

**DRAFT**

**Minutes of the Public Trust Board meeting held on  
4 October 2018 in the Board Room, Salisbury District Hospital**

**Present:**

Dr N Marsden	Chairman
Mrs C Charles-Barks	Chief Executive
Dr M Marsh	Non-Executive Director
Ms T Baker	Non-Executive Director
Dr M von Bertele	Non-Executive Director
Mr P Kemp	Non-Executive Director
Mr P Miller	Non-Executive Director
Mrs R Credidio	Non-Executive Director
Ms L Wilkinson	Director of Nursing
Dr C Blanshard	Medical Director & Deputy Chief Executive
Mrs L Thomas	Director of Finance
Mr A Hyett	Chief Operating Officer
Mr P Hargreaves	Director of Organisational Development & People

**In Attendance:**

Mrs F McNeight	Director of Corporate Governance
Miss A Prime	Deputy Head of Corporate Governance (minute taker)
Sir R Jack	Lead Governor
Mr A Lack	Public Governor
Mr J Mangan	Public Governor
Mr B Butterworth	Public Governor
Mrs T Richards	Attended for the Patient Story item (ref: minute 2372/01)
Ms A Peebles	Directorate Senior Nurse, Medicine (ref: minute 2372/01)
Ms R Benson	Associate DSN, Medicine (ref: minute 2372/01)

**ACTION**

**2372/00 OPENING BUSINESS**

**2372/01 Patient Story**

L Wilkinson presented the patient story, introducing Mrs Richards who had kindly agreed to share the story of her mum's care in the hospital.

L Wilkinson informed the Board that there is much for the Trust to learn from this story. It is important to hear a story such as this when an individual's experience is far from the Trust's vision of an outstanding experience for every patient. Staff members B Benson and A Peebles, in attendance, are working to continue to take forward the actions and learning from this story.

L Wilkinson confirmed that, with the permission of Mrs Richards, the Trust will continue to use this story to share the learning with staff in the Trust.

L Wilkinson thanked Mrs Richards for sharing her story.

N Marsden expressed his thanks to Mrs Richards and apologised on behalf of SFT. N Marsden informed the Board and those present that the

purpose of the story is not to discuss potential solutions at the meeting but to ensure that in considering the Trust's business that the story, and Mrs Richard's mother's experience, is at the forefront of minds to inform discussions.

**2372/02 Apologies and Declarations of Interest**

Apologies were received from:

- Prof J Reid, Non-Executive Director
- Mr L Arnold, Director of Corporate Governance.

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.

**2372/03 Register of attendance**

The Board noted the register of attendance.

**2372/04 Minutes of the Trust Board meeting held on 2 August 2018**

The Board agreed an amendment to page 9 of the minutes (page 10 in the combined paper pack - reference minute 2367/01 Integrated Performance Report Month 3, SFT4082): agency rate to be amended to read £100 (not £170)

The minutes were otherwise approved as a correct record.

**2372/05 Action Log and matters arising**

The Board received and noted the Action Log.

**Reference Audit Committee – 19 July 2018 – SUS/SLAM SI**

C Blanshard informed the Board that the final report will be presented to the Finance & Performance Committee. There will not be a verbal update to Committee prior to this.

**2372/06 Chairman's Business**

N Marsden reminded the Board of the combining of NHS England (NHSE) and NHS Improvement (NHSI). Both bodies are the Trust's main regulators and are at present focused on their organisational change.

**2372/07 Chief Executive's Report – SFT4108 – presented by C Charles-Barks**

C Charles-Barks presented the Chief Executive's report and highlighted the following:

- There are three high level risks impacting on the organisation – patient flow, workforce and finances. Patient flow and pressures relating to a busy hospital impact on performance and ability to ensure patients are able to move on to care requirements in the community as quickly as possible. This pressure has wider impacts with the Trust needing to have escalation areas open which places additional pressure on staff and requires additional spend, increasing the Trust's

