Minutes of the Public Board meeting held on 4 December 2017 in the Board Room at Salisbury Hospital

Present:

Dr N Marsden	Chairman
Ms T Baker	Non-Executive Director
Dr M von Bertele	Non-Executive Director
Dr C Blanshard	Medical Director
Mrs C Charles-Barks	Chief Executive
Mr P Hargreaves	Director of Organisational Development and People
Dr M Marsh	Non-Executive Director
Mrs K Matthews	Non-Executive Director
Prof J Reid	Non-Executive Director
Mrs L Thomas	Director of Finance
Ms L Wilkinson	Director of Nursing

Corporate Directors Present:

Mr L Arnold	Director of Corporate Development

In Attendance:

Sir R Jack	Lead Governor
Mr N Alward	Public Governor
Dr B Robertson	Public Governor
Mrs J Lisle	Public Governor
Mr J Mangan	Public Governor
Mr P Butler	Head of Communications
Mr D Seabrooke	Secretary to the Board
Miss A Prime	Deputy Head of Corporate Governance
Mrs B Dunn	Directorate Senior Nurse, Surgery (for item 2336/00)
Mrs C Dallimore	Sister, Eye Clinic (for item 2336/00)
Ms K Glaister	Patient Safety Programme Manager (for item 2336/00)
Ms F McCarthy	Senior Nurse, Infection Control (for item 2344/04)
Mr J Hemming	Microbiology Consultant (for item 2344/04)

2336/00 PATIENT / STAFF STORY

Lorna Wilkinson introduced the patient story, the purpose of which is to connect the Board, from the start of the meeting, with its agenda, purpose and patients. The audio recording featured a patient sharing her story about various attendances at the Trust. The patient suffers from Hemipligic Basilor migraines and locked-in syndrome and talks specifically about experiences with the Acute Medical Unit (AMU) and the new eye unit.

Central to the patient's story is the importance of communication and what has worked well in terms of clinical communication. As well as highlighting the importance of listening and valuing the patient as an individual and a human being, the patient also shared feedback on the helpful use of lighting and colour for navigating the eye clinic, the need for a darkened corner or anti-room for those who find light difficult and the enhancement a coffee machine/snack facility would make to the clinic area for those attending for the day.

The Board reflected on the story:

- Jane Reid reflected on the communication dynamic with the doctor and considered that if the patient had not been able to engage she may have had a negative experience. Nick Marsden considered the Trust prides itself on its personal approach and it is important to consider language issues in communication. Lorna Wilkinson considered the story provides some powerful vignettes around communication which, with the patient's permission, would be good to share with staff to help the understanding of what's good and what it feels like to be the patient
- Michael Marsh complimented the caring professional referred to in the story who cared for the patient in her state of temporary paralysis. He queried the efficiency of the ophthalmology clinic given the patient refers to attending for almost a day. Carol Dallimore informed the Board that when a patient has a complex eye condition and requires a variety of tests it is the aim to undertake these at the same visit which can mean a patient is attending for some time in a day. However staff usually are aware of this and offer drinks and apologised this had not happened this time
- Cara Charles-Barks reflected how the story demonstrates that getting the simple things right can make all the difference to achieving a great experience for the patient
- Andy Hyett reflected on the power of hearing the patient's story direct from a patient and has involved patients in the recent site reconfiguration groups. Despite this involvement it is not until an area starts being used that you get to know how an area looks and feels. Carol Dallimore informed the Board that the majority of patients in the eye clinic want a bright well-lit space, with feedback on the previous clinic area being that it was dark. There is not the space in the new clinic area for a dedicated darkened room for those who might be photophobic. Andy Hyett will look at tea/coffee machine facilities for the clinic
- Andy Hyett thanked Carol Dallimore and the Eye Clinic Team for all their hard work and effort in ensuring a successful move into the new clinic environment

2337/00 APOLOGIES AND DECLARATIONS OF INTEREST

Apologies were received from Mr P Kemp, Non-Executive Director.

Declaration of Interest:
The Committee noted Kirsty Matthew's new role as Managing Director of Virgin Care in which she will be managing a community contract in Bath and North East Somerset (BANES). Ms Matthews will be leaving her position as Non-Executive Director at SFT on 31 December 2017.

