SALISBURY NHS FOUNDATION TRUST

Minutes of the meeting of Salisbury NHS Foundation Trust Board Held on Monday 3 October 2016

Board Members Present:	Dr N Marsden	Chairman
	Mr P Hill	Chief Executive
	Ms T Baker	Non-Executive Director
	Dr C Blanshard	Medical Director
	Dr L Brown	Non-Executive Director
	Mr I Downie	Non-Executive Director
	Mr A Hyett	Chief Operating Officer
	Mrs A Kingscott	Director of Human Resources and Organisational Development
	Mr P Kemp	Non-Executive Director
	Mr S Long	Non-Executive Director
	Mrs K Matthews	Non-Executive Director
	Ms L Wilkinson	Director of Nursing
Corporate Directors Present:	Mr L Arnold	Director of Corporate Development
In Attendance:	Mr P Butler	Head of Communications
	Mr M Collis	Deputy Director of Finance
	Mr D Seabrooke	Secretary to the Board
	Dr A Lack	Lead Governor
	Mr N Alward	Public Governor
	Dr J Lisle	Public Governor
	Mr M Mounde	Public Governor
	Mr R Polkinghorne	Appointed Governor
	Sir R Jack	Public Governor
	Mrs J Sanders	Public Governor
	Ms L Taylor	Public Governor
	Ms D Major	Deputy Director of Nursing
Apologies:	Mr M Cassells	Director of Finance and Procurement
	Prof J Reid	Non-Executive Director

ACTION

2208/00 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 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.

2209/00 MINUTES – 8 AUGUST 2016

The minutes of the meeting of the Board held on 8 August 2016 were agreed as a correct record.

2210/00 MATTERS ARISING

There were no matters arising.

2211/00 CHIEF EXECUTIVE'S REPORT - SFT 3809 – PRESENTED BY PH

The Board received the Chief Executive's report. PH highlighted the on-going work on the Bath and North East Somerset, Swindon and Wiltshire Sustainability and Transformation Plan.

The Electronic Patient Record was expected to go live at the end of October. The seasonal flu campaign for 2016 would be shortly getting underway. The PLACE (Patient Lead Assessment of the Care Environment) had been reported and there were good results in relation to the range of factors that were assessed. He highlighted the achievement of Emma Ward who had won the Trust's Pride in Practice award.

Finally the Trust's AGM had taken place at the Salisbury Arts Centre on 27 September and had been a success. Presentations had been given by Dr Christine Blanshard and Lorna Wilkinson on the Trust's progress with the Care Quality Commission Action Plans and there had been presentations on behalf of one of the core areas inspected.

The Board received the Chief Executive's Report.

2212/00 STAFF

2212/01 Workforce Performance Report including Nurse Staffing - SFT 3810 - Presented by AK & LW

The Board received the Month 5 report. AK highlighted improvements in the appraisals rate which for non-medical staff was now at 85% and medical staff 91%. There was gradual improvement in mandatory and statutory training rates now at 82% which was still below the 85% target. There had been increased use of bank staff. Staff turnover was reducing and exit interview's quality was being improved. European and international recruitment for nurses continued and a new initiative 'Fresh Eyes' was being introduced for new starters. The sickness rate was 3.2% and causes of sickness were tracked at directorate level.

The Nursing and Midwifery Council continued to monitor the arrangements for planning the recruitment of nurses – the Chairman requested that this be expanded upon at board level at a seminar session. DS

In the Safer Staffing Report it was noted that a new methodology was being introduced nationally which would focus on care hours per patient. The rate of registered nurses was balanced by nursing assistants and ratios on wards were correct. There had been lower acuity on Avon Ward in August and the skill mix reflected this. A small number of areas showed as over-staffed – this was due to supernumerary inductions and instances of 1:1 care.

The Board noted the Workforce Report and the Safe Staffing Report.

2213/00 PATIENT CARE

2213/01 Quality Indicator Report to 31 August 2016 (Month 5) – SFT 3811- Presented by CB and LW

The Board received the Quality Indicator Report. It was noted that there had been 8 new Serious Incident Inquiries in August of which five had been

falls. The hospital had seen a high rate of activity during August. It was understood that there was in fact one CUSUM alert in relation to cancer of the pancreas (May 2016) and the other one mentioned in the report was an error. In relation to the mortality rates the availability of the Palliative Care Team affected the Trust's ability to code the relevant patients as palliative. Executives were working to address the understaffing in this area. Four out of eleven high risk TIAA cases were seen within 24 hours and CB described the reasons why other cases had missed the target. The ward moves data continued to be refined for example to show it as a run rate rather than an accumulative position. There had been no MRSAs or MSSAs in the month and no cases of C-Difficile. There was an amendment to the report in relation to mixed sex accommodation – all cases were resolved within two days rather than four days as stated.

