SALISBURY NHS FOUNDATION TRUST

Minutes of the meeting of Salisbury NHS Foundation Trust Board Held on Monday 5 October 2015

Board Members Present:	Dr N Marsden	Chairman
	Dr C Blanshard	Medical Director
	Dr L Brown	Non-Executive Director
	Mr M Cassells	Deputy Chief Executive
	Mr A Freemantle	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
	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
	Councillor J Noeken	Appointed Governor
	Mr M Mounde	Public Governor
	Mrs J Sanders	Public Governor
	Dr A Lack	Lead Governor
	Sir R Jack	Public Governor
	Dr E Robertson	Public Governor
	Dr J Lisle	Public Governor
	Dr R Bolton	Anaesthetic Registrar
	Mrs S Mortlock	Thames Valley & Wessex Leadership Academy
	Ms A Jennings	Thames Valley & Wessex Leadership Academy
Apologies:	Mr P Hill	Chief Executive
	Mr I Downie	Non-Executive Director

ACTION

2115/00 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.

2116/00 MINUTES

Patient Experience and Feedback

The Chairman read part of a letter from a patient who had requested that his praise for the hospital be shared publicly with the Board.

The minutes of the meeting of the Board held on 3 August 2015 were accepted as a correct record with an amendment to the top of page three under 2104/01 to insert the word supervisory in relation to the Band 7 Senior Sister posts.

2117/00 CHIEF EXECUTIVE'S REPORT - SFT 3696 – PRESENTED BY MC

The Board received the Chief Executive's Report.

Malcolm Cassells highlighted the ongoing work in relation to the Adult Community Services bid, the 2015 patient led assessment of the care environment (PLACE result), work towards the Care Quality Care Commission inspection in December, the recent Quality in Care Programme award for the Trust's VTE and Anti-coagulation Service and the Trust's Annual General Meeting 2015 which had been positive and well supported.

The Trust had at the end of September been visited by Monitor and feedback was expected in Monitor's routine quarterly feedback report.

Directors also reflected on the Board's annual hospital food tasting, work towards the information requirements of the Care Quality Commission and the Dementia Friends training that had taken place at the Board Seminar Day in September.

2118/00 STAFF

2118/01 Workforce Performance Report including Safer Staffing and Skill Mix SFT 3697 - Presented by AK & LW

The Board received the Workforce Performance Report for Month 5 and AK highlighted the following principal points -

- The Trust continued to use bank and agency to fill vacancies and actions continued to recruit nurses in particular from newly qualified and overseas.
- The Safer Staffing Board would consider the Department of Health's Staffing Toolkit.
- Agency spend continued to be reduced but there was an overspend on staffing costs of £677,000.
- The Trust was close to its target for staff sickness of 3%.

It was noted that the National Staff Survey would shortly be launching, conducted by the Picker Institute.

On mandatory training there was concern about compliance with infection control requirements and it was noted that this was a mixture of online and classroom sessions and there was sometimes difficulties in capturing completed training activity. On non-medical appraisals AK reminded the Board that staff reported through surveys a high level of compliance with this requirement but that the system required all steps including second manager sign off to have been completed before it would report an employee as compliant. The target of 85% compliance would be reviewed at the end of 2015/16.

On Safer Staffing, LW reported that the Trust continued to operate within the expected percentages. The areas flagged red, NICU and Radnor had been discussed previously and reflected changes in the patient mix and small numbers of health care assistance in the figures.

There some staffing issues in Maternity. There were some staff sickness and vacancies in the Spinal Unit (Avon and Tamar Wards).

It was noted that there was a twice daily bed meeting held by nursing managers that provided an action summary of the status of the hospital and was escalated as necessary.

On the Skill Mix Review LW reminded the Board of the actions agreed at the August meeting and reported that resources had been identified for an additional staff member at weekends on Redlynch and Pitton for a pilot. Work continued on a wider bed reconfiguration.

The Board noted the Workforce Report.

