

**DRAFT**

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

**Present:**

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

**In Attendance:**

Fiona McNeight	Director of Corporate Governance
Andrea Prime	Deputy Head of Corporate Governance (minute taker)
Sir R Jack	Lead Governor
William Holmes	Public Governor
Jennifer Lisle	Public Governor
Barry Hayward	Foundation Trust member
Esther Provis	Member of public
Justine McGuinness	Head of Communications
Dr Amy Pearce	Locum Consultant, Sexual Health
Dr Nicola Finneran	Lead Clinician, Acute Medical Unit
Fiona McCarthy	Senior Nurse, Infection Control
Dr Julian Hemming	Consultant Microbiologist & Infection Control Doctor (ICD)
Paul Knight	Health and Safety Manager
Rex Webb	Diversity & Inclusion Lead

**ACTION**

**OPENING BUSINESS**

**TB1**

**06/12/01**

**Patient Story**

L Wilkinson introduced Dr Amy Pearce, locum Consultant from Sexual Health and Dr Nicola Finneran, lead clinician in the Acute Medical Unit, who attended to present the patient story which links with World AIDS day on 1<sup>st</sup> December, HIV testing week and the national 'give HIV the finger' campaign.

The campaign work is aiming to reduce stigma associated with HIV. Wiltshire is a low HIV prevalence area with less than 1/1000 adult population living with HIV. We don't meet the 2/1000 threshold where NICE recommends routinely HIV testing everyone attending A&E, medical admissions and registering with GP. Dr Pearce is surveying the Trust's clinicians to explore boundaries to testing and processes in place for

testing. Most of the Trust's testing is done in conjunction with investigating people with potential HIV indicator conditions, on routine antenatal screening or prior to starting immunosuppressive drugs. People can also choose to test for peace of mind in Sexual health clinic or via online testing.

The Board listened to the patient story. N Marsden expressed thanks to the patient who shared her story with the Board.

Discussion:

- N Marsden reflected that a key message of the patient story presentation is the extent of ignorance of HIV and its treatment today
- A Hyett queried whether the Trust is doing enough to educate its staff on HIV. A Pearce is keen to do more work with staff to improve HIV understanding and knowledge. HIV is one disease of many which is treated at the hospital. It is an issue when a patient is admitted. Occasionally a patient may be put in a side room, not because they are a risk to people but due to perception there is a risk
- C Blanshard considered there is a need to remove from the Trust's blood test request form in Review the box 'high risk of blood born viruses' and remove the yellow stickers from use
- M von Bertele queried whether the Trust provides an STD service to the military population. A Pearce confirmed the Trust provides dedicated clinics on Wednesdays and undertakes STI screening

**TB1  
06/12/02**

### **Apologies and Declarations of Interest**

There were no apologies.

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

**TB1  
06/12/03**

### **Register of attendance**

**ACTION: AP/FMc to check the accuracy of the register of attendance.** AP/FMc

**TB1  
06/12/04**

### **Minutes of the Trust Board meeting held on 4 October 2018**

The following amendments were agreed to the minutes:

- Reference minute 2374/01 – Well Led Update - Page 11 of the minutes, 3<sup>rd</sup> bullet point, third line: replace 'nurse safety' with 'patient safety' to read '...lead nurse having responsibility for patient safety and patient experience ...'
- Reference minute 2374/04 – Learning from Deaths Report Quarter 1 2018/19 – page 13 of the minutes, final bullet point on the page, last line: replace 'found' with 'determined' to read 'It was determined that even if the patient had received...'
- Reference minute 2376/02 – Public Questions – page 17 of the minutes: replace references in the first three paragraphs to 'Mr Butterworth' with 'P Matthews'

The minutes were otherwise agreed as a correct record.

**TB1**      **Action Log and matters arising**

**06/12/05**

The Board noted the action log which included updates on progress.

**TB1**      **Chairman's Business**

**06/12/06**

NM informed the Board that the Trust is required by its regulators to produce a long term plan. As the national long term plan is still awaited this impacts on the context in which the Trust can produce its own plan. NM emphasised it is important the Trust continues its planning activities and takes the national plan into consideration when it is published.

NM informed the Board that work within regulator organisations continues to reconfigure NHS Improvement (NHSI) and NHS England (NHSE) into a single joint organisation. NM will inform the Board of the area's regional director appointment once announced.

