

DRAFT

**Minutes of the Public Trust Board meeting
held at 1:30 pm on Thursday 7 February 2019
in The Board Room, Salisbury NHS Foundation Trust**

Present:

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

In Attendance:

Sir R Jack	Lead Governor (observer)
Esther Provins	Transformation Director
Andrea Prime	Deputy Head of Corporate Governance (minute taker)
Justine McGuinness	Head of Communications
Katrina Glaister	Head of Patient Experience (Item 0702/01)

ACTION

**0702/01 OPENING BUSINESS
Patient Story**

L Wilkinson introduced the patient story which was based on a complaint which has been resolved through the Trust's complaints process. L Wilkinson expressed her thanks to the patient for sharing her story with the Board which describes her experience as a private patient for breast reconstruction surgery as a result of cancer treatment.

Discussion:

- N Marsden queried the relationship between private and public treatment within the Trust. A Hyett informed that a gap had been recognised between the third party private administration process and the Trust and as a result this arrangement was stopped. The management of private bookings has now been brought in-house and is embedded within the Trust's own bookings team. Private patient activity has been stopped until the future direction of private patient provision at the Trust is agreed.
- A Hyett reminded the Board that during 2018 the Board had discussed the challenges of providing a private patient overnight service and was reliant on staff volunteers for Saturday treatments. The Trust has currently ceased overnight private activity and A Hyett will be taking a paper to the Finance & Performance Committee regarding options for the future of private patient capacity. A Hyett informed that there is no discussion regarding stopping DIEP work at the Trust. Rather that the Trust is looking at no long providing overnight private patient services

which would include the DIEP procedure. Stopping overnight surgery is driven by constraints around operational capacity and workforce rather than financial considerations

- L Wilkinson reflected on how positive this surgery has been for this patient and how vital it had been to her well-being
- C Charles-Barks informed the Board of breast reconstruction education evenings run by breast reconstruction nurses for patients. This is an innovative way of interacting with patients. A number of women give up their time to share their own experiences of breast reconstruction
- T Baker queried the approach to private patient day case activity. A Hyett informed that this activity is undertaken in the Trust's day surgery unit. It is the inpatient beds in the Clarendon Unit which are currently shut. By undertaking private patient procedures and aftercare in day surgery private patients experience the same service as NHS patients

0702/02 Apologies

Apologies were received from:

- Mr P Miller, Non-Executive Director
- Ms R Credidio, Non-Executive Director
- Prof J Reid, Non-Executive Director

Declarations of Interest

Members of the Board were reminded that they have a duty to declare any impairment to being Fit and Proper and of good character as well as to avoid any conflict of interest and to declare any interests arising from the discussion. No member present declared any such interest or impairment.

0702/03 Minutes of the Public Trust Board meeting held on 17 January 2019

The minutes of the previous meeting held on 17 January 2019 were agreed as a correct record.

0702/04 Matters Arising and Action Log

Ref: Progress Update on Trust Strategy:

- C Charles-Barks informed that the Board held a Board Assurance Framework (BAF) review workshop in January. F McNeight is reviewing business discussed at the Board's committees to identify potential duplication and will be updating each Committee's terms of reference in light of this review by the end of March. The new BAF will be coming to Board in the new financial year
- Regarding length of stay (LOS), A Hyett informed the Board that he is looking to mirror model hospital definitions

0702/05 Chairman's Business

N Marsden informed that the long term plan for the NHS has been published by NHSE (NHS England) and sets out the high level direction for the NHS for the coming years. L Thomas informed the Board that the Trust's planning team are incorporating ongoing communications regarding the long term plan with the Trust's own planning activities. The Trust's Operational Plan for 2019/20 will be due March/April 2019.

N Marsden informed that NHS Improvement (NHSI) and NHSE continue

their work to bring the NHSI and NHSE organisations together. N Marsden considered that in the longer term this will be a positive development, enabling the Trust to work with a single regulator on both commissioning and performance issues.

