

**Minutes of the Public Board meeting held on
5 February 2018 in the Board Room at Salisbury Hospital**

Present:

Dr N Marsden	Chairman
Ms T Baker	Non-Executive Director
Mrs C Charles-Barks	Chief Executive
Mr P Hargreaves	Director of Organisational Development and People
Mr A Hyett	Chief Operating Officer
Mr P Kemp	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

Corporate Directors Present:

Mr L Arnold	Director of Corporate Development
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Apologies:

Dr Michael von Bertele	Non-Executive Director
Dr Christine Blanshard	Medical Director

In Attendance:

Sir R Jack	Lead Governor
Mr A Lack	Governor
Dr B Robertson	Governor
Ms L Herklots	Governor
Mr J Mangan	Governor
Mr J Lisle	Governor
Ms S Oulsnam	CQC
Mr J Murray	Deliotte
Mr T Berry	Deliotte
Mr P Butler	Head of Communications
Mr D Seabrooke	Secretary to the Board
Miss A Prime	Deputy Head of Corporate Governance (minute taker)
Mark Wareham	Staff Side
Paul LeFever	Wiltshire Health Watch
Hazel Hardyman	Head of Customer Care (Item 2347/01)
Helen Rynne	Customer Care Advisor (Item 2347/01)
Teresa Callaby	Associate Audiologist (Item 2347/01)
Claire Gorzanski	Head of Clinical Effectiveness (Item 2350/03)

2347/00 OPENING BUSINESS**2347/01 PATIENT / STAFF STORY**

Lorna Wilkinson introduced the patient story, the purpose of which is to connect the Board, from the start of the meeting, with its agenda, purpose and patients. As it was national Tinnitus week the patient story focused on this condition.

It had been planned for a patient to attend the meeting in person to share his experience of living with the condition and interacting with the Trust's Audiology

Department. Unfortunately the gentleman was unable to attend. Lorna Wilkinson introduced Hazel Hardyman, Helen Rynne and Teresa Callaby who would instead share a story from another of the Trust's patients living with Tinnitus.

Michael Marsh shared his own experience of developing, living with and learning to manage Tinnitus.

Helen Rynne read out part of a story provided by another of the Trust's patients with Tinnitus: *"The Associate Audiologist, has taken time to talk to me about the Tinnitus and I now have a hearing aid for my left ear to try to retrain my brain to listen to other noises over the Tinnitus. I think this is now beginning to benefit me. Talking with Teresa during my appointments has been of enormous help – she understands completely. I have great admiration for the devoted care given by everyone and cannot praise the hospital highly enough. I think I will have the Tinnitus always. It has now been 8 years without a break – but with my current hospital appointments and treatment, I feel relieved and extremely grateful knowing that something is being done to help. Thank you"*

Teresa Callaby informed the Board that one in 10 people suffer from clinical Tinnitus and the condition has a big impact on an individual's daily activities. Children also suffer from the condition. The Trust is seeing more and more patients with Tinnitus in the clinic.

- Cara Charles-Barks asked if there is more the Trust could do to improve the experience for patients with Tinnitus. Teresa Callaby considered that there is a need for more awareness of the condition amongst GPs - very few GP waiting rooms have information available on the condition and it would be good to develop more awareness within the hospital and on the wards of hearing loss, Tinnitus and the impact these have on communication with patients
- Paul Hargreaves identified that there is an opportunity to do a piece of work on Tinnitus as part of the Trust's staff health and well-being work
- Jane Reid questioned whether the condition is occupationally related. Teresa Callaby informed the Board that research is underway at UCL to look at hidden hearing loss. Inner hair damage leads to misfiring and Tinnitus. There is a lot of research into failure of hearing filters. As an Audiologist the role is to provide Tinnitus retraining therapy and to look at counselling and management techniques with the focus on helping the patient learn how to manage their condition and develop coping strategies to enable them to get back into society and work
- Michael Marsh shared that it can be upsetting when it becomes necessary to ask people to repeat things because you have been unable to hear them. Teresa Callaby explained that part of her work includes counselling patients and their relatives on good communication tactics and helping them to learn to talk in a different way, speaking more clearly rather than louder
- Andy Hyett asked if there was a typical age that the condition is developed. Teresa Callaby explained that it seems to be related to age related hearing loss but not everyone with age related hearing loss will get Tinnitus. Meniere's and Otosclerosis will often be similar conditions. Stress seems to be a factor associated with the condition
- Andy Hyett reflected on redesign work at the hospital and asked if there are aspects that should be taken into account to ensure the environment is supportive of those with hearing loss. Teresa Callaby informed that acoustics are important, with soft furnishings helping to absorb sound to make a better listening environment
- Paul Kemp questioned whether the condition goes into remission. Teresa Callaby explained that it is a condition to live with and the key is to re-habituate the noise

- with the body so it becomes a bodily sound the individual gets used to
- Lorna Wilkinson questioned what aspects the Trust can improve on. Teresa Callaby informed the Board that ex-military personnel often have PTSD (Post-Traumatic Stress Disorder) and Tinnitus and can find it difficult to navigate support mechanisms. Given that the Trust will be seeing more military personnel this is an aspect to give consideration to
 - Jane Reid reflected that some of the themes within the story are similar to the patient story at the December Board meeting and questioned how to create environments to take account of people's needs. Cara Charles-Barks shared experience of engaging individuals with a variety of impairments to undertake a way-finding audit which Cara Charles-Barks and Andy Hyett have discussed taking forward

2347/02 APOLOGIES AND DECLARATIONS OF INTEREST

Apologies were received from Dr Michael von Bertele, Non-Executive Director and Dr Christine Blanshard, Medical Director.

There were no declarations of interest.

2347/03 CHAIRMAN'S BUSINESS

Nick Marsden informed the Board that he did not have further business to raise which is not already to be covered by the agenda. The recent publicity with regard to Trust's financial position will be covered as part of the agenda.

2347/04 MINUTES OF THE TRUST BOARD MEETING HELD ON 4 DECEMBER 2017

Michael Marsh had identified some minor typographical errors which he will address directly following the meeting. The minutes were otherwise agreed as a correct record.

2347/05 ACTION LOG AND MATTERS ARISING

The Board received and noted the Board action log.