**TB1**      **Chief Executive's Report – SFT4140 – presented by C Charles-Barks**

**06/12/07**

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

- It has been a challenging time for emergency performance in October. The NHSI Emergency Care Intensive Support Team (ECIST) visited the Trust in November to support improvement by carrying out an external review of the urgent care pathway. The outcomes of this and resulting action plans will be followed up through the Finance & Performance Committee
- The South Wiltshire system has appointed a Winter Director for a period of six months, commencing in December. The post is designed to support all providers across the South Wiltshire system to deliver the capacity and services they have committed to over the winter period
- The Trust has just completed its CQC inspection, with the well-led inspection aspects being completed on 5 December. The formal report is expected late January with publication expected in February 2019. C Charles-Barks expressed pride in staff who have significant improvements they have been able to demonstrate to the CQC since the last inspection. C Charles-Barks thanked Executive colleagues for their work in preparing for the inspection
- A 'Transforming Maternity Services Together' 14-week consultation is underway across Bath, North East Somerset, Swindon and Wiltshire. The proposals are positive for SFT, enhancing the Trust's service to be able to provide more choice to women in the area
- From 1 January 2019 SFT will be a smoke free site. Support for staff and patients in implementing this policy is planned
- C Charles-Barks informed that she is proud that the Trust has been awarded 'Veteran Aware' accreditation, being one of the 24 acute hospital trusts accredited by the Veterans Covenant Hospital Alliance to lead the way in improving NHS care for veterans and members of the armed forces community. It is an achievement to have been formally recognised as an exemplar of the best standards of care for the Armed Forces community

## Discussion:

- T Baker queried the work that is underway across the South Wiltshire STP and requested that commentary on this is included in future reports from the Chief Executive. C Charles-Barks informed that she has asked the STP to produce a report that can be shared with all Boards in the STP to ensure consistency of information. The CCG will be appointing one chief executive to sit across the three CCGs and to act as the Accountable Officer for the STP. Recruitment will take place in January. Over the coming 12-months the CCGs will aggregate their work into one strategic commissioning function across the Wiltshire STP with further work being undertaken to recognise economic sub-regions. C Charles-Barks anticipated that the Salisbury region will be recognised as a PLACE based system, in line with the Trust's recovery plan and strategy
- M Marsh welcomed the Trust's move to become a smoke free site given that smoking continues to be the biggest cause of disease and affect on years of life lost and disability. M Marsh queried whether the decision to allow e-cigarettes and vaping is a local or country-wide decision. P Hargreaves informed that there have been inconsistent messages about this nationally. P Hargreaves is clarifying the national position. It will be important that clear information is provided to staff, patients and the public
- C Blanshard informed that Public Health England consider that vaping can be allowed as part of a smoke free policy as it supports individuals in giving up by being a healthier choice
- J Reid informed that some vaping products are not licenced and considered there may prove to be future health issues associated with their use that we are not currently aware of
- P Miller queried whether staff are going to be given guidance on the approach to challenging those found smoking on site and considered that it is important that staff are not placed in dangerous situations. P Hargreaves informed that guidance will be provided following discussions through Trust committees. The issue has been discussed with staff, the Trust's security team and other stakeholders
- A Hyett informed that the Trust does and will actively pursue any issues of abuse towards staff
- C Blanshard informed that the Trust has recruited a new ED consultant and a new consultant urologist, which have been two of the Trust's hard to recruit to consultant posts

**ASSURANCE AND REPORTS OF COMMITTEES****TB1  
06/12/08****Clinical Governance Committee report – 23 October 2018 & 27 November 2018 – SFT4141**

J Reid presented the report of the Clinical Governance Committee meeting held on 23 October 2018. It was noted that:

- There were no items for escalation
- The Committee received two core service presentations including anaesthetics and considered there is excellent work underway. The Committee received positive assurances on the achievements in the national maternity survey and reports on End of Life (EOL) care.
- In terms of EOL care it was recognised there is a shortfall in funding to support hospice activity which the Trust will pursue with the Clinical

Commissioning Group (CCG). **ACTION: An update on this will be brought to the Finance & Performance Committee meeting.** AH/LT

M Marsh presented the report of the Clinical Governance Committee meeting held on 27 November 2018. It was noted that:

- There continues to be challenges in providing the vascular service. C Blanshard is working to resolve issues, linking with the medical director at RBH. M Marsh informed that this issue is a risk to quality in terms of service continuity
- Recent safeguarding children's issues do not indicate a problem with children's service, rather that the service has had a number of challenging cases
- The Committee had considered that the national proposal to roll out medical examiners is demanding. The approach will be voluntary in the first instance. The Committee did not reach a conclusion on become an early adopter site but recognised the costs in terms of timing and learning
- The Committee considered the Trust's winter plan and reiterated the importance of prioritising issues that impact on quality and safety during the winter period

**TB1  
06/12/09 Finance & Performance Committee Report – 23 October & 27 November 2018 – SFT4142**

P Miller presented the reports of the Finance & Performance Committee meetings held on 23 October and 27 November 2018. It was noted that:

- There has been deterioration in performance against the ED (emergency department) 4 hour standard over the summer period. A lot of work is being undertaken to ensure control of and improvement in performance on this standard. A detailed action plan has been received by the Committee. Implementation of the action plan will assist the Trust in performing through the winter period
- The Committee received a detailed winter plan which sets out actions to avoid blockages in ED
- Externally the Trust is viewed on its finances and performance against the ED 4 hour standard. As the Trust is in deficit and performance has deteriorated against the ED standard these are two key targets the Trust is not performing against for NHSI
- In month 7 the Trust's finances were off-plan by £585k. The Trust has a control total to overspend by £9m, however there is a risk this will be exceeded by up to £12m. The Committee will be considering a detailed year-end forecast and cash borrowing at its meeting in December
- The Committee have also received and considered the planning timetable for 2019/20
- The Committee has received an update on the Trust's actions to plan for Brexit

**TB1  
06/12/10 Workforce Committee Report – SFT4143**

M von Bertele presented the report of the Workforce Committee meeting held on 22 November 2018 and highlighted the following:

- The personal contribution policy for training is going through Trust approval processes

- The Committee considered the implementation of the national smoking ban from January 2019
- The Committee received a report from the Guardian of Safe Working (GoSW), a role which was put in place as part of the national revised Junior Doctor contract arrangements to enable junior doctors to report if they are exceeding their working hours. The GoSW has started to identify issues of junior doctors reporting concerns around hospital at night. C Blanshard is looking into the concerns raised to ensure the right number of staff are in place, with the necessary qualifications, to meet the demands on the service at night
- C Blanshard informed that she had attended a Hospital at Night (H@NT) Board meeting. Measures have been put in place in order to improve junior doctor cover overnight however the F2 doctors who comprise the majority of doctors at night are not yet feeling the impact of these improvements. The Trust has fully recruited to a tier of Trust appointed middle grade doctors to staff the twilight period between 8pm and midnight. However, as acute medical admissions are rising in the twilight period these middle grade doctors are having to deal with more acute admissions and are less available to look after other patients already in the hospital overnight. C Blanshard will be asking the clinical director for Medicine to look at the deployment of the doctors. In addition the Trust has recruited to an ED middle grade rota overnight, in which there is one vacancy. C Blanshard is giving consideration to a different workforce model
- P Miller queried whether there is a clinical risk at night. C Blanshard considered that there is an overnight risk but that there is also a clinical risk during the day with the majority of patient safety incidents reported as taking place during day time hours
- C Blanshard informed the Board of interesting work undertaken by the Wessex Deanery on what makes a junior doctor consider that a hospital is unsafe during night. It is apparent that bleep calls impact on their perceptions. Given the majority of overnight working is responding to emergency bleeps it is important that junior doctors are taking their breaks at night
- M von Bertele informed that there are some aspects of work that it would be expected are completed during the day which are being shifted into the night shift and this also has an impact

**TB1**  
**06/12/11**

**Strategy Committee – 22 November 2018 – SFT4144**

T Baker presented the report of the Strategy Committee meeting held on 22 November 2018 and highlighted the following:

- The Trust's Digital Strategy will be brought to Board in March 2019. The timescale has been delayed a little to give time for newly appointed clinical information officers (CIOs) to come into post to ensure engagement across the clinical community
- The Strategy Committee was required to review its effectiveness after six months of being established. The Committee's consensus was that the Committee is providing an opportunity to bring strategy issues together in way other committees don't have the opportunity to do and considered that the Committee should continue its work to bring together strategic issues

