SALISBURY NHS FOUNDATION TRUST

Minutes of the meeting of Salisbury NHS Foundation Trust Board
Held on Monday 4 April 2016

Board Members Present:	Dr N Marsden	Chairman
	Mr P Hill	Chief Executive
	Dr C Blanshard	Medical Director
	Dr L Brown	Non-Executive Director
	Mr M Cassells	Director of Finance and Procurement
	Mr I Downie	Non-Executive Director
	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
	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 D Seabrooke	Secretary to the Board
	Mr P Lefever	Wiltshire Healthwatch
	Mr M Mounde	Public Governor
	Sir R Jack	Public Governor
	Dr A Lack	Lead Governor
	Dr J Lisle	Public Governor
	Dr B Robertson	Public Governor
	Mrs L Taylor	Public Governor
	Mr & Mrs Gould	Volunteers
	Elizabeth Kendal	Salisbury Journal

ACTION

2161/00 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.

2162/00 MINUTES 8 FEBRUARY 2016

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

2163/00 CHIEF EXECUTIVE'S REPORT - SFT 3750 – PRESENTED BY PH

The Board received the Chief Executive's Report and the following principal points were highlighted by PH –

<u>Care Quality Commission (CQC Report)</u>
It was noted that the Quality Summit was scheduled for Wednesday 6 April and the publication of the completed report was expected by the end of the week.

Openness and Transparency
It was noted that the Trust had been rated as outstanding and was ranked fifth in the country in the recently published Learning From Mistakes league table published by NHS Improvement.

Patient Safety Collaborative
Two teams won awards in the Wessex Patient Safety Collaborative – the Transfer of Care Team and the Sepsis Team won two of the eight awards available.

Staff Survey 2015
The Trust had performed among the best in 25 of the 32 key findings. Past actions and responses had included the introduction of 24 hour site security and there would be further analysis of the findings of the survey. The good morale and engagement that the survey findings described were linked to good patient care. The Trust continued to flag average on questions relating to bullying and harassment and this was being discussed further.

NHS Leadership Academy Awards
It was noted that the Trust's Head of Equality and Diversity Pamela Permalloo-Bass had won the National Leader of Inclusivity of the year in the recent national awards.

Freedom to Speak Up Guardian
It was noted that Public Governor Isabel McClellan had been appointed as the Freedom to Speak Up Guardian and she was contactable via email and was holding monthly drop in clinics in the hospital.

Save 7 Campaign
The Trust had launched the Save 7 Campaign encouraging every employee to save £7 a week by reviewing and changing the way they work.

Junior Doctors Industrial Action
The next round of action being the withdrawal of all but emergency care was on 6 and 7 April. Junior Doctors had planned a further round of action for 26 and 27 April during which all care would be withdrawn between 8 am and 5 pm. Plans were being put in place to manage the effect on patients arising from this action.

The Board noted the Chief Executive's Report.

2164/00 STAFF

2164/01 Workforce Performance Report including Nurse Staffing - SFT 3751 - Presented by AK & LW

The Board received the Workforce Performance Report.

It was noted that the Trust's overall vacancy rate was 5.3% and the Trust continued to use variable staffing to fill rotas. There was extensive use of bank staff but there continued to be a challenge to fill all shifts. Agency was the next stage and these arrangements were now subject to caps nationally. There was a vacancy rate of 12% for nursing and midwifery which reduced to -1.6% when temporary staff and agency staff were factored in. In month 11 half of agency shifts for nursing were 'break glass' shifts within the guidance.

Negotiations with the provider agencies were continuing as it was expected that more shifts would be filled against the caps being introduced from 1 April. There was concern that the overall control total set by Monitor posed a potential threat to the Trust's payment of £6.3m under the Sustainability and Transformation fund.

Overseas recruitment continued and it was noted that the International Language Standard Two had been introduced and there was concern that this would be difficult for some EU recruits to attain. The government had recently confirmed that nurses would remain on the shortage occupation list albeit with restrictions attached.