financial pressures

- Despite the additional pressures, the Trust's performance continues to be good
- From a quality perspective the Trust had one reported case of C.difficile which is one for the year against a target of no more than 19 by 31 March 2019. This is a good indication of how well the Trust's infection control processes are working
- The Trust has seen an increase in falls resulting in major harm. Staff have been reminded they must follow the falls interventions list to ensure measures are in place to reduce the risk of falls in clinical areas
- The financial position and financial climate remains extremely challenging. The Trust has fallen behind its financial trajectory over the summer months. The financial performance is being monitored via the Finance & Performance Committee
- The Trust is continuing to organise recruitment events and campaigns whilst also increasing activity on retention with results coming through on the new exit interview process and 100 day questionnaires. The Trust has 'fresh eyes' coffee mornings with new starters which have been in place over the last year
- The Trust received its Provider Information Request (PIR) from the Care Quality Commission (CQC) in August. The CQC will analyse data submitted and will identify key areas for inspection. The Trust awaits confirmation on the type of inspection (announced or unannounced) that the CQC will wish to carry out. There will be a number of inspectors on site for the inspection which will culminate in the well-led component. C Charles-Barks informed the Board that staff should be proud of what they are achieving. Whilst the Trust has its challenges these are known challenges and we know what we are going to do to address these. There is a dedicated staff website to give staff access to resources they need to prepare for the inspection
- Earlier in the year the Board asked a project team to develop proposals for the formation of a Wholly Owned Subsidiary (WOS). The Trust commenced consultation with staff on WOS proposals at the beginning of September. Following national guidance published by NHSI asking for trusts to pause any plans for the creation of a WOS or change to existing subsidiaries, the Trust will pause on 2 October after completion of the formal consultation process. No timescales have been given for the provision of new national guidance. Once new guidance has been issued work will continue at board level to understand the implications of any new guidance and to determine if a WOS is an appropriate way forward for the future. Consultation has given the opportunity to identify some immediate improvements that can be made now
- The Trust has started to run Schwartz Rounds, funded by the Stars Appeal. These provide a structured forum where clinical and non-clinical staff can come together to discuss the emotional and social aspects of working at SFT
- The Trust is holding a Carers Café, funded by the League of Friends, giving the opportunity for carers to relax and seek relevant support, information and signposting to other services they may require. Recognising that many of the Trust's staff are carers, Staff Carers' Cafés are also being funded by the League of Friends
- The Trust has had an excellent Patient Led Inspection of the Care

Environment (PLACE) assessment, scoring above the national average across the standards

- C Charles-Barks congratulated Team Salisbury who won this year's Salisbury Military Challenge, competing against 22 organisations. This is the third time in four years the Trust has won the event and is testament to how staff in the Trust can come together to work effectively whatever their roles or locations across the organisation

C Charles Barks presented the update to system partners of the BSW (BaNES), Swindon & Wiltshire) Sustainability and Transformation Programme (STP) and highlighted the following:

- The STP has appointed Dame Angela Peddar as the new Chair
- Tracy Cox has been appointed as the interim Senior Responsible Office for BSW STP
- A collective STP financial recovery plan is in place which the Trust feeds into. This will improve understanding and risk mitigation at a system level and support progressing jointly how to work together to deliver health and social care for the future

**2373/00 ASSURANCE AND REPORTS OF COMMITTEES**

**2373/01 Workforce Committee Report – 20 September – SFT4109 – presented by M von Bertele**

M von Bertele drew the Board's attention to the significant risk relating to Planned Preventative Maintenance (PPM). The Committee considered that it needed more information to understand the impact of this and have requested a deep dive at the next Committee meeting to further understand and quantify risk.

- P Hargreaves informed the Board that the PPM issue relates to estate, plant room and outpatients maintenance and the need to shift the balance from reactive to proactive maintenance. Medical device maintenance is separate to this. Key aspects of the health and safety report will be brought to the next Board seminar
- L Wilkson informed the Board that the PPM issues are separate to the maintenance of medical devices. Within medical devices there is a robust database and tracking system to ensure PPM is carried out. Compliance is around 75% and still improving

The Board noted the report.

**2373/02 Clinical Governance Committee report – 25 September 2018 – SFT4110 – presented by M Marsh**

M Marsh presented the report from the Clinical Governance Committee. It was noted that M Marsh had not attended the meeting on which the report is based.

- ED performance has slipped which has a potential impact on quality and first time assessments. L Wilkinson informed that intensive support mechanisms have been put in place for ED with L Wilkinson and A Hyett meeting weekly with ED
- The NHSI Quality Governance Framework is a self-assessment which is received by the Clinical Governance Committee for sign-off. The Committee considered the Board should receive the report to ensure the Board is aware of the Trust's self-assessed position in relation to quality governance

- The Healthcare Safety Investigation Branch (HSIB) is an arms-length body and will be reviewing 1,000 maternity serious incidents (SIs). The Trust has had 2 SIs go into this new process. The Trust's concerns regarding the process and the impact on the local response to maternity incidents is being raised through appropriate channels. It is important to understand the impact on families experiencing those investigations
- There is an expectation that NEWS 2 will be rolled out by the end of December across all adult inpatient units. Scoping and impact assessment work is underway. This will impact on ward workloads

Discussion:

- N Marsden queried the form of support that is being provided to ED. L Wilkinson informed that all ED staff are invited to a weekly 30 minute meeting with L Wilkinson and A Hyett. This gives staff the opportunity for direct dialogue with directors and enables an increased focus and pace on delivery of change. A Hyett informed that this weekly support meeting supplements other activities underway with ED. The weekly meetings support change with rapid decision making and provides a blend of support and challenge. A rolling weekly programme is in place

**2373/03 Finance & Performance Committee Report – 24 July, 28 August and 25 September 2018 – SFT4111 – presented by P Miller**

P Miller presented the reports from the Finance & Performance Committee meetings held on 24 July, 28 August and 25 September. Consistent issues had been identified throughout the period:

- Operational pressure on the throughput through theatres and ED
- Because ED performance standards had not been met the Trust has not been able to access Provider Sustainability Funding (PSF) for Q1 and is unlikely to be able to access this for Q2
- Because of the pressures in theatres the Trust is not achieving elective and day case activity levels which is impacting on income targets and affecting financial performance at month 5. If this continues the Trust is at risk of not achieving the £9.0m control total
- Whilst the Committee has looked at other issues, the key challenge is the inextricable link between performance and finance and the increasing risk of not meeting this year's control total