**TB1**  
**06/12/12**      **Integrated Performance Report (Month 7) – SFT4145**

L Thomas presented the Integrated Performance Report for month 7 and highlighted the following:

- ED performance is a concern at 86.7% in October and ED remains on intensive support
- There has been deterioration in the Trust's financial position
- Performance against quality indicators continues to be good. However the number of non-clinical mixed sex accommodation breaches within AMU increased. Privacy and dignity was maintained and breaches were resolved quickly
- Workforce continues to be the Trust's biggest risk
- Diagnostics performance is below where it needs to be particularly in endoscopy and there is a need to redirect activity elsewhere
- The Trust continues to deliver the Referral To Treatment (RTT) standard reporting 92.2% for October however performance in some areas needs to be improved including general surgery, urology, trauma and orthopaedics (T&O), plastics, oral and maxilla facial surgery, dermatology, thoracic medicine and urology
- ED performance has been impacted by a gap in the middle grade rota and the navigator role which has now been filled. ED performance impacts on the Trust's finances due to increased agency spend in October which is at a higher than planned level
- There is a strategic impact in terms of the low unemployment levels in South Wiltshire which leads to an inability to recruit to domiciliary care services
- Demand on hospital services continues to increase. October was the Trust's highest month in-year for non-elective and elective patients whilst in the context of less staff. Actions are being taken to address workforce issues. A deep dive into agency spend and usage is being undertaken
- Overall performance against the Trust's quality indicators is good, there is improved staff retention, the SSNAP audit is at level B, the Trust is delivering on quality overall and performance against cancer targets remain good
- There are risks for the Trust as it moves into winter. Work continues to mitigate escalation plan risks. Work is underway to refresh the bed model in the context of increased bed demand and impact on bed shortfall capacity in Q4. Decisions will need to be taken on opening permanent escalation areas and discussions continue with system partners on how they will respond to winter pressures. The Trust is looking at length of stay and elements within the Trust's control along the patient pathway which the Trust can improve. Looking to protect elective activity in Q4 as this impacts income
- L Thomas informed the Board that there will be a need to reforecast financially at month 9 as projections to date indicate the Trust is unlikely to meet its control total

**Discussion:**

- J Reid queried whether NHSI are likely to request Trusts suspend elective activity again in January 2019. A Hyett informed that there has been no central guidance on this to date. The Trust did not stop all elective activity in January 2018 but did reduce capacity. A Hyett is

planning to undertake planned preventative maintenance (PPM) in theatres which will reduce theatres capacity in January. Elective activity is being scaled back to release capacity. As this is planned it has not been necessary to cancel patients. The Trust's RTT and waiting list position enables this PPM work to be undertaken without detriment to most of the Trust's waiting lists. The CCG have been informed

- J Reid queried how the theatre workforce is being managed during this period. A Hyett informed that it will affect theatres differently and in many cases will result in a reduced use of agency staff. A surgeon's time can be redirected to outpatients. It will not be a situation where clinical staff are being paid for clinical activity that is not being delivered
- The Emergency Care Intensive Support Team (ECIST) have undertaken a review of the Trust's ED pathways including discharge processes. Their report will be due in December. P Miller considered that once this report is received there will be a clear view on actions to be taken and the Trust can move into delivery and implementation of plans

(P Miller left the meeting at 2:45 pm.)

- M Marsh queried staff sickness in relation to anxiety, stress and depression. P Hargreaves informed that there has been an increase in case mix in anxiety, stress and depression. Some preventative work is underway to support managers to recognise stress, introduction of a manager's toolkit on managing sickness and a new policy. A new Head of Occupational Health will join the Trust in January. Additional work is being undertaken to improve recruitment and retention. The benefits of all of these initiatives should start to be realised in quarter 4
- M Marsh considered that workforce is a key issue which impacts on performance and finance
- A Hyett informed the Board that ED performance to date in December is over 95%
- J Reid considered it is important to celebrate quality improvement and positive practice successes
- M Marsh considered the number of mix sex accommodation breaches and queried what actions can be taken to minimise this. L Wilkinson informed that all breaches were in AMU, are capacity related and reflect bulges in evening attendances leading to overnight admissions. Breaches only occur at night and staff ensure individuals are a priority for moving the following morning. Improvement actions are linked with the Trust's patient flow programme which is looking to ensure patients get to the right place in the hospital at the right time
- J Reid informed the Board that the Clinical Governance Committee had received a report on complaints at their meeting in October and noted that whilst mix sex accommodation breaches are a concern to the Trust, concerns have not been expressed by patients. L Wilkinson informed that targeted real time feedback work has been undertaken with patients which has not raised any issues. However, work continues to reduce instances

