

DRAFT

**Minutes of the Public Trust Board meeting held on
7 June 2018 in The Board Room, Salisbury District Hospital**

Present:

Dr N Marsden	Chairman
Ms C Charles-Barks	Chief Executive
Dr C Blanshard	Deputy Chief Executive and Medical Director
Ms T Baker	Non-Executive Director
Dr M Marsh	Non-Executive Director
Prof J Reid	Non-Executive Director
Mrs L Thomas	Director of Finance
Ms L Wilkinson	Director of Nursing
Dr M von Bertele	Non-Executive Director
Mr P Kemp	Non-Executive Director
Mr P Miller	Non-Executive Director
Ms R Credidio	Non-Executive Director
Mr A Hyett	Chief Operating Officer (agenda item 11 onwards)

Corporate Directors present:

Mr L Arnold	Director of Corporate Development
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In Attendance:

Glennis Toms	Interim Deputy Director of OD & People (on behalf of P Hargreaves)
Sir R Jack	Lead Governor (observer)
David Seabrooke	Secretary to the Board
Andrea Prime	Deputy Head of Corporate Governance (minute taker)
Katrina Glaister	Quality Programme Manager (reference minute 2359/00)
Helen Rynne	Customer Care Advisor (reference minute 2359/00)
Jo Jarvis	Voluntary Services Manager (reference minute 2361/02)
Ian Robinson	Head of Facilities (reference minute 2362/07)
John Mangan,	Public Governor
Raymond Jack	Lead Governor
Lynn Taylor	Public Governor
Jenny Lisle	Public Governor
Bill Butterworth	Public Governor
Rosemary Harris	General public
Vicki Butcher	Dr Foster
Ross Cruikshank	Anaesthetics SpR
Mark Wareham	Staff Side

ACTION

2359/00 Patient/Staff Story

L Wilkinson introduced Katrina Glaister who attended to present a story from Jeanne Yates who was a Theatre Superintendent at Salisbury District Hospital from 1960 – 1972. The story reflects the upcoming 70 year anniversary of the NHS. K Glaister reflected how the story illustrated how much the NHS has changed in the 70 years since it was created.

N Marsden informed the Board and members of the public that the Trust is holding a special service at Salisbury Cathedral on Saturday 9th June at

5:30 pm to recognise the 70th anniversary of the NHS, the 25th anniversary of the hospital moving to its current location and to celebrate and give thanks for the care given by the hospital and its staff.

2360/00 OPENING BUSINESS

2360/01 Apologies and Declarations of Interest

Apologies were received from:

- Mr P Hargreaves, Director of Organisational Development and People
- Mr A Hyett, Chief Operating Officer to join part way through the meeting

There were no declarations of interest.

2360/02 Chairman's Business

The Chairman welcomed visitors to the Board meeting.

2360/03 Minutes of the Trust Board meeting held on 12 April 2018

The minutes of the previous meeting held in public on 12 April 2018 were agreed as a correct record.

2360/04 Matters Arising and Action Log

Customer Care Report Q3 2017/18 – L Wilkinson informed the Board that capture of feedback on carers' experience is under review as part of the expansion of real-time feedback. It was agreed that this action would be closed down from the Board action log as it is being taken forward via the Clinical Governance Committee.

2360/05 Chief Executive's Report – SFT4043 – presented by C Charles-Barks

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

- Thanks to staff and the local community for their contribution during the major incident following the poisoning of three individuals. The extraordinary work of staff enabled all three patients to be discharged. The major incident attracted a considerable amount of media attention which included an article on 'News Night' two weeks ago which gave a positive representation of the value base of the Trust's staff. C Charles-Barks thanked staff for continuing to focus on delivering outstanding care to all the Trust's patients and thanked the community for their support
- 10 of the Trust's overseas nurse recruits achieved a 100% pass rate for their OSCE (Objective Structured Clinical Examination) this month and are now joining the Trust as fully registered nurses
- The Trust is fully committed to a smoke free NHS as part of a national initiative to promote healthy living and reduce the costs and impact of poor health on the NHS. Recognising this will have an impact on staff and patients the Trust will start to communicate with advice and guidance for those who want to use this as an opportunity to stop smoking