Andy Hyett informed the Board that the action to consider tea/coffee facilities for the eye clinic had been explored. It has not been possible to provide a facility within the clinic. As an alternative solution, the Trust is extending the opening times of Hedgerows which is the Trust's coffee shop facility close to the clinic area.

2347/06 CHIEF EXECUTIVE'S REPORT – SFT3983 – PRESENTED BY CARA CHARLES BARKS

The Board received the Chief Executive's Report.

Cara Charles-Barks highlighted the following:

- The Trust has performed despite winter pressures and remains in the top 25% of best performing Trusts in the country for the A&E target. This is a great achievement given the pressure on both the hospital and the local community
- The Trust has been facing challenges to the financial position this year. The Trust formally reforecast in January, having a shift from a planned deficit of £7m to a £12.5m deficit. Following an investigation by NHSI they have found the Trust is in breach of its licence and have issued a section 106 enforcement action. The Board have discussed the actions that are being taken and delivery of these will be monitored at the Finance & Performance Committee
- The Trust's Outstanding Every Time Programme pulls together financial recovery

plan actions and transformational opportunities in pathways of care to enable us to continue to improve our offer to patients and improve sustainability

- There are a number of workforce challenges. The key risk areas are highlighted in the workforce report to Board
- Site changes continue to take place to improve the way we manage emergency and non-emergency patients in the hospital. The new Acute Medical Unit (AMU) opened before Christmas and has enabled improvements to the way the team are able to work. The last of the site reconfiguration changes are underway to the Pembroke ward and suite, which will lead to an increase in medical beds
- Staff workshops to raise awareness of cyber-attacks have taken place
- The Trust has had a positive outcome from the survey for children and young people who have rated Salisbury NHS Foundation Trust (SFT) services highly
- The Trust has recently signed a memorandum of understanding as part of the commitment to work with carers to support them and the care of patients using our services
- The Scan4Safety team has been shortlisted in the HSJ awards from over 1,500 entries. This is a considerable achievement which reflects the success of the programme
- Carole Dallimore has been highly commended in the Ophthalmology Nurse or Allied Health Professional category of the Ophthalmology Honours Awards 2017. It is a great achievement to be recognised in these awards
- The Trust's own Striving for Excellence awards took place last Friday. Cara Charles-Barks shared how humbling it had been to attend the event which demonstrated the care and compassion the Trust's staff give patients every day. Cara Charles-Barks thanked the League of Friends for making the event possible. Staff value the awards event and the opportunity it gives for recognition of their work

Michael Marsh asked how staff had reacted to last week's media coverage of the financial position. Cara Charles-Barks informed the Board that she had received feedback from a number of the Trust's governors. Staff briefings had been run over the course of the week and were attended by around 500 staff. This was not a surprise to staff who expressed overwhelming support. Staff had suggested an Ideas Forum is established and this will take place once a month. Cara Charles-Barks informed the Board that staff are committed to doing what is necessary and to being actively and increasingly involved.

The Board received the Chief Executive's Report.

2348/00 ASSURANCE AND REPORTS OF COMMITTEES

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

- Workforce Committee Report – 22 January 2018 – SFT3984
- Clinical Governance Committee Report – 25 January 2018 – SFT3985
- Finance & Performance Committee Report – 18 December 2017 – SFT3986

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

- 2348/01 Workforce Committee, 22 January 2018 (SFT3984) – Paul Hargreaves reported:
- This had been Michael von Bertele's first meeting as chairman of the Committee
 - The Committee considered a deep dive into nurse recruitment and retention, which included discussion on initiatives underway and planned
 - Key performance areas of health and well-being, recruitment and learning and

development were considered along with the restructure to deliver the People Strategy

- Nursing recruitment challenges are a national issue with more nurses leaving than joining the NHS. The Trust is carrying a 15 % nurse vacancy gap and is maintaining safe staffing through bank and agency usage. Overseas recruitment campaigns are getting more challenging. The Trust is currently recruiting in Australia. The Trust has increased its local recruitment activities investing in social media and building a presence in the local community in support of the Trust's 'grow your own strategy'
- The main reasons given for leaving the Trust are relocation and retirement. The Trust has quite a mature workforce and there is a need for workforce planning. The Committee discussed retention plans recognising it is important to retain staff as long as possible
- The Committee agreed another overseas recruitment campaign to India given it will not be possible to fill the vacancy gap domestically. The Trust will need a combination of more overseas staff, growth of the Trust's own bank and 'growing our own' through internal career opportunities
- Jane Reid reflected on recent media national stories about attracting in ex-military personnel and questioned whether this potential resource has been built into the Trust's workforce plan. Paul Hargreaves confirmed he has been in contact with the military and will be building this into the Trust's plans
- Jane Reid questioned the Trust's overseas recruitment activities given national and World Health Organisation (WHO) ethical statements about not recruiting from certain countries. Paul Hargreaves assured the Board that the Trust will be ethical in its approach to overseas recruitment
- Tania Baker questioned whether consideration had been given to how the Trust's diversity and equality strategy can contribute to recruitment. Paul Hargreaves assured the Board that he is conscious of the need and benefit of ensuring SFT is attractive from an equality and diversity perspective

Clinical Governance Committee, 25 January 2018 (SFT3985) – Michael Marsh reported:

2348/02

- The January Committee had been a busy meeting covering 15 major items
- Michael Marsh reminded of the Board of the National Quality Board Learning From Deaths guidance which was published last March and sets out Board responsibilities
- Areas of key risks identified by the Committee from a clinical quality perspective related to adult safeguarding. Michael Marsh clarified that there was not a specific concern but recognition that this is a major issue and a challenge
- The Children and Adult Mental Health Service (CAMHS) (provided by a specialist mental health provider) remains a key risk which needs continued management

Finance & Performance Committee, 18 December 2018 (SFT3986) – Nick Marsden reported:

2348/03

- The Committee reviewed the performance of the Trust which is reported on in the upcoming integrated performance report
- The Committee considered the 2017/18 year-end forecast and the NHSI investigation findings

Audit Committee, 11 December 2017 – Paul Kemp reported:

2348/04

- The Committee received the Phase 1 review of the Lorenzo programme. It was a good review but there are learning points to ensure the Board is sighted on primarily around business change and supplier management. The Audit Committee was not satisfied learning mechanisms are embedded and asked for the team to return to the Committee to report on how this is done
- The scheme was £1.1m overspent, which is a third of the total budget, and under-

delivered on in-year benefits with shortfalls in terms of cost and benefits. The level of overspend was a governance breach as Board approval was not sought. The Committee has asked management to give assurance that the breach will not happen again

- The Committee reviewed the Trust's Standing Financial Instructions (SFIs). The main item of change requested was to the limit of uncompleted tenders, shifting from a £5k to a £10k limit. Paul Kemp informed the Board that at the £5k limit the Trust is already an outlier in the use of waiver actions compared to other local trusts. At the Committee, management made the case around efficiency and other processes to be put in place to offset the increase in the limit. The Committee were happy to recommend to the Board the acceptance of changes to the SFIs. Management have been asked to report to the December 2018 Committee meeting on the use of the increased limit
- The Committee considered five Internal Audit reports, all of which were reported as reasonable assurance. Paul Kemp informed the Board that in at least one case the Committee were not confident about how the report had been scored and asked for further work to be done on this and other processes the Committee were unsatisfied with
- Jane Reid informed the Board that the Theatre Safety review had been reported to the Clinical Governance Committee last week
- Nick Marsden questioned the shortfall against Lorenzo business case benefits which have been under-delivered by £400k. Paul Kemp informed the Board that it is anticipated the project will under-deliver in future years but the amount is unknown at present. Laurence Arnold informed the Board that a further business case for subsequent phases will be presented to the Board in March. Paul Kemp highlighted that the original business case had three phases. Only the first phase has been delivered but in the original business case all three phases were due to have been completed
- Paul Kemp expressed concerns with the tender process for the data warehouse and identified a need to improve management of supplier processes
- Nick Marsden requested lessons learnt to be reported to Board. Paul Kemp informed that he has also asked this to be reported back to Audit Committee
- Tania Baker considered that the EPR (Electronic Patient Record) project is the Trust's biggest transformation piece to date and it is important to ensure the learning is taken forward into the Trust's future transformation work. Nick Marsden considered there is a need to fast track the learning given the Trust is embarking on a transformation approach

2348/05 Standing Financial Instructions – SFT3987 – presented by Lisa Thomas

Lisa Thomas presented the Standing Financial Instructions (SFIs) and accompanying Scheme of Delegation for approval following consideration by the Audit Committee.

- Lisa Thomas explained that the Trust has more single tender waiver actions than other organisations is because it has a lower level requiring a competitive process than other trusts. This requirement is resource heavy, consuming both time and paperwork to go out to tender. This aspect has been reviewed within the SFIs to reflect the Trust's current governance structure.
- Sessions have been run with key staff on the SFIs to ensure individuals are clear on their responsibilities and a strengthened approach to financial management given the Trust's financial situation

Tania Baker questioned how the requirements in the documents are communicated to staff. Lisa Thomas informed that the majority of SFIs are focussed on procurement

processes. Some staff sessions have been run on the SFIs and the finance team are looking at how to increase engagement with staff on financial control. The Finance Department are also looking at providing finance e-training to show good financial practice and how we do this at SFT.

Lisa Thomas to amend references in the Scheme of Delegation to Monitor, which should now read NHS Improvement (NHSI).

The Board approved the SFIs and accompanying Scheme of Delegation.

2349/00 Integrated Performance Report Month 9 – SFT3988

The Board received the Integrated Performance Report for Month 9 covering a performance summary, operational performance, quality indicators, workforce, safer staffing, finance and Wiltshire Health & Care.

Andy Hyett reported on local services:

- The Trust did not deliver the ED standard for December. However, Andy Hyett was grateful to the teams who delivered performance at 92.5% for the December period which was a good achievement given the winter challenges
- Over the Christmas and New Year period the Trust had a high number of attendances and admissions, with a large number of high acuity patients. During the period the Trust also had a high number of patients with delayed transfers of care and high lengths of stay. Given the acuity of patients there were not many that could have been treated in a different setting. During December the Trust experienced its highest ever medical admissions. There was not the typical reduction in attendances over the Christmas period
- The Trust delivered elective performance for December in excess of 92%, the diagnostic standard, the cancer 62-day and cancer 2-week wait standards
- Andy Hyett shared his concern regarding delivery of some of the performance targets. Cancer standards will continue to be a challenge. Because there are a small number of patients treated in the hospital variations in number can have a significant effect on performance and there is difficulty in predicting performance because of the short length of the pathway and patients identified in the last 2 weeks not yet being referred in to the service
- The diagnostic standard was delivered at 99.1%. There were 31 breaches, of which 26 were awaiting an MRI scan. This performance is linked with the Trust's need for a second MRI scanner. Performance continues to be dependent on extra lists, outsourcing of MRI scans and the use of the on-site mobile MRI unit
- Andy Hyett has spent time with directorates to mitigate performance concerns. The number of specialities not delivering RTT standards has reduced and overall the Trust is reducing the waiting list. The Trust continues to monitor the longest waiting patients and those patients waiting over six weeks for diagnostic procedures
- Andy Hyett continues to look at improvements to services for patients including older people's services for south Wiltshire. Andy Hyett is organising a multi-agency partnership workshop for March to look at how to redesign pathways for older people in south Wiltshire
- Michael Marsh queried gastroenterology waiting times and asked if there has been any harm to this patient group. Andy Hyett informed the Board that the root cause analysis has shown the issue to be for the cancer pathways in particular. The specialty now has a new leadership team, there is increased capacity within the team and monitoring has improved. The Board will see an improvement in performance in the next report. Andy Hyett assured the Board that the Trust is monitoring the impact on patients waiting for cancer procedures

- Tania Baker questioned the Trust's MRI capacity and whether there is anything that can be done with the Trust's external suppliers. Andy Hyett explained the need to be cautious given performance is not entirely within the Trust's control. Andy Hyett is looking at interim options and is at present flagging MRI as a risk
- Nick Marsden questioned what the Trust's performance position had been for January. Andy Hyett informed that RTT performance has been maintained and delivered at 92% for January. The Trust did have to cancel some elective activity but this was limited and cancellations were prioritised through clinical judgement. The Trust has not cancelled urgent or cancer appointments.