**2373/04 Finance & Performance Committee Annual Review – SFT4112 - presented by P Miller**

P Miller presented the annual review of the Finance & Performance Committee and highlighted the following:

- The report provides a summary of the work of the Committee over the last year (September 2017 – August 2018) and covers the areas of the Committee's responsibilities within its terms of reference
- In P Miller's opinion the Committee is meeting the remit of its Terms of Reference, is adding value to the organisation and providing assurance to Board
- N Marsden considered the report provides a fair reflection of the work of the Committee

The Board noted the annual review of the Finance & Performance Committee which outlined work undertaken by the Committee in the year September 2017 – August 2018 and priorities for 2018/19.

**2373/05 Audit Committee - 20 September 2018 – SFT4113 – presented by P Kemp**

P Kemp presented the report of the Audit Committee.

PwC joined their first meeting as the Trust's new Internal Auditor in September. The Trust has fallen behind on its internal audit plan for the year as a result of changing the internal audit provider. L Thomas and P Kemp are in the process of agreeing a catch-up plan for the remainder of 2018/19.

**2373/06 Strategy Committee – 25 September 2018 – SFT4114 – presented by T Baker**

T Baker reported that there were no matters arising from Strategy Committee meeting held on 25 September to escalate to Board.

**2373/07 Integrated Performance Report (Month 5) – SFT4115 – presented by C Blanshard**

C Blanshard presented the integrated performance report and highlighted the following:

- Financial performance is a key concern. The Trust has adverse underlying financial performance against plan which is partly due to continuing pressure on non-elective pathways with the benefits from programmes to reduce length of stay in the Trust not yet realised. Although partners have helped to reduce delayed transfers of care (DTCs) to 14, there is a concern this improvement will not be sustainable. The Trust had escalation capacity open during August which increased the challenge to reduce agency staff usage although a slight reduction in agency costs can be seen in August
- Income remains behind plan. There is an improving elective income position in ophthalmology and further improvement is expected now consultant staffing gaps have been resolved
- There has been a delay in implementing the orthopaedic business case which has been impacted by the new theatre timetable separating elective and acute work. This change has affected the Trust's ability to have 90% of neck of femur patients operated on in a timely manner. A review of the theatre timetable is ongoing. The Trust has paused in appointing a senior medical post until productivity issues in the service are resolved
- The Trust incurred considerable costs with the second and third major incidents which it is looking to recover
- The Trust has struggled to achieve the 4 hour ED performance standard although overall performance remains better than many other organisations. Acuity of patients within ED is high with 28% requiring acute admissions. A new tier of middle grade doctors are in place however are yet to achieve independence and develop their working practices to be able to work at pace. There are nursing staff shortages in ED and the Trust has not yet been able to appoint to the ED navigator role
- The Trust continues to achieve the cancer 2-week wait standard but is finding it difficult to achieve the 62-day standard which is at further risk

given the vacant clinical oncologist post, a shared post with ourselves and Southampton and a delay in recruiting to a consultant post. These workforce difficulties are mainly affecting breast and complex cancer pathways

- Paediatric activity has been high for this period in the year and the Trust has found it necessary to implement escalation plans regularly over the month
- The Trust has continued to achieve the diagnostic target but is likely to see performance dip in radiology due to staffing issues. The Trust's turnaround times for diagnostics in radiology are currently the shortest in the region. The new cohort of junior doctors have been complimentary about the quality of the Trust's diagnostics services
- There have been a cluster of serious incidents (SIs) relating to cancer diagnosis delays. A report looking into the SIs and the pathways has been received and identified areas, within what are often complex pathways, where improvement is needed. A task and finish group chaired by C Blanshard has been set up to manage implementation of the actions from the report
- There have been two incidents regarding mental health in ED. There has been a no-harm never event in which a patient was connected by mistake to air rather than oxygen and a no-harm never event in which a patient was given a wrong site injection
- There has been considerable activity focused on recruiting and retaining staff. The Trust still needs to continue to work hard to recruit domestically and overseas. There has been some improvement in recruiting nurses into the Medical Directorate
- The Wessex Plastic Surgery Network, led by SFT, has been established. The Trust has been asked to support plastics teams in Bournemouth and Poole
- The step-down scheme has commenced in spinal services which is leading to a reduction in inpatient time for patients. The Spinal Unit are making good progress on their improvement programme

Discussion:

- A Hyett informed that the cancer standard challenges are related to two tumour sites; colorectal and urology. The service is working with Southampton, the tertiary provider, to look at pathway improvements. A lot of work is underway in urology however the service's current capacity does not meet demand which is further impacted by a current consultant vacancy. The service meets with A Hyett on a fortnightly basis. Additional clinics are being provided to help clear a follow-up backlog. In colorectal surgery there is a lack of capacity and a growth in demand. A Hyett is linking with the national support team regarding improvements and changes to the way pathways are monitored
- ED is a high priority within the Trust with ongoing work to look at how to improve internal pathways. There has been a large increase in non-elective attendances with around 40 patients each day taken to the Acute Medical Unit (AMU) and an increase in attendances and admissions through the ED pathway
- In line with the Trust's escalation process the Trust has instigated a daily gold call process which is starting to deliver improvement. The Council has now provided extra capacity and as a result, today, the Trust is at the target 14 DTOCs for the first time since April 2018
- Patient flow is a major transformation programme for the Trust. The

approach is being taken that a patient should not be waiting for treatment/interventions when in a hospital bed

- P Miller considered that there have been consultant workforce gaps within urology and oncology for breast for some time and queried the Trust's approach if these issues are unable to be resolved. A Hyett informed that the Trust is trying to recruit to vacancies and is also looking at alternative models of care such as working with partner organisations for oncology services. A Hyett has discussed the potential of joint posts with Southampton. A Hyett will monitor performance and waiting times and will continue to look for solutions to decrease waits or find alternative solutions for patients to receive treatment elsewhere
- C Blanshard informed that a locum consultant in oncology has recently joined the Trust
- M Marsh identified that the Trust has some high volume cataract lists which is positive however reflected that a common cause of never events is a wrong lens insertion and sought assurance that the Trust will not contribute to these never events. C Blanshard reminded the Board that the Trust did have a never event related to a wrong lens insertion. As a result work has taken place to review the documentation and check the steps of the pathway to ensure that the right lens is given to the right patient. Possible areas of risk were identified and changes in the pathway implemented
- M Marsh queried the delay in appointment to the ED navigator role. L Wilkinson informed that the Trust has recruited to the navigator role, however those recruited are current ED staff and a pause in the start date has been necessary until the Trust is able to recruit further ED staff. A Hyett informed that he has been in discussion with the ambulance service to look at re-staffing ED navigator rota with paramedics. In the meantime, ED have systems and processes in place to keep patients in the waiting room under review and processes for monitoring time to assessment
- M Marsh queried the reason for the single point upswing on weekend HSMR (Hospital Standardised Mortality Ratio). C Blanshard informed that no concerns were identified in May through the routine mortality surveillance process however when there is a rise such as this the Mortality Review Group are asked to look into this
- T Baker queried whether the new theatre timetable and split between trauma and elective work has had a sustainable improvement on elective productivity as well as the 36 hour fractured neck of femur rates. C Blanshard considered that further time is required to see if improvements are sustainable. In terms of elective capacity further improvement is needed to improve productivity of elective orthopaedic surgery. Initiatives are in place, for example, to improve booking processes, time allocated to slots, kit availability and golden patient initiatives to ensure the first patient at the beginning of the list is ready for surgery with a prompt start. There has been good engagement from the whole theatre team with involvement of lead clinicians and clinical directors
- C Charles-Barks queried performance for those specialties where RTT performance is below the internal trajectory target (general surgery, trauma & orthopaedics, plastics, oral and maxilla facial surgery, urology and respiratory). A Hyett informed that he meets with orthopaedics twice a week to review activity and how this can be maximised. All

areas have action plans with many that will begin to take effect in Q2. There are some specialities which are not expected to meet a 92% target at the end of every month

- C Charles-Barks recognised good performance on mandatory training compliance but identified some areas where further improvement is needed. P Hargreaves informed that data cleansing work has clarified where there are gaps for improvement. Assurance on actions to resolve this is via directorate performance review meetings. The Business Partners are looking at reasons for local issues
- C Charles-Barks noted that it has taken 28 months to achieve a 92% workforce fill rate and queried whether a 95% fill rate target is realistic given national workforce shortages. It is necessary to set a reasonable benchmark to inform the Trust's long-term financial planning activities. P Hargreaves informed that he is reviewing the 95% target and the optimal fill rate with L Wilkinson. The Trust has improved and invested in recruitment and increasing the Bank and is taking the same recruitment actions as other NHS employers
- R Credidio queried the vacancy level in the corporate directorate which has increased significantly in-month and queried whether this is a risk for the Trust. P Hargreaves informed that this has historically been a static area of the Trust's workforce. Recently there have been a number of retirements. The Trust is looking at its 'retire and return' arrangements. There has also been a changing approach to the use of vacancies within corporate areas with vacancies being held to review whether the post is needed. As corporate areas are often admin focused it has been possible to address work requirements without appointing to roles
- P Hargreaves informed that laundry has increased establishment which is being filled with agency staff. **ACTION: P Hargreaves to look into the rise in vacancies in laundry** PH
- P Miller considered that there is a national expectation that waiting lists do not increase between March 2018 and March 2019 and queried the increase of 857 in 5 months. P Miller queried if a 5% increase in waiting list will impact on the 18-week list. A Hyett informed that actions underway will impact for Q3. If these actions are effective and recruitment is successful there will not be an impact on the 18-week list
- C Charles-Barks queried the rise in the Rheumatology waiting list size since the beginning of the year. A Hyett informed that there has been a workforce gap for 2 months. A Hyett was confident actions are in place to achieve recovery of the position
- R Credidio queried the latest position in relation to the MRI scanner appeal. A Hyett informed that the fund raising campaign for a new permanent fixed MRI scanner is underway. The Trust is not currently outsourcing MRI scanner activity except for those patients who need specific scans which cannot be undertaken in the Trust's temporary MRI scanner facilities. The fund raising will provide for a permanent, fixed scanner enabling all scans to be provided on site

