SALISBURY NHS FOUNDATION TRUST

Minutes of the meeting of Salisbury NHS Foundation Trust Board Held on Monday 3 August 2015

Board Members Present:	Dr N Marsden	Chairman
	Dr C Blanshard	Medical Director
	Dr L Brown	Non-Executive Director
	Mr M Cassells	Director of Finance and Procurement
	Mr A Freemantle	Non-Executive Director
	Mr P Hill	Chief Executive
	Mr A Hyett	Chief Operating Officer
	Mr P Kemp	Non-Executive Director
	Mrs A Kingscott	Director of Human Resources and Organisational Development
	Mr S Long	Non-Executive Director
	Right Revd Dame S Mullally	Non-Executive Director
	Ms L Wilkinson	Director of Nursing
Corporate Directors Present:	Mr L Arnold	Director of Corporate Development
In Attendance:	Mr P Butler	Communications Manager
	Mr D Seabrooke	Secretary to the Board
	Mr P Lefever	Wiltshire Health Watch
	Mr M Wareham	Staff Side
	Mrs J Sanders	Public Governor
	Mrs L Taylor	Public Governor
	Sir R Jack	Public Governor
	Dr E Robertson	Public Governor
	Mr M Mounde	Public Governor
	Dr A Lack	Lead Governor
	Dr J Lisle	Public Governor
	Mr J Wright	Staff Governor
Apologies:	Mr I Downie	Non-Executive Director

ACTION

2101/00 DECLARATIONS OF INTEREST AND FIT AND PROPER/GOOD CHARACTER

Members of the Board were reminded that they have a duty to declare any impairment to Fit and Proper and being 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.

2102/00 MINUTES

The minutes of the meeting of the Board held on 8 June 2015 were accepted as a correct record with an amendment to minute 2090/01 on page three to add "as a minimum" to the 3rd line in relation to the 1:8 ratio.

2103/00 CHIEF EXECUTIVE'S REPORT - SFT 3675 – PRESENTED BY PH

The Board received the Chief Executive's Report.

It was noted that the Trust had been notified that as part of the Care Quality Commission's national programme the Trust would be inspected between 1 and 4 December 2015. Work was already underway to prepare for the inspection which would include workshops for staff, communications and a range of activities.

Other issues highlighted included the Trust's priorities for 2015/16 complimenting the vision to provide an outstanding experience for every patient, progress with the Adult Community Services bid and the first sessions of the carer's café. It was noted that the publicity for the Carer's Café would be stepped up in the coming weeks.

The Board received the Chief Executive's report.

2104/00 STAFF

2104/01 Workforce Performance Report including Safer Staffing and Skill Mix SFT 3676 - Presented by AK & LW

The Board received the Month 3 Workforce Report, Safer Staffing and the Skill Mix report.

It was noted that agency spend was reducing as a consequence of the reduced need for escalation beds, increased scrutiny and close monitoring of all variable staff costs including agency. Pay costs were £10.5m for month 3, an overspend of £645,000.

Instances of No Reason Recorded for sickness absence was reducing. There was further analysis on workforce compliance in relation to non-medical appraisal rates, which stood at 62% of staff having had an appraisal completed and recorded on SpIda within the past twelve months although the true figure was thought to be higher than this. A further 19% had an appraisal outside the past twelve months although the true figure was thought to be higher than this. It was noted on mandatory training compliance that compliance for equality and diversity and safeguarding adults were in line with the Trust's targets. Information Governance and Infection Control required further work.

The monthly safer staffing report was received indicating satisfactory fill rates with adequate explanations in relation to areas flagged as red for example Neo-Natal Intensive Care Unit and Radnor where variations in patient activity were reflected in nurse staffing.

The Board received the output from the six monthly Skill Mix Review. The latest review covered the Emergency Department and Maternity Service as well as other inpatient ward areas. The methodology for the reviews including the publication of national guidance was noted.

A minimum ratio of 1:8 was considered to be the bench mark for day time shifts and all the wards at Salisbury Foundation Trust were compliant with this. Night shifts had a higher ratio of registered nurses to patients ranging from 1:5 to 1:16, reflecting the case mix. Registered nurse to nursing assistant ratios varied again according to the patient case mix and in the Spinal Unit there was greater use of nursing assistants with specific competencies. There were also some band 4 roles in relation to elderly

care which counted in the nursing assistant side of the ratio.

In relation to the 2014 investment in nurse staffing there were now senior sister (band 7) ward sisters across the Trust and all wards had two band 6 posts.

The findings of the current skill mix review were indicating that additional planned weekend staffing on Redlynch and Pitton wards which had the potential to reduce the need for use of temporary staff at these times. The recommendation in this case was for a pilot period of additional staffing for Pitton and Redlynch Ward for six months.