The Board noted the Quality Indicator Report.

2213/02 Customer Care Report – Quarter 1 – SFT 3812 – Presented by LW

The Board received the Quarter 1 Customer Care Report. It was noted that there had been a slight decrease in the numbers of complaints and that clinical treatment remained the biggest category across a range of specialties. In relation to complaints received directorates were undertaking personal contact initiatives.

There had been one PHSO case which had not been upheld and one new report to the PHSO in the Quarter.

MSK were experiencing the highest numbers of complaints and delays. It was noted that this included some high volume and pressured specialties for example plastics and orthopaedics. Work to address this included the Orthopaedics' expansion work and greater clarity around patients' expectations arising from procedures. The Board was reminded that the Trust always responded to comments posted about the hospital on the NHS Choices. Where these were complimentary the comments were passed to the staff and were these were complaints a request was posted for the patient to contact the hospital to discuss matters further.

The Board noted the Quarter 1 Customer Care Report.

2213/03 Annual Quality Governance Report 2015/16 - SFT 3813 – Presented by CB

The Board received the Annual Quality Governance Report. CB highlighted the narrative on addressing falls and catheter acquired UTIs. The CQC had rated the Trust as Good on Effectiveness and there was a good clinical audit process in place. The Duty of Candour had been successfully implemented and the Head of Litigation had played a key role in ensuring clinical teams knew how to approach this appropriately. £3.6m of CQUIN payments for 2015/16 had been achieved. The Trust's Quality priorities included addressing spinal VUD assessments and outpatient assessment. Good pilot work had been undertaken in redesigning the triage function in A&E. There had been a review of mortality and morbidity meetings to ensure greater consistency of approach. The Saving Babies' Lives care bundle had been rolled out aimed at reducing still births. The Sepsis 6 care bundle continued to be implemented. Work was underway to deliver the four priority standards on seven day working. Work continued to assess and reduce avoidable deaths. The good attendance at the Trust's regular Clinical Governance half day sessions was highlighted by LB. The Trust would continue to work with the local community via the Sustainability and

Transformation Partnership.

Actions in relation to the CQC Report received in April 2016 continued to be worked through and overseen by the CQC Steering Group.

The Board noted the Annual Quality Governance Report.

2214/00 PERFORMANCE AND PLANNING

2214/01 Finance & Performance Committee Minutes – 25 July and 22 August 2016 – SFT 3814 – Presented by NM

It was noted that the Committee continued to monitor the Trust's market share and relationships with GPs. It continued to monitor the Trust's financial position in detail and to review its segment of the Assurance Framework.

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

2214/02 Financial Performance to 31 August 2016 (Month 5)– SFT 3815 – Presented by MCo

The Board received the Finance and Contracting Report to 31 August 2016. It was noted that year to date there was a surplus of £242,000 and an in month surplus of £284,000. The Trust was ahead of its savings plan by £0.5 billion and there was good progress in making and identifying CIP savings. The risk section of the report set out a number of risks and four forecast scenarios for the year end.

A number of SFT staff had transferred from the Trust to the new joint venture for Sterile Services.

In relation to a question from PK about the achievement of Sustainability and Transformation funding in Quarter 2, it was noted that the Emergency Department target was not currently being delivered but the Trust had signalled a number of caveats around activity and delayed transfers of care in agreeing to the STF. The Trust was assuming that the full STP amount would be received.

Full details on the impact of the new Junior doctor's contract was awaited. A suitable accounting provision had made in this respect.

The Board noted the Finance Report.

2214/03 Progress Against Targets and Performance Indicators to 31 August – SFT 3816 – presented by AH

The Board received the Month 5 report. The Emergency Department had delivered 93.57% against the Four Hour Target. Acuity for patients was much higher as was the rate of attendances. There had been a 36% increase in attendances to the major's stream. For Referral to Treatment (18 weeks) The Trust had delivered 91% against the target of 92%. Diagnostics standards had been delivered. Cancer standards had been delivered in Quarter 1. The Trust had failed the 31 day standard in August. The Sustainability and Transformation fund was judged against the achievement of the 62 Day Target.