L Wilkinson presented the safer staffing section of the Integrated Performance Report:

- During August there was a reduction in the Registered Nurse (RN) fill rate. L Wilkinson expects this rate to improve again in September. Areas flagging red for fill rates are mainly in medicine and actions are in place to mitigate safety risks

- 23 newly qualified nurses have commenced with the Trust on a supernumerary basis. A number of overseas nurses are also in the process of starting. Four of the Trust's overseas nurses have recently passed their OSCEs (Objective Structured Clinical Examinations)
- There are an increasing number of band 4s. These non-registered staff make an important contribution to the Trust
- The new care hours per patient day measures are not yet published nationally and it is not yet clear how this new measure will be used in the future or whether benchmarking data will be available. L Wilkinson informed that she is working through queries regarding data requirements with the national team

**2374/00 QUALITY & RISK**

**2374/01 Well-Led Update – SFT4116 – presented by C Charles-Barks and F McNeight**

C Charles-Barks presented the Well-Led Action Plan Update and highlighted the following:

- The Executive have carried out work based on the national well-led framework, a gap analysis based on the CQC and NHSI framework, considered the outcomes of the Deloitte review and subsequent board development discussion
- The action plan will be reviewed regularly and a report brought to each public Board meeting

F McNeight informed that:

- Overall there has been good progress on delivery of the actions. Three actions are overdue with actions to progress underway
- Work is underway to adjust and strengthen the Trust's executive performance review process with directorates
- There will be a review of the Board's committee structure and how this operates at sub-board level. This will include further work with the Audit Committee and how this triangulates with other committees. Changes will be captured in an update of the Integrated Governance Framework
- Work is underway to develop a digital strategy. Further work is being carried out in response to discussions on the draft document at the Strategy Committee in September
- Work has been undertaken on the Trust's corporate objectives and the Trust is in the process of sharing these with staff
- A number of actions are scheduled in October on the corporate and clinical strategy and how these integrate with the case for change
- Work will be carried out to look at the management of learning from complaints
- F McNeight will be reviewing the presentation of the Board Assurance Framework to more clearly illustrate how strategic objectives are being managed in the organisation
- F McNeight will be undertaking work to strengthen corporate governance arrangements in directorates which will include establishing a formal governance committee in each directorate. This will be piloted within Medicine

Discussion:

- P Miller queried the additional governance requirements for clinical

directorates. F McNeight informed that she will be working on developing a framework to guide consistency around assurance on the quality agenda. This will include core terms of reference for committees, an outline of expected agenda items and reporting requirements to feed into directorate management teams, directorate performance reviews and up to Board level committees. This work will provide an audit trail for risk management purposes

- C Charles-Barks informed that a lot of work has been carried out at Board level and with the Board's committees. The next stage is to work through governance requirements with directorates to support the Trust's journey to 'outstanding'
- M Marsh expressed support for the directorate focussed work and would expect directorate and divisional formal governance meetings. Within this work there is a need to consider doctor leadership to take this forward together with nursing teams
- C Blanshard informed the Board that she would expect responsibility at directorate level to mirror executive level responsibilities with the lead nurse having responsibility for nurse safety and patient experience and the lead clinician having responsibility for the clinical effectiveness. L Wilkinson and C Blanshard work closely to cross cover these areas of responsibility and C Blanshard expected this to be mirrored at directorate level
- P Kemp suggested consideration is given to the involvement of the Audit Committee in directorate governance arrangements. C Charles-Barks considered there is a need to plan an internal audit review in the future to identify further work that might be needed. P Kemp expressed support for this and suggested consideration of how Audit Committee advisors are involved

**2374/02 Board Assurance Framework and Corporate Risk Register – SFT4117 – presented by L Wilkinson**

L Wilkinson presented the updated Board Assurance Framework (BAF) and Corporate Risk Register (CRR) for approval and highlighted the following:

- The highest strategic priority risk areas for the Trust are the People and Resources priorities
- A number of new risks have been added to the corporate risk register
- The BAF process has been to the Audit Committee for bi-annual review. The Committee considered that the layout of the BAF could be improved for the reader together with presentation of progress and updates to content. The Committee also considered the need for the Board's committees to challenge themselves on the robustness of their review of the BAF/CRR. L Wilkinson will work with F McNeight on further improvements to the presentation of documentation and review of any gaps in strategic risks captured within the documentation such as external risks impacting on the Trust's patient flow work

Discussion:

- C Charles-Barks considered that there are CRR gaps around patient flow, patient experience and performance. External risks include the lack of community capacity and the risk this poses for the winter period. Such risks will need consideration at the Finance & Performance Committee. The Finance & Performance Committee

have currently rated the local services strategic priority as amber however, given the deterioration in ED performance and system pressures there are increasing risks to service delivery and she queried whether the overall strategic risk had changed. There is a need to check the risks the Finance & Performance Committee are reporting are triangulating across into the BAF/CRR