Andy Hyett reported on Specialist Services:

- A lot of work has taken place with Southampton on the plastic service pathway. Andy Hyett is continuing to ensure there is a take-bed available in plastics for emergency admissions into the service. The two Trusts are working together to ensure services across the two sites are streamlined and SFT is able to deliver the requested increase in resource available at Southampton. SFT's plastics service is redesigning the pathway with the opening of the short stay surgical unit which will enable procedures to be undertaken in a purpose designed unit
- The Trust continues to look at the pathways for the spinal rehabilitation unit. The Trust is trialling a retrieval service initiative through the use of a private ambulance to help co-ordinate seamless transfer of patients. The Trust monitors delays closely. Pathway work is looking beyond the boundaries of the Trust's spinal unit, from when the patient suffers the trauma through to their long term future and continued requirements for care
- The Trust is looking at its major incident response to burns in response to potential national and international requirements
- Cara Charles-Barks questioned the indicators for burns and spinal services. A key link role previously identified is the service provided to newly injured patients. Andy Hyett informed the Board that the service has developed an MDT outreach team and attendance to the service has improved
- Michael Marsh questioned the activity in the plastics service in response to major trauma, head and neck and major wound areas. Andy Hyett informed the Board that there is a growing need for plastics service intervention given the increase in more advanced and often urgent surgery. There is also an increase in minor plastics work, usually as a result of accidents. Andy Hyett set up a small task and finish group with individuals from SFT and Southampton to look at requirements across all the services
- Nick Marsden questioned progress to establish step-down facilities in the spinal service. Andy Hyett informed the Board that the trial discussed did not go ahead and he is now looking at solutions with other partners

Lora Wilkinson reported on Innovation:

- Sterile service performance has improved. Andy Hyett has worked closely with the provider and is seeing improvements following escalation of concerns to the company who have responded positively. Andy Hyett meets quarterly with the company's executives. The Trust will be involved in recruitment to their senior post
- Jane Reid questioned assurance on the reported decontamination issues. Lorna Wilkinson informed that the issues were around turn-around times and impact on the smooth running of theatres as sets were intercepted at check points
- Lorna Wilkinson informed the Board that the drop in referrals to Odstock Medical Ltd should be listed in the challenges column of the report. The drop in referrals continues to be an issue. Paul Kemp questioned why this should be in the challenges column given they are a subsidiary and are able to access cash commercially. The Trust's financial rating on the NHSI oversight framework requires

additional governance and approvals for commercial borrowing

- The current phase of the Scan for Safety project comes to an end at the end of the financial year. A final close down audit is planned with the Department of Health in May. A plan is in place for the project team going forward. There are many opportunities to exploit bar coding technology such as tracking all medical equipment, pathology specimens and patient flow. The Trust is hosting lots of visitors who are interested to look at the initiative. Cara Charles-Barks considered Scan for Safety could give a rich data source for the Trust to improve pathways and resources. Paul Kemp questioned whether phase one benefits had been achieved. Lorna Wilkinson informed the Board that two-year programme milestones were met
- Paul Kemp informed the Board that the Trust has £2-3m of stock costs that were not expected. Lisa Thomas informed that this is not a Scan for Safety issue but has been identified via Scan for Safety programme
- The Scan for Safety team are arranging a workshop to capture ideas from clinical staff and prioritise key projects linked to Scan for Safety for the coming year
- Cara Charles-Barks considered that Scan for Safety is a core enabler for improving the Trust's business and links to the financial recovery plan. There may be a need to bring a further business case back to Board for increased support if there is benefit in fast tracking initiatives

Lorna Wilkinson reported on Care:

- The Trust has been in the upper quartile of performers in the south west for infection control
- The maternity survey has been published and is broadly positive
- A lot of activity has been taking place to work up the programme design for the 'requires improvement to good' initiative. SFT has been identified as one of four organisations in the south that should be on the way to 'good'. This initiative will create a collaborative to focus on this improvement
- The Trust has commissioned a well-led review which Deloitte are leading and is currently underway
- There has been a deep dive into nursing recruitment at the Workforce Committee
- An audit has been published on non-invasive ventilation. There is some work to do on the location of patients within the hospital and staff to patient ratios. The size of the patient group requiring non-invasive ventilation is increasing
- The Hospital Standardised Mortality Ratio (HSMR) rate remains above expected and reduction has stabilised
- Stroke performance is challenging. This is linked to capacity in terms of access to the Stroke Unit with the quality indicator report showing some variations
- The Trust now holds twice daily clinics for patients presenting with TIAs. This has improved performance substantially and should be sustained going forwards
- The Trust is under pressure and looks at the spread of nurse staffing at times of peak demand
- There has been an increase in falls and pressure ulcers over the last month. The teams are looking at how to ensure learning from these events and is refreshing the 'learn and share' events with ward leaders and nurses
- Jane Reid considered the response of non-clinical staff to support front line staff has been commendable over the winter period. Lorna Wilkinson informed the Board that there had been a particular week in early January when, due to the level of emergency pressures, we had looked at how non-clinical staff could support clinical staff. A call went out to volunteers and non-clinical staff to assist with selected activities such as ward clerking, meal times and general administrative duties. This had been a positive experience for both the clinical and non-clinical staff involved. However, the efforts required would have been unsustainable for a long period. There has been learning from this experience and as a result a review of ward clerks

is underway, formalising drinks and meal time rotas is being considered and how volunteers' roles could be structured. Cara Charles-Barks recognised the huge response from volunteers and informed the Board that the Trust is now looking at formalising volunteer roles such as the pharmacy runner

- Tania Baker considered it important in presentation of the HSMR information to clarify whether the Trust's position is 'within the expected range'. Michael Marsh recognised that the Trust's HSMR has reduced considerably given the actions that have been taken and questioned whether there is further action that can be taken or whether the figures misrepresent the expected position. It is important to continue to challenge what quality improvements the Board can focus on to drive down mortality rates and what the figures tell us about the Trust's position.
- Tania Baker questioned the variation in stroke performance. Lorna Wilkinson informed the Board of the improvements in the way the team are able to manage in their new environment, being able to define acute stroke and rehabilitation areas within the ward. The Trust is protective of the stroke environment for stroke patients. Andy Hyett informed that the Trust effectively runs with two available stroke beds as one is a take-bed and one is an assessment bed. Andy Hyett informed that there is variable demand for stroke services and gave the example that on one day last week seven patients were admitted with a suspected stroke. Andy Hyett agreed that the recent changes in the Stroke Unit environment should result in improvements in performance
- Jane Reid questioned whether the Trust looks for patterns in the GP footprint from which stroke patients are admitted. Andy Hyett confirmed that the Trust does review this information and does use this with primary care
- Cara Charles- Barks considered the need to use the Trust's information and undertake demographic modelling every quarter to identify trend changes to inform the Trust's demand and capacity plans. Lorna Wilkinson considered that early supported discharge will also help
- Andy Hyett informed the Board that a review of stroke capacity has been completed with the medical directorate