It was noted that non-recurring resilience money for 2015/16 had been used to provide additional staffing in the Emergency Department and this arrangement would be fully evaluated in order to inform potential investment for 2016/17 and beyond. Similarly an additional band 5 nurse in majors/resus had been implemented using non-recurring resilience monies. It was noted that in Midwifery five registered midwives had been recruited in support of midwives ratios in Maternity.

The headroom used in rostering was 19% and it was recommended that this should be reviewed on an individual ward basis noting that the requirement varied according to the workforce for example additional study leave for newly qualified and overseas recruited nurses or longer serving staff with a greater annual leave entitlement.

It was also noted that executives were undertaking a bed capacity review which could lead to more efficient configuration arrangements which would affect staffing requirements.

In some instances increasing planned staffing numbers would lead to a reduction in the use of agency staff usage but it was felt further work was required to fully quantify and put into context the proposals where there was a long-term financial impact. LW

It was agreed that a further report would be brought to the 5 October meeting.

2104/02 Annual Equality and Diversity Report – SFT 3677 – Presented by AK

The Board received the Equality and Diversity Annual Report 2015.

It was noted that the Race Equality Scheme required the publication of a range of figures and these requirements would be incorporated into the NHS Contract in future. Data gathered in support of the Race Equality Scheme showed that black and minority ethnic staff were well represented among those receiving job promotions within the Trust. The Stone Wall Health Champions Programme and the improvements to reach 23rd place in this year's index was highlighted and work on mindfulness including support for staff by the Occupational Health Service was noted. Work would continue to identify the causes of the disparity shown in the bar chart "bands by gender" in relation to roles at band 7 and above and bands 5 and 6. The 10% of staff aged over 60 years was in line with national trends.

The Board noted the Equality and Diversity Report.

2105/00 PATIENT CARE

2105/01 Quality Indicator Report to 30 June 2015 – Quarter 1 (Month 3) – SFT 3678 - Presented by CB and LW

The Board received the Quality Indicator Report. It was noted that there had been no new Serious Incident Inquiries opened in June and six so far in the year. Mortality rates were in the As Expected range and reports on the global trigger tool were down. There had been no falls in June resulting in major harm and it was noted that escalation capacity in Breamore Ward had been closed.

There had been three attributed cases of C-Diff in June making a year to date total of four against an annual trajectory of 19. There had been nine single sex breaches mainly in the Acute Medical Unit and this had been the subject of a commissioner visit.

The Board noted the Quality Report.

2105/02 Patient Safety Update – SFT 3679 – Presented by LW

LW gave a brief update on progress with the Sign Up to Safety Campaign and it was noted that four work streams were in place aimed at reducing patient harm and overseen by a Safety Steering Group.

The process was now overseen on the Board's behalf by the Clinical Governance Committee and this would be the reporting route in future.

2105/03 Update on Medical Revalidation – SFT 3680 – Presented by CB

The Board received the Annual Revalidation Report. As the Responsible Officer Christine Blanshard informed the Board that a range of governance and compliance arrangements were in place to oversee the revalidation process. Dr Claire Fuller was appointed as the appraisal lead and was supported by 55 trained appraisers. 143 consultants, 19 SAS doctors and six temporary contract holders completed annual appraisals within the prescribed time. The compliance rate was 92% which compared to a national rate of 84%.

Concerns about the practice of two doctors were identified through the process – both had left the Trust and concerns had been communicated to their current Responsible Officer. No doctors were subject to disciplinary procedures referred by the Responsible Officer to the General Medical Council and four were referred to the GMC by other routes – none was found to have impaired fitness to practise.

It was agreed to share the report with the Second Level Responsible Officer (Medical Director of NHS England South) and to approve the statement of compliance that the Trust as a designated body is in compliance with the regulations.

2106/00 PERFORMANCE AND PLANNING

2106/01 Finance & Performance Committee Minutes 18 May and 29 June 2015 – SFT 3681 – Presented by NM

The Board received for information the confirmed minutes of the Finance and Performance Committee 18 May and 29 June 2015.

It was noted that progress on achieving CQUIN was satisfactory and that considerable focus was on the management of agency spend and achievement of the Cost Improvement Programme.

The Board noted the minutes of the Finance and Performance Committee.

2106/02 Finance and Contracting Report to 30 June 2015 – SFT 3682 – Presented by MC

The Board received the Finance and Contracting Report. It was noted that there was a £2.3m overspend in relation to £2m planned at this stage. Agency spend and progress with the Cost Improvement Programme were the main issues. Elective activity was below contract and out-patient follow ups were down against the previous year. On cost improvement the Trust had achieved savings and income generation of £957,000 against a planned target of £1,444,000 an adverse variance of £487,000. A delay in a payment by a commissioner in June had affected the Trust's cash position temporarily. The Trust was now invoicing Wiltshire CCG on contract values and was receiving the resilience money under the contract.