- The Trust has launched the staff engagement programme. May was a listening month and next month the Board will start to see emerging themes and recommendations from this engagement process. The new staff engagement group will be run by staff for staff; driving improvement of staff experience in the organisation and collecting and initiating ideas and innovations that can improve work life balance
- Walk for Wards takes place on Sunday 1st July. Last year around 2,000 people took part in the event which gave a great opportunity for Board members to meet with and talk to users of the Trust's services
- C Charles-Barks congratulated patients and staff in the Trust's spinal treatment centre as the team from Salisbury recently won the Inter Spinal Unit Games at Stoke Mandeville Stadium in Aylesbury
- C Charles-Barks congratulated the Trust's Procurement Department which has won two national procurement awards, including the overall winner in the UK National GO Awards
- The Trust has received a revised control total offer from NHS Improvement (NHSI) to work towards a £9m deficit. As such the budgets and savings plans are under review in order to establish how this could be delivered with a view to formally progressing towards this position once a once a formal offer letter has been received from NHSI. Last year the Trust did not sign up to a control total which meant that during the course of that year the Trust were unable to apply for national monies, nor receive sustainability and transformation funding (STF). Signing up to a control total this year will enable the Trust to access STF funding which would help the Trust's overall deficit position

Discussion:

- P Miller considered that whilst the lower control total will be better for the Trust's long term financial position the Trust will still have a need to borrow cash in-year. It will be important the Trust achieves the £9m deficit as it does need to be in a position to access cash to take forward the Trust's plans

The Board received the Chief Executive's report.

2361/00 ASSURANCE AND REPORTS OF COMMITTEES

2361/01 Workforce Committee Report, 21 May 2018 – presented by M von Bertele

M von Bertele informed the Board that there were no items for escalation from the Workforce Committee. The meeting of the Committee was not quorate due to unforeseen circumstances.

2361/02 Clinical Governance Committee Report , 15 May 2018 – SFT4045 – presented by M von Bertele

M von Bertele chaired the Clinical Governance Committee meeting on 15 May 2018 in M Marsh's absence and highlighted the following:

- The ED navigator pilot has come to an end. The Committee were keen to see this role continue as the pilot was successful in offering another level of triage; assisting patients to be seen in the most appropriate place as quickly as possible
- There are a number of issues with the cancer pathway that are being

reviewed by a task and finish group

The Board noted that the ED navigator post is now out to advert. Contingency arrangements are in place for a band 2 member of staff to observe the waiting room to ensure patients are safe whilst this post is being recruited to.

2361/03 Finance & Performance Committee Report, 24 April and 29 May 2018 – SFT4046 – presented by P Miller

P Miller presented the report from the Finance & Performance Committee meetings held on 24 April and 29 May. Focussing on the 29 May report, P Miller highlighted the following:

- The Trust is working to improve its deficit position this year and is in the process of agreeing a plan to make a reduced loss of £9m, before access to STF funding. P Miller stressed the need to achieve savings targets
- As the Trust is funded by PBR (payment by results), the Trust has to treat patients to get paid. It is necessary to ensure the Trust is operationally as efficient as possible to achieve the necessary activity to achieve the planned income
- The Committee agreed a specialty review framework to review specialties. This methodology will to come back through Committee
- The Committee received an annual report showing excellent performance from the procurement and commercial services team in 2017/18. The Committee commended this department for an excellent year

2361/04 Strategy Committee, 30 May 2018 – SFT4047 – presented by T Baker

T Baker presented the report from the Strategy Committee meeting held on 30 May and highlighted the following:

- The Committee had discussed the need to prioritise and ensure the appropriate resources are focused in the right place given the increasing range of priorities and challenges for the Trust this year. Executives are working on producing one overall action plan

Discussion:

- P Miller questioned whether the Trust's partners' efforts and resources are aligned to the Trust's strategic direction. C Charles-Barks considered that partners have a good awareness of the Trust's position in relation to the new control total and the case for change for financial sustainability. It is intended that the Trust's case for change is developed for South Wiltshire. The Trust has partnership arrangements with primary care and the council. The Trust has an engagement session with GPs later this month which will be a good opportunity to engage with primary care. C Blanshard is working with the Chair of the Clinical Commissioning Group (CCG) to align the clinical strategy with the primary care strategy. C Blanshard is hoping to identify groups of GPs to work with the Trust on pathway redesign and has received a good expression of interest to date
- J Reid queried whether there are developments for consultants to undertake outreach work in primary care and the community. C

Blanshard informed that some services are already being provided through virtual outreach clinics with excellent work in the diabetes team and ophthalmology department.