- A Hyett informed that references to patient flow and system working have been incorporated into the BAF and are in the process of being incorporated to the CRR
- P Miller considered the CRR is a good register, being informed up through the organisation. P Miller expects the Executive team to give consideration to when a risk is added to the register or aggregated into an overall risk. P Miller supported the need for more rigour and time for discussion at Committee meetings to identify gaps
- L Wilkinson considered that there is Executive level ownership of the BAF/CRR with risks being aggregated. L Wilkinson considered the gap is the strategic view and there is a need for each committee to commission a risk for the CRR and to challenge if the risk is being appropriately mitigated
- R Credidio queried the risk implications of Brexit. P Hargreaves informed that Brexit is a recruitment and retention risk
- F McNeight will be looking to align Board and Committee agendas with the BAF

**ACTION: Work will be undertaken to review the presentation of the BAF. Committees will be asked to bring rigour to their review of risk gaps and consider outward looking strategic issues.**

FMc/LW

**2374/03 Customer Care Report Q1, 2018/19 – SFT4118 – presented by L Wilkinson**

L Wilkinson presented the Customer Care Report Q1 2018-19 and highlighted the following:

- The Trust has processes for capturing and responding to feedback
- There has been a static number of complaints
- L Wilkinson held a workshop in May to look at improving the complaints process with a focus on responsiveness and quality of investigations. Actions are being taken to improve the timeliness of the complaints process
- Real time feedback features themes regarding food and noise. Discussions have taken place with matrons to consider ideas for improving the temperature of food served on the ward and reduction of call-bell noise, particularly in spinal services. The Spinal Unit is currently trialling mobile call bells and if successful consideration will be given to feasibility of wider roll-out
- Corporately L Wilkinson is supporting patient and public involvement work within the patient flow programme and the Trust's discharge processes
- The national inpatient survey 2018 is underway

**ACTION: L Wilkinson to provide M Marsh with further information regarding the mobile call bell trial**

LW

The Board noted the report.

**2374/04 Learning from Deaths Report – Quarter 1, 2018/19 – SFT4119 - presented by C Blanshard**

C Blanshard presented the Learning from Deaths Q1 2018-19 report. The Board noted the following:

- In June 2018 the Government announced the introduction of a new system of medical examiners to provide a level of independent scrutiny of deaths occurring in or outside hospital and to increase the robustness of death certificate completion to address the risk of avoidable deaths. The medical examiner role was to be introduced by 31 March 2019. However, there is no legislative time to introduce the required statutory instrument. The NHS is therefore planning to rollout a system of medical examiners in a different way, commencing in acute trusts. Trusts will appoint a number of doctors within the organisation who will undertake a special training programme to support them to scrutinise medical notes and discuss with the clinician who attended the case whether they had any concerns regarding the quality of care. C Blanshard informed the Board that the Trust does this currently by asking the junior doctor who looked after patient to complete a form, and also asks relatives about concerns they might have. The appointed doctor will then complete a proforma via a new software system which will feed into the national medical examiner and the Trust's own learning from death processes. Any concerns will be reviewed through the Trust's structured process. C Blanshard will produce a proposal on how this new role and approach will work. Some resource will be required to fulfil this requirement
- The Q1 Learning from Deaths report shows there were 185 deaths within Trust during the reporting period. 99% of these were screened to ascertain whether the death needed a full case review. 39% of deaths had a full case review. Two deaths had evidence of avoidability and five had slight evidence of avoidability. There was one death in the quarter following planned admission to hospital for a stent placement as a palliative intervention for known metastatic cancer and died from sepsis which failed to respond to antibiotic treatment. There were four unexpected deaths which were judged to be unavoidable as the cases were more complex than understood when initially admitted to hospital
- One patient with a serious mental illness died in Q1 – the case is subject to a full case review by a Consultant Psychiatrist
- The deaths of patients with a learning disability are reported to the LeDeR programme (Learning Disabilities Mortality Review programme). None of the deaths were considered avoidable
- Pneumonia, septicaemia and stroke are the main causes for death

**Discussion:**

- M Marsh sought assurance on deaths from Septicaemia given the national driver on preventing deaths on sepsis. C Blanshard informed there had been 86 Septicaemia cases over 2017/18. All these deaths were reviewed. The vast majority were frail elderly patients and in most cases the death was not found to be avoidable. In this patient group there is up to 80% mortality even with appropriate timely treatment. M Marsh queried whether patients were admitted without recognition of and treatment for sepsis. C Blanshard informed that the Trust had a serious incident in August where one patient had experienced delayed treatment of sepsis. It was found that even if the patient had received

appropriate timely treatment the patient would have been likely to die due to the co-morbidity of the patient's condition