2119/00 PATIENT CARE

2119/01 Quality Indicator Report to 31 August 2015 (Month 5) – SFT 3698 - Presented by CB and LW

The Board received the Quality Indicator Report for August. Christine Blanshard reported a new Serious Incident Investigation involving a misplaced nasal gastric tube. The incident was considered to be a never event and it was confirmed that the Duty of Candour had been exercised.

It was noted that the mortality rate had reached 109 which was just above the expected range. The Clinical Governance Committee had discussed the situation and it was considered that the current report reflected a peak in mortalities from pneumonia conditions experienced in January. There was growing emphasis on reviewing rates of avoidable death and the Trust's position was that there were very low rates of avoidable deaths found on a recent audit.

There had been a reduction in patients arriving in the stroke Unit within 24 hours – one of these had been diagnosed with a stroke as an inpatient. There had been 33 strokes in August in one week. On Fractured Neck of Femur, six patients had missed the target of which two did not in the end have surgery.

It was noted that the Trust's infection control measure for C-Diff was on trajectory. The Trust continued to manage DSSA breaches, ensuring that patients were in the right place at the right time and managing within constraints in the Acute Medical Unit.

The Board noted the Quality Indicator Report.

2119/02 Customer Care Report – SFT 3699 – Presented by LW

The Board received the Quarter One Customer Care Report and Lorna Wilkinson highlighted the following principal points –

- In Quarter One there had been a rise of in complaints, some of which may relate to episodes of care occurring in Quarter Four when the Trust was especially busy.
- Key themes in the complaints related to appointments, delays, and in Ophthalmology where the Trust was challenged by high levels of patient demand.
- There was an Appointments Transformation Programme currently active.
- The rate of complaints of 0.1% of episodes remained static.

- RTF and Friends and Family feedback continued to feature noise, response to call bells and it was noted that responses were being monitored more closely and that the noise at night campaign was continuing.
- There had been no new Ombudsman cases raised in Quarter One; one previous complaint had been not upheld.

It was suggested by Steve Long that patient stories might be of help in helping staff to address this issue and it was agreed to discuss this further at the Clinical Governance Committee. It was also noted that on Friends and Family Test, of 8,000 recorded responses less that 19 individuals were unlikely to recommend the hospital.

The Board noted the Customer Care Report.

2120/00 PERFORMANCE AND PLANNING

2120/01 Finance & Performance Committee Minutes 27 July and 24 August 2015 – SFT 3700 – Presented by NM

The Board received for information the minutes of the Finance and Performance Committee held on 27 July and 24 August which had focused on the Trust's community services bid, performance targets and on Replica 3D.

The Board noted the Finance and Performance Committee Minutes.

2120/02 Finance and Contracting Report to 31 August 2015 – SFT 3701 – Presented by MC

The Board received the Month 5 Finance and Contracting Report and it was noted that an in month deficit of £968,000 had been recorded. The Trust's year to date position was close to plan at £3.9m deficit. Further savings needed to be identified to address this. Additional activity had helped the position. Non-elective activity continued to be above plan which suggests that QUIP and Better Care Fund initiatives were not addressing this sufficiently.

There had been a good reduction in agency use.

The Trust was on plan on its capital schemes and working capital and cash balances were somewhat behind plan due to phasing.

Wiltshire CCG were indicating that they were in financial difficulty and where coming to the attention of NHS England. Discussions of this would continue.

It was noted that the proportion of green rated cost improvement programme schemes was increasing and that 2016/17 schemes were being developed.

The Board noted the Finance and Contracting Report.

2120/03 Progress against Targets and Performance Indicators to 31 August – SFT 3702 – presented by AH

The Board received the Month 5 report. AH reported that the Trust was reviewing its capacity in trauma to improve patient flow and to reduce adverse effects on elective activity.

The Trust continued to deliver the A & E Four Hour Target, having delivered it in August, September and for all of Quarter 2. Work continued to improve emergency flow. Ambulance handovers were flagging as red and work was underway to improve the triage of patients being delivered by ambulance.