2362/00 QUALITY & RISK

2362/01 Month 12 Integrated Performance Report – SFT4048

L Arnold presented the local services section of the Integrated Performance Report and highlighted the following:

- The Trust achieved the RTT standard with performance at 92%. There is some pressure on RTT times in some sub-specialty areas in particular general surgery, orthopaedics, oral surgery and plastics
- Work is ongoing to make the best use of capacity. A Hyett is leading a weekly review of capacity
- The Trust achieved the diagnostics standard reporting 99.2% performance. There are some areas where capacity is not as resilient. The temporary MRI scanner was hit by lightning in the recent May storms which impacted on the availability of the facility for four days
- ED achieved the 4 hour standard in April with performance at 95%. It looks to be unlikely the standard will be achieved in May and there will be a need to ensure achievement in June to enable access to quarterly STF funding
- A Hyett is working with partners to improve the number of patients awaiting discharge. Reducing length of stay is a STP (Sustainability and Transformation Programme) priority which focuses on long stay patients in hospital. This is also being driven through the ED Local Delivery Board (EDLDB) which is chaired by C Charles-Barks. The EDLDB will have a clear action plan with a trajectory for the reduction of patients awaiting discharge. Whilst there are internal actions that can be taken to improve the position, work with partners will complement and increase the level of reduction
- Cancer performance is challenging in April but has improved in May. There is some confidence the Trust will achieve standards for quarter 1. There have been a high number of breaches resulting from patient choice
- The new Pembroke Unit opened in mid May

Discussion:

- M Marsh queried the longer term plans for the MRI scanner. L Arnold informed that the fixed mobile MRI scanner is through a long-term contract. The longer term plan is for a permanent MRI scanner on the hospital site. Timing for this development is subject to the STARS appeal, which is currently halfway to the £1.5m fundraising target. Early steps have been taken with the procurement process to enable rapid action when funding is in place
- M Marsh queried what steps are being taken to prepare for the roll out of the 28 day faster treatments/diagnosis standards and requested the Board is sighted on progress of preparations and the level of challenge for the Trust. C Blanshard informed that the Trust will need to look at pathways for the larger tumour groups to include more one-stop and straight-to-test diagnostics. This work will be overseen by the Cancer Board

- T Baker queried support from partners on reducing length of stay. C Charles-Barks informed that the Trust's work links to the STP reducing length of stay priority. This priority is receiving a significant portion of support from the Clinical Support Unit (CSU) Group which is undertaking demand and capacity modelling across the STP and a piece of work to look at the rapid point prevalence of patients waiting in both the hospital and community to better understand their needs in order to improve the individuals' pathways. This will result in a number of initial rapid actions alongside longer term work on pathway changes
- J Reid queried patient and public awareness of pathway redesign work. C Charles-Barks informed that there is both communications and public health support at STP level into the three key workstreams for older people, mental health and reducing length of stay. C Charles-Barks will raise the importance of public and patient communications and engagement within this work CCB

L Arnold presented the Specialist Services section of the Integrated Performance Report and highlighted the following:

- Work is progressing to set up the plastics network for the Wessex area which is to be launched in June. The Trust is liaising with Southampton
- There are continued improvements in the spinal rehabilitation pathway for both follow-ups and reductions in length of stay
- The Trust submitted a genomics bid. An initial response from NHS England has been received and work is underway to review the bid including reviewing options and modelling work

C Blanshard presented the innovation section of the Integrated Performance Report:

- The Trust has appointed two new consultants in obstetrics & gynaecology and a new orthopaedic surgeon which will enable the Trust to offer a wider range of knee surgery options
- The Trust has appointed a geriatrician, a new haematologist and will be interviewing for a gastroenterologist, anaesthetists and respiratory physician
- The Trust participated in a Public Health England learning event with Porton Down. There will be a clinical debrief at the Trust for staff directly involved in the major incident
- The Getting It Right First Time (GIRFT) team visited the General Surgical Services department and commended the Trust on the emergency surgery pathway and elective general surgery pathways. There is work to do to improve day case surgery rates
- The GIRFT team have been visiting the orthopaedic service. Through good team engagement the team have been able to demonstrate improvements on each of the three visits. The GIRFT team have identified that further work is needed on cemented hip replacements and have advised the Trust to ring fence orthopaedic beds for elective services
- The Trust's research recruitment is on target

Discussion:

- M Marsh queried the ring fencing of beds for elective services and considered that if the Trust is required to do this we will need to make clear the support needed from commissioners to avoid compromising

emergency orthopaedic services. C Blanshard informed that the GIRFT team advice is from the perspective of mitigating the risk of surgical site infection and revision rates. C Blanshard considered it is right to separate elective orthopaedics from emergency medicine but in practice this is challenging. The GIRFT team are advising that elective orthopaedic activity should not be commissioned from sites that are unable to ring-fence beds. C Blanshard will be discussing this with the service manager

- C Charles-Barks queried whether there are any lessons that can be applied from the emergency surgery pathway work to elective procedures and post-operative management. C Blanshard informed that the enhanced recovery programme is key and there is scope to improve this in some areas so that enhanced recovery is an embedded expectation for every elective patient in the Trust
- T Baker queried whether the Trust is an outlier on general day cases. C Blanshard informed that the Trust is in the top quartile for the percentage of suitable operations that can be undertaken as day cases. Improvements are needed in how we book patients on the list, informed by travel times. Where day surgery is carried out towards the end of the day patients sometimes stay overnight, for example, if they would otherwise be returning home alone. J Reid informed the Board that increasingly day case units have relationships with neighbouring hotels
- C Blanshard is leading a piece of work with the medical directors of Swindon and Bath to reduce variation across the patch and improve standards by learning from each other

C Blanshard and L Wilkinson presented the Care section of the Integrated Performance Report:

- The Trust is making improvements in the review of high risk referrals of patients with suspected transient ischaemic attack (TIA)
- Stroke performance operationally continues to be a challenge. Work is underway to improve the SSNAP score from 'D' to 'B' which will require a lot of pathway changes. The Trust has joined a collaborative with STP partners to try to collectively improve performance
- L Wilkinson informed that there have been no incidences of mixed sex accommodation breaches in April
- The moving to good programme continues with good engagement across four core specialties
- The Trust is maintaining good real-time feedback for quality of care with an increase in the number giving feedback
- A main challenge continues to be staffing across a number of wards

Discussion:

- In relational to stroke, M Marsh considered there would be a number of improvement actions that can be taken by the Trust without being part of a collaborative. C Blanshard confirmed that there are some improvements that the Trust can make independently. Farley Ward has just moved to its new location which will enable better separation of acute from stroke rehab beds and there are staffing issues to be resolved. The new ward environment is a great improvement giving an opportunity to improve access to therapies including the new therapeutic garden. There are opportunities through collaborative working such as organisations working together to identify how to manage GP direct referrals for suspected stroke and share learning

- P Miller considered that stroke audits are often cited as reasons for strategic reconfigurations and questioned what level of SSNAP audit improvement can be achieved independently. C Blanshard considered the Trust could achieve a 'C' score with a possibility of achieving a 'B'. C Blanshard is working closely with the CCG who are supportive of the Trust's improvement work
- M Marsh considered that the door-to-needle time of patients thrombolysed is important and the Trust will need to be able to show how those who would benefit from thrombolysis are getting this treatment quickly. C Blanshard informed that the Trust has an on-call stroke consultant and data is collected to enable this to be tracked
- J Reid queried the number of escalation bed days and level of patient moves which can both have a direct impact on quality of a patient's experience. L Wilkinson informed that escalation bed days are reducing, with no use of extreme escalation areas for a month (e.g. Day Surgery). Extra beds (in identified bed spaces) on Braemore and Durrington and some of the ambulatory areas are used for short term only, usually overnight. The Clinical Governance Committee have reviewed ward moves and were satisfied with the level of ward moves after 10 pm. A deep dive is under way. In escalation areas patients are asked for real time feedback - responses given are generally positive

G Toms presented the People section of the Integrated Performance Report and highlighted the following:

- Staffing remains a challenge. The Trust continues to attend overseas and domestic recruitment events. Given overseas recruitment has a low conversion rate the department have started a closed Facebook group to improve the on-boarding experience and conversion rate for overseas recruits. The Trust has recently made 109 offers in India and 8 in Australia
- In relation to improving the level of OSCE passes the Trust is changing the training approach to condense the training in to a week with a test at the end of that week
- Recruitment plans continue. A micro site is up and running, there is increased visibility of recruitment campaigns and improved internal systems with the implementation of TRAC
- Agency spend remains challenging due to the number of vacancies. The Trust was overspent on agency in month 1. Spend for NHS Infrastructure Support increased due to the inclusion of laundry agency spend in the figures for the first time from month 1
- Sickness has fallen slightly during month 1 to 3.53% against a local Trust average of 3.59%. This is an area of continued focus. The Managing Attendance policy has been improved and work is underway to roll out a supporting managers' toolkit
- The first meeting of the new staff engagement group will take place next week. A progress report will be provided to Board
- Mandatory and statutory training compliance is at 85.59% and medical appraisal rates at 87.7%