- T Baker considered that it is encouraging the Trust has 100% for first case reviews which supports capturing and sharing of learning from deaths. T Baker considered that given the Trust's palliative care coding is above national averages, more analysis is needed to demonstrate the move in HSMR is not a consequence of the shift from under-reporting on palliative care to over-reporting on palliative care coding. C Blanshard informed that the shift in position is partly due to the change to palliative care coding. In response to HSMR the Trust put improvement programmes in place in pneumonia, sepsis and urinary tract infection which has led to an HSMR reduction in that period, as well as some improved palliative care coding. **ACTION: C Blanshard to include Dr Foster analysis in the next report to Board** CB
- P Miller queried whether the learning from deaths process would enable the Trust to identify an individual clinician who is falling short of standards over time. C Blanshard considered this would be the case with the caveat that there can be a wide swing in mortality rates for individual clinicians. Data enables analysis by speciality, individual consultant and clinical team. For operative conditions with a relatively high mortality rate there are national perioperative mortality benchmarks that can be used

**2374/05 Risk Management Annual Report 2017/18 – SFT4120 – presented by L Wilkinson**

L Wilkinson presented the Risk Management Annual Report and highlighted the following:

- There has been progress against the strategic goals set out in the Risk Management Strategy
- The Trust benchmarks positively on the National Reporting and Learning System (NRLS) benchmarks
- There has been a drop in the total number of incidents reported, although still above average nationally. There is a need to understand the reasons for this
- There has been considerable change within the risk team. Despite this the team has kept up-to-date with regulatory and contractual requirements
- The Sign Up To Safety campaign has concluded and will report into the Clinical Governance Committee
- L Wilkinson chairs the Wessex Patient Safety Collaborative Steering Group

The Board noted the achievements for 2017/18 within the Annual Risk Management Report.

**2374/06 Annual Quality Governance Report 2017/18 – SFT4121 – presented by C Blanshard**

C Blanshard presented the Annual Quality Governance Report 2017-18 and highlighted the following:

- The report covers the Trust's quality governance arrangements which have been strengthened by the introduction of the Trust's integrated governance framework and accountability framework which has strengthened quality reporting from ward to board

- Work continues to improve data quality. At the beginning of the year there were issues in reporting some quality metrics on moving to the new data warehouse. Work has been undertaken with the Information Services Team to resolve this however some quality reports still need manual checking and validation

Discussion:

- P Miller questioned the key quality improvement C Blanshard wants to see achieved for 2018/19. C Blanshard informed that there is not one specific improvement. C Blanshard is still working on improvements relating to Sepsis and as the Executive lead for end of life care is working to improve pathways for patients who wish to go home or into a community setting for their end of life care

**2374/07 NHSI Quality Governance Framework Self-Assessment – SFT4122 – presented by C Blanshard**

C Blanshard presented the NHSI Quality Governance Framework Self-Assessment. The self-assessment was approved by the Clinical Governance Committee at its meeting on 25 September 2018. The Committee requested the report is brought to Board for discussion on whether the Board are sufficiently aware of risks to quality, whether the Board are challenging and using quality information effectively and if not what improvements are required.

Discussion:

- P Kemp informed that in reflecting on the patient story at the start of the meeting P Kemp considered he is not sufficiently aware of risk to quality. M Marsh considered that the patient story came to the Trust's attention via the Trust's complaints process. P Miller considered this illustrates the Board receives assurance from the systems and processes in place, the question being are there systems or processes that can be improved. P Kemp considered that a system that only picks up a quality issue when a complaint is received is not adequate
- M von Bertele considered that quality is defined as safe, effective and delivering good patient experience. A weakness for the Trust is the ability to pick up real time feedback. The patient story indicated that there were opportunities to receive and respond to feedback on experience
- M Marsh informed that the reason the report has been brought to Board is because the Clinical Governance Committee considered it is important the Board is signed up to self-assessment. Patient experience is important. It is necessary to rely on individuals sharing their experience with us. The complaints process is a process the Trust needs to rely on
- P Miller considered there is learning from complaints. That learning is being used and shared will help shape changes for the future
- C Charles-Barks informed that there are other ways the Trust gets feedback such as escalation calls into the Trust office providing real-time feedback and a number of patients have tweeted the Chief Executive. C Charles-Barks informed that she also receives positive feedback
- P Kemp considered the story heard today had indicated there were several places through the patient's journey where comment and

complaint were made and not heard. **ACTION: Charles-Barks informed that she will reflect on P Kemp's comments regarding the raising of concerns and will look at better publicising the many ways concerns can be raised and escalated if individuals feel they are not being heard** CCB

- C Blanshard considered that the main risks to quality are staffing, finances, capacity and patient flow. L Thomas considered that the Board are sufficiently aware of these risks with triangulation through the BAF, risk registers and other items relating to quality on the Board's agendas. This infrastructure gives the Board the opportunity to look at quality through a number of different lenses
- T Baker considered the Board needs to increasingly focus on outcomes and patient reported outcome measures. A lot of this information is received by the Clinical Governance Committee however there needs to be more sight of outcome information at Board
- P Miller considered there needs to be more service line information at Board to show those areas that might need more support or challenge. This would support triangulation of money and workforce
- T Baker considered there is a need to develop pathway measures across the system
- C Blanshard informed the Board that in terms of the self-assessment the Clinical Governance Committee were content with the self-assessment. The Committee concluded the Trust is sufficiently aware of the risk to quality, uses the quality information available effectively and could make further improvements to quality information and reporting

The Board endorsed the conclusion of the Clinical Governance Committee.

