

SALISBURY NHS FOUNDATION TRUST

Minutes of the meeting of Salisbury NHS Foundation Trust Board Held on 9 December 2013 In the Boardroom, Salisbury District Hospital

Present:	Mr L March	Chairman
	Mr N Atkinson	Non-Executive Director
	Dr C Blanshard	Medical Director
	Dr L Brown	Non-Executive Director
	Mr M Cassells	Director of Finance & Procurement
	Mr I Downie	Non-Executive Director
	Mr A Freemantle	Non-Executive Director
	Ms K Hannam	Chief Operating Officer
	Mr P Hill	Chief Executive
	Mrs A Kingscott	Director of Human Resources
	Mr S Long	Non-Executive Director
	Reverend Dame S Mullally	Non-Executive Director
	Miss T Nutter	Director of Nursing
In Attendance:	Mr L Arnold	Director of Corporate Development
	Mr P Butler	Communications Manager
	Mr N Marsden	Chairman Designate
	Mr D Seabrooke	Secretary to the Board
	Mr P Lefever	Wiltshire Health Watch
	Dr B Robertson	Deputy Lead Governor
	Mr C Wain	Governor
	Mrs A Pheby	Governor
	Mr B Fisk	Governor
	Mr J Carvell	Governor
	Mrs C Collins	Governor
	Mr E Gould	Volunteer
	Mrs A Gould	Volunteer
	Dr A Lack	Governor
	Mrs C Noonan	Governor
	Mr P Matthews	Member of the public
	Mr N Quinn	Member of the public

1929/00

INTERESTS AND FIT AND PROPER DECLARATION

Board members were reminded that they had an obligation to declare any interest which might impact upon the business of the Trust, to avoid any conflicts of interest and to declare any matters that could affect their status as fit and proper persons to hold office. No Board member present declared any such interest or impediment.

1930/00

PAPERS FOR APPROVAL

1930/01

MINUTES OF THE MEETING OF THE TRUST BOARD – 7 OCTOBER 2013

The minutes of the Board held on 7 October 2013 were agreed as a true record.

1930/02

CHIEF EXECUTIVE'S REPORT – SFT 3469 – Presented by PH

The Board received the report and the following principal points were highlighted:

- CQC Essential Standards – it was noted that the CQC had now lifted the 2 minor concerns in respect of staffing and records. It was increasingly likely that the next CQC inspection would be under the 'New Start' approach
- It was noted that emergency treatment for abdominal aortic aneurisms (AAA) had transferred to Bournemouth Hospital from 1 December 2013 and planned (AAA) treatments from 1 April 2014. Other major arterial surgery will move to Bournemouth in a phased way after 1 April 2014. It was emphasised that the vascular unit at Salisbury District Hospital would not close and that a range of other vascular tests and surgery would continue in Salisbury. Work was being undertaken to fully understand the effect on related pathways
- PH tabled a recent analysis of patient experience of maternity services which ranked the services offered by Salisbury as better than most other Trusts in the group

The Board noted the Chief Executive's Report.

1930/03

QUALITY INDICATOR REPORT TO 21 OCTOBER 2013 – SFT 3470 – Presented by CB

The Board received the Quality Indicator Report. Mortality rates – Christine Blanshard was invited to comment on recent reports on the rate of mortality for Salisbury. The Trust had a higher than expected score for 2012/13 at 114. Compilation of the figures relied on the accurate coding of patients when they were discharged and audit work had identified and corrected some practices in relation to patients attending the hospital for palliative care and the coding of co-morbidities. There was a continuing weekly review of patient deaths via the notes, the Sepsis 6 campaign was being rolled out across the hospital, avoidable admissions from nursing homes were being addressed and work was being undertaken to reduce the number of patient moves and handoffs within the hospital. It was noted also that the Trust's mortality rate was within the expected range for a variety of other mortality measures. Mortality rates continued to be a subject of active discussion and engagement with the staff. The figures were compiled over several months so changes in clinical practice would take time to come through in the figures. It was expected that an impact on the Trust's crude mortality rate would be apparent in the next 6 months but would not come through to the standardised index for up to a year.

The way major harm was recorded was changing and this would be reflected in the figures.

- 12 beds in the Wilton ward had been opened initially for surgery patients. Redlynch ward would move out of the Breamore area in February 2014.

The Board noted the Quality Indicator Report.

1930/04

STRATEGIC PLAN 2013/14 MID YEAR REVIEW – SFT 3471 – Presented by PH/LA

The Board received a report setting out progress made towards achieving the key priorities set out in the 2013 annual plan.