GT

Discussion:

- A Hyett considered there is a challenge to improve appraisal rates for the clinical workforce. G Toms informed that People Business Partners are increasingly working with directorate managers to unblock issues

teams might have

- C Blanshard informed that the target for appraisal rates for senior doctors is 100% and only an individual's senior responsible officer can agree to an appraisal being deferred
- M Marsh chairs an annual review of medical appraisals and considered that there are more resources and focus on medical appraisal than in other staff groups. C Blanshard is preparing a report for Board on medical appraisal and revalidation and this will be presented to the August meeting
- J Reid queried the difference in volume of nurse recruits from India and Australia. G Toms informed that there will be an evaluation of the benefits of overseas campaigns. Both the India and Australia campaigns were very different, with one being a week-long event and one a single day event
- R Credidio considered that it is important the Board has sight of the staff engagement work and is visible in supporting this

CB

L Thomas presented the Resources section of the Integrated Performance Report:

- Month 1 results were below the expected position, being £0.3m behind plan predominantly due to an under delivery of activity particularly in elective orthopaedics and plastics. An MSK action plan is in place which has included ensuring the new theatre timetable is in place and the directorate is focused on booking patients to ensure slots are fully utilised. It is expected that there will be improved income in month 2
- The Trust has been offered a revised control total by NHSI. The Trust has not previously been in the control total regime which has negatively impacted on the Trust's ability to access national funding. The Trust is intending to sign up to a £9m deficit control total position and work is underway to plan for delivery of increased savings to achieve this. Signing up to the control total will give the Trust access to national STF funding of just under £4m which would help with the Trust's position going forwards. A revised plan needs to be submitted to the regulator on 20 June. There is risk in the Trust's ability to achieve delivery of the control total, quarterly performance standards and finance targets
- The Trust has ongoing work to agree a contract with Dorset CCG for 2018/19

Discussion:

- L Thomas informed the Board that Dorset CCG does not follow payment by results (PBR), having a fixed contract with providers that they too want SFT to work within. The CCG also consider the Trust counts activity at a higher level than expected and an audit is underway to check both the Trust's and the CCG's counting
- C Blanshard confirmed the Trust has a recovery plan in place to improve fractured neck of femur performance
- P Miller considered the Board needs to be sighted on the total waiting list to ensure it does not grow in year. The Board will receive information on this on a regular basis and this will also be monitored at the Finance & Performance Committee

L Wilkinson presented the Safer Staffing section of the Integrated Performance Report and highlighted the following:

- There continues to be a wide gap between registered nursing and

nursing assistant numbers

- The Trust has a plan to fill and over-recruit to nursing assistant posts given the national issue around registered nurse numbers
- The Trust has maintained key quality indicators
- Some overseas nurses are included within the nursing assistant numbers whilst awaiting OSCEs and/or IELTS despite being registered nurses in their own country of origin

Discussion:

- Work is underway to create career pathways for band 2 nursing assistants to band 3s. In some areas of the Trust band 3s have developed into band 4 positions. This work is improving the career pathway for nursing assistants to registered nurse opportunities
- P Miller questioned whether the Trust will get the number of registered nurses needed. L Wilkinson considered this is unlikely in the short term given the national deficit in numbers and the long-term aim (3-4 years) to improve this national position. L Wilkinson would not want to normalise the staffing numbers the Trust currently has. G Toms informed that the national shortage is recognised and therefore the Trust undertakes overseas recruitment. For the long-term there is a need to consider the Trust's 'grow our own' strategy

2362/02 Voluntary Services Annual Report – SFT4049 – presented by J Jarvis

Jo Jarvis attended to present the Voluntary Services Annual Report 2017/18 and highlighted the following:

- The Trust's voluntary service continues to grow, with more volunteers joining than leaving. At the same time, demand from within the Trust for volunteers is also growing
- The service aims to match volunteers with the role they are looking for whilst working to achieve the needs of the Trust
- J Jarvis thanked N Marsden for his input to the Volunteers Day event. The Trust offered service awards to volunteers as part of this event. Over 70 volunteers attended and J Jarvis has received positive feedback from attendees

Discussion:

- N Marsden informed the Board that the Trust has 700 people working voluntarily, all supporting busy staff in the hospital and making a valued contribution to staff and patients
- C Charles-Barks encouraged Board members to visit the Odstock Radio Service which is run entirely by volunteers
- J Jarvis informed the Board of a meeting with Helpforce, a new organisation who are bringing together volunteers, charities and the NHS to provide better care by focussing initially on pathways through hospital settings. Helpforce have ideas and initiatives to improve the Trust's volunteer workforce and J Jarvis hopes the Trust will be included in their pilot scheme which may support access to extra funding
- C Blanshard queried how well the Trust's volunteer service links with charity and third sector organisations. J Jarvis considered there are limited links given capacity constraints in the volunteer service
- L Wilkinson thanked J Jarvis in particular for the work of the volunteer

service during the peak winter pressure period

- M von Bertele reported that he had visited the new Pembroke Ward and seen the difference the volunteers have made in making it a personal space

The Board received the Voluntary Services Annual Report 2017/18 and thanked J Jarvis and the volunteers for their work and significant contribution over the year.

2362/03 Board Assurance Framework and Corporate Risk Register – SFT4050 – presented by L Wilkinson

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

- The revised BAF and CRR have been considered through all of the Board's Committees for discussion
- The document contains a reasonable level of refresh which is illustrative of the turn of the new financial year
- The highest risk areas remain workforce and resources, both of which have an impact on delivery of care for patients

Discussion:

- P Miller queried the vascular surgery risk on the CRR and whether the Trust's service is dependent on sessions from a third party. C Blanshard informed the Board that the Trust's service is a hybrid model - the Trust's premises are staffed by SFT staff with consultant input for the provision of vascular surgery provided by Bournemouth and interventional radiologist input from Southampton. P Miller considered there is a risk that an organisation will prioritise themselves to the detriment of SFT. C Blanshard informed that both providers have had a challenge in delivering their own service on their own sites however they have a duty to provide a service and SFT have escalated the issues
- M Marsh considered that one service supported by two providers may not result in the best service. C Blanshard considered there is an opportunity to think differently on the provision of the vascular surgery service
- P Miller queried whether there are other similarly vulnerable services within the Trust. C Blanshard informed the Board that the Trust's neurology service is provided by Wessex Neuro service which is Southampton based. A Hyett informed that the Trust's interventional radiology service is also provided through a model of service provision with Southampton. SFT provides consultant outreach services for plastics and burns to other centres
- L Arnold emphasised the travel issues for local patients if having to travel to a tertiary centre

The Board received and approved the updated BAF and CRR.

2362/04 Learning from Deaths Report, Quarters 1 to 4, 2017/18 – SFT2051 – presented by C Blanshard

C Blanshard presented the Learning From Deaths Report for Quarters 1 – 4 2017/18 and highlighted the following:

- The report is published in accordance with guidance from the National Quality Board on learning from deaths
- In 2017/18 there were 841 deaths in the Trust, the majority of which were expected deaths
- 90% of deaths in the Trust had a first screen. For all patients who die, the junior medical staff member looking after the patient is required to undertake a first screen which asks if they thought there were any problems with care or whether nursing staff or relatives raised any concerns with quality of care. Junior staff have access to a pathologist to provide further advice if they have concerns, or can discuss concerns with a consultant
- If anyone has any concerns or falls into a category other than expected death, all have a full case review by a member of the Mortality Surveillance Group, independent of the team caring for the patient. During this review a Hogan Score is used to define how avoidable a death was. None of the 302 deaths reviewed were found to be due to problems in care but 29 had slight evidence of avoidability with a common issue being escalation of deteriorating patients and reviews of ceilings of care
- The Trust has piloted asking bereaved relatives if they had any concerns with care when they attend to collect the medical certificate. 11 families had concerns. A common theme was communication and the opportunity to ask questions. This pilot work is being extended through funding to the End of Life Team to continue this work
- 20 patients died during a planned admission to hospital. Reviews indicated that the majority of these patients had metastatic cancer
- There were five unexpected deaths all of which were found to be unavoidable. In all cases these were due to diagnosis or discovery of more pathology than aware of on admission, serious complications or a new diagnosis
- There were seven still births. This is a marked reduction since the Trust introduced the Saving Babies Lives and Grow programmes
- The Trust is required to report learning disability deaths externally to the LeDeR programme and four deaths were reported. It can be difficult to identify these patients as they do not have a single diagnosis code. An end of year check was carried out to ensure all deaths had been captured and a further 12 patients were identified. These cases will receive a full case review and be included in the next quarterly report
- Two patients died with a serious mental health disorder. The mental illness was not the primary cause of death but contributed to it
- The HSMR is within the expected range and shows a decrease over the last 12 months. This reduction is due to better capture of palliative care codes, the Sepsis 6 care bundle and the improved pneumonia pathway
- Pneumonia, Septicaemia and stroke are main causes of deaths in hospital