L Wilkinson highlighted the following from the safer staffing report:

- Registered Nurse (RN) fill rates were at 96% in October which reflects recruitment successes through September and October. This success

- needs to drive improved efficiencies and a reduction in agency usage
- Four areas are triggering as red and the rationale for the underlying reasons are contained within the report which also outlines how risks were mitigated.
- T Baker queried whether the Wiltshire Health & Care (WH&C) dashboard is considered by Clinical Governance Committee and whether a more relevant report can be brought to Board regarding WH&C performance as part of the integrated performance report. L Thomas informed that she is now the Trust's lead Executive Director on WH&C. A change in approach to reporting to the Trust aligns with the Trust's wider piece of work around subsidiary governance and assurance
- **ACTION: L Thomas to bring WH&C incident information to Board following the next WH&C Board meeting**

LT

## QUALITY & RISK

TB1  
06/12/13

### CQC Inspection Update

L Wilkinson updated the Board on the recent CQC inspection:

- It is expected the Trust will receive its initial draft report in January with publication expected in February 2019.
- **ACTION: L Wilkinson to clarify requirements for a quality summit within the new inspection regime**
- C Charles-Barks informed the Board that the Trust will have another CQC inspection within the next 12 months to review the Trust's remaining core services. The two inspections together will provide the Trust with a comprehensive assessment. It was noted that the Well-Led review will be annual
- N Marsden thanked Board members for their input to the inspection including the well-led aspects
- N Marsden expressed thanks to L Wilkinson and her team for all the work that has been undertaken to ensure the Trust and staff were as prepared as they could be for the inspection

LW

TB1  
06/12/14

### Well Led Update

This item was taken as part of TB1 06/12/13 above.

TB1  
06/12/15

### Board Assurance Framework and Corporate Risk Register – SFT4146

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

- Seven new risks have been included on the CRR
- The major incident risk will be removed from the CRR
- Two risks are included relating to ED performance, ED waiting room safety and safety at the front door. A lot of work has been undertaken to mitigate these risks
- The Board will have a workshop in January to review the focus of the BAF, shifting the focus to strategic and external risks

Discussion:

- P Kemp considered that the CRR needs to be reviewed in terms of the

scoring given to current and target risk ratings in relation to the actions outlined for each risk

- **ACTION: CRR risk number 5326 – C Blanshard to review risk score**
- L Thomas updated on risk 4571. An order for replacement steriliser kit is about to be placed. A mitigation plan is in place during the waiting period (up to 12-14 week wait). Replacement of the five autoclaves will enable improved efficiency. The immediate risk remains until the new units are in place

**TB1  
06/12/16**

### **Report of Director of Infection Prevention Control – SFT4147**

L Wilkinson, Fiona McCarthy, Lead Nurse and Dr Julian Hemming, Consultant Microbiologist & Infection Control Doctor (ICD) presented the Report of the Director of Infection Prevention Control informing of progress against the 2018/19 annual plan to reduce healthcare associated infections (HCAI) and sustain improvements in infection prevention and control and highlighted the following:

- The reported six months has been busy for the team who have achieved good outcomes and maintained compliance with the Health and Social Care Act 2008 requirements
- The Trust is performing well against the main infection prevention and control targets
- The report sets out key learning including MRSA screening practices and a working group looking at the policy around peripheral cannulation
- The Trust has maintained a safe water system over the reporting period
- The Trust has a robust decontamination audit programme
- Antimicrobial stewardship continues to be one of the key measures to reduce the risk of Clostridium difficile infection and the single most important measure to reduce the selection of multiple antibiotic resistant bacteria. There have been achievements over the reporting period around antibiotic prescribing and antibiotic stewardship