In relation to the Nurse Staffing Report it was noted that Radnor and NICU continued to adopt a flexible approach to staffing in relation to variable demand. The current model was based on the rostas and were resulting in these areas flagging as red. Additional nurse staffing had been introduced in the Spinal Unit to ensure ventilated patients were continually monitored.

The Board noted the Nurse Staffing Report.

2165/00 PATIENT CARE

2165/01 Quality Indicator Report to 29 February 2016 (Month 11) – SFT 3752 - Presented by CB and LW

The Board received the Quality Indicator Report for February.

It was noted that two new Serious Incident Inquiries had started in February. A Never Event which had not resulted in serious harm was also declared.

The HSMR (Hospital Standardised Mortality Rate) was at 110 to November 2015 and was higher than expected. Mortality governance was being strengthened in line with recent NHS England guidance with more emphasis on analysing avoidable mortality.

A reduction in patients with fractured hip operated on within 36 hours of admission was due to theatre capacity. A business case was due to be approved that would separate out Orthopaedic and Trauma lists.

The SSNAP Audit for stroke services for Quarter 3 was a grade C on a scale of A-E.

There had been no new MRSA cases and the Trust had 15 attributed C-Diff cases to 31 March 2016. There had been a good reduction in the number of single sex accommodation breaches although there had been an increase in bed capacity and a reduction in the number of multiple patient moves.

The Board noted the Quality Report.

2165/02 Customer Care Report – Quarter 3 – SFT 3753 – Presented by LW

The Board received the Customer Care Report for Quarter 3. The Trust continued to receive complaints at a rate of 0.08% in relation to completed episodes. The figure for compliments was 0.8%. There had been 66 new complaints received which was similar to Quarter 2 although slightly down on the previous year. The 25 day turnaround of complaints was improving, as was more personal contacts with complainants. There had been one PHSO case not upheld in the Quarter. Complaints in relation to

appointments arose from a range of issues and learning was always being reviewed and implemented.
In terms of the reporting methodology it was suggested that complaints and compliments could not be offset.

The Board noted the Customer Care Report.

2166/00 PERFORMANCE AND PLANNING

2166/01 Finance & Performance Committee Minutes 30 November and 21 December 2015 – SFT 3754 – Presented by NM

The Board received the confirmed minutes of the Finance and Performance Committee for 25 January and 29 February 2016. The Committee had held a useful discussion with the Chairman and Managing Director of the Laundry company and was working with its representatives on Replica 3D to resolve that company's issues.

The Board noted the Finance and Performance Committee minutes.

2166/02 Finance and Contracting Report to 29 February 2016 – SFT 3755 – Presented by MC

The Board received the Finance and Contracting Report. The Trust had a year to date deficit of £7.4m which was an adverse variance of the year to date plan of £611,000. CIP savings were less than planned but were in part off set by over performance on income due to reductions in activity by QIPP schemes not being delivered. The Trust's position was off-set by changes in depreciation to the value of £800,000. There had been an increase in delayed transfers of care. The Trust's position was made more challenging because of the use of agency staff in relation to escalation beds that had been opened during the month.

Trust was working to finalise the year end positions with Wiltshire and West Hampshire CCGs. The latter discussion had been escalated to CEO level. Work was also underway to sign 2016/17 contracts including aligning activity projections for the year. Crucial information from the specialised commissioner had only just been received and was currently being analysed. The Trust would be submitting its final plans to Monitor by 11 April.

The Trust was on target to deliver the £6m deficit for 2015/16 that it had originally targeted.

The Board noted the Finance and Performance Report.

2166/03 Progress Against Targets and Performance Indicators to 29 February – SFT 3756 – presented by AH

The Board received the Targets and Performance Indicators Report. AH reported that the Referral to Treatment and Cancer target had been delivered. The Emergency Department target for month 11 had not been delivered. New bed capacity had been opened and patients with greater acuity had been presenting. There had been some ambulance handover breaches due to patient flow issues. However the Trust was ranked best in region for the lack of ambulance delays by South West Ambulance Trust.

There was good informal networking among hospitals in the locality. Formal executive level authorisation was required for any diverts.

The Board noted the Targets and Indicators Report.

2166/04 Statement on Major Incident Preparedness – SFT 3757 - Presented by AH

It was noted that providers had been required to make a public statement to the Board in relation to major incident preparedness.