Discussion:

- M Marsh queried action to remedy the learning point on the need to regularly review the ceiling of care as the patient's condition changes. C Blanshard informed that the insufficient senior medical review over a weekend relates to acutely unwell patients. Staff are available to

review patients at the weekend including escalation to a consultant weekend review list. At a weekend a consultant and registrar will typically have 60 patients to review on a daily basis. Once recruitment has been completed C Blanshard is looking at provision of specialty in-reach into the medical unit at weekends. Ward rounds are already carried out by cardiologists at weekends

- C Charles-Barks informed the Board that in relation to patients who die in hospital with a serious mental illness, that there is opportunity to improve experience of services. C Charles-Barks considered it is necessary to work with Avon Wiltshire Partnership (AWP) to collaboratively learn and improve services for these patients
- T Baker queried how cases are selected for a full case review. C Blanshard informed that cases are either identified in that category or are included when someone has raised a concern. Mortality is also monitored in other systems and any red flags are reviewed by a member of the Mortality Surveillance Team and a relevant expert
- T Baker queried the consistency and quality of case reviews. C Blanshard informed that the reviews are subjective. All reviewers are trained in the review methodology but there is variation
- T Baker queried whether, over time, the reviews could be focused on those areas that lead to quality improvement. C Blanshard informed that the reviews focus in on areas where there may be better learning and reminded the Board that the Trust actively participates in audits, implementation of NICE guidance and many other quality improvement mechanisms
- C Blanshard will be running a Board seminar session on mortality rates and how to get the best from the Learning from Deaths report

The Board received the Learning From Deaths Report Q1-4 2017/18.

2362/05 Report of Director of Infection Prevention and Control – SFT4052 – presented by L Wilkinson

L Wilkinson presented the Director of Infection Prevention & Control (DIPC) Annual Report 2017/18 and highlighted the following:

- 2017/18 ended positively on reportable infections. The 12 month period has been a busy time for Infection Prevention & Control but the Trust has achieved good outcomes
- The Trust has performed very well on antimicrobial stewardship and a concerted effort on this aspect continues
- The Trust has been recognised as having one of the most improved reductions in E.coli bacteraemias nationally
- The introduction of point of care flu testing prior to winter has had a positive effect in the Acute Medical Unit. Whilst the Trust did have a flu outbreak there was no evidence of onward ward-to-ward transmission. Given point of care testing the Trust was able to manage flu cases much better on admission
- A key challenge is the on-going pressure around Legionella control and maintaining a fully compliant sterilisation service until the new SSL facility is fully operational

Discussion:

- L Wilkinson confirmed that key issues are escalated through risk registers and the Clinical Governance Committee on an ongoing basis

throughout the year

- M Marsh confirmed that the Clinical Governance Committee does discuss infection, prevention and control. The Committee is aware of the challenge with Legionella and has assurance that the Trust is taking the right actions and has systems to alert rapidly as necessary
- L Wilkinson considered the Trust has strong leadership within the infection control team

The Board received the Director of Infection Prevention & Control (DIPC) Annual Report 2017/18.

2362/06 Annual Declaration for Provider Licence (FT4) – SFT4053 – presented by L Thomas

L Thomas presented the Corporate Governance Statement under Provider Licence report which provides the Trust's declaration on its governance processes.

The Board approved the declaration in relation to Licence Condition FT4, submitting a response on the basis of a confirmed position against all the conditions.