#### Discussion:

- R Credidio queried whether the water safety issues are due to underinvestment in the estate. L Wilkinson informed that she sits on the Trust's water safety group and assured that the issues are technical rather than due to a lack of investment. The issues are due to the Trust's highly complex system which requires ongoing monitoring. As the site has expanded, there has been increased usage of water which has impacted on circulation pressures and maintaining temperature. External advice is provided at the Water Safety Group
- A Hyett informed that the opportunity is taken to improve the hospital's infrastructure including water and sewerage issues whenever the Trust refurbishes or changes a particular area of the site
- F McCarthy informed that the infection prevention control team undertakes regular walk-arounds to look at facilities and talk to staff about the use of outlets
- A Hyett thanked the Infection Control Team for their collaborative work with the Trust's operational team
- M Marsh was pleased that there had been no declared outbreaks of common viruses or bacterial infections and queried whether there had been any sporadic incidents. J Hemming informed that the Trust has a

list of alert organisms. There is a global concern in the rise of CPE and the Trust has screening measures in place. The Trust has had some patients transferred into hospital with known CPE. There are cases of patients coming into hospital colonised with MRSA. These patients are identified and decolonised and therefore the Trust has managed to maintain low outbreaks

- M Marsh queried antifungal stewardship. J Hemming informed that the Trust has an antifungal policy, but not a plan and confirmed the team are aware of candida aureus
- L Wilkinson considered this is a positive report. The Trust receives regular requests from other hospitals to visit to learn from the Trust's approach. Being constantly in control of the basics, and visibility of the infection prevention control team is important

**TB1**  
**06/12/17**      **Q2 Learning from Deaths Report – SFT4148**

C Blanshard presented the Learning from Deaths Q2 2018/19 report and highlighted the following:

- The Trust's approach to voluntarily introduce a system of medical examiners is outlined in the report
- The report includes the Trust's mortality dashboard. The Trust is now reviewing almost 100% of deaths - screening notes to see if there are any concerns about a patient's care. More detailed reviews are being undertaken in nearly half of cases. Alerts are also investigated which indicate a peak in deaths at a particular time and structured judgement reviews undertaken on any unexpected death
- Deaths in patients with a learning disability are investigated and reported through LeDeR (Learning Disabilities Mortality Programme)
- One patient died with a serious mental illness and a case review has been undertaken with a senior psychiatrist
- The Trust's HSMR (Hospital Standardised Mortality Rate) is decreasing
- There is a need to undertake improvement work to reduce mortality in congestive heart failure
- There were potentially three avoidable deaths in the last quarter and the report summarises learning from these cases. Across the NHS up to 4% of deaths are thought to be avoidable
- The report includes Dr Foster mortality data showing how the Trust compares to neighbouring Trusts

Discussion:

- M Marsh queried the difference between Salisbury District Hospital and Salisbury Foundation Trust (SFT). C Blanshard confirmed that SFT includes the hospice
- T Baker considered that the Trust has undertaken some good work on learning from deaths and queried the position on deaths at the weekend. C Blanshard informed that HSMR at the weekend is higher than during the week. This has been discussed at the Clinical Governance Committee which has commissioned a more detailed report into this. Last time the Trust reviewed deaths based on the day of admission, the highest risk was a Thursday. Nationally HSMR is higher at the weekend than during the week. This is thought to be related to case mix, with fewer patients being discharged at a weekend.

A detailed report on weekend deaths will be produced for the Clinical Governance Committee

- T Baker reflected that a previous concern had been that HSMR reduced because of a change in palliative care coding. The rate appears to be quite high but the Trust was relatively high before the coding change was made. C Blanshard informed that there is a high rate of palliative care coding as there is an on-site hospice. In comparison with peers the Trust is not the highest. The rate increased when the Trust introduced an End of Life (EoL) Care Team to include patients seen by the EoL team as opposed to the palliative care team. This reflects that the EoL team see the most people in the Trust on a palliative pathway rather than the team from the hospice
- J Reid queried the number of learning disability deaths in the Trust over 2017/18 and considered that 12 deaths seems high with national evidence that patients with a learning disability don't receive the specialist attention they need and queried whether there is anything the Trust should be concerned about. C Blanshard informed that this number included 6 patients who had not been admitted since 2016 and died outside the hospital. 4 patients with a confirmed learning disability died in the hospital. All reviews into the deaths were reported to the national LeDeR programme. Learning from the deaths is detailed within the report. The independent view would highlight any concerns. L Wilkinson informed that within the Trust any concern around the quality of care would be escalated as a serious incident for investigation
- J Reid queried how the number of Septicaemia cases compares in the year. C Blanshard informed that the standardised mortality rate for Sepsis was 108 which is within expected range. C Charles-Barks queried when the Trust enacted the care bundles in relation to treatment. C Blanshard informed that when the Trust introduced the Sepsis 6 programme, and rolled this out to inpatient areas and ED, the 'red flag' disappeared. M Marsh informed the Board that this had been discussed at the last Clinical Governance Committee meeting. There are some areas within the Trust where there could be improvement and the Committee had been assured there is a focus on this. There was one avoidable death of a patient with Sepsis and this was escalated through the Trust's serious incident process
- C Blanshard said she believed that the learning from deaths processes will improve quality of care including improving early recognition of dying, better communication with families when patients are reaching end of life and better communication with GPs. The Trust receives very few complaints and concerns about end of life treatment and care of patients who die in the hospital

