SALISBURY NHS FOUNDATION TRUST

Minutes of the meeting of Salisbury NHS Foundation Trust Board Held on Monday 6 February 2017

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 M Cassells	Director of Finance and Procurement
	Mr A Hyett	Chief Operating Officer
	Mrs A Kingscott	Director of Human Resources and Organisational Development
	Mr P Kemp	Non-Executive Director
	Mrs K Matthews	Non-Executive Director
	Dr M Marsh	Non-Executive Director
	Prof J Reid	Non-Executive Director
	Ms L Wilkinson	Director of Nursing
Corporate Directors Present:	Mr L Arnold	Director of Corporate Development
	Mr I Downie	Associate Non-Executive Director
In Attendance:	Mr P Butler	Head of Communications
	Mr D Seabrooke	Secretary to the Board
	Mr M Wareham	Staff Side Representative
	Mr P LeFever	Wiltshire Health Watch
	Mr P Matthews	Volunteer
	Dr J Lisle	Public Governor
	Dr A Lack	Lead Governor
	Mrs L Taylor	Public Governor
	Mr N Alward	Public Governor
Apologies:	Mr S Long	Associate Non-Executive Director

Welcome The Chairman welcomed Cara Charles-Barks to her first meeting of the Trust Board on her first day as Chief Executive.

ACTION

2242/00 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.

2243/00 MINUTES – 5 DECEMBER 2016

It was requested that greater emphasis be placed in the minutes on challenge by Non-Executive Directors.

The minutes were accepted as a correct record with the following amendments –

2230/01 delete 'connected to cancer pathways' and insert 'arise from a number of different factors'. Insert 'by the stroke service' before 'with Wiltshire Health and Care'.

2230/02 amend 'acquired' to 'associated' in the fourth line.

2244/00 MATTERS ARISING

There were no matters arising.

2245/00 CHIEF EXECUTIVE'S REPORT - SFT 3854 – PRESENTED BY CC-B

The Board received the Chief Executive's report and Cara Charles-Barks highlighted her initial experiences in the Trust including commitment and passion for patients that she had seen across the hospital.

A message thanking staff for handling emergency pressures through the winter period had been circulated within the Trust. Work continued with partners to alleviate pressures on the hospital and to provide the public with advice with how best to access local health services.

The Sustainability and Transformation Plan for Bath and North East Somerset, Swindon and Wiltshire had been published in December and five priorities had been identified as key programmes of work:

- More focus on prevention of ill health and earlier intervention.
- Transferring primary care.
- Making use of technology and our public estate.
- A modern workforce.
- Improved collaboration across the three hospital trusts.

CC-B highlighted the Care Quality Commission's consultation on its inspection process after April 2017.

It was noted that four of the Trust's staff had been put forward for leadership awards by Thames Valley and Wessex Leadership Academy. The Save 7 campaign continued and PMO staff had been short listed in the communications category of the Health Service Journal Value in Health Awards. Finally the Breast Unit, following the successful Stars Appeal had opened shortly before Christmas. A formal launch event for the Stars Appeal supporters and donors was planned for the end of March.

Tania Baker suggested that there needed to be a greater focus on system challenges which it was agreed it would be taken forward through the Trust Board seminar days.

The Board noted the Chief Executive's report.

2246/00 STAFF

2246/01 Workforce Performance Report including Nurse Staffing - SFT 3855 - Presented by AK & LW

The Board received the Month 9 Workforce report. It was noted that the sickness absence rate had deteriorated and that rates of appraisal compliance were under pressure – regular meetings with directorates to remedy this were taking place.

The Trust had welcomed more EU nurses and some non EU nurses were also due to arrive. Work continued to manage the use of agency staff – this was driven by gaps in rotas, vacancies and incidences of sickness. All aspects of workforce compliance were challenged during the especially busy periods.

In relation to a question from Michael Marsh about the success factors for the course offered to emergency department nurses on paediatrics it was noted that this would be judged through the nurse supervision. The course was intended to help adult-trained nurses to feel more confident when dealing with children in the emergency department.

In relation to a question from Paul Kemp regarding the apparent growth in temporary workforce since June 2015, AK undertook to provide more detail separately. PK expressed concern about the lack of clear recovery plans where indicators were deteriorating. AK

In relation to a question from Jane Reid about changes to the numbers of applications to graduate nursing courses it was noted that these had always been oversubscribed so the possible effect was not yet clear. A recruitment strategy was in place and was being reviewed. The Trust had eight nursing associates starting in March and apprenticeships for both nursing assistants and registered nurses were being discussed.

CC-B highlighted the differing rates of training and appraisal compliance across directorates.

In relation to a question raised by Kirsty Matthews, AK undertook to discuss with the recruitment firms involved the costs and benefits of overseas nurse recruitment. It was also agreed that there should be a discussion at a future board seminar day of long term nursing and medical recruitment and supply. AK

Safer Staffing

Lorna Wilkinson highlighted the December Safe Staffing report which showed a staffing level for nursing assistants of 111.8% and for registered nurses 97.3%. Part of this was explained by EU nurses who had started work but not obtained their UK registration, who were practising as nursing assistants. It was noted that the numbers in relation to Sarum ward nursing assistants were very small and that this varied in relation to patient need and surgery lists. There continued to be a below normal number of respiratory patients in the Spinal Unit which resulted in a reduction in the number of registered nurses deployed.