2338/00 CHAIRMAN'S BUSINESS

Nick Marsden informed that there has not yet been further information to clarify the impact of the funding announced in the Budget. Ian Dalton has been appointed as the new Chief Executive of NHSI.

2339/00 MINUTES OF THE TRUST BOARD MEETING HELD ON 2 OCTOBER 2017

A number of minor amendments were made to the minutes:

Pg 4, 2328/00 – reword 'in the local system of health and Social Care' to 'across acute, community and social care'

Pg 8 – E.coli – it's about the reporting nationally rather than 'handling'
Pg10, 2330/03 – final paragraph to be moved to section 2330/04

The minutes were otherwise agreed as a correct record.

It was requested when using acronyms to put the meaning in full when first used in a document.

2340/00 ACTION LOG AND MATTERS ARISING

The Board received and noted the Board action log.

2341/00 CHIEF EXECUTIVE'S REPORT – SFT3952 – PRESENTED BY CCB

The Board received the Chief Executive's Report.

Cara Charles-Barks highlighted the following:

- The continuing improvement of performance against core performance standards and quality indicators. The team have been working hard to ensure sustainable improvement against these standards. The Trust is now starting to see the number of delayed transfers of care reduce, which highlights the benefits of some of the system work with partners
- The continued financial challenge. A lot of work has been carried out to identify and respond to in-year challenges and develop a longer term financial recovery plan. Because of the change in the Trust's financial position NHSI have been carrying out an investigation and we await their determination of the position
- Workforce recruitment and retention is a challenge and we are looking at our offer to staff and the approach to retention. A new HR strategy will be presented to Board in Quarter 4 (Q4)
- The site reconfiguration is underway. This week the new Acute Medical Unit (AMU) will open. Early January the new Short Stay Surgical Unit and Breamore Ward will move to the old AMU site
- Andy Hyett and team have carried out a lot of work to review all of the Trust's escalation plans as part of preparing for winter pressures and year-round pressures
- The Trust has been an active participant in Fab Change week, with staff across the organisation making pledges. The Executive Team used this opportunity to launch the new Captain's Round approach
- The Trust's own service improvement awards have taken place. Cara Charles-Barks reported that these awards give an opportunity to hear about the fantastic work that is taking place across the hospital to improve services for patients through a number of presentations, recognising and rewarding the best of these on the day. Cara Charles-Barks congratulated the winners
- The Trust has launched a major new campaign to raise £1.5m for a second MRI scanner
- The BANES, Swindon and Wiltshire Sustainable Transformation Partnership (STP) has appointed Chris Bown as the new STP Chair
- Good progress is being made against the actions identified in the national inpatient survey which was published earlier in the year
- The Trust's Breast Unit has been highly commended in the national Building Better Healthcare awards

Lorna Wilkinson informed the Board that the Trust's Scan For Safety Team has been

shortlisted in the HSJ awards.

2342/00 ASSURANCE AND REPORTS OF COMMITTEES

The Board received the following reports of recent meetings of Board Committees:

- Workforce Committee Report - 27 November 2017 – SFT3953
- Clinical Governance Committee Report - 26 October 2017, 23 November 2017 – SFT3954
- Clinical Governance Committee Annual Effectiveness Review – SFT 3954
- Finance & Performance Committee Report – 6 November 2017, 27 November 2017 – SFT3955

The Chairman invited the Chairs of the Committees to comment on the reports and the following principal points were made:

2342/01 Workforce Committee (SFT3953) – Kirsty Matthews reported:

- There is steady improvement across the three key areas of agency spend, sickness and recruitment with a reduction in agency spend of £18,000 in month. The Committee had a good debate about recruitment and agreed in future to report on overseas recruitment separately given the need to be cautious on recruitment achieved until individuals have passed all their necessary tests and are in post. The sickness rate has improved for both long and short term sickness
- The Committee had a robust discussion on the draft People Strategy 2018 – 2022. This draft will be further developed and brought for Board discussion
- Three of the Trust's Freedom to Speak Up Guardians attended to present a progress report. Kirsty Matthews highlighted the importance of these roles and considered the Trust is fortunate to have this confident and vocal team

2342/02 Clinical Governance Committee 26 October 2017 (SFT3954) – Michael Marsh reported:

- The need to ensure staff awareness and training in relation to the General Data Protection Regulations (GDPR). GDPR to be included in a Board seminar session
- Positive assurance in relation to HSMR which has reduced over successive months. This decrease is linked to more detailed coding information being captured around palliative care and presence of co-morbidities
- Significant improvements in child and adolescent mental health service (CAMHS) provision but there is some risk as new arrangements come into place during transition

Clinical Governance Committee 23 November 2017 (SFT3954) – Jane Reid reported:

- Although electronic prescribing is in place for chemotherapy, electronic prescribing is not generally available across the Trust. This was part of the Lorenzo business case however there is a delay in this module being available nationally. The Committee were concerned that this delay has implications for the Trust and its patient safety aspirations
- Despite historical work on Entonox levels in maternity there is an ongoing concern of high levels recorded in some rooms on the labour ward which presents a risk to midwives who might themselves be pregnant. A risk assessment is in place for every shift. A capital bid has been submitted

Clinical Governance Committee Annual Effectiveness Review (SFT3954) – Michael Marsh reported:

- The Committee has a busy agenda and it can be difficult to cover all the topics in the time allocated
- The Committee has reviewed its Terms of Reference and is complying with duties
- Items escalated to the Board throughout the year have included the clinical leadership model for the Spinal Unit, Research Strategy 2017-22 and the most appropriate Committee for consideration of this strategy, persistent issue with leaks into the patient waiting area in Rheumatology and CQC preparation
- Jane Reid informed the Board that the Committee will be reviewing the papers that come to Committee to ensure they are appropriate Committee business

2342/03 Finance & Performance Committee (SFT3955) – Nick Marsden reported:

- The Committee reviews the financial and performance position of the Trust in depth. Financial issues have been focused on in-year financial recovery and longer term financial recovery
- The Committee has introduced a review at each of its meetings of the contracting position
- At its meeting on 27 November the Committee recommended approval of the IT infrastructure business case which has now proceeded to private Board. The Committee also approved the Trust moving out of Electronic Patient Record (EPR) stabilisation phase
- The Committee has approved a commercial strategy which will enable assessment of the various commercial ventures under the umbrella of SFT. The first venture review will be considered at the Committee's January meeting

2342/04 Integrated Performance Report Month 7 – SFT3956

The Board received the Integrated Performance Report for Month 7 covering a performance summary, operational performance, quality indicators, workforce, safer staffing, finance and Wiltshire Health & Care.

Andy Hyett reported on local services:

- The Trust has a positive position against national performance standards. The Trust achieved the RTT standard at 92% waiting 18 weeks or under. The number of cancellations of elective procedures has reduced greatly. Demand and capacity modelling is being carried out across services subject to RTT requirements to identify areas for further improvement. The Trust has achieved the diagnostic standard of 98% of patients waiting less than 6 weeks. A challenging area is patients waiting for a MRI as the Trust is currently reliant on third party providers to maintain performance against the standard
- Changes to patient pathways are being worked through to maximise opportunities from the hospital reconfiguration work
- The ED standard was delivered in October at over 96% for whole Trust performance, with type 1 and 2 standards met at 95%. Currently the position for November looks to be the same level of achievement with whole Trust performance at 96% for November, and 95% for type 1 and 2
- The number of elective operations cancelled are much lower than the previous year. Four operations were cancelled due to intensive care unit (ICU) capacity, with ICU being full with appropriate patients. Jane Reid seeks to triangulate information received between Finance & Performance Committee and Clinical Governance Committee and has been assured on winter planning that if a patient is not in the desired place of care this has to be approved by an Executive Director
- All cancer waiting targets have been achieved for Q2. Cancer metrics are monitored by the Trust monthly but the national targets are for each quarter. The Trust did not deliver the 62 day screening targets for October with 10.5 breaches, all of which were a result of patient choice and availability. All eleven patients have

now been treated. Andy Hyett highlighted his concern at the ability to access MRI but is optimistic performance will recover during Q3. All breaches are monitored carefully and the national cancer team has been invited in to review the Trust's systems

- The MRI scanner charitable appeal has gone live. Christine Blanshard reported that the staffing position in radiology has improved with two new consultant radiologists starting in December and a doctor to be recruited shortly

Andy Hyett reported on Specialist Services:

- The Trust is currently in the process of recruiting a new clinical lead for the spinal service. A more tailored approach is being developed to spinal rehabilitation services
- There was a need to deliver some activity to surrounding hospitals when both of the Trust's Cardiac catheter labs failed for different reasons. Both labs have been repaired and are operational
- Work is underway to develop the plastics surgical services and strengthening its links to surrounding hospitals in particular Portsmouth. The service now has alignment of admission with treatment

Christine Blanshard reported on Innovation:

- Responsibility for this section of the report has transferred to Christine Blanshard to increase the focus on clinical innovation
- Sterile service response times have improved. Andy Hyett has a follow-up meeting with the company to ensure performance is back on track following previous concerns about holes in wraps
- The Trust is still waiting to hear whether its laundry tender has been successful

Christine Blanshard reported on Care:

- The HSMR reduced in October. There has been improved performance in stroke metrics although this area remains challenging particularly if there are a large number of stroke patients admitted in one day. There has been a performance issue in high risk TIA (transient ischemic attack) patients when commissioners moved to electronic referrals. This issue has now been resolved and expect to see improvement
- The Trust did well in the Royal College of Emergency Medicine (RCEM) audit of sepsis in terms of ED performance but further improvements are needed in sepsis management across the Trust. A new sepsis lead has been appointed. Last year the Trust didn't do as well as usual in the NICOR (National Institute for Cardiovascular Outcomes Research) heart failure audit but in the latest audit metrics have picked up again with all better than national average. The national neonatal audit shows the Trust has outstanding rates of babies being discharged being fed breast milk. The Trust has had good results in the national dementia audit and showed communications with carers and patients with delirium or dementia as an area for improvement
- Christine Blanshard expressed concerned about the results of the RCEM asthma audit. Nationally performance against the asthma standards are not as good as would be expected and nationally asthma is a leading cause of premature death. This has been identified as a priority improvement for ED and the team have been asked to appoint an asthma champion and bring an audit to the Clinical Management Board in six months. Within the STP network commissioners are keen to carry out a number of common audits across providers and Christine Blanshard has suggested asthma is looked at across the pathway. Michael Marsh highlighted the need to link to a local severe asthma centre. Christine Blanshard informed the Board that the Trust is in an informal network arrangement with

Southampton

- For stroke seven day standards the Trust has struggled to meet the twice daily consultant review at weekends, standards are met during the week with 14 hr consultant review met seven days a week. The daily consultant review standard is met six out of seven days a week. The Trust is looking at a networked approach through the smaller stroke units working together to review patients which will meet the seven day standards

Lorna Wilkinson reported on Care and Safer Staffing:

- The Trust has achieved no mixed sex breaches for eight consecutive months
- There has been a good reduction in the number of falls resulting in harm. Comparing the number of falls between May to October in 2016 and 2017 the Trust has reduced from 24 moderate/major falls to 13 resulting in moderate/major harm
- Safer staffing covers the time of year when newly qualified nurses come into the Trust which is why some ward areas look overstaffed as the newly qualified staff are supernumery at that point in the year
- NHSI has been carrying out a deep dive on the Trust's rostering practices and want to feature the Trust in a case study of excellence on how to work with e-rostering

Paul Hargreaves reported on the People section:

- There is improvement across a range of metrics. Although the drivers for the KPI performance have not been addressed yet, we have become better at managing the key areas (sickness, agency spend)
- Agency and bank spend have both reduced, driven by the new Workforce Pay Controls Group which has strong Executive level support. There is increased transparency on controlling use of agency staff and we will be using the NHSI agency self-assessment toolkit to assess our current infrastructure and processes. Boston will be supporting the Trust to do a deep dive into agency usage. As the contract with Total Assist expires in six months there is an opportunity to review the approach for the Social partnership forum across the STP
- 85 staff have been recruited in-month, which is a small net gain in total workforce as turnover has reduced slightly. 51 overseas staff have been recruited but the total number is being treated with caution until individuals are actually in post. The Trust is currently 93 short of fill rate for nursing. Work has been taking place to review the Trust's approach to recruitment campaigns and will shortly be using the Park and Ride buses as part of the Trust's generic recruitment approach and is looking at approaches to targeted nurse recruitment and use of social media. Jane Reid highlighted the need to ensure comparable standards of care when recruiting overseas
- There has been reduction in both short and long term sickness. Drivers of sickness continue to be stress and musculo-skeletal (MSK) issues. A targeted piece of work is underway in theatres, and each division is being requested to have a sickness lead and a rolling programme to support staff back to work. The Trust has completed a collaboration with Loughborough University which will help to inform the support network we want to build to support staff
- Staff survey return rate is currently 44% which is an improvement on last year
- 64% of front line staff have been vaccinated against flu, with the aim of achieving 70%. There have been staff communications to help dispel flu vaccination myths and encourage uptake. It is intended to have a staff engagement group to improve communications and engagement going forward and this will be an issue for communication that group will consider. Jane Reid suggested that it would be powerful to share stories from those staff who have opted to get vaccinated