0702/06 Chief Executive's Report including STP Update

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

- The Trust continued to be busy leading into the Christmas and January period. Staff worked hard and responded well. As a result the Trust had continued good performance over the period
- The Trust will be migrating to NHSmail in March. There will be advantages in this change, particularly regarding remote access to email, greater connectivity with other organisations and transfer of patient data
- C Charles-Barks assured the Board the Trust has an EU exit planning working group in place. The Trust is responding to requirements from the Department of Health (DoH) and awaits future guidance
- March will mark the one-year anniversary of the major incident. The Trust will support media activity as appropriate
- L Wilkinson, C Blanshard and C Charles-Barks had attended the Spire FM Heroes Awards ceremony at which a surprise award was made to the 26 agencies that contributed to the management of the major incident
- The Trust's Service Improvement Awards will take place on 16th April. These awards give an opportunity to showcase and recognise the service improvements staff have undertaken within the Trust
- The report includes an update on the programmes of work being undertaken within the STP. The STP have appointed Tracey Cox as the formal STP Chief Executive who will also hold the role of Chief Executive of the three combined commissioners

Discussion:

- N Marsden welcomed the STP Chief Executive appointment which also brings together the three CCGs (Clinical Commissioning Groups) under a single head. N Marsden considered this is likely to be a more effective arrangement supportive of a strategic commissioning approach

ASSURANCE AND REPORTS OF COMMITTEES

0702/07 Audit Committee Report – 13 December 2018

P Kemp presented the report of the Audit Committee meeting held on 13 December 2018 and highlighted the following:

- Following resignation of the Trust's external auditors, Grant Thornton has been appointed to provide the External Audit service
- The Committee received a very positive update on progress to implement the General Data Protection Regulations (GDPR). The Team have carried out excellent work and are on track to complete implementation by the end of the financial year. The Committee was advised by the Trust's internal auditors that the Trust's implementation work is ahead of many other organisations

0702/08 Clinical Governance Committee Report – 22 January 2019

L Wilkinson presented the report of the Clinical Governance Committee meeting held on 22 January 2019 and highlighted the two items the Chair of the Committee had wanted to draw to the Board's attention:

- Aging equipment within the sterilisation and disinfection service: the concern is not regarding quality of service, rather the consequential operational impact when equipment is out of use due to failures. A mitigation plan is in place for two new autoclaves and two refurbishments by March 2019. The Committee had commended the Estates and Facilities staff for their efforts in keeping the service running
- Vacancies within the Gastroenterology service as a result of both local and national workforce shortages. The Committee had discussed the impact of vacancies on the service. C Blanshard, L Wilkinson and A Hyett are holding weekly intensive support meetings with the various teams that experience the impact of this service issue

Discussion:

- L Wilkinson confirmed that work is underway to look at the short, medium and long term solutions for the gastroenterology service
- In relation to the sterilisation and disinfection service P Kemp reminded the Board that this is a service commissioned from a joint venture which is not under the control of the Trust and considered it is for the subsidiary to resolve the problem. A Hyett informed that his team manage the contract with the subsidiary company and have worked with the operational constraints and the company to identify short and medium term solutions. P Kemp queried whether the Trust's estates and facilities staff are going above and beyond to keep the service running. A Hyett informed that the Trust's support had been to extend its maintenance service agreement beyond the original date
- L Thomas clarified that the maintenance service agreement had been in place because the Trust owns the assets used by SSL. In the future model SSL will own the assets and will therefore be responsible for their maintenance. This maintenance arrangement will conclude in 12-months (at the earliest). P Kemp queried the accounting treatment if the Trust owns the assets
- M von Bertele queried where the risk lies if the autoclaves fail. L Thomas informed that business continuity plans are in place. The Joint venture would source the service

0702/09 Finance & Performance Committee Report – 18 December 2018 and 22 January 2019

N Marsden presented the reports from the Finance & Performance Committee meetings held on 18 December 2018 and 22 January 2019 and highlighted the following:

- In December the Committee considered a deep dive into the outpatient service. Outpatient services will be a future focus across the whole NHS
- In the January meeting the Committee had considered the control total which had been offered to the Trust. The Board have concluded it will accept that control total. There is still ongoing work and clarification awaited in terms of external input into the Trust's business planning process in relation to contracts with CCGs and changes to service

definitions. A final version of the Trust's Operational Plan for 2019/20 will be due in April.

Discussion:

- C Blanshard reflected on the approach to outpatients and considered that the a) and b) options outlined in the report were not either or but would depend on the clinical model, the demand for outpatients, unmet need and many other aspects. The challenge is for the Trust to make outpatients more productive and reduce unnecessary outpatient activity

0702/10 Workforce Committee Report – 24 January 2019

M von Bertele presented the report of the Workforce Committee meeting held on 24 January and highlighted the following:

- The Committee had considered the investment paper for phase 2 of the people strategy. The Committee were agreed on the direction of travel. Investment requirements will progress through the Trust's internal business case processes, to be considered alongside all other business cases for 2019/20
- P Hargreaves informed the Board that the investment paper had been focused on four key priorities of recruitment, retention, health and wellbeing and leadership development. ESR system changes also need resourcing. Around £250k investment will be required, with anticipated benefits realisation of around £450k. These priorities are being incorporated into the Trust's Operational Plan work

