SALISBURY NHS FOUNDATION TRUST

Minutes of the meeting of Salisbury NHS Foundation Trust Board Held on Monday 8 August 2016

Board Members Present:	Dr N Marsden	Chairman
	Mr P Hill	Chief Executive
	Ms T Baker	Non-Executive Director
	Dr C Blanshard	Medical Director
	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
	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
	Mr P Lefever	Wiltshire Healthwatch
	Mrs C Martindale	Staff Governor
	Mr M Mounde	Public Governor
	Sir R Jack	Public Governor
	Dr J Lisle	Public Governor
	Mr R Polkinghorne	Appointed Governor
	Mrs J Sanders	Public Governor
	Mr M Wareham	Staff Side
	Pamela Permalloo-Bass	For item 2196/02
Apologies:	Mr M Cassells	Director of Finance and Procurement
	Dr L Brown	Non-Executive Director

ACTION

2192/00 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.

2193/00 MINUTES – 6 JUNE 2016

The minutes of the meeting of the Board held on 6 June 2016 were agreed as a correct record subject to the deletion of Sir R Jack as in attendance.

2194/00 MATTERS ARISING

There were no matters arising.

2195/00 CHIEF EXECUTIVE'S REPORT - SFT 3789 – PRESENTED BY PH

The Board received the Chief Executive's report.

PH highlighted the high pressure on the hospital's services over the past few weeks and again thanked staff for their efforts in managing this.

He highlighted the Sustainability and Transformation Plans in which the Trust was working with providers in Bath and North East Somerset, Wiltshire and Swindon as one of 44 Sustainability and Transformation Footprints that had been formed nationally. The partners had been working together to identify common challenges and opportunities to improve the local population's health and well-being, service quality and deliver financial stability. There would be engagement with the Governor's Strategy Committee later in the year and PH would feature the plans in a forthcoming round of staff presentations.

The Board noted positive results from National Surveys conducted with cancer patients and inpatients generally.

The Trust's Engage team had received a Queen's award for voluntary service presented by the Lord Lieutenant for Wiltshire.

The report also highlighted the recent Long Service Awards given by the Chief Executive and Chairman, the Transformation Day held as part of the Trust's Save 7 campaign and the celebration of the 25th anniversary of the Art Care Service.

The Board noted the report.

2196/00 STAFF

2196/01 Workforce Performance Report including Nurse Staffing - SFT 3790 - Presented by AK & LW

The Board received the Workforce Performance Report including the National Quality Board Report for month 3. It was noted that the format of the report had been updated. 64 junior doctors had rotated into the Trust and a number of consultant appointments had been made. 21 newly qualified nurses were expected to join in the autumn.

AK highlighted the excellent performance of the Facilities Department in managing appraisals and statutory and mandatory training.

The Trust continued to see staffing levels over the establishment level which was due to the escalation patient accommodation that had been open in recent weeks.

Overall appraisal rates were running at 77% for non-medical and 85% for medical.

A new medical agency contract had just been implemented and it was anticipated that this would reduce the numbers of medical agency breaches against national standards. It was noted that administrative and clerical project managers employed through agencies were in breach of the agency caps.

There was concern that bank usage was down although it was noted that this was not unusual as the holiday season had started. A bank incentive during February and March had improved levels of usage at that time.

In the nurse staffing report, it was noted that the Trust was slightly over on

nursing assistants which was due to the deployment of 'specials' to provide individual care. Midwifery assistants were deployed throughout Maternity Unit and there was flexible usage on Radnor Intensive Care in relation to nursing assistants.

The Board noted the report.

2196/02 Equality and Diversity Annual Report 2016 – SFT 3791 – Presented by AK

The Chairman welcomed Pamela Permalloo-Bass the Trust's Equality and Diversity lead to the meeting. PP-B reminded the Board of its duty to comply with the public sector equality duty and to continue to work through the equality delivery system.

It was noted that the Trust was performing well against the EDS 2 Standards.

The work with the Audiology Department on a Hearing Champion to improve communication between staff and patients was highlighted. The EDS service had also hosted a meeting between the CQC Inspectors in December 2015 and black minority ethnic staff to hear about their experience of working at the Trust. The Trust had also taken part in LGBT history month in February.

The report included the Trust's equality objectives linked to the Trust's corporate goals for 2016.

The Board noted the report

2197/00 PATIENT CARE

2197/01 Quality Indicator Report to 30 June 2016 (Month 3) and Quarter 1 2016/17 – SFT 3792 - Presented by CB and LW

The Board received the Quality Indicator Report. It was noted that this report had been formatted in accordance with the information submitted to Commissioners for contract reporting purposes.

It was noted that the crude rate of mortality was down. There was one CUSUM alert received in March in relation to other connective tissue disease.