Paul Hargreaves reported on the People section:

- Temporary spend is down for the third consecutive month. The largest reduction has been in nursing. The reduction could also result from some month 8 accruals. There have been some unfilled shifts even though agencies were approached to provide staff. The Medicine Division's agency usage dropped by a third. The Trust has improved temporary staffing booking and authorisation processes. Year to date spend is £7.5m against a control total of £6.2m. A comply and explain process is in place. Paul Hargreaves forecasted a £200k reduction for year-end
- Work continues through the Workforce Pay Control Group. The Group has looked at rating the Trust against the NHSI diagnostic tool for agency use. This found the Trust is green for 11 target areas, amber in 23 and identified 7 red areas which is linked back to gaps in data and workforce planning and modelling
- Recruitment fell in December but leavers did not reduce resulting in an overall net loss of staff. The Trust is 108 WTE nurses away from the Trust's 95% fill target
- The Trust has been working on both overseas and domestic recruitment campaigns. Domestically work is underway to build the Trust's employer presence around Salisbury and the wider area. The recent surgical open day achieved a hit of 90,000 people via social media, the advert was seen 224,000 times, over 4,000 people clicked on the Trust's landing page and the campaign resulted in 4 additional staff. The Nursing Assistant recruitment event reached over 74,000 people, the advert was seen over 237,000 times, with over 2,000 clicking the Trust's landing page and 200 people attended the event. Paul Hargreaves reflected that although the Trust is getting better at campaigns the contrast between nursing and nursing assistant

attendance at the recruitment events may suggest sufficient numbers of nurses are not available to appoint. Another recruitment event is scheduled for 24 February. The Trust's recruitment microsite is up and running. The team are looking at online job boards. There is also the #joinsalisburynhs and advertising on the Salisbury Park and Ride bus. Radio advertising is also being used. On-site advertising is currently being reviewed. Work is underway to review the Trust's staff benefits package. The 'refer a friend' scheme has been relaunched. Work is also underway to ensure joining the Trust is easy and that candidates have a good application experience. Work is also underway with partners in the Sustainable Transformation Partnership (STP) to streamline statutory and mandatory aspects of recruitment

- Exit questionnaires commenced in January. Findings from these will be reported to Board
- The Trust will be offering all 3rd year students a value based interview. The Trust is heavily investing in learning opportunities for nursing staff. A new Head of Learning and Development commences with the Trust in February. The team are also looking at developing an internal transfer scheme for nurses to support career development within the hospital
- Improving staff engagement is another area of focus. A knowledge sharing website is under development and a new staff engagement group will be commencing in February. There will be a bespoke engagement group for medical secretaries. We are also reviewing how we communicate internally with senior leaders. The team are also working on a variety of staff support information including a staff pocket book
- Jane Reid welcomed the focus on nursing, but was aware that there are challenges around the theatre workforce and questioned whether the Trust maximises opportunities with Bournemouth University. Jane Reid questioned the Learning and development plan in reference to the age of the workforce and asked what mechanisms are in place for retire-and-return and the ability to support learning and development by using recent retirees' skill sets to provide mentorship in a creative way. Paul Hargreaves informed that the new Learning and Development Manager will lead on developing and strengthening links with external organisations. Paul Hargreaves recognised that step-down roles are important and the workforce plan will be important to generate discussion on retire-and-return initiatives
- Tania Baker asked if there is information on the cost per recruitee through the social media campaigns. Paul Hargreaves informed that this information has not yet been worked up but recognised the need for the Trust to be smart in its recruitment activities
- Nick Marsden questioned the progress of the Trust's joint work with the STP. Paul Hargreaves informed that progress has been slow however conversations are much more collaborative. Paul Hargreaves is chairing a Social Partnership Forum to engage NHS union representatives across the STP
- Jane Reid questioned whether the STP has had a conversation about the wider national military programme. Paul Hargreaves informed that to date the STP has been focused on how to use Health Education England (HEE) funding to support initiatives
- Paul Hargreaves reported that sickness increased in month 9 to 4.02%. The Trust has a mixture of electronic and paper based systems for recording sickness. Paul Hargreaves is leading work to get to a single source of information on sickness levels. A 4.2% sickness rate represents a cost of £4.7m annually. The Trust is around 30 WTEs above the Trust's target of 3.0%
- Long term sickness has increased. The most common reason for long term sickness is related to indicators of stress. Increased pressures on staff can have an incremental detrimental effect
- There are 108 cases with active HR involvement - 84 related to short term absence

and 24 related to long term absence. The team are trying to get under the drivers for sickness and analysing causes and patterns of absence. There is continued focus on theatres with a 2% drop in absence from September to December 2017

- A new management of attendance policy is due this month and managers will be supported through a training package around this
- Jane Reid questioned the high sickness numbers for theatres. Tania Baker asked if the Trust has information on how it compares to others. Paul Hargreaves informed that the Trust does have access to some comparator information and overall the Trust benchmarks reasonably well however overall figures do not given information on specific areas
- The staff survey return rate was 46.2% which is an improvement on the previous year. Survey results will not be published nationally until March
- Cara Charles-Barks questioned the level of non-medical appraisals and whether the Trust's target of 95% will be achieved by the end of the financial year and how this level will be maintained into the future. Paul Hargreaves considered that for some staff appraisal is the only time some get a meaningful discussion on their performance and career progression. Appraisal is an important part of the Trust's retention work and needs to be embedded so that it becomes the natural way of day-to-day working
- Paul Hargreaves is leading work to introduce a managers' passport. This will start being implemented through the Trust's approach to sickness absence

Lisa Thomas reported on the finance section:

- In January the Board discussed the NHS Improvement (NHSI) protocol for when the Trust can reforecast its financial position. The Trust has now submitted its reforecast for a £12.5m deficit. This has resulted in Section 106 enforcement undertakings from NHSI. The Trust has accepted NHSI enforcement actions which includes the need for a recovery plan and the need to implement a transformation programme to achieve longer-term financial recovery
- The financial position for month 9 is in line with the Trust's reforecast position
- The pay position continues to be a concern – if spend on substantive staff increases the expectation would be for expenditure on temporary staff to reduce
- The Trust is on track to achieve the reforecast £12.5m deficit. Challenges to this are around workforce, agency and agreement with specialist commissioners. The level of risk from contract challenges has been mitigated with Wiltshire and in part mitigated with Dorset. There is remaining action to be resolved with specialist commissioning otherwise the Trust will need to progress through a formal dispute process
- Michael Marsh considered that the EBITDA figure illustrates the level of financial stress
- Paul Kemp questioned the in-month overall income which is in line with the reforecast position but identified that there is higher than anticipated activity which has affected nursing costs and the Trust is higher on nursing pay because of outsourced activity. Lisa Thomas informed that the income was above forecast and that this was part of that income. Lisa Thomas will discuss this with Paul Kemp following the meeting

Michael Marsh queried whether VT prophylaxis is tailing off. Lorna Wilkinson will look into the position on this.

Michael Marsh questioned whether some patients are experiencing five hour waits in ED. Andy Hyett acknowledged that this is the situation which illustrates the strain on the system. All patients are clinically prioritised in ED with some waiting over five hours to be treated and discharged. Michael Marsh questioned how the Trust manages

patients' expectations. Cara Charles-Barks assured the Board that there is constant communication through the waiting area. If there are long waits in the department staff do rounding to assess clinical needs. Michael Marsh asked whether patients are redirected to other services. Lorna Wilkinson informed the Board that redirecting has become easier now the care navigator role is in place. Lorna Wilkinson informed that the SHINE checklist is in place.

Jane Reid asked whether Executives are confident directorates are on top of annual leave and whether there is a lot of outstanding leave that will be taken in March causing challenges to cover activity. Lorna Wilkinson informed that this is easier to manage in nursing due to the electronic roster system. NHSI has recently carried out a deep dive to see how well the roster is working. There will always be challenges at peak times of the year, for example with school holidays, but these are managed as much as possible. Paul Hargreaves acknowledged that it is more difficult to manage this with paper based systems. The Trust is planning to roll out e-rostering across the Trust. Andy Hyett considered that there is a tendency for staff to hold on to some leave in case it is needed towards year-end.

Lorna Wilkinson presented the Safer Staffing report:

- The report reflects the December challenges with most areas flagging red and amber, with a corresponding rise on non-registered staff
- There are generally more staff available to use flexibly during the days
- Safer staff data is input three times a day. Lorna Wilkinson meets with her deputies regularly throughout the day to review the staffing position and consider where to deploy the workforce to minimise risk. Lorna Wilkinson and her deputies have also been reviewing the position over the weekends throughout the winter period

2350/00 QUALITY AND RISK

2350/01 Skill Mix Review – SFT3989 – Lorna Wilkinson presented

Lorna Wilkinson presented the Skill Mix Review.

Lorna Wilkinson highlighted the following:

- The skill mix review is produced for Board on a six monthly basis to ensure transparency on nursing establishments. The skill mix review has been a requirement since publication of the Francis report and is a responsibility of the whole Board
- The review found ratios planned for are compatible with national ratios
- Nurse recruitment and retention is a challenge
- Falls and pressure ulcers are beginning to increase
- The report includes some recommendations which it is proposed are put forward to be included in the financial planning process for 2018/19
- Whiteparish have already spent £180k this year on agency nurses and the recommendation asks for c£86k
- Lorna Wilkinson clarified that the greyed out recommendations in the table on page 10 of the report relate to areas seeing an increase in one-to-one needs and specialising. Given the Trust is about to take part in the NHSI enhanced care collaborative it is proposed these recommendations are put on hold until the outcome of that work is known. The increase in specialising is reflected nationally. The Trust has been undertaking deep dives around rostering and deployment of staff and is about to embark on the collaborative work
- The Maternity department have done a lot of work on recruitment and retention and has a good midwife-to-birth ratio. Maternity's next challenge will be to implement

- programmes such as the better births programme
- Cara Charles-Barks questioned the causes of the high sickness level reported in maternity in the workforce performance report. Lorna Wilkinson informed the Board that there is some long term sickness within the department
- Paul Kemp asked for clarification of the nature of work a band 6 nurse carries out. Lorna Wilkinson informed the Board that a band 6 nurse is a junior sister role so would be able to take more senior nursing decisions. It is a clinical role working on the ward
- Cara Charles –Barks informed the Board that the Acute Medical Unit (AMU) is a fast paced environment with a high acuity of patients. The band 6 role increases the supervision and support available on the ward and also provides a nursing career step. Lorna Wilkinson informed that nurses on AMU have very good acute medical skills. Several of the Trust's sisters have been developed via roles within AMU

The Board approved the Skill Mix Review is put forward as part of the financial planning process for 2018/19, with any investments going through normal business case processes to test return on investment and ensure this is tracked going forward. Financial planning processes for 2018/19 will be considered via the Finance & Performance Committee meetings in February and March.

2350/02 Customer Care Report Quarter 2 – SFT3990 – Lorna Wilkinson presented

Lorna Wilkinson presented the Customer Care Report for Quarter 2 highlighting the following:

- Complaints levels are 0.1% of the Trust's total patient episodes for the period
- There is follow-up on key themes and learning via the Executive Performance Review process with a focus on completion of action plans and lessons learnt
- Directorates are trialling methodologies to be more responsive - a half-day review of the complaints process has been scheduled in April
- Jane Reid informed the Board that NHS Resolution are doing work on how to mitigate a complaint with face-to-face intervention being beneficial
- Lorna Wilkinson confirmed that complainants will be involved in the review process

The Board received the report.

2350/03 Quarterly Learning from Deaths Report – SFT3991 – Claire Gorzanski presented

Claire Gorzanski attended to present the report in Christine Blanshard's absence.