The following principal points were made:

- There had been compliance with regulatory requirements
- Work had started with individual services and with directorates to set out future plans
- Initial guidance on the annual plan 2014 had been circulated in November; a 2 year forward look was required to be submitted by 4 April and the remaining strategic 3 year forward look in June 2014. The Trust was working with the CCG in this connection
- The Trust was working with Odstock Private Care Limited to make use of the facilities available in the Clarendon Suite.
- It was noted that the Governors Strategy Group was meeting shortly to take forward the Governor engagement on the draft plan for 2014 onwards

The Board noted the mid year review.

1930/05

**INFECTION PREVENTION AND CONTROL REPORT – SFT 3472
– Presented by TN**

The Board received the Infection Prevention and Control Report from the Director of Infection Prevention and Control. The report informed the Board of progress against the 2013/14 annual action plan. Fiona McCarthy attended for this item.

It was noted that there had been an increase in the number of Vancomycin Resistant Enterococcus (VRE). This was a naturally occurring bacterium and management actions had been taken to control these instances. At present there was no national guidance regarding patient screening for VRE. Other points included;

- There had been one attributed MRSA bacteraemia in September 2013 which was understood to be due to a contaminated sample
- Hand hygiene compliance stood at 91.85% and was continuing to improve compliance which had been at 96.77% in 2012/13
- A new approach to cleaning services had been developed which included a facility for rapid deep cleaning over a greater range of hours
- The action plan in relation to the PLACE assessment inducted in April was appended to the report
- Finally it was noted there had been no declared outbreaks of HCAI

The Board noted the report and the Board assurance provided.

1930/06 **FINANCE COMMITTEE - 21 OCTOBER 2013 - SFT 3473 – Presented by MC**

The Board received the minutes of the Committee held on 21 October which had looked at the effects of delayed transfers of care and the deterioration in the Trust's finances in September.

The Board noted the minutes of the Finance Committee minutes.

1930/07 **FINANCIAL PERFORMANCE TO 31 OCTOBER 2013 – SFT 3474 – Presented by MC**

The Board received the report of the Finance Director.

Malcolm Cassells reported that the Trust was £80,000 below plan which split roughly half and half into donated assets and general trading.

At present the financial risk rating was calculated by the Trust to be 3 and the continuity of service rating now reported on by Monitor was a 4 which was the highest possible score.

In terms of sales the Trust was up on day cases but down on non elective activity. There had been growth in outpatient activity.

There was over performance on the nursing budget of £1.1m due to agency costs. The continuing need to achieve planned savings was emphasised – approximately 76% had been achieved at this stage.

It was also noted that the laundry had transferred to Salisbury Trading Limited (Salisbury Linen).

A number of single tender actions had been approved to engage an experienced contractor for building works and refurbishments. Many of these incidences could be attributed to the need to complete building works to a deadline set by an external funder.

It was reported that the Workforce Committee had received a report from the Director of Nursing on staffing and the associated costs. Additional ward capacity had been opened for winter 2013 and in many incidences the Trust had now recruited to substantive roles. The Trust was working to step up its recruiting activities.

TN

The nursing bank was looking to see if people registered with it could undertake more hours and it has been agreed that another smaller cohort of nurses would be recruited from overseas in 2014. Wards had been asked to take a more proactive approach to their vacancy management so as to improve the information available to management and the Trust Board. It was noted that the Trust did not receive any additional tariff for patients who were specialed, through the provision of additional support.

The Board noted the finance report for October 2013.

1930/08 **AUDIT COMMITTEE - 14 OCTOBER 2013 – SFT 3475 – Presented by NA**

The Board received a copy of the draft Audit Committee minutes for 14 October 2013.

1930/09 **TRUST PERFORMANCE REPORT TO 31 OCTOBER 2013 – SFT 3476 – Presented by KH**

The Board received the Trust Performance Report on key activity and key quality indicators. It was noted that the Trust's major targets had been met.

The following principal points were made:

- The Trust was conducting more diagnostic scans than in 2012
- More detailed and proactive work was continuing on reducing cancelled operations KH
- Delayed transfers of care remained challenging with 23 patients affected – this included specialist areas of the Trust such as the spinal unit
- Executives had set a deadline of the end of December for the completion of appraisals and appraisal reports and a further report on this would be made at the February 2014 Board
- The patient transport contract for Wiltshire had been taken over by Arriva from 1 December 2013 and some poor experiences over delays had been reported so far and were being raised with the company KH
- A gap in the service had been identified: the transport of patients to other hospitals

The Board noted the Performance Report.

1930/10 **DIGNITY AT WORK ANNUAL REPORT – SFT 3477 –Presented by SL/LB**

The Board received the report describing the current situation with regard to bullying and harassment and activity undertaken to address the issue.