## 2375/00 STRATEGY & DEVELOPMENT

### 2375/01 Site Reconfiguration – Benefits Realisation – SFT 4123 – presented by A Hyett

A Hyett presented an update on the benefits of the Trust wide reconfiguration Project and highlighted the following:

- When the Board approved the reconfiguration project the Trust was in escalation in three areas of the hospital. Since this project there has not been escalation into any of these areas
- The project has realised improvements in many metrics as outlined in the report. Metrics and triangulation of data has been a challenge within the project
- There was a capital overspend on the project
- There was clinical sign-off of elements of the project by a senior clinician. Despite this there are some clinician concerns about the new clinical areas. Alternative ways of modelling the floor space of any future site changes are needed to enable more informed clinical sign-off, such as use of virtual simulation to help individuals visualise the size and space of the clinical environment
- Project reviews of AMU and Pembroke changes are scheduled with the Capital Project Team in the coming weeks
- The project has included a lot of public messaging work to keep the public informed on the changes taking place

## Discussion

- C Blanshard queried how many actual beds the Trust had prior to reconfiguration and the number the Trust has now. **ACTION: A Hyett to circulate a breakdown of bed numbers** AH
- C Charles-Barks considered that the recommendations do not include project costs. Capture of project management costs has been a recurrent change problem for the Trust. A Hyett informed that the project was 6% overspent, of which 10% was contingency. **ACTION: further work is needed to understand the reasons for the project overspend** AH
- M von Bertele informed that he had been impressed by the AMU environment improvements. As a post project review M von Bertele considered it is important to understand things that might have gone wrong as well as those aspects that went well. A Hyett informed that overall the project was well-led clinically however there was not ownership from all clinicians and not all improvement metrics have been achieved

The Board noted the report.

**2376/00 CLOSING BUSINESS****2376/01 Any Other Business**

R Credidio informed that issues relating to the apprenticeship levy were identified at the September Workforce Committee Meeting. R Credidio is discussing this with P Hargreaves.

**2376/02 Public Questions**

Mr B Butterworth informed the Board that he was pleased, as someone who carries out ward inspections and food audits, that the Trust are above the national average and considered it important that the Trust is one of the few hospitals which still cooks food on site. Mr Butterworth thanked N Marsden for his continued support and attendance at food committee meetings.

Mr B Butterworth referred to the recent Government announcement of a £240m emergency fund for social services to take pressure off the NHS and assumed this will assist with reducing DTOCs.

- C Charles-Barks informed that further information is awaited on the additional funding announced for social care. A social care challenge is workforce with gaps in domiciliary care workers. The Trust is continuing to work with councils to look at potential joint recruitment opportunities to make these roles more attractive.

Mr B Butterworth expressed thanks to those staff who gave up their Sunday to participate in Wilton Rotary Club's walk to support fund raising for the hospital's scanner appeal.

A member of the public referred to the patient story at the start of the meeting and queried how long improvements that have been put in place in response to this are monitored to ensure they are working.

- L Wilkinson informed that the Trust became aware of the story through the Trust's complaints process as the issues raised had not

been discussed with the ward sister. L Wilkinson considered there is an ongoing need to find out how people feel, and to ensure they have understood the communication that has taken place. Communication was a key aspect of the patient story. Ward sisters go around the ward every day to speak to families and check how they are and their understanding of the plans discussed with them. Basic ward level standard audits are carried out on wards. This year the Trust has implemented a perfect ward app focused on basic standards and these have been reported monthly since the summer.

Mr J Mangan queried whether the improvements made in complaints training and investigation has led to improvement in escalating more serious complaints into the Trust's untoward incidents system and whether there is a system to raise simple issues rather than serious complaints.

- L Wilkinson informed that all complaints received are categorised on their level of severity, graded by the directorate. The deputy director of nursing has been meeting weekly with the head of customer care to review these gradings

Mr J Mangan queried the Trust's approach to flu immunisation given the approaching winter period.

- L Wilkinson informed that there is a national target of 75% for staff immunisation. The national flu campaign will start on 16 October. P Hargreaves informed that the Trust is aiming to achieve a high immunisation rate, aiming for maximum uptake, ideally 100% in high risk areas. An individual can decide not to take up the immunisation opportunity if they do not want to. Last year the Trust achieved around 68% uptake

Mr J Mangan asked whether governors can influence what information is included in the report to Board on mortality.

- C Blanshard informed that she would be happy to hear governor suggestions. As J Mangan sits on the Trust's Hospital Mortality Surveillance Group he is able to put forward suggestions through that group. The report received by the Board is in line with national reporting requirements for mortality/learning from deaths

### **2376/03 Date of Next Meeting**

The next public meeting of the Board will be held on Thursday 6 December 2018, 1:30 pm in the Board Room at Salisbury District Hospital