The Board noted the report.

2214/04 Major Projects Report - SFT 3817 - Presented by LA

The Board received the Major Projects Report. The report summarised progress with the Electronic Patient Record (stable at Amber), Scan for Safety (stable at Green), Wiltshire Health and Care (stable at Green), SDU (improving at Green). Under the Electronic Patient Record stream the data warehouse work stream was Red/improving with additional work resulting in steady progress towards the end of October. 85% of training for priority one and two users of EPR had been booked.

Having started on 1 July 2016, progress was being made with the Health and Care and in establishing a southern locality for this. The inter-agency workshop on Delayed Transfers of Care was highlighted.

The Board noted the Major Projects Report.

2214/05 Capital Development Report – SFT 3818 – Presented by LA

The Board received the Capital Development Report covering the past four months across buildings, information technology, technical equipment and infrastructure.

It was noted that the Laverstock Ward refurbishment had been completed and the accommodation handed back over. The planning application for the Maternity expansion had been approved. Work was underway to plan for an escalation facility to be built near the existing Day Surgery Unit. A bid for national monies had been submitted in support of this. The Trust continued to implement the POET system.

The Board noted the Capital Development Report.

2215/00 PAPERS FOR NOTING OR APPROVAL

22215/01 JBD Minutes from 27 July 2016 – Quarterly Review of Assurance Framework and Risk Register – SFT 3819 – Presented by PH

The Board received for information the minute extract from the Joint Board of Directors demonstrating the review of the Assurance Framework and Risk Register.

2215/02 Minutes of the Council of Governors – 18 July 2016 – SFT 3820 – Presented by NM

The Board received for information the draft minutes of the Council of Governors held on 18 July 2016.

2215/03 Risk Management Strategy 2016/17 – SFT 3821 – Presented by LW

The Board received the Risk Management Strategy 2016/17 for approval.

The Strategic objectives and key performance indicators had been updated for 2016/17 to include a single Risk Management Strategy, embedding Risk Management at all levels to create a safety culture, theming of incidents to highlight trends and areas requiring further investigation and ensuring compliance with the Duty of Candour requirement.

KPIs included compliance with the NHS Improvements Single Oversight Framework, forward registration with the Care Quality Commission, on-going participation in Sign up to Safety and incompletion of route cause analysis for cases of moderate or greater harm.

The Board approved the Risk Management Strategy 2016/17.

2215/04 Risk Management Annual Report 2015/16 – SFT 3822 – Presented by LW

The Board received the Risk Management Annual Report 2015/16. The report highlighted lessons learnt as a result of incident reviews, changes to risk processes and progress against key performance indicators. The report also confirmed the accountability and responsibility arrangements within the Trust and the monitoring of these to ensure continued compliance with national standards including CQC regulations, patient safety alerts and reporting to the national reporting and learning system.

The report was noted.

2215/05 Maternity and Neonatal Risk Management Annual Report – SFT 3823 – Presented by LW

The Board received the report which provided assurance around Risk Management and improvements to patient safety.

The Maternity Department had received a rating of Good from the CQC, reporting of incidents had improved, the Obstetric Theatre was now available 24 hours, seven days a week, the implementation of the Grow project, restructuring of PROMPT training.

The service planned to continue to promote an open and supportive approach to ensure that reporting rates were optimised, continued participating in each the Baby Counts, increase Antenatal Clinic capacity through new recruitment, continue midwifery recruitment and on-going focus and work on the medical staffing model.

The Board noted the report.

2215/06 Clinical Governance Committee – 21 July 2016 – SFT 3824 – Presented by LB

The Board received for information the minutes of the Clinical Governance Committee. LB highlighted a newly introduced section in the Committee's minutes (page 181) – Challenges.

2215/07 Management Letter 2015/16 – SFT 3825 – Presented by PH

The Board received for information the report the appointed auditor. The report had been considered by the Council of Governors at its July meeting and was considered to be a positive report. The need to improve the standard of 18 Weeks recording was highlighted in the report.

2216/00 ANY OTHER URGENT BUSINESS

2217/00 QUESTIONS FROM THE PUBLIC

In relation to a question about the junior doctor's contract it was noted that the guardian of safe working had been appointed and there had been good support by the training department to ensure that there was a good quality of training offered.

2218/00 DATE OF NEXT MEETING

The next public meeting of the Board would be held on Monday 5 December 2016 at 1.30 pm in the Board Room.