The Trust had improved its performance in relation to fractured neck of femur cases being operated on within 36 hours. This local stretch target was in line with evidence of better outcomes for patients were this standard was met.

The number of escalation bed days was high but reducing from a peak in March. This trend was represented in the numbers of multiple patient moves and moves at night. It was however noted that the figures were still being cleansed to ensure that only the appropriate patient move data was captured.

It was noted that five MSSA cases were under investigation but at this stage there was no evidence of the cases being related. There was good control of MRSA and C-Diff.

The Board noted the Quality Report.

2197/02 Customer Care Report – Quarter 4 – SFT 3793 – Presented by LW

The Board received the Quarter 4 report which reflected pressures in the Ophthalmology, Orthopaedics and Plastics Department. Complaints continued to relate principally to communications, attitude, appointments and clinical treatment. There was a focus on ensuring that compliments were all centrally recorded as numbers appeared to be variable. Directorates continued to work to improve their responsiveness for example CSFS were telephoning every complainant. Complaints about cold food from inpatient areas continued and this was reliant on the way that the meal time was organised by the ward and help deployed for those patients requiring it. It was confirmed that the Trust replied to posts on NHS Choices as a matter of routine. Finally the Board reflected on the pressures on the Trust's staff during this time of high demand.

The Board noted the report.

2197/03 Six Monthly Skill Mix Review - SFT 3794 – Presented by LW

The Board received the Six Monthly Skill Mix Report. The report reflected the twice yearly Skill Mix Review in line with national Quality Board guidance. The review covered the Emergency Department and Maternity as well as the range of inpatient areas. A range of information sources had been triangulated including NICE standards, quality outcome data, care hours per patient day, HR indicators and financial information as well as Care Quality Commission findings. Professional judgement in each instance had been exercised by the Directorate Senior Nurses and this had been overseen by the Director of Nursing or the Deputy Director.

The report set out the background including the outcomes of previous Skill Mix Reviews, including the 2014/15 investment of £917,000 into ward based nurse staffing and the move to supervisory status for ward leaders. In 2015/16 there was investment totalling £529,000 in ten registered midwives following the Birth Rate Plus Review, additional cover on Redlynch and Pitton Wards as a pilot and increased cover in the Emergency Department.

The CQC Report issued in April 2016 had made a number of recommendations for review in relation to patient to nurse – patient ratios in place at the time of the inspection and national guidance. The Board was reminded that the nurse to patient ratios were supplemented by nursing assistant roles. It was noted that work was continuing to review staffing levels in the Spinal Unit in relation to the Model of Care and also for the range of services provided to children.

In addressing the issues raised by the CQC Report it was noted that Amesbury Ward now had an RN to patient ratio of 1:11 on the night shift, previously 1:16. Downton and Chilmark Wards were 1:12 and Laverstock 1:13 at weekends only. Following consideration of the range of triangulated factors described above no specific action had been taken in relation to Downton and Chilmark. For Redlynch and Pitton a weekend day shift had been agreed as a six month trial and there was improved feedback which led to the recommendation to make this substantive. In Redlynch Ward in particular the costs would be offset by reduced use of Specials. In Whiteparish Ward the recommendations reflected the increased medical take. In ED another minor's nurse was required. In Critical Care the increase to ten beds had been addressed by the recruiting of twelve new registered nurses and there were no recommendations for this area. The Midwifery Unit continued to fill vacancies for qualified midwives.

The Board approved the investment described in the report and subject to the savings and cost avoidance in relation to reduced specialing in Redlynch and Pitton the following:

Band 2 night shift Redlynch
Band 5 long day Pitton
Substantive funding of weekend funding for Redlynch and Pitton
ED minors nurse 1000 – 2200
Avon Ward Band 3 establishment increase
Whiteparish registered nurse at weekends

Total investment cost £286,919 funded by savings and cost avoidance of £303,000.

2197/04 National In-Patient Survey 2015 – SFT 3795 – Presented by LW

The Board received the report on the survey. It was noted that the report presented an overall positive picture with the Trust retaining scores that were above the national average and maintaining its own year on year position. The findings of the report were being overseen as actions by an internal group and the survey report was accompanied by action plans for the relevant areas.

The Board noted the report.

2197/05 Annual Revalidation Report – SFT 3796 – Presented by CB

The Board received the Annual Revalidation Report as the designated body for the revalidation process. As responsible officer CB described the range of duties undertaken to ensure the skills of the medical workforce were maintained and to take action on any concerns about medical practitioners. There was support from an appraisal lead with a number of appraisers in place. The system was operated through an e-portfolio system. The Responsible Officer looked after just over 200 practitioners. The compliance rate was 96% and she described actions taken in support of the above mentioned objectives. It was requested that a Non-Executive Director be appointed to oversee the Quality Assurance Board. NM

The Board noted the report and that it would be shared with the Second Level Responsible Officer and it approved the Statement of Compliance in relation to the Re-Validation Regulations.