0702/11 Integrated Performance Report (Month 9)

P Hargreaves presented the Integrated Performance Report for month 9 (December 2018) and highlighted the following:

- December had been an extremely busy month with continued increased activity compared to 2017/18. The Trust stayed out of escalation in December. ED performance was at 93.3% which was above trajectory for month 9 but below the 95% target. Vacancies are a key concern. Job planning is under review and a focus on sickness management. Two new consultants have been appointed within ED
- RTT performance was strong. 92% of patients waiting for planned treatment waited less than 18 weeks
- DTOCs were higher than our target of 14, at 24. A lack of community capacity is a key issue
- Diagnostics – the Trust missed its performance standard in December. There were performance issues in endoscopy linked to lack of capacity with issues in Gastroenterology impacting on waiting times. A Radiology workforce review is underway. This will result in the first of a series of workforce plans to look at demand, capacity and workforce in specific service areas
- All cancer targets were met in month 9
- In specialist services the Trust continues its pilot with Holten Lee. There are nurse vacancy issues on Avon and Tamar wards
- Workforce remains challenging. Nurse vacancies are at 15.47% which is high. Action is being taken to mitigate this. The workforce paper outlines the actions being taken and the pipeline to get to 95% fill (there is a gap of 47 whole time equivalents). On a monthly basis the Trust recruits around 11 nurses and loses around 7. The 'Stay conversations' process has been implemented

- The increase in falls is a concern however this has reduced in January. Staff are following the falls intervention list and the Trust is part of the national falls collaborative
- The third MRSA bacteraemia has been reported for the year in December. All cases are being reviewed and learning followed up
- The staff vacancy rate continues to fall and the overseas pipeline is starting to deliver. There was a reduction in agency spend due to reduced agency usage in December. However, this is likely to rise again in January
- Sickness is up from 3.78% to 4.45%
- The Workforce Committee approved the Health & Wellbeing schemes to support staff for business case development
- There has been no material change in the finance position as reported in January

Discussion:

- A Hyett informed that diagnostics performance is on trajectory with the caveat of the gastroenterology challenges. Mitigations are in place for quarter 4 (Q4). Diagnostics were short of the performance target for December. A Hyett is meeting regarding gastroenterology on a weekly basis. Resources are being prioritised on a clinical prioritisation basis
- T Baker queried whether the ED Navigator role, now back in place in ED, is having the same effect as the pilot scheme and whether the role will now be continual. A Hyett informed that a good service is being provided to the Trust by an external paramedic service for this role on a short term contract basis. The role has been embedded in the team. A Hyett would like to be providing this service internally but with constraints on nursing workforce in ED external provision is necessary. A Hyett has included information on time to triage and time to treatment variances within the report and shows the department are assessing for treatment and risk quickly on arrival to ED
- C Blanshard informed that the Trust is trying to recruit to the Navigator post substantively. Once recruited work will need to be undertaken on front door clinical pathways to further streamline the service and the ability to prescribe under PGDs. L Wilkinson informed that the ED Navigator post is currently open to recruitment
- T Baker queried the Cancer Lead's review of MDT meetings.
- C Blanshard informed that work is underway to review all cancer MDTs to ensure they are running as effectively as possible. The number of patients to be discussed at an MDT has grown significantly making it difficult to manage the workload in the time available. Some MDTs are very well organised and the review will look at streamlining how all MDTs are organised

QUALITY AND RISK

0702/12 Nurse Skill Mix Review

L Wilkinson presented the Nursing Workforce and Maternity Workforce Skill Mix Review 2018 and highlighted the following:

- This is the six monthly nursing skill mix review covering all wards
- Lots of work is ongoing locally and nationally to ensure the right number of nurses with the right skills are in the right place
- The Trust has had two recent visits from NHS Improvement looking at e-Roster and management of nursing workforce

- Through this report L Wilkinson is seeking approval for enhanced nursing levels in a number of identified areas. L Wilkinson is seeking to move uplifted nurse numbers into substantive establishments. AMU has an increased footprint due to ambulatory beds and there is increased pressure of attendances in that area. There had been concerns regarding safety of this given high turnover of staff. As a result an agreement had been sought via Trust Management Committee to put in place an extra Registered Nurse (RN) and nursing assistant to help manage this area more effectively
- In Q3 ED had been on intensive support due to concerns on workforce, safety and clinical leadership changes. The ED Navigator role is now operating successfully. A career pipeline is proposed to help retention of experience ED staff, transitioning 3 band 6s into band 7s (the Trust only had 1 band 7 in that area which was unusual.) This career pipeline has been successful and the Trust has been able to retain more senior ED staff and have been able to give more senior leadership aspects to their roles. A successful twilight shift was introduced due to the large evening attendances which was extended through to 2 am
- Amesbury (a 30-bedded elective orthopaedic ward) has triggered nursing level concerns in past. The Trust increased night staff numbers after the CQC visit in 2016. However, L Wilkinson considered the workforce model is not yet quite right for that ward and therefore requested that an additional RN on the late shift be made substantive

