Minutes of the Trust Board Part I meeting held on
7 August in the Boardroom at Salisbury District Hospital

Board Members Present:

Dr N Marsden	Chairman
Mr M von Bertele	Non-Executive Director
Mr M Cassells	Director of Finance and Procurement
Mrs C Charles-Barks	Chief Executive
Mr P Hargreaves	Director of People and Organisational Development
Mr A Hyett	Chief Operating Officer
Mr P Kemp	Non-Executive Director
Dr M Marsh	Non-Executive Director
Mrs K Matthews	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
Mrs L Thomas	Director of Finance (Designate)

In Attendance:

Sir R Jack	Lead Governor
Dr A Lack	Public Governor
Mr P Butler	Head of Communications
Miss S Hayland	Anaesthetics STS
Mrs P Permalloo-Bass	Head of Equality and Diversity (for item SFT3916)
Miss S Davies	Clinical Director (for item SFT3917)
Mr D Seabrooke	Secretary to the Board

Apologies:

Ms T Baker	Non-Executive Director
Dr C Blanshard	Medical Director

ACTION

2303/00 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.

2304/00 WELCOME

The Chairman welcomed the newly appointed Director of People and Organisational Development, Paul Hargreaves to his first Public Board meeting. He welcomed Lisa Thomas currently Director of Finance (Designate) to the meeting – she would be assuming the role of Director of Finance from 1 September.

ACTION

2305/00 MINUTES - 5 JUNE 2017

The minutes of the meeting of the Public Board held on 5 June 2017 were agreed as a correct record.

2306/00 MATTERS ARISING

2283/01 – Workforce Performance Report – LW informed the Board that there continued to be developments on the nurse training agenda.

The action in relation to the Chief Executive's report to the June Board had been completed.

2307/00 REPORT OF THE CHIEF EXECUTIVE – SFT 3908 – PRESENTED BY CC-B

The Board received the Chief Executive's report.

It was noted that the Bath and North East Somerset, Swindon and Wiltshire Sustainability and Transformation Partnership had received a rating from NHS England of Advanced.

Cara Charles-Barks highlighted the joint venture co-owned with Great Western hospitals and Royal United Hospital Bath in relation to Wiltshire Health and Care which had recently undergone a CQC inspection. The Trust continued to learn from other providers and the developments in the CQC's inspection process were highlighted including a return to unannounced inspections for the core clinical areas.

On performance Cara Charles-Barks highlighted an improvement in the number of systems and processes that had seen a steady improvement in waiting times and in the four hour wait in Accident and Emergency. She thanked the staff for all their hard work and commitment in this area.

She highlighted the financial challenge for 2017/18 which was a further £8.5m savings requirement to lead to a year end deficit of £7m for the Trust. This included £6.5m of planned savings made by the Trust's directorates and a further £2m of strategic savings. A financial recovery plan was being developed.

There continued to be national workforce challenges and Salisbury experienced these in a number of areas. The Trust was responding with a refreshed recruitment strategy and was reviewing its health and wellbeing support to existing staff.

ACTION

Good progress was being made with implementation of the Trust planned site changes with ward moves taking place over recent months and the planned new build due in the autumn. Information and briefing for staff was continuing.

The Elevate Programme had received funding from Arts Council England to commission a theatre company to develop a show especially for children on Sarum Ward.

The Trust had been recertified for the information standard following an assessment by NHS England. This standard assures anyone who used information provided by the Trust of the quality of this.

Finally she reminded everyone of the staff BBQ taking place in the afternoon following the Board meeting as a further way to thank staff and acknowledging their efforts.

The Board received the Chief Executive's Report.

2308/00 INTEGRATED PERFORMANCE REPOT – SFT 3909 – PRESENTED BY LA

The Board received the Integrated Performance Report containing chapters devoted to workforce, quality, operational performance and finance for month 3, with an overview from the executive containing the very latest information available. This was the first time the report had been published and work to develop it was continuing.

Local Services

It was noted that there had been an improvement to patient flow with a decrease in green to go and delayed transfers of care. This supported the Trust's position in maintaining ED performance and linked to 18 weeks. There was concern about the reduced interventional radiology service which was provided by Southampton Hospital and this continued to be discussed. The service may increase in September but at present capacity and demand was not aligned.