The Capital Programme was ahead of plan.

The Report highlighted a wide range of major projects with significant implications for senior management time as well as service pressures arising in year.

At present the forecast was for the Trust to be in line with its planned deficit of £6m. This was reliant on achieving the Cost Improvement Programme and CQUIN payments.

2106/03 Progress against Targets and Performance Indicators to 30 June – SFT 3683 – presented by AH

The Targets and Performance Indicators Report was circulated separately. It was noted that the Emergency Department Target had been delivered in Quarter 1 and in the month of July. There had been a review by the Emergency Care Intensive Support Team and an action plan was being delivered. On referral to treatment all reportable specialities were delivered and there was further work on capacity and demand. A peak in Quarter 4 for Endoscopy procedures had meant that the Trust had failed this target but work was underway to address this. There would be a report in September on benchmarking work being undertaken in relation to length of stay. **AH**

2106/04 Update on Strategic Planning – Presented by LA

It was noted that no feedback on the Strategic Plan 2015/16 had been received. Initial steps for 2016/17 planning round had started and this would include the service line reporting information currently under development.

2106/05 Annual Report of the Remuneration Committee – SFT 3684 – Presented by NM

The Board received for the information the Annual Report of the Remuneration Committee which was noted.

2106/06 Electronic Patient Record – approval of outline business case - SFT 3685 – Presented by LA

The Board received the report and it was noted that the current Patient Administration System (PAS) was nearing the end of its useful life. The business case presented to the Board set out a range of benefits including clinical benefits and up to £10m cashable. It was emphasised that this was a major change project in the organisation. It was based on an extensive procurement exercise with the main suppliers and CSC was at this stage the preferred supplier. About £750,000 per year was spent on running the systems that would eventually be replaced and the cost of the new system was £1m per year. There would be further negotiation with the supplier to clarify the benefits to the Trust. Subject to approval of the full business case later in the year it was expected to go live with the system phase one in twelve months. It was noted that software updates and support were included in the operating costs of the system. It would improve the sharing of electronic information with GPs. The phasing of clinical systems within the project would be reviewed.

The Board approved the Outline Business Case and agreed to proceed to full business case including negotiations with the preferred bidder. An implementation team would be established to the point of full business case and contract ready for signature.

2107/00 PAPERS FOR NOTING OR APPROVAL

2107/01 Minutes of Clinical Governance Committee 28 May an 25 June 2015 – SFT 3686 – Presented by LB

The minutes of the Clinical Governance Committee 28 May and 25 June were received for information. It was noted that three core service reviews had been completed across these two meetings. The July meeting had considered a report on the Maternity Service.

2107/02 Minutes from Public Section of Council of Governors 18 May 2015 – SFT 3687 – Presented by NM

The Board received for information the minutes of the Public Section of the Council of Governors meeting on 18 May 2015.

2107/01 Minutes from Audit Committee – 22 May 2015 – SFT 3688 – Presented by PK

The Board received for information the minutes of the Audit Committee on 22 May 2015. It was noted that discussions about the Limited Assurance Audit of the performance indicators in the Quality Account by the KPMG continued to be discussed.

2108/00 QUESTIONS FROM THE PUBLIC

In relation to a question from Raymond Jack PH confirmed there was a meeting scheduled to discuss the proposed capital spend on the Springs entrance.

In relation to a question on Single Sex Compliance on Whiteparish AMU LW emphasised that the ward was not considered to be a mixed sex area.

There was a high turnover of patients in this area and efforts continued to eliminate any breaches.

In relation to a question from Jenny Lisle it was noted that nurse's shifts were a mixture of 7.5 hours and 11.5 hours (with 1 hour break).

In relation to a question about the numbers of patients in the hospital ready for discharge PH reminded the meeting that there were usually around 20 patients who were ready for discharge but were awaiting a package of care etc.

In relation to a question by Alastair Lack in relation to the Fractured Neck of Femur/36 Hours Target CB undertook to send the latest figures indicating what proportion of these patients had breached because they were unfit for surgery. CB

In relation to a question from Alistair Lack regarding weekend cover for consultants PH indicated that there needed to be clarity as to the aims of extending seven day working for the benefit of patients who required a senior medical opinion and diagnostic support. Some planned activity such as out patients and elective procedures would also occur.

2109/00 DATE OF NEXT MEETING

5 October 2015 at 1.30 pm.