Andy Hyett confirmed to the Board that a suitable policy was in place, which had been subjected to exercises and also that a business continuity plan was in place. The processes continued to be revised.

The Board noted the declaration.

2166/05 Financial Estimates 2016/17 – SFT 3758 – Presented by MC

The Board received the Base Estimates 2016/17 report explaining the base estimates to enable budgets to be set for the 2016/17 year in accordance with the Trust's standing orders.

It was noted that in order to receive sustainability and transformation funding of £6.3m through the year the Trust was required to deliver an income and expenditure control total surplus of £1.8m which would require savings totalling £9.5m (4.5%) This was considered to be a significant risk.

Changes to the Tariff made more cash available, thought to be £2.2m. The assumption was that the laundry and other subsidiary companies would be neutral in the estimates.

There was a national increase in employer contributions to pensions of around £1 billion nationally. The assumed impact of cost pressures on cash is £1.5m when compared to 2015/16. Non-recurring resilience support of £0.9m was received in 2015/16 to support emergency care during winter. Although the CCG had indicated that it will continue to support schemes there had been no confirmation of funding so far. As noted previously QIPP was at this stage unclear and activity assumptions with commissioners had yet to be aligned.

It was noted that savings arising from the Carter Report were still being explored although MC did not accept the final figure published by Carter in relation to the trust.

The Board approved the Financial Estimates 2016/17.

2167/00 PAPERS FOR NOTING OR APPROVAL

2167/01 Audit Committee Minutes – 12 October 2015 – SFT 3759 – Presented by PK

The Board received for information the confirmed minutes of the October 2015 meeting of the Audit Committee.

2167/02 Minutes from Clinical Governance Committee – 28 January 2016 – SFT 3760 – Presented by LB

The Board received for information the confirmed minutes of the 28 January 2016 meeting of the Clinical Governance Committee.

2167/03 **JBD Minutes Evidencing Presentation of Assurance Framework and Risk Register – SFT 3761 – Presented by PH**

The Board received for information a minute extract describing the review of the Risk Register and Assurance Framework by the Joint Board of Directors.

2167/04 **National Out-patient and Emergency Department Survey Results – SFT 3762**

This item was withdrawn.

2167/05 **Staff Survey Results 2015 – SFT 3763 – Presented by AK**

The Board received the Staff Survey results which as noted in the Chief Executive's report indicated that 25 of 32 key areas of the Trust had been placed in the top 20% of Trusts in the survey. No indicators were in the bottom 20% and there was a small number in the average band. The Executive Workforce Committee would continue to work through actions and would bring a report back to the Board in December.

The Board noted the Staff Survey Results 2015.

2167/06 **Minutes from Council of Governors 22 February 2016 – SFT 3764 – Presented by NM**

The Board received for information the minutes of the Council of Governors held on 22 February 2016.

2167/07 **Annual Plan 2016/17 – SFT 3765 – Presented by LA**

LA informed the Board that comments from NHS Improvement had been received in relation to the draft submission made earlier in the year. The submission deadline for the report was 11 March 2016. Governors had been consulted on the draft at the joint meeting held on 29 February and it had been reviewed by the Governor's Strategy Committee. The plan would form the first year of the Wiltshire Sustainability and Transformation Plan which was due for submission by June.

The Board approved the report.

2168/00 **ANY OTHER URGENT BUSINESS**

No matters were raised.

2169/00 **QUESTIONS FROM THE PUBLIC**

In relation to a question from Beth Robertson, Lydia Brown indicated that the Clinical Governance Committee had had a video patient's story at its February meeting. It had not been possible to complete the patient's story planned in January.

In relation to the Customer Care Report, Alastair Lack highlighted the Salisbury Foundation Trust page on NHS Choices which had a number of patient comments on it but no Trust responses as most queries and responses were posted on the Salisbury District Hospital page. It was also noted that an intranet page was included in the report which Governors would not be able to access.

2170/00 DATE OF NEXT MEETING

The next ordinary meeting of the Board would be held on Monday 6 June 2016 at 1.30 pm in the Board Room.