2198/00 PERFORMANCE AND PLANNING

2198/01 Finance & Performance Committee Minutes - 31 May and 27 June 2016 – SFT 3797 – Presented by NM

The Board received for information the confirmed minutes of the meetings of the Committee held on 31 May and 27 June 2016.

2198/02 Financial Performance to 30 June 2016 – SFT 3798 – Presented by MCo

The Board received the Month 3 Finance Report. It was noted that the year to date position was a deficit of £83,000 and there was an in month surplus of £212,000 which was due to continuing over performance on non-elective activity, outpatient attendances and critical care days. This was above the 2016/17 plan. Cost improvement schemes were on target but MCo reminded the Board that the targets were back-loaded to the end of the

financial year. Capital expenditure was broadly on track.

In response to a question from Paul Kemp MCo confirmed that the assumptions of the Trust's cash reporting was that the Sustainability and Transformation Funding was received in full and excluded any amount loaned to the Trust by the Independent Trust Financing Facility.

The Board noted the report.

2198/03 Progress Against Targets and Performance Indicators to 30 June – SFT 3799 – presented by AH

The Board received the Operational Performance Report. It was noted that the Trust did not deliver the Emergency Department Standard in Month 3 – 92.8% of patients had been admitted or discharged within four hours. There was high attendance in the Emergency Department including an increase in patients attending through the major's pathway. Actions to increase ED capacity and decrease demand as described at the previous Board meeting are being followed through.

The Trust had not delivered the RTT Incomplete Standard, delivering 90.1% against the 92% standard. The significant increase in non-elective admissions had resulted in the cancellation of a high number of elective procedures.

The Trust had delivered its cancer waiting times in Quarter 1.

Only a handful of trusts were delivering the ED target nationally at present. It was noted that actions for winter planning were under way and the Trust continued to look at discharge and bed capacity. The Emergency Department could still improve its triage and prioritisation of patients. Other actions being pursued included working with the local authority and Better Care Fund to improve arrangements for discharge, streamlining the pathway out of the hospital. There had been meetings with nursing home organisations although it was noted that these also had staffing difficulties. Local GPs were very well engaged in addressing these issues.

The Board noted the report.

2198/04 Update on Strategic Planning and Programme Management – SFT 3800 - Presented by LA

The Board received the major projects report and it was noted that NHS Improvement's assessment of the Trust's Annual Plan had recently been received. It was understood that there would be a requirement for a two year operational plan with details to be published in September and required to be submitted in December. The Major Project Report highlighted progress with the Electronic Patient Record implementation, GS1, Wiltshire Health and Care, the joint venture to provide a Sterilisation and Disinfection Unit and organisational development impact.

It was noted that the Wiltshire Health and Care LLP was now live and would be reporting to Finance and Performance Committee and Clinical Governance Committee as appropriate. Good progress was being made on the Scan4Safety (GS1) initiative. Work continued on finalising the contract for the SDU with a view to this arrangement starting from 1 September 2016. The go-live date for the Electronic Patient Record was 28 October. It was noted that the Data Warehouse issue was now rated amber (from red).

The Board noted the report.

2199/00 PAPERS FOR NOTING OR APPROVAL

2199/01 Annual Report of the Remuneration Committee 2015/16 – SFT 3801 – Presented by NM

The Board received for information the Annual Report of the Remuneration Committee setting out how the committee had discharged its responsibilities in relation to Executive Directors' pay in the past year.

2199/02 Audit Committee Minutes – 20 May 2016 – SFT 3802 – Presented by PK

The Board received for information the minutes of the Audit Committee which had focused on the approval of the Trust's Annual Report and accounts. PK highlighted an internal audit report which had been considered by the Committee looking at controlled drug and fridge management. It was noted that work continued by the Directorate Senior Nurses to continue to check and audit this at ward level.

The Board noted the minutes of the Audit Committee.

2199/03 Minutes of Clinical Governance Committee – 19 May and 23 June 2016 – SFT 3803 – Presented by NM

The Board received for information the confirmed minutes of the Clinical Governance Committee for 19 May and 23 June.

2200/00 ANY OTHER URGENT BUSINESS

2201/00 QUESTIONS FROM THE PUBLIC

In relation to a question from Raymond Jack it was noted that the Finance and Performance Committee continued to monitor the appointment of agency spend in detail.

An update was given in relation to the turnover and recruitment of nurses through general recruitment, newly qualified nurses and overseas nurses.

2202/00 DATE OF NEXT MEETING

The next ordinary meeting of the Board would be held on Monday 3 October 2016 at 1.30 pm in the Board Room.