Work on the Medical Assessment Unit at the Trust was starting and as noted in the Chief Executive's Report the modular build for Ophthalmology was expected to arrive later in August.

Some of the Trust's surgical activity had been outsourced to the private sector – in response to questions it was noted that this represented an opportunity cost rather than a financial loss. It was noted that Theatre efficiency and activity levels were being reviewed to ensure that there

ACTION

was not unused capacity – filling theatre lists and outpatient clinic sessions was a priority.

Specialist Services

It was noted that waiting times had been improved for Diagnostic procedures and there had been a positive deanery visit for the Plastics service. There had been improvements made on the Spinal Unit. A national tender for Genomics Services was expected in November and it was understood that this was set to reduce the number of laboratories nationally. The Trust was discussing the positioning of bid with potential partners.

The Trust was developing a business case in support of the Spinal Unit to recognise the shortage of capacity in the South of England. The bid described what inputs were required to operate the service including changes to workforce, pathways and follow-up requirements.

Innovation

It was noted that the Salisbury Trading Limited were taking over other laundry sites based at hospitals. This was giving rise to some cash flow issues for the new business coming on stream. The Trust's payroll insourcing service had started to provide services for Southampton Hospital and additional HR services had been requested.

Good progress was being made with the arrangement with the SSL and the build was due to start in the autumn. The My Trusty product range was now being stocked by Lloyds Pharmacies and was going into more Tesco's stores. Grants had been applied for in support of the photo-voltaic cells proposed for the site. The Trust was working with its partner on the bed stacker initiative and the Trust would be making appointments to a new company board.

Care

It was noted that there was good performance on infection control and there had been no DSSA breaches (single sex accommodation) in four months. Although stroke performance had improved in quarter 1 the SSNAP assessment had been changed to a D.

Complaints were up somewhat in quarter 4 as a result of the extensive use of escalation accommodation. Falls were decreasing from a peak in 2016.

Work on Care Quality Commission inspection preparations was

ACTION

continuing to engender a business as usual approach as a normal state of the hospital. The Trust Board's Safety Walkrounds had recently been redesigned.

The report mentioned that the mortality rate was above expected but in response to a question from Michael Marsh this was confined only to the HSMR (Hospital Standardised Mortality Rate). The Trust continued to promote a learning organisation and there was good engagement on mortality matters. These continued to be discussed in clinical governance half days and performance reviews.

Staffing

The Trust had good staff survey results. There was continued work on overseas nursing recruitment. The Trust had been recognised for its work on equality and diversity by NHS Employers. However the Trust continued to be challenged by staff vacancies in a number of areas. The staff survey had highlighted stress levels and additional hours worked. Because of vacancies, temporary staffing spend was up and work was underway with suppliers to address this. As noted in the Chief Executive's report work was underway to improve the Trust's approach to recruitment and retention. The Trust continued to track sickness particularly where there were hot spots where intensive support was being provided.

Effective

There had been some improvement to activity levels but this had been in part facilitated by outsourcing. The in-month deficit was at £1.2m which was due to the progress being made with the delivery of the Cost Improvement Programmes and reliance on income generation. There was a recovery plan being developed. This included grip and control, capacity utilisation, controlling agency use, estates and facilities, the developing of a long term financial model, the capacity and capability of the organisation and work around quality improvement and Save 7 to develop a single way of achieving improvements.

It was noted that the outsourcing activity was due to constraints on bed capacity and also MRI scanning requirements. The Trust continued to make full use of available capacity to fill its lists and clinics.

The report to the July Finance Committee had signalled an increase in activity which it was expected would be reflected in future iterations of this report. LA undertook to ensure that in transitioning the data warehouse that any duplicate data was properly destroyed. LA

ACTION

It was noted that there was not yet sufficient detailed data to look closely at the factors driving the cost of provision of services such as revisions, re-admissions and length of stay. MC explained however the Trust did benchmark well within the reference costs national scheme and the planned deficit of £7m was considered to be in line with the planned deficit for the NHS as a whole.