**TB1**  
**06/12/18**

### **Health & Safety Annual Report – SFT4149**

Paul Knight, Health and Safety Manager, attended to present the Health and Safety Annual Report. P Hargreaves highlighted the following:

- The annual report has been received by the Workforce Committee which also held a deep dive into health and safety
- The Board received a Board seminar session in November to ensure Board members are sighted on key health and safety aspects
- The report shows how health and safety is being managed within the

- Trust and gives assurance to the Board
- The report refers to a strong partnership on health and safety with Unions and this partnership is welcomed
  - The report sets out the Trust's health and safety objectives. A lot of work is taking place to deliver against these objectives
  - An issue to be addressed includes supporting staff to recognise over 7-day injuries
  - There have been some RIDDOR reports during the year
  - A lot of work has been undertaken to improve radiation protection in order to comply with a notice the Trust received last year

Discussion:

- P Knight located needlestick information within the report. Total needlestick injuries have reduced within the Trust. R Credidio noted that two needle stick injuries were RIDDOR reportable and queried the potential for harm. P Knight informed that these were reported as 'dangerous occurrences' with high potential for harm but no harm came to the individual
- J Reid considered that there has been a positive reduction in the number of lifting and manual handling injuries
- M von Bertele informed the Board that the Workforce Committee gave consideration to this annual report at two of its recent meetings which resulted in the condensed report presented to Board

**TB1**  
**06/12/19**

**Staff Survey Progress Update**

P Hargreaves updated the Board on the national staff survey which is currently underway:

- The Trust is surveying all staff through the national survey. The current response rate 36.4% which is lower than previous years, with the national average response rate at 43.9% for acute trusts
- The survey closes on 7 December and communication activities are underway to encourage staff to respond
- P Hargreaves highlighted the new approaches underway within the Trust over the course of the last year to increase the depth and breadth of employee feedback, which includes the new employee feedback infrastructure

Discussion:

- CB queried whether staff have the option to complete a paper survey as opposed to an electronic survey given some staff groups do not have easy access to computers. P Hargreaves informed that paper surveys are cost prohibitive and so the focus has been on looking at different ways to maximise the response rate. Time for staff to complete the survey is an issue

**TB1**  
**06/12/20**

**Equality, Diversity & Inclusion Report 2018 – SFT4150**

Paul Hargreaves and Rex Webb, Diversity & Inclusion Lead, attended to present the Equality, Diversity and Inclusion Report 2018 and highlighted the following:

- The Workforce Committee undertook a deep dive on the report
- The report documents the current position regarding equality, diversity

and inclusion within the Trust

- There is a strong correlation between a well-managed workforce, lower deaths and better patient experience
- Key aspects of the report include gender pay gap, WRES (Workforce Race Equality Standard) and sexual orientation
- The gender pay gap for staff on Agenda for Change (AfC) – the average mean salary for women is £25,394 and the average mean salary for men is £26,233. Of the band 7 and above, 7.9% of women occupy these AfC roles compared to 6.5% occupied by men. WRES shows that Black Asian Minority and Ethnic Staff (BAMES) are over-represented in the lower AfC bands and under-represented in AfC bands 7 and above. A group has been set up to look into this and how to support staff in those areas to ensure wider inclusion
- 1.6% of the Trust's workforce acknowledge their sexual orientation within the Trust's formal equality and diversity reporting processes, which indicates there is significant under-reporting. It is important that staff are comfortable being who they are in the workplace. C Charles-Barks informed that this percentage mean that within the Trust there are approximately 40 individuals who openly state their LGBT background. However, from a national perspective the Trust would expect around 400 LGBT staff. This under-reporting indicates that there is a group of staff who do not yet feel comfortable and confident being themselves at work