2362/07 CQUIN 1B – Healthy Food – SFT4054 – presented by A Hyett and I Robinson

Ian Robinson attended to present the CQUIN 1b: Healthy Food for NHS Staff, Visitors and Patients 2017/18 report and highlighted the following:

- Each year the CQUIN requirements change
- The Trust was able to make a declaration of compliance that the Trust met the CQUIN standards for 2017/18. I Robinson considered the Trust is already compliant with standards for 2018/19. The Trust has until March 2019 to prove compliance
- Providing the required data on sales of sugar sweetened beverages was a challenge, accordingly the Trust took the decision to cease the sale of all hot and cold drinks that meet the definition of Sugar Sweetened i.e. with more than 5g of added sugar per 100ml or 10g of added sugar per 100ml for milk based beverages
- Work is underway to look at how the Trust can further reduce the use of single use plastics such as straws. A new re-usable mug will be launched in July to coincide with NHS 70th anniversary

Discussion:

- M Marsh reflected on the increase in different diets including vegetarian and vegan and queried the Trust's response to these increasing preferences. I Robinson informed that there has been an increasing focus on what is offered through Springs and Hedgerows, with a widening offer to staff, patients and visitors and a critical look at how the Trust provides healthy food out of hours. Springs has recently had a vegetarian week focused on improving provision for vegetarian diets

The Board received the CQUIN 1b: Healthy Food for NHS Staff, Visitors and Patients 2017/18 report.

2363/00 STRATEGY & DEVELOPMENT

2363/01 Capital Development Report – SFT4055 – presented by L Arnold

LA presented the Capital Development Report and highlighted the following:

- This is a retrospective report responding to previous strategic objectives and will be reframed to 2018/19 priorities for future reports
- The Trust is submitting bids for STP capital money to replace cath lab equipment and to take forward the maternity birthing unit developments
- Work is underway with the ophthalmology outpatients team to address issues within the new environment. Clinical staff are trialling different equipment to see if this can help the new facility to work better
- The cancer service's move from level 2 to level 3 has been delayed by one month
- The now vacant ward on level 4 will be used for decant purposes for Sarum Ward whilst work on ward pipework is underway
- The electronic white boards (eWB) project is progressing. It is expected that within three months the fully bi-directional eWB would be tested and available for a ward to test fully, leading to a potential go-live date of August
- As part of cyber security funding more handheld devices have been purchased for clinicians to use POET
- Due to the infrastructure refresh work the decision has been made to delay the migration of email accounts to NHS mail until November 2018
- The Trust has participated in a STP tender for N3 connectivity

Discussion:

- P Miller informed that the Finance & Performance Committee will receive a comprehensive report on the Trust's capital programme at the Finance & Performance Committee which will include the total of the capital programme, actuals against budget, whether schemes are coming in higher or lower than originally budgeted for and how these developments support achievement of the Trust's 2018/19 objectives.

LA

The Board received the Capital Development Report.

2364/00 CLOSING BUSINESS**2364/01 Any Other Business**

N Marsden informed the Board that D Seabrooke is leaving the Trust today. N Marsden thanked D Seabrooke for all his work for the Trust and all that he has done to support N Marsden in his role as Chairman.

2364/02 Public Questions

R Jackson queried the turnover of nursing staff in the top three areas and whether the Trust has enquired why staff leave those wards.

- G Toms responded that the Trust has not carried out a specific deep dive but it would be helpful to have a better understanding. Work is underway to look at retention
- L Wilkinson informed that in looking at the report there is a need to consider the denominator as some services, such as the rheumatology clinic, are a very small team. Pitton Ward is a respiratory ward which does have an issue with vacancies and often staff on this ward move

into critical care

- C Charles-Barks informed that the Trust has an internal transfer scheme and it is necessary to capture internal turnover data

J Lisle queried four hour stroke data in terms of internal and external factors as journey time is a significant factor that should be considered.

- C Blanshard informed that the four hour target time is from arrival at hospital. The Trust does not capture journey time
- A Hyett informed that commissioners monitor ambulance journey times through the ambulance service

J Mangan informed the Board that he is disappointed to see a minor commissioner occupying a major amount of the finance department's time and questioned whether there is a requirement for a small commissioner to accept the conditions of a main commissioner.

- L Thomas responded that this is difficult in practice as Dorset's vision is very different to Wiltshire's vision

2364/03 Date of Next Meeting

The next meeting in public of the Board will be held on Thursday 2nd August 2018 at 1:30 pm in the Board Room at Salisbury District Hospital.