AH undertook to look in detail at the findings of the report issued recently by Professor Tim Briggs on clinical efficiency. AH

Partnership

The conversations about capacity held by the Trust's site team were being reflected forward to the Emergency Care Delivery Board. The debate on how does the system as a whole respond to delayed transfer of care experienced by the hospital was being developed. There was cultural change and an improvement in the Trust's engagement with the local authority around social care. The Older People's Board continued to review the pathways and there would be feedback on this to the next Board meeting. AH

In the Quality Report it was felt that the Trust needed a greater understanding of the operation of the Burns Service. Quarterly data was all that was available. It was felt that there needed to be greater signposting of issues not flagged in the reports. The Board was reminded however that the executive looked very critically at what was reported and that considerable work went into reporting to the Trust Board.

Finally it was noted that NHS Improvement were proposing changes to their reporting requirements under the SOP.

The Board received the Integrated Performance Report.

2309/00 REPORTS OF BOARD COMMITTEES

The Board received for information and presented by the respective chairs the minutes of the Clinical Governance Committee (approved) for 18 May and 22 June 2017 and the Finance and Performance Committee minutes (approved) for 30 May 2017. The Finance and Performance Committee had continued to discuss mismatches between operational and financial reports. A useful discussion had been held on Odstock Medical Limited around their three year plan.

The Draft minutes of the Audit Committee held on 19 May 2017were received, which had focused on the Annual Report and Accounts.

ACTION

It was noted that at Clinical Governance Committee a report on fire safety following the Grenfell Tower tragedy had been considered at the July meeting.

The Executive Workforce Committee had met on 31 July and the Chair of this had been handed from the Chief Executive to Kirsty Matthews with a view to the Board establishing a Workforce Committee in its place.

Arrangements for the production of a highlight report from Committees to the Board including points for escalation was continuing.

2310/00 PATIENT CARE

2310/01 Customer Care report – Quarter 4 – SFT 3913 – Presented by LW

The Board received the Customer Care Report for quarter 4. It was noted that the number of complaints was static and that there was good performance on acknowledgements of complaints within three days. There was some slippage on substantive responses to the required timescale. Hot spots had included the use of the Endoscopy area for inpatients during the period of escalation associated with quarter 4. There were also complaints around appointments and there were plans to improve this for outpatients. Patients were also involved in the design for the new Ophthalmology Unit.

A Parliamentary and Health Service Ombudsman Complaint had been upheld in respect of Urology.

The Board received the Customer Care Report.

2310/02 Skill Mix Review – SFT 3914 – Presented by LW

The Board received the Nursing and Midwifery Skill Mix Review six monthly update. It was noted that the national Quality Board were bringing out revised standards in this area which would entail an annual and mid-year review in future. Under the current approach the Directorate Senior Nurses, ward leaders and the Deputy Director of Nursing undertook the review process. The update covered inpatient wards, Maternity but not Paediatric and Spinal as these were all subject to separate reviews. The last review had been completed in December 2016 and information was given about performance during 2017.

In the discussion it was noted that the Trust was operating to a head room allowance of 19% which had previously been agreed by the Board. In response to questions from Paul Kemp the headroom allowance provided for 11–16% annual leave, 3% for sickness and 1% for study. The latter reflected the intake of newly qualified staff. There was no

ACTION

specific allowance for parenting as this was centrally funded. Work continued to reduce the working day factor which was administration and other activities such as selection interviews.

The Skill Mix Review was not on this occasion requesting any further investment in the nursing establishment. The Board noted the analyses completed and the changes in the process described in the report and the continuing focus on recruitment and retention initiates. Following the ward reconfigurations taking place in summer 2017 the next Skill Mix report in December would reflect changes arising from this.

2311/00 PAPERS FOR NOTING OR APPROVAL

2311/01 Major Project Report – SFT3915 – Presented by LA

The Board received the Major Projects Report highlighting transformational projects including Electronic Patient Record and GS1, the Sterile Services Joint Venture continuing to deliver integrated adult community services in Wiltshire and a ward reconfiguration to improve the management of emergency and planned patients.

LA informed the board that there was good progress being made with system stabilisation following the implementation of the Lorenzo electronic patient records. Work continued with clinical areas supported by the supplier of Lorenzo, DXC. The Trust expected to cut over from the current warehouse to the replacement one in September. Mediation with the data warehouse supplier would be starting imminently. Appropriate steps to destroy any unused data in the outgoing warehouse would be taken. It was noted that the PTL was standing at around 18,500 and verification continued to reduce this to 15,000 to 16,000 by mid-September.