Referral to Treatment targets had been delivered and diagnostics were on trajectory. The Cancelled Operations Standard had been delivered in August. On Cancer Targets there were some red areas in the two week pathways and these would continue to be reviewed with Southampton hospital.

Delayed Transfers of Care were flagged red and it was noted that winter Better Care Fund initiatives particularly around discharge was underway. Unusually patient discharges in Dorset had become an issue of late.

The Board noted the Operational Performance Report.

2120/04 Update on Strategic Planning – Presented by LA

Laurence Arnold informed the Board that discussions with Monitor on capital plans and demand and capacity had taken place. Planning for 2016/17 was getting underway. The Board was likely to see the first outputs of this in January in line with published commissioning intentions and other national frameworks. The Trust was printing the strategy on a page to hand out to all staff.

2120/05 Capital Development Report – SFT 3703 – Presented by LA

It was noted that the Electronic Patient Record project had been launched.

Work was on-going to upgrade the bathrooms on Laverstock Ward and the refurbishment of the Surgical Assessment Unit. A tender for the building of the Breast Care Unit was being issued. Laminar Flow had been installed in Theatre 5.

The Board would be considering the full business case including readiness review at the December meeting.

The Board noted the Capital Development Report.

2121/00 PAPERS FOR NOTING OR APPROVAL

2121/01 Minutes of Clinical Governance Committee 23 July 2015 – SFT 3704 – Presented by LB

The Board received for information the confirmed minutes of the 23 July Clinical Governance Committee.

2121/02 Draft Minutes from Public Section of Council of Governors 20 July 2015 – SFT 3705 – Presented by NM

NM highlighted the Governor's discussion of the Adult Community Services bid, presentation on the accounts from the external auditor and the formation of a range of governor committees.

The Board noted the draft minutes of the Council of Governors.

2121/03 Risk Management Annual Report 2014/15 – SFT 3706 – Presented by LW

The Board received the Annual Report on Risk Management and it was noted that Internal Audit had provided substantial assurance in relation to Serious Incidents Management and Risk Management. The rollout of Datix Web had increased reporting rates to a high standard. There was good progress on the implementation of the Duty of Candour, building on existing approaches and culture which had been extended to moderate events in line with the new requirements.

Challenges included reducing falls that had resulted in injury and continuing to improve risk registers from departmental to corporate level.

The Board noted the Annual Report.

2121/04 Risk Management Strategy 2015/16 – SFT 3707 – Presented by LW

The Board received the Risk Management Strategy 2015/16 which contained only minor updates. The report was approved.

2121/05 Maternity and Neonatal Risk Management Strategy – SFT 3708 – Presented by LW

The Board received the Maternity and Neonatal Risk Management Strategy and it was noted that this had been considered in detail by a number of sub groups. Minor changes had been enacted around the role of the anti-natal manager. The existing supervisor of midwives role would continue despite legislative changes in this connection.

The Board approved the Maternity and Neonatal Risk Management Strategy.

2121/06 Maternity and Neonatal Risk Management Annual Report – SFT 3709 – Presented by LW

The Board received for information the Annual Report.

2121/07 Management Letter 2014/15 – SFT 3710 – Presented by MC

The Board received for information the Management Letter considered by the Council of Governors at its July meeting.

2122/00 ANY OTHER URGENT BUSINESS

No matters were raised.

2123/00 QUESTIONS FROM THE PUBLIC

In relation to a question from Sir Raymond Jack, Laurence Arnold confirmed that the Site Programme Management Board on 21st October would be considering the tenders received for Springs Entrance and what aspects of the work if any could go forward and this would be considered by the Finance Committee at its 26 October meeting.

In relation to a question about the Friends and Family Test responses in relation the Children's Ward, Lorna Wilkinson undertook to provide further information to Alastair Lack. LW

2124/00 DATE OF NEXT MEETING

7 December 2015 at 1.30 pm.