The Trust used the Allocate e-rostering guides which factored in acuity and dependence of patients when setting required staff levels and work with NHS Improvement on this was continuing.

In relation to a question from Paul Kemp it was noted that documentation of

professional judgement was captured in Allocate.

In relation to a question from Tania Baker it was noted that a bench mark for language skills for newly arrived EU nurses was in place pending their achieving the required national standards. There was a pilot arrangement with a company to improve EU recruits' experience and retention levels. LW

The Chairman requested sight of further information from the Allocate system at future board meetings.

The Board noted the report.

2247/00 PATIENT CARE

2247/01 Quality Indicator Report to 31 December 2016 (Quarter 3) – SFT 3856- Presented by CB and LW

The Board received the Quality Indicator Report and noted the caveat that certain of the activity data was not considered to be accurate because it could not be extracted from the data warehouse for November and December 2016.

Three new Serious Incidents had been started in December; there had been ten in quarter three including one Never Event, which had been dealt with in theatres with no harm to the patient.

The rate of crude mortality was down in quarter 3 but was expected to rise for the time that the hospital had been especially busy. The HSMI was 106 at June 2016, which was within the expected range. HSMR was 119. Mortality had been reviewed in detail by the Clinical Governance Committee. Mortality reviews examining avoidable factors continued and around 1% of deaths were thought to have had an avoidable factor. CB undertook to circulate further information about performance in relation to hip fractures. On the stroke service 90% of patient's time was spent on the stroke unit and the figure was now affected by some patients going home as a result of the implementation of the early supported discharge process. CB

The Trust was under its trajectory for C-Diff and MRSA. Work to avoid pressure ulcers at grades 3 and 4 was continuing to be effective but there was more to do on the less severe grade 2 pressure ulcers. There had been three patient falls in December resulting in major harm and two in January resulting in fractures.

Real Time Feedback continued to show high ratings. There had been four breaches of single sex guidelines in December which were due to the operational pressures. The CCG had been adopting a supportive approach in this regard.

In relation to the mortality data the Board emphasised the need to ensure that palliative factors were captured in patient notes and coding. It was also noted that avoidable factors being present did not make a patient death avoidable as such. It was noted that the Mortality Surveillance Group had broadened its membership with greater emphasis on capturing all the relevant information at admission. Work would with the coding team in this regard continued.

CB reported that the Trust was adopting a national process which was being piloted by the South West Academic Health Science Network. Work continued with primary care to reduce avoidable admissions but the hospital continued to struggle with urgent admissions where the result was the patient dying within 24-48 hours of admission.

On patient bed moves the Trust had taken steps to avoid additional moves such as a staged close-down of inpatient use of Endoscopy Unit.

2247/02 Customer Care Report – Quarter 2 - SFT 3857 – Presented by LW

The Board received the Customer Care report covering complaints, concerns and feedback to NHS Choices and the Friends and Family test. The rise in the number of complaints could be quantified in relation to the increased activity since the same time the previous year and the previous quarter. Categories into which complaints fell were largely unchanged. Actions were described for Orthopaedics, Plastics, admissions and appointments. Each ward had its own real time feedback actions. Feedback continued to be overwhelming positive. The difference between a complaint and a concern was discussed.

Michael Marsh highlighted the 273 in-patients surveyed during the quarter which resulted in 173 positive comments and 218 negative comments reflecting the conversation held by the volunteers conducting the RTF surveys. There had been an improvement to the complaints turnaround figures for the MSK Directorate.

It was noted that complaints arising from staff attitude were tracked through re-validation processes and there was review of clusters and themes. In relation to a point raised by CC-B it was noted that food temperatures the steering group was examining all stages in the production, delivery and serving of foods to patients. Improvements had been achieved by the use of heat sealed lids for soups and desserts.

The Board noted the Customer Care Report.

2248/00 PERFORMANCE AND PLANNING

2248/01 Finance & Performance Committee Minutes – 28 November and 19 December 2016 – SFT 3858 Presented by NM

The Board received for information the Finance and Performance Committee Minutes. The Committee continued to debate the 2016/17 outturn and plans for 2017/18.

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

2248/02 Financial Performance to 31 December 2016 (Month 9) – SFT 3859 – Presented by MC

The Board received the Finance and Contracting Report for December. It was noted that the Trust continued to target a £1.8m surplus in line with its control total commitments. December had been a challenging month with high levels of activity and escalation. The Trust was overspent but this was off-set by charitable donations – the year to date position was a £28,000 surplus. It was important to maintain this underlying position.

Work on savings continued. However there continued to be financial pressures arising from the use of specials and agency staff. There continued to be challenges arising with data from the Lorenzo implementation. There was continuing concern about the impact of additional non-elective activity on the delivery of elective activity.

