed that a two year strategy would be produced in future and that the work on the Assurance Framework would be reported back to the 4 December meeting of the Trust Board for approval.

2330/05 Clinical Governance Annual Report – SFT 3939 – Presented by CB

The Board received the Annual Quality Governance Report 2016/17 for assurance. Christine Blanshard highlighted the objectives of the Quality strategy and the work done on quality improvement following the CQC inspection reported in April 2016. The Quality Account set out work streams under safety effectiveness and experience. Future objectives would have a sharper focus on a narrow range of objectives.

The Board received the Annual Clinical Governance Report.

2331/00 STRATEGY AND DEVELOPMENT

2331/01 Major Projects Report – SFT3940 – Presented by LA

The Board received for information the Major Projects Report. On the Electronic Patient Record Laurence Arnold reported that there was a plan to come out of the stabilisation phase. There was a focus on prioritising the reporting capabilities for the organisation.

ACTION

The report contained an update on the ward changes which had already been discussed along with Wiltshire Health and Care. Under Scan4Safety it was noted that phase three had been completed and the final stage of the implementation was in Theatres in late October.

In response to a question about the EPR switchover risks it was noted that this was considered to be a low level risk as a separate server which was already proven was going to be used.

In terms of the culture around the Electronic Patient Record, Laurence Arnold said that Lorenzo had not got a good name in the Trust since implementation and was frequently blamed for issues it had not generated. There was more work to do with users.

Paul Kemp acknowledged the progress made in the past year on Lorenzo. He was however concerned that the reporting capability it now offered was not in line with the original business case. It was noted that the Audit Committee at its December meeting was going to be looking in detail at the Lorenzo business case.

2331/02 Capital Development Report – SFT3941 – Presented by LA

The Board received the Capital Development Report for information. It was noted that under IT schemes, the functionality of the POET system was being increased. It was noted that the Trust was being moved by NHS Digital from the N3 national spine onto the Health and Social Care Network. The report highlighted the Infrastructure Refresh requirement and the procurement that was needed to replace IT infrastructure which was underway.

Electronic discharge summaries had been implemented across a number of areas of the Trust.

The Board received the Capital Development Report.

2331/03 Update on Strategy

Laurence Arnold showed slides setting out the top level objectives that were being proposed for the Strategy which would be discussed further at the 6 November development day and approved at the 4 December meeting of the Board.

Highlights included the Financial Recovery Plan, a consultation with the governors through the Strategy Committee, clinical strategies and further planning analyses.

2332/00 PERFORMANCE AND FINANCE

2332/01 Auditor Management Letter – SFT 3942 – Presented by CC-B

The Board received for information the Management letter presented to the July meeting of the Council of Governors by KPMG.

ACTION

2333/00 COMMITTEE MINUTES – FOR INFORMATION

The Board received for information the confirmed minutes of the Clinical Governance Committee 27 July and the confirmed minutes of the Finance and Performance Committee 26 June, 24 July and 29 August 2017.

2334/00 QUESTIONS FROM THE PUBLIC

- Lead Governor Raymond Jack commented positively on the opening of the Eye Clinic.
- Jenny Lisle asked about the additional support for Occupational Health which Paul Hargreaves said he would be looking at achieving.
- It was noted that the Trust was applying to the Charitable Trustees to support the implementation of Schwartz Rounds.
- It was noted in response to a question from John Mangan that the HSMR was just above the expected range.

2335/00 DATE OF NEXT MEETING

The next meeting of the Board would on Monday 4 December 2017 at 1.30 pm, in the Boardroom at Salisbury District Hospital.