- Improvement is needed on the level of non-medical appraisals. Areas are being informed on the number of appraisals they need to complete each month with accompanying trajectory

Lisa Thomas reported on the finance section:

- Still reporting a significant financial deficit position. There is a slight improvement in the in-month position but there is a balance between identifying opportunities for next year and our in year recovery. Progress has been made in developing a savings programme for the next two years, however actions we are able to take to reduce expenditure in-year are more limited. The Trust is stopping, for example, expenditure on courses, conferences and stationery purchases whilst continuing to discuss the financial position with the Trust's regulators and commissioners
- Savings plans are looking positive for the next two years with a good level of directorate engagement in the development of those plans. Moving into the next financial year there will be a plan to deliver the Trust back into a sustainable position
- Lisa Thomas is working with commissioners to put in place a realistic contract for 2018/19
- Lisa Thomas clarified that outsourced activity costs are charged to commissioners but there is a question of value for money. As part of financial recovery planning the Trust will be testing the cost of outsourcing against the return on investment.

Michael Marsh asked for clarification of the classification of delay transfers of care (DTOC) and 'green to go' numbers given the steady decrease shown. Andy Hyett confirmed that there is no reclassification, with the DTOC figures reflecting all those patients who are delayed transfers of care. There has been significant improvements in reducing DTOC levels to better than the Trust's national target. DTOC and the 'green to go' position is reviewed at Andy Hyett's weekly gold meeting as part of winter planning. Whilst this is a positive position it is too early in the winter period to be confident on the sustainability of this position. Cara Charles-Barks informed the Board that the team have done a lot of work internally to improve 'green to go' times and it is critical to keep this number as low as possible. Andy Hyett informed that given the complexity of patients' needs, those patients at 'green to go' today are likely to experience delayed transfers of care tomorrow. Cara Charles-Barks identified the need to keep under review the DTOC position in Wiltshire Health & Care as an increase could impact on SFT.

Jane Reid sought assurance of staffing capacity for the winter period. Andy Hyett informed the Board the he has weekly winter resilience meetings and all key on call posts are mapped out with only two gaps at present. There will be challenges but there is proactive work to align workforce challenges and capacity requirements, shutting down capacity to balance staffing needs when possible. Lorna Wilkinson expressed confidence in staffing at Christmas, with January to March being the difficult quarter. Work is underway looking at rostering efficiency, escalation and how, as an executive team, the necessary decisions are taken at the appropriate times. The Workforce Pay Control Group is looking at a bank incentive scheme for Q4 which previously has resulted in an uptake of bank shifts.

Jane Reid highlighted the value in a communications piece with the general public as part of managing winter pressures. Lorna Wilkinson will raise this at a weekly winter resilience meeting.

Michael Marsh questioned the position of the Trust with regard to delegated reporting of x-rays given last week's high profile case of failures in Portsmouth. Christine

Blanshard informed the Board that the situation is different at SFT as trainees at SFT are under direct supervision until deemed competent so x-rays are double reported by a consultant. The Trust does outsource routine x-rays out of hours so the Trust's own radiologists can focus on activity during the day – these x-rays are also double reported. In the orthopaedic fracture and plastics clinics routine follow-up and post-operative radiology is delegated. For lung cancer a benign nodule MDT has been set up. X-ray turnaround times, currently 48 hours, are monitored and outsourced if delays look to be building up. All inpatient radiology is reported.

2343/00 QUALITY AND RISK

2343/01 Board Assurance Framework – SFT3957 – Presented by LW

The Board received revised Board Assurance Framework (BAF).