The cash position was close to the plan and Wiltshire CCG had paid for excess activity on their contract. Agreements with commissioners were in place for 2017/18.

In relation to a question about Outpatients performance Andy Hyett informed the Board that the Trust continued to monitor outpatient's clinics and was seeking feedback from clinicians were there were believed to be gaps in clinic schedules. Validation against the patient tracker list was continuing with special reference to the patients at most clinical risk.

It was noted that there had yet be a substantive response from NHSI on the position with control totals for 2017/18.

2248/03 Progress Against Targets and Performance Indicators to 31 December – SFT 3860 – presented by AH

The Board received the month 9 Operational Performance Report. AH informed the Board that the figures for Referral to Treatment were being re-submitted for November and December. Options to introduce more medical beds to avoid long term escalation were being actively considered.

A 'Perfect Week' had recently been held. This had identified that a number of complex packages of care were required and there was a need for more external capacity. The week had been busy for medical admissions. In relation to a question about the need for additional capacity funding from Tania Baker, AH confirmed that the Trust continued to look for available capacity and associated staffing within the locality.

Kirsty Matthew requested that abbreviations used in the report be explained and the jargon reduced.

It was noted that the figures did not differentiate long-stay patients, such as spinal.

It was also noted that the Trust had trialled the use of a senior nurse at the A & E front door which had been successful. The Trust was also speaking to the ambulance service about a paramedic delivering this role.

The Board noted the report.

2248/04 Major Projects Report - SFT 3861 - Presented by LA

The Board received the Major Projects Report. It was noted that the Trust was working to stabilise the Lorenzo implementation and the availability of data and the position on this was improving in January. The Trust had met at a high level with the Lorenzo supplier to gain support for this work. Work on GS1 was proceeding well with the exception of submitting a compliant risk band.

Wiltshire Health and Care was experiencing some recruitment issues in support of the early supported discharge programme, there being a shortage of rehabilitation support workers in the South Wiltshire area.

Work was progressing on the Sterilisation and Disinfection Unit with planning permission obtained and the demolition works completed. Cara Charles-Barks observed that the appointments with Wiltshire Health and Care were being made jointly and Lorna Wilkinson added that the nurse associate pilot and apprentiship pilots were joint with Wiltshire Health and Care.

It was noted that primary care engagement work was continuing through a southern locality group and a joint primary and secondary care engagement group.

Paul Kemp expressed concern about the rate of progress with the Electronic Patient Record, after three months post implementation there appeared to be no strong stabilisation programme or defined approach to the data warehouse issues. LA stated that there was a data stabilisation plan in place and one being developed for the data warehouse. The next priorities were to address user acceptance and business change activity. It was agreed that the board should revisit this in a seminar day. DS

The Board noted the Major Projects Report.

2248/05 Capital Development Report – SFT 3862 – Presented by LA

The Board received the Capital Development Report. LA highlighted the Laverstock refurbishment and the opening in December of the Breast Unit funded by the Stars Appeal. It was noted that planning permission had been granted for the proposed Maternity expansion but that the capital programme was severely constrained. £0.5m had been identified for this scheme in 2017/18.

The proposed additional modular ward had been supported in principal by the Finance and Performance Committee but this too was a significant pressure on the capital resources.

2249/00 PAPERS FOR NOTING OR APPROVAL

2249/01 Council of Governors 21 November 2016 – SFT 3863 – Presented by NM

The Board received for information the minutes of the Council of Governors for 21 November 2016.

2249/02 Clinical Governance Committee 24 November 2016 - SFT 3864 – Presented by MM/JR

It was noted that the Committee was discussing its future operation.

2249/03 2016 PLACE Results – SFT 3865 – Presented by AH

The Board received for information the 2016 Patient Led Assessment of the Care Environment Results which were favourable.

2250/00 ANY OTHER URGENT BUSINESS

2251/00 QUESTIONS FROM THE PUBLIC

In relation to a question from John Mangan about the Trust's mortality rates and associated drivers, Christine Blanshard informed the meeting that there was a good understanding of the range of factors and the complexities behind this indicator. This included the role of external partners. She did not feel that mortality rates and other quality measures necessarily co-related.

In relation to questions from Phil Matthews and Jenny Lisle around food temperatures, this was looked at in detail by the Food Forum through an audit process.

It was noted also that the final flu vaccination data was being validated at present.

In relation to a question from Lynn Taylor about the collection rate of payments due from overseas patients, MC informed the Board that there was a nationally defined process for ascertaining entitlements to healthcare upon admission. The Trust did not see large numbers of patients not entitled to NHS care. The process was audited and it could be challenging to collect money from patients after they had been discharged.

In relation to a question from Alastair Lack about clinic session bookings, it was noted that continued to be investigated. He added that the Trust's definition of bed occupancy meant that it was running at something close to 100%.

2252/00 DATE OF NEXT MEETING

The next public meeting of the Board would be held on Monday 3 April 2017 at 1.30 pm in the Board Room.