Discussion:

- L Thomas informed that the draft Operating Plan reflects the position outlined in the nurse skill mix review report and would not result in additional charges for the Plan to absorb
- T Baker queried whether the Pitton model of nurses being required to move to different wards depending on acuity and need across the hospital was often implemented. L Wilkinson informed that this expectation is set from the point of recruitment. **ACTION: L Wilkinson will review how often the third nurse is moved on Odstock** LW
- C Blanshard reflected that as there has not previously been a tool to undertake a doctors' skill mix review she has not previously brought a review to Board and considered that it is difficult to provide assurance that the Trust has the right number of doctors at the right grade to provide the care needed on wards. A new tool has been published by the Royal College of Physicians looking at what junior doctors a hospital should have. **ACTION: C Blanshard, the clinical director for medicine and head of medical workforce will consider this new tool and will look to bring a future report to Board via the Workforce Committee.** It was noted that this is not a mandated tool and is a Royal College rather than a NHS tool CB
- P Hargreaves queried whether there is an opportunity to pilot what a 23% headroom uplift would look like and see what impact it would have. L Wilkinson considered that as the Trust's recruitment and retention improves this can be brought back to the Workforce Committee for debate. L Thomas considered that if there were to be a pilot it would be necessary to understand how many whole time equivalents that would be and at what cost

The Board approved the recommendations of the Nurse Skill Mix Review.

0702/13 Patient Experience Report Q2

L Wilkinson presented the Patient Experience Report Q2 2018/19 and highlighted the following:

- There has been a decrease in the number of complaints (complaint level is around 0.07% of total patients seen)
- The timeliness of responses has deteriorated. 100% of acknowledgement letters are issued in 3 days but completion of a full response within required timescales is a challenge. Work to improve this is ongoing with directorates. A new Head of Patient Experience is now in post and is taking forward ideas on how to manage this better
- There were no requests for independent review by the Parliamentary and Health Service Ombudsman during this period

Discussion:

- C Charles-Barks queried whether there are any improvements that can be made in response to complaints regarding food. L Wilkinson considered that on reviewing comments that food can be very subjective and informed that there continues to be local solutions to local issues such as Odstock Ward proactively trialling a different approach to serving food. This is also being looked at through the Trust's Food and Nutrition Steering Group. It is important ward teams know they can contact catering to respond to different needs of individual patients. A Hyett informed that the Trust's catering team continues to refresh menus. The Trust having its own kitchens enables the ability to flex and adapt to the changing needs of the Trust's demographics and patient groups
- L Wilkinson confirmed that patients can order their own food from external providers which some of our long term patients (Spinal) chose to do on occasion i.e. takeaways
- T Baker queried whether patients contact the Trust through social media. L Wilkinson informed that this is not frequent although C Charles-Barks has received some direct contact via twitter. The Head of Communications will be bringing a communications strategy paper to the April Board meeting and as part of this is undertaking some research regarding use of social media, how other Trusts use social media and opportunities for improvement. A Hyett informed that patients and families are encouraged to talk to ward teams at the time there is an issue as often this can be resolved at the time
- L Wilkinson informed that the patient experience report will evolve and discussions are needed with the Board and governors on what aspects of the current report format need to continue and further enhancements that would be beneficial

0702/14 Board Assurance Framework and Corporate Risk Register

L Wilkinson presented the Board Assurance Framework (BAF) and Corporate Risk Register (CRR). It was noted that this is a dynamic and live suite of papers. The Board reviewed the BAF at a workshop in January and F McNeight is now working on pulling together the strategic risks to be incorporated into the BAF for the new financial year. The document will continue to be taken via the Board's committees for update and change.

Discussion:

- **ACTION: When committees next receive the BAF and CRR for review, the committees with oversight of the three strategic risks rated red to give consideration of the trajectory to green and the reflection of this within the BAF**

FMcN

The Board approved the revised BAF.