The Board received the Major Projects Report.

2311/02 Equality and Diversity and Inclusion Annual Report 2017 – SFT3916 – Presented by PH

The Board received the report and the Chairman welcomed the Head of Equality, Diversity and Inclusion, Pamela Permalloo-Bass.

The report reminded the Board of its obligation under the Equality Act 2010 to publish a range of monitoring information relating to workforce, patients and the local community. The EDI agenda was reviewed by the CQC as part of the Well Led domain and this was also reflected in commissioning contracts.

The gender difference in pay and pay grades was highlighted – the report indicated that the average salary for females was £28,000 and for males £37,000. The Chief Executive was the executive lead on the Workforce

ACTION

Race Equality Standard and the plan was to see a 5% reduction in reports of harassment and discrimination from black and minority ethnic staff. It was also the Trust's vision to have 10% black and minority ethnic staff at senior levels in the organisation. In preparation for the Sexual Orientation Standard in 2019 the Trust would be raising the awareness and supporting and promoting LGBT allies and the Rainbow Shed initiatives.

It was noted in a response to a question that the staff employed by the Trust's subsidiary companies was not included in the data.

It was agreed that there should be a Board development session at one of the development days. PHa

The Board received the Equality, Diversity and Inclusion Report.

2311/03 Revalidation – Annual Report – SFT 3917 – Presented by Sallie Davies

The Chairman welcomed Miss Davies to the meeting and the Board received the annual report on progress with the revalidation function carried on by the medical Director in her capacity as responsible officer. It was noted that there was a requirement for tighter management of appraisal dates and improving information on reasons for late appraisals for example sick leave or maternity leave. It was noted that the Trust had not so far escalated a doctor through the appraisal process. There was a good appraisal support system in place. A new lead appraiser had been appointed following a retirement. An assurance review taking a sample of 10% of completed appraisals had shown a generally good picture. There had been a peer review visit from NHS England.

Michael Marsh had been involved in an earlier internal evaluation of the scheme and had noted high engagement with the process but a large number of first line appraisers and insufficient case investigators. HR support to the Responsible Officer was being considered as part of work Paul Hargreaves was undertaking with regard to the HR Department.

It was noted that locums were linked to a separate Responsible Officer arranged by the agency deploying them.

The Board noted the report and agreed that it should be shared with the second level responsible officer, the Medical Director for NHS England South. The Board approved the statement of compliance confirming that the Trust as a Designated Body was in compliance with the regulations. DS

ACTION

2311/04 National in-patient survey – SFT 3918 – Presented by LW

The Board received the National In-Patient Survey report. The Trust had scored about the same as most other trusts in all eleven sections and better for two of these individual questions – confidence and trust in doctors and explanations of how operations or procedures had gone.

The Trust was developing means through its patient feedback to detect instances where patients were reporting that they felt uncertain about their procedure or what was happening in their treatment which was being piloted in two of the clinical areas.

In response to a question from Kirsty Matthews it was noted that the Trust had kept up with national trends in regard to its overall results. Patients individual comments tended to reflect the factors which were often lost during periods of escalation.

The Board received the National In-Patient Survey Report.

2311/05 Workforce Committee – SFT 3919 – Presented by PH

The Board agreed that a Workforce Committee would be formed and it was noted that the composition of this would be determined separately and that Terms of Reference would be approved at the October meeting of the Board.

2311/06 Council of Governors Draft Minutes – 17 July 2017 – SFT 3920

It was noted that the minutes of the Council of Governors would be circulated separately to the Board when they had been finalised.

2312/00 ANY OTHER URGENT BUSINESS

There was no urgent business.

2313/00 QUESTIONS FROM THE PUBLIC

There were no questions received.

ACTION

2314/00 MALCOLM CASSELLS

Directors joined the Chairman in acknowledging the exceptionally long service with the Trust and its predecessors accrued by Malcolm Cassells and also the support and drive he had brought to the Board during that time.

He thanked Malcolm Cassells for his contributions and wished him well in his retirement at the end of August.

2315/00 DATE OF NEXT MEETING

The next meeting of the Board would on Monday 2 October 2017, in the Boardroom at Salisbury District Hospital.