The situation was informed by the annual NHS staff survey, the number of cases going through formal processes and the number of contacts to the Non-Executive Bullying and Harassment advisors. The Trust continued to publicise the availability of the advisors and had had an awareness week. A leaflet had been circulated with payslips and the policy on bullying and harassment had been reviewed earlier in the year.

It was also noted that Friends and Family test was expected to be implemented for staff from April 2104.

The Board noted the Dignity at Work annual report.

1930/11 **STAFF SURVEY UPDATE – SFT 3478 – Presented by AK**

The Board received a report setting out progress on actions arising from the staff survey 2012 reported to the Board in June 2013.

The quality of appraisals as reported by staff was highlighted. It was noted that the Trust was working to improve the confidence of managers to hold good appraisal conversations.

The Board noted the staff survey update report.

1930/12 **VALUES AND BEHAVIOURS – SFT 3479 – Presented by AK**

The Board received a report describing progress on the refreshing of the Trust's Values and aligned Behaviours.

The report described the consultation process with the staff and included a copy of the Values and Behaviour document as it currently stood.

It was suggested that safety should be included in the values as a specific theme.

The Board approved the four values of friendly, patient centred, responsive and professional and it was noted that a report would be brought to the February 2014 meeting to approve the associated behaviours.

1930/13 **REVALIDATION UPDATE – SFT 3480 – Presented by CB**

The Board received the update report on progress with revalidation of medical practitioners for whom the Trust is the designated body.

The following principal points were noted:

- The Medical Director was the Trust's Responsible Officer covering approximately 180 doctors
- The initial revalidation exercise had been set to run over 3 years, but revalidation was required every 5 years
- Trainees were revalidated by the deanery
- Of the 36 doctors considered so far in the process there were 33 positive recommendations and 3 deferrals – 2 requiring further appraisal evidence and 1 because of maternity leave – this was broadly in line with the national picture
- An up to date appraisal was a prerequisite to be granted study leave or be eligible for clinical excellence awards

The Board noted the implementation of revalidation of doctors employed by the Trust.

1930/14 **MATERNITY AND NEONATAL RISK MANAGEMENT STRATEGY 2013/14 – SFT 3481 – Presented by TN**

The Board received the report setting out the revised strategy which included new sections arising from regional guidance affecting the role of the duty manager, the supervisor midwives and contact supervisor.

The Board approved the revised Maternity and Neonatal Risk Management Strategy 2013.

1930/15 **CLINICAL GOVERNANCE COMMITTEE - 12 NOVEMBER 2013 – SFT 3482 - Presented by LB.**

The Board received the minutes of the Clinical Governance Committee held on 12 November 2013.

1930/16 **WORKFORCE COMMITTEE – SFT 3483 - Presented by SL**

The Board received the report proposing the closure of the Board Workforce Committee and describing its achievements since its formation in April 2012. It was noted that the Committee would be replaced by an Executive led Workforce Committee with Non-Executive attendance.

The Board agreed to close the Workforce Committee and thanked those who had taken part in its meetings.

1930/17 **JBD MINUTES EVIDENCING QUARTERLY REVIEW OF ASSURANCE FRAMEWORK AND RISK REGISTER – SFT 3484 – Presented by PH**

The Board received an extract of the Joint Board of Directors minutes from 20 November 2013 at which the assurance and risk register had been reviewed.

1931/00 **LUKE MARCH – A VOTE OF THANKS**

As this was the last scheduled meeting of the Trust Board in 2013 the Deputy Chairman Lydia Brown was joined by fellow directors in thanking Luke March for his contribution as Chairman of the Trust from 2005 and wished him well for the future.

1932/00 **QUESTIONS FROM THE PUBLIC**

The following points were raised:

- Paul Lefever, on behalf of Health Watch, reported that a new Chief Executive had been recruited to Wiltshire Health Watch. He asked that the Trust's mortality figures published on it's website could also be published by Health Watch. CB
- The blue plates which had been shown to be of help to certain patients was highlighted
- On the Safety Thermometer it was noted that patients being readmitted on a planned basis to a clinic and patients on enhanced recovery counted towards the figure
- An assurance was given that total bank nurses were monitored especially for those in regular employment
- The Trust was making use of Facebook to support the recruitment of nurses and health care assistants
- The level of consultant cover available enabled the Trust to attract the relevant best practice tariff
- The Trust continued to work to protect the vascular services for the benefit of its patients
- It was noted that Wiltshire Council was reviewing its position on the closure of the Hilcote respite care centre in Salisbury

DATE AND TIME OF NEXT MEETING

3 February 2014 at 1.30 pm in the Board Room.

CONFIDENTIAL ISSUES

The Board resolved that under paragraph 13 (2) of Schedule 7 to the NHS Act 2006 the public be excluded from the meeting as publicity would be prejudicial to the public interest by reasons of the confidential nature of the business to be conducted.