Claire Gorzanski highlighted the following:

- The CQC published 'Learning, Candour and Accountability: A review of the way NHS Trusts review and investigate deaths of patients in England' in December 2016. The National Quality Board published guidance on learning from deaths in March 2017 and placed a number of new requirements on Trusts. There are two annexes in the guidance to ensure the Board are sighted on, including one on Board leadership and one for Non-Executive Directors. The Board's executive lead is Christine Blanshard as Medical Director and the lead Non-Executive Director is Tania Baker
- The Trust introduced a mortality review policy which sets out the process for screening deaths and deciding if a full case review is needed by a member of the Mortality Surveillance Group who is independent of the care of the individual
- The report is for quarters 1 and 2 of 2017/18. During this period there were 390 deaths. Almost 90% of those deaths had been subject to a first screen and almost

40% had a full case review. In 12 cases slight evidence of avoidability was found and a number of learning points identified

- Most importantly the process has enabled the Trust to identify early on where a family or carer may have concerns. This has enabled early engagement to address issues where possible to do so
- In 2017/18 deaths of four patients with learning disabilities were reported to the Learning Disabilities Mortality Review Programme hosted by the University of Bristol which aims to guide improvement in the quality of health and social care services for people with learning disabilities
- There was one death of a patient with a serious mental illness which was subject to a full case review
- The three main learning themes have been around end of life care; ensuring the resuscitation status of patients is clear; improving the up-take of treatment escalation plans working closely with Wiltshire CCG to make sure this is improved and timely review of ceilings of care to ensure appropriate management
- The Trust has good processes in terms of engagement with bereaved families. There are opportunities for families and carers to meet with teams if they are concerned about the care of a loved one. The Bereavement Suite team visit gives an opportunity for family members or carers to raise concerns when they attend to collect medical certificates. The bereavement survey has enabled the Trust to contact four families who had concerns about care. The survey is showing the majority of families have been satisfied with the care of their loved one. Small improvements have been made as an outcome of their feedback
- Learning is shared with clinical teams through the quarterly bulletin and a number of educational events
- Paul Kemp questioned whether the small number of SIs with catastrophic outcomes had been included in this report. Lorna Wilkinson will check whether these took place during the period covered by the report
- Michael Marsh recognised the learning from deaths process is evolving and still embedding in Trust and considered that if the Trust continues to find no avoidable deaths whether there is a need to consider if we are challenging ourselves enough. It will be important to ensure the Board sees evidence of implementation of learning. Claire Gorzanski confirmed that the guidance requires quarterly reports to be received by the Board in public
- Tania Baker considered that most Trusts are going to be reporting low or zero avoidable deaths. It will be important to understand that the case review is appropriate. An approach could be to work across hospitals or invite others in to undertake the review to ensure transparency. It was recognised that it takes quite a lot of clinical time to undertake a review
- Lorna Wilkinson asked for clarification of the definition of unexpected deaths. The Clinical Governance Committee will need to get into the detail of the report and requirements
- Jane Reid considered that the process is predicated on the quality and rigour of the LMNs and suggested that internal audit could give some assurance
- Andy Hyett questioned the capacity for the PICC line service. Claire Gorzanski to check if this action is completed as expected at end of Month 9
- Christine Blanshard to lead development of Board understanding of how best the Board can bring challenge to this area. Claire Gorzanski recognised that this is a new requirement for all organisations and it will be important to learn from one another
- Jane Reid informed the Board that nationally there is concern on the level of care for individuals with learning disabilities. Michael Marsh informed that the national focus on learning disabilities and mental health is from past deaths in acute trusts which were not handled well. There is a need to give particular scrutiny to the care for this

- group of patients to ensure they have not been failed
- For future reports, Claire Gorzanski to include deadlines and actions ongoing in appendix 2

The Board received the report.

2350/04 Board Assurance Framework and Corporate Risk Register – SFT 3992 – Lorna Wilkinson presented

Lorna Wilkinson presented the Board Assurance Framework (BAF) and Corporate Risk Register (CRR).

- Lorna Wilkinson presented the latest version of the BAF. The next iteration of the BAF will have actions against the gaps with timescales and responsible leads. The BAF and CRR will be brought bi-monthly to committees and Board
- Paul Kemp acknowledged the progress on the BAF but expressed concern that he still considered there are anomalies within the CRR which need to be resolved with the need to review the action descriptions. Lorna Wilkinson informed the Board that Datix, which the CRR is created from, does not enable completed actions to be removed
- Paul Kemp reflected that there appears to be a number of completed actions which have had no impact on the risk score and further thought needs to be given to this
- Paul Kemp explained that he is unclear how embedded some actions are as it appears the same lessons are being learnt. There is a need to ensure the right action for the risk mitigation. Actions also need to be SMART and include how they are embedded
- Paul Kemp questioned that the documentation is considered to be ‘work in progress’ as it has been in progress for some time. Lorna Wilkinson informed the Board that she would consider the BAF and CRR will always be work in progress as they need to be live, dynamic documents which are reviewed and updated regularly, so they will be changing regularly. Lorna Wilkinson reminded the Board that the new template for the BAF was only agreed by the Board in December and has therefore been work in progress to populate and begin to embed this as the new format within the Executive Team
- Cara Charles-Barks considered that the addition of actions and ownership to the BAF document will change the nature of the BAF. The CRR and corporate risks need to be monitored through the respective Board committees to ensure actions identified adequately address the risks. The new process will ensure the opportunity for a comprehensive update via committees and the Executive before being brought back to Board. Paul Kemp considered the role of committees is oversight and the management of risk is the Executive’s role. Cara Charles-Barks confirmed that the Executives will be closely reviewing their risks within the CRR
- Michael Marsh reminded of the request to adjust the risk matrix map within the BAF

It was agreed that in future reports to Board items within the BAF identified for removal will be greyed and include strike-through formatting to make it clear that it is content to be removed.

2350/05 2016 Children and Young People’s Survey – SFT3993 – Lorna Wilkinson presented

Lorna Wilkinson presented the report on the national Children & Young People’s Survey 2016.

The survey had been carried out between February and June 2017 for children who had

attended SFT during November or December 2016 either as a day-case or inpatient. The national report has been recently published.