Lorna Wilkson explained that this new format BAF is work in progress. The new format is intended to provide greater transparency on assurance and risk. Work is underway to review the corporate risk register to ensure the risks are updated and that the right mitigations are in place. At the front of the BAF there will be a summary sheet to provide an overview of the movement of risk levels within the BAF.

Lorna Wilkinson asked the Board to approve the new template going forward and recommended it is brought to every public Board meeting until the revised format is finalised and embedded.

- Michael Marsh asked for the presentation of the risk likelihood consequence matrix to be reviewed
- Kirsty Matthews requested the BAF includes the date the risk has been added and reviewed/updated
- Paul Hargreaves informed the Board of a change to the risk wording on page 114 of the first risk under the 'People' section.

The Board approved the new BAF template and agreed the frequency of reports to each public Board meeting whilst the new format is being finalised and embedded.

2343/02 JBD Minutes Evidencing Presentation of Assurance Framework and Risk Register – SFT3958 – Presented by LW

The Board received and noted the quarterly review of the allocated aspects of the BAF by the Joint Board of Directors

2343/03 Risk Strategy 2018/19 – SFT3959 – Presented by LW

The Board received the revised Risk Management Strategy for approval.

Lorna Wilkinson reported that the revised strategy has been reviewed in light of previous Board comments that the strategy was clinically focused and needed to make more explicit links to areas such as the workforce strategy and finance recovery plan. The document has now been adjusted to reflect this wider perspective.

The Board approved the strategy with an amendment to the front cover to clarify that this is a two year strategy. The front cover will read 'Risk Strategy 2018 – 2020'.

2344/04 Report of Director of Infection Prevention and Control – SFT3960 – Presented by LW

The Chairman welcomed Fiona McCarthy and Julian Hemming who attended to present the Director of Infection Prevention and Control (DIPC) six monthly update report 2017/18.

A key challenge in this period has included improving mandatory training compliance. Hand hygiene compliance has improved from 70% to 76% with the aim of achieving above 85%. There is focused work with directorates to ensure further improvement.

Work is ongoing with relevant teams to ensure water safety management. Positive counts have been identified during this six month period and there are robust monitoring and mitigation activities in place.

Jane Reid considered the report demonstrates encouraging progress. Gram-negative infections are likely to be a focus for NHSI in the future. Julian Hemming considered this will be a challenge, with a key area of improvement focused around catheter related care. Most E.coli infections come in to the hospital setting from the community. There will need to be joined up working to support learning in the community from information recorded in the hospital setting. Lorna Wilkinson emphasised the importance of links with community teams. Gram-negative infections are measured now and discussed at the Trust's working group and at quality review meetings with the Clinical Commissioning Group (CCG).

Andy Hyett considered a number of Trusts are experiencing challenges with CPE (Carbapenemase Producing Enterobacteriaceae) and asked how the Trust would know if it had cases. Julian Hemming confirmed the Trust has very few patients. There is a CPE policy in place and the team work to ensure staff in hospital are aware of patients who need to be screened. The main risk is transfers from other hospitals. Lorna Wilkinson considered the need to ensure those managing and organising repatriations are considering this and Fiona McCarthy is discussing with those areas who receive transfers. Julian Hemming will keep focusing on all clinical staff knowing about CPE and when to screen.

Julian Hemming reported that the team want to implement point of care flu testing on the Medical Assessment Unit (MAU) and Whiteparish. This would give diagnosis within an hour and support efficient triage into side rooms for appropriate treatment. Plans are in place to get this approach up and running in December.

Michael Marsh informed the Board that Legionella has been discussed by the Clinical Governance Committee. The right actions are being taken but there continues to be a need to continue to monitor the position.

Michael Marsh informed the Board that there is a need to be aware of emerging infections such as candida auris.

Michael Marsh asked how the Trust will be limiting the impacts if flu is bad this winter. Julian Hemming informed the Board that the Trust has a pandemic flu plan which has been reviewed recently. Lorna Wilkinson informed the Board that flu is discussed at weekly winter resilience meetings. If there is an outbreak it would be necessary to manage the situation in real time because it is situation specific. Cara Charles-Barks informed the Board that support given for the point of care testing for flu is crucial in supporting patient flow. Julian Hemming informed the PCR can test for flu and RSV (Respiratory Syncytial Virus).