0702/15 Learning From Deaths Q3, 2018/19

C Blanshard presented the Learning from Deaths report for Q3 2018/19 and highlighted the following:

- In Q3 2018/19 200 patients died in the hospital. Of these, 96% (193) were screened to ascertain whether the death needed a full case review. In Q3, 47% (95) deaths had a full case review. One death was considered probably avoidable and is being taken forward through the SII (serious incident investigation) process (SII 296)
- A full review is undertaken where there is a death of a patient with a disability. These are also reported through national LeDeR (Learning Disabilities Mortality Review Programme) programme. The Trust also reviews all deaths as result of mental illness
- A local solution has been identified to introduce a medical examiner officer. Work is underway to work up a business case. The role will improve contact with relatives of patients who have died and enable better response to any concerns they might have about their relative's death

Discussion:

- N Marsden queried whether the learning from deaths process has resulted in any learning to date. C Blanshard considered that it had improved the recognition of death and dying and communication with patient families as well as improving end of life care for patients. Some reviews have triggered investigation into whether the Trust is managing conditions in line with best practice, for example, recent COPD learning. The process has also supported learning regarding escalation, ownership and responsibility for patients – making sure when a patient deteriorates the appropriate person is notified and appropriate treatment given. The reviews have given a level of assurance of the quality of care being given
- T Baker queried the reduction in palliative care coding. C Blanshard informed that when the Trust first introduced the End of Life (EoL) care team within the hospital the number of patients seen by the EoL care team rather than the palliative care team from the hospice increased. A local amendment was put in place which changed the way the EoL care team works so those patients seen by the team were coded as receiving palliative care. It is not clear why there has been a slight reduction this year. T Baker informed that this reduction will have a direct impact on HSMR (hospital standardised mortality ratio)
- T Baker queried whether the Trust is compliant with EoL care. C Blanshard informed that there is ongoing work to review national best practice principles which informed the EoL Care Steering Group's work plan for the year. The Trust is compliant with most of the principles
- A Hyett queried whether the increase in relative risk for septicaemia reflects the national picture. C Blanshard confirmed that there has

been an increase at the Trust which mirrors the national picture.
Deaths from septicaemia are within expected range

- C Charles-Barks queried that whilst deaths from septicaemia are within expected range whether there has been any change in compliance with the Sepsis bundle. C Blanshard informed that audit work carried out on the management of Septicaemia and Sepsis 6 has generally shown improvements. There is a focus of attention on work that can be done with those who develop Septicaemia downstream on wards. L Wilkinson informed that the Trust has rolled out the national early warning system this week
- M von Bertele queried the appointment of a medical examiner. C Blanshard informed that the new system of independently appointed medical examiners sitting within local authorities to scrutinise all local deaths and quality of care requires a Statutory Instrument to be enacted. As this has not been enacted the NHS is trying to increase scrutiny and improve quality of death certification without having to change the law. There have been various pilot schemes nationally which have resulted in the recommendation to employ a medical examiner locally within Trusts to scrutinise deaths within organisation, accountable to a national medical examiner. This recommendation initially applies only to acute trusts
- P Kemp queried the progress against learning points from previous reports which do not feature in this report. C Blanshard informed that all learning points are being progressed and are on target to be completed by the end of March. **ACTION: C Blanshard to include update on all learning from all quarters when bringing the Q4 report to Board to enable follow through of all learning actions to conclusion**

CB

CLOSING BUSINESS

0702/16 Agreement of Principal Actions

N Marsden summarised principal actions from the meeting:

- Approval of the nurse skill mix review actions already taken
- The Board are looking forward to seeing how the patient experience report evolves given the appointment of the new patient experience lead
- Each individual Committee to review their red strategic risks within the BAF and determine the trajectory actions that should be taken to shift to green

0702/17 Any Other Business

There was no other business.

0702/18 Public Questions

Jenny Lisle requested more information on the Health and Wellbeing strategy priorities.

- P Hargreaves confirmed there is a Health and Wellbeing Strategy for staff. Priorities include introduction of 24/7 support for staff through an external employee assistance programme, to link in with some of the groups established through the equality and diversity support work including groups focused on disabilities and mental health and building

the infrastructure which includes developing toolkits for managers to help them to recognise stress in staff and identify preventative support

0702/19 Date of Next Meeting

N Marsden informed that from this point on the Board will be holding a meeting in public every month. On a bi-monthly basis there will be a fuller meeting with alternate shorter meetings to focus on receipt of the Integrated Performance Report. After public sessions the Board will move into a part 2 private meeting to discuss those items of a commercial or confidential nature. Meetings in public will move to 10:00 or 10:30 am in the morning. This format will continue into 2020.

The next public meeting of the Board will be held on Thursday 7 March 2019 at 10:30 am in the Board Room at Salisbury District Hospital.