Lorna Wilkinson informed the Board that this had been a very good report. The action plan in place focussed on the one area the Trust scored worse than others on which was around sharing accommodation with adults for children coming in for day surgery. A Standard Operating Procedure (SOP) is now in place to manage this and segregation of zones for children. Work is ongoing to review if lists can be rescheduled. The immediate issue has been what can be done on a day-to-day basis to manage this given it is a small unit that does not do a lot of paediatric surgery.

Michael Marsh considered that with the exception of feedback on communication, other areas within the survey are wider system issues and there may be opportunities to further improve these to make the service even better.

It was noted that the action plan has been through the Clinical Governance Committee.

Andy Hyett informed the Board that through the current theatre transformation work the team will look at opportunities to achieve improvements for paediatric surgery where possible.

The Board received the report.

2351/00 STRATEGY AND DEVELOPMENT

2351/01 Capital Development report – SFT3994 – Laurence Arnold presented

Laurence Arnold presented the report updating on progress of the Trust's significant capital schemes.

- The AMU successfully opened on 6 December 2017 which also required some ward moves which have been completed
- The Ophthalmology Outpatient Department (OPD) building completed to programme and opened on 2 October. There were some initial problems including a flood and rodent activity. Despite clinical engagement in the design of the building recent feedback from clinical teams are that they are unhappy with the size of consulting rooms and the outpatient waiting area. Issues are being worked through with the team
- Cara Charles-Barks considered that there is learning to take forward from this design work into the future. There had been a lot of engagement of clinicians. For the future there is a need to consider ways to bring paper based plans to life for clinicians so that they can better visualise the space and build. It was noted that the new space is 30% bigger than the previous space
- Michael Marsh shared his experience of working with realistic 3D planning images
- Laurence Arnold informed the Board that the Trust is in the final stages of the site reconfiguration plan for the new Pembroke Ward. These final changes are a couple of weeks behind schedule with expected handover on 6 April 2018. Paul Kemp questioned whether the new timescale will affect cash flow. Lisa Thomas confirmed that this will not have much effect as it is assumed that some of the cash will not be handed over until the new financial year
- A number of IT schemes are underway including electronic whiteboards, the programme to roll out POET (the Patient Observation and Escalation Tool) and electronic discharge summaries
- A piece of STP joint working is underway to procure the best possible deal for the

Health and Social Care Network

- The infrastructure refresh is nearing completion – the plan remains a go-live of mid 2018
- Paul Kemp questioned progress with electronic whiteboards. Laurence Arnold confirmed that the issue is a supplier management difficulty. The supplier has not been able to deliver a two-way feed with Lorenzo. Laurence Arnold is looking at whether an in-house solution is possible. Paul Kemp considered that supplier management was a key lesson from the Lorenzo work. Laurence Arnold confirmed that this procurement preceded the Lorenzo work. Laurence Arnold recognised the need to strengthen the ability for supplier management within the Trust's contracts

The Board received the report.

2352/00 CLOSING BUSINESS

2352/01 Any Other Business

Andy Hyett informed the Board that on 26 January 2018 he had declared an internal major incident in response to an electricity power outage in the Salisbury area. The Trust's major incident plans were implemented. There were no major issues within the organisation and the Trust had been able to respond to external needs.

2352/02 Public Questions

Raymond Jack questioned the clarity and accuracy of staff turnover figures reported in the workforce performance report and questioned whether the reported 4.2% for quarter 2 means that over the course of the year this will be 4.2% for quarter 2 plus an additional 4.2% for quarter 3 and so on resulting in a large percentage. Paul Hargreaves confirmed that the reported position is just for quarter 2. It is a quarterly measure which is not compound.

Raymond Jack questioned the Trust's turnover/retention target. Paul Hargreaves confirmed that the Trust's target is 8.5%. The Trust's range is anything under 10% is rated as green.

Raymond Jack queried the headroom data on page 155 which states the Trust's position is 19% which is not manageable or efficient, with 23% as the norm, and asked when the Trust will get to 23%, what the financial consequences are and whether these have been taken into account. Lorna Wilkinson informed that Lisa Thomas and Lorna Wilkinson's deputies are looking at this. If headroom was increased to the average there would be a cost of around £0.75m. If the Trust was in a position where all vacancies were filled and staffing was at establishment there would be real advantage in achieving the headroom. However, given the level of vacancies increasing the headroom would in effect only increase the establishment and not achieve headroom. It would not be possible to show the return on investment because of the level of vacancies.

John Mangan shared his views on the Board's recent discussion on mortality. He welcomed the dashboard report. Mr Mangan has discussed his issues of concern with Christine Blanshard. Mr Mangan considered that the mortality indicators are an indicator and do not give a real comparison between hospitals and considered it is unlikely the accumulation of small events that might lead to an adverse outcome would be identified. Mr Mangan considered the recent recommendation about changing coding practice will mean those admitted for palliative care who die will not be

differentiated from those cared for by palliative care nurses and end of life nurses. Mr Mangan considered that this was not a good decision by the Board as it doesn't enable the Trust to differentiate on outcomes. Mr Mangan considered that hospitals generally are changing coding practice and if the Trust does not do so the Trust's mortality rate will go up but figures will have been taken out of the assessment. It was agreed to ask Christine Blanshard to give a presentation to the Governors to explain the position.

Mr Mangan queried the loss of income associated with clinical commissioning groups (CCGs) that are not the Trust's main commissioners. Lisa Thomas clarified that the contract values within the finance report are for specific CCGs and are the contract values. However, because CCGs assume a level of cost improvement plan (CIP), called QIPP savings, presentationally this looks like over-activity and needs to therefore be shown differently.

Mr Mangan questioned sickness absence and whether flu immunisation has had an impact on sickness levels. Mr Mangan considered that the sickness data reported is contradictory and confusing. Paul Hargreaves explained that sickness is captured in two different systems within the Trust, one of which is paper based and not as accurate. Paul Hargreaves is leading work to establish one set of accurate data. As part of the investment in the workforce structure the team are going to be moving to the use of ESR (electronic staff record) but there will need to be some further investment to enable this. The team are working through a period of linking systems and will then need to carry out a data cleanse before an accurate figure can be provided.

John Mangan considered that the finance section of the integrated performance report is good and easy to understand and advocated others consider adopting this for their respective sections of the report.

2352/03 Date Of Next Meeting

The next meeting will be held on Thursday 12 April 2018 at 1:30 pm in the Board Room at Salisbury District Hospital.