Jane Reid asked about the collection of Surgical Site Infection (SSI) data. Fiona McCarthy confirmed that surgical teams do collect SSI data as part of their WHO check list but enhanced surveillance outside of nationally mandated requirements is not carried out. Jane Reid informed the Board of the evidence base for procurement of chlorhexidine 2%. Christine Blanshard informed the Board that she has declined to participate in a wider SSI audit as it requires a large number of junior doctors to collect data prospectively from large number of internal and external areas.

Lorna Wilkinson informed the Board that the Trust's decontamination lead has been seconded into a national role with NHSI. In the interim Fiona McCarthy will be taking on the role of decontamination lead as well as infection control lead, with backfill support.

The Board thanked Fiona McCarthy and Julian Hemming for all their hard work. The report was received.

2344/05 National Emergency Department Survey 2016 – SFT3961 – Presented by LW

The Board received the National Emergency Department Survey 2016 with analysis of the Care Quality Commission (CQC) benchmark report and local action plan.

Lorna Wilkinson presented the report on the survey of patients attending the Trust's Emergency Department (ED) between October 2016 and March 2017. The survey placed the Trust as one of highest performing EDs in country based on patient feedback. Lorna Wilkinson congratulated the team on this achievement. An action plan has been put in place on those areas where improvements can be made.

Lorna Wilkinson reported that staff are positive about the survey outcomes but there are pockets of staff who have not yet heard about it. It was agreed there is a need to bring this to the attention of all staff who work in ED including trainees who may also be unlikely to know about the national inpatient survey.

2344/06 Emergency Planning And Resilience (EPRR) Annual Statement – SFT3962 – Presented by AH

The Board received a report on the Trust's Emergency Preparedness Resilience and Response (EPRR), seeking endorsement of the annual EPRR assurance report as part of the NHS England assurance process.

Andy Hyett reported that he is required to provide an annual statement of preparedness. The Trust has received a full assurance through the self-assessment that has gone up through the CCG to NHS England.

The Board noted and endorsed the annual EPRR assurance report as part of the NHS England assurance process.

2345/00 STRATEGY AND DEVELOPMENT

2345/01 Approval Of Trust Strategy – SFT3963 – Presented by LA

Laurence Arnold presented the final draft of the Trust's Strategy and thanked all those who have contributed to its development. The Strategy will form the basis for the Trust's future decision making and sets out the priorities for how the Trust will progress. The document has been developed within the context of local demographics, forecasts and military population growth.

Laurence Arnold informed the Board that there is a typographical error to correct on page 220 with military populations overstated. It was noted that impact figures contained within the document are correct.

The document reflects the challenges the Trust faces in terms of workforce, finance and demographics. It sets out how the Trust will collaborate with others within the healthcare setting, social care and housing and the need to collaborate and join up services effectively.

The document captures the Trust's vision, values and the six priorities. The appendix includes a list of all the priorities and how progress against these will be monitored. An Executive lead and a lead Board Committee has been identified for each. A few action plans are yet to be finalised. The document includes draft patient stories reflective of the six priorities which need to be finalised. It was noted a summary document will sit alongside the full document.

The Trust's workforce strategy, estates strategy, digital strategy, commercial strategy and clinical strategies all contribute to this overarching Trust Strategy.

In response to a comment from Michael Marsh, Laurence Arnold will review the sexual health statistic in the infographic on page 219 to incorporate a different sexual health message.

The Board approved the Trust Strategy.

2346/00 CLOSING BUSINESS

2346/01 Public Questions

John Mangan asked whether the Board would make it obligatory to be immunised against flu if working with immune compromised patients. The Board responded that this would not be appropriate at individual Board level and would need to be an action taken nationally by Government. The Board actively encourages staff vaccination as part of their safe practice and is aiming to achieve the 70% target set by commissioners. Going forward the Trust will have a small staff group to look at how to improve communications with staff and can help to better understand why some staff decide not to take up the vaccine.

2346/02 Any Other Business

There was no other business.

On behalf of Board Nick Marsden thanked Kirsty Matthews for all her support and contributions as Non-Executive Director and Vice-Chairman and wished Kirsty every success in her future role.

2346/03 Date Of Next Meeting

The next meeting will be held on Monday 5 February 2018 at 1:30 pm in the Board Room at Salisbury Hospital