#### Discussion:

- L Wilkinson queried external links given the workplace is a dominating part of an individual's life and part of the community an individual lives in. R Webb considered that there is much work that can be done across organisations and community groups. There is a lot of diversity in the local area but staff are reluctant to share
- R Webb considered the importance in recording and evidencing staff numbers is to support and enable change, and to demonstrate we want to be and are an inclusive employer
- C Charles-Barks considered that not being able to be open would place stress on normal day-to-day conversations for staff. P Hargreaves considered that the Trust needs to be a safe environment for people to be themselves
- P Hargreaves informed that the governance framework for equality, diversity and inclusion has been revised. T Baker is chairing the new Diversity and Equality Committee which has staff membership and representation of LGBT, BAMES, disability and "love our EU staff". This group will report into the Workforce Committee of the Board
- L Wilkinson queried how patients are represented on the Trust's equality, diversity and inclusion groups. R Webb informed further consideration is needed on how best to involve patients
- A Hyett clarified that there are two male executive directors in the Trust rather than three
- C Blanshard queried delivery timescales for the action plan in appendix 2. R Webb informed that there is a need to refresh action plan objectives following engagement with staff. The updated action plan will be brought back to Board once discussed through the Diversity and Equality Committee and Workforce Committee

**TB1**  
**06/12/21**      **EPRR Annual Report 2018 – SFT4151**

A Hyett presented the Emergency Preparedness Resilience & Response (EPRR) Annual Report 2018 and highlighted the following:

- During 2018 there have been EPRR exercises and live events
- Learning processes are carried out through live events as well as exercises
- The report identifies gaps and actions being taken to address issues identified over the year

The Board noted the report.

**TB1**  
**06/12/22**      **EPRR Compliance Statement 2018 – SFT4152**

A Hyett presented the Emergency Preparedness Resilience & Response (EPRR) compliance statement. It was noted that:

- The compliance statement is based on a self-assessment
- The Trust was fully compliant in 2017 and heads into the new year being fully compliant in 2018
- The Trust actively uses its business continuity plans, which have most recently been used in response to CT scanners and IT systems going down

Discussion:

- P Kemp queried how many acute trusts are fully compliant. A Hyett informed that the standards change each year. SFT is the only fully compliant acute trust in the South West region. Nationally approximately 25% of acute trusts are fully compliant

The Board noted the Trust's statement of compliance.

## **STRATEGY & DEVELOPMENT**

**TB1**  
**06/12/23**      **Clinical Strategy – SFT4153**

C Blanshard presented the latest draft of the Trust's Clinical Strategy and invited comments. In the new year the strategy will be circulated to GP groups, patient groups and the public for further comment.

C Blanshard envisaged that the Clinical Strategy will be a live document of which there may be iterations and improvements following engagement. Work is already underway in relation to some aspects of the strategy such as improving the care of patients with cancer in terms of survivorship programmes and introduction of supported self-management pathways for patients who've completed their treatment, which has been ratified through the Trust's Clinical Management Board.

Discussion:

- M Marsh queried engagement with the CCG and NHSE specialised commissioning. C Blanshard confirmed that they will be included in the programme of engagement meetings. There has been engagement with individuals at the CCG however the document needs to go to a formal CCG meeting
- M Marsh considered that whilst the national longer term plan for the NHS has been delayed it is important the strategy addresses likely

themes including cardio vascular disease, cancer, children and CAMHS services. C Blanshard considered that these themes are reflected in the strategy which focuses on starting well, living well and dying well alongside personal responsibility

- R Credidio requested that the strategy make explicit coproduction/co-design as a key principle and considered that there could be value in engaging with the housing sector and other social housing bodies/schemes
- M von Bertele considered that the patient involvement/choice aspect needs to be a stronger theme within the document. C Blanshard informed that she has always been an advocate of designing services around what patients want and need.
- **ACTION: C Charles-Barks requested that a patient facing version of the document is produced which also details the patient engagement and participation approach**
- N Marsden queried how the strategy fits with the STP's clinical strategy. C Blanshard informed that the STP's clinical strategy is not yet produced. The STP strategy will likely have an emphasis on frailty, mental health and prevention
- J Reid considered there is more the Trust should be doing to support and promote personal responsibility and self-care

CB

**ACTION: Board members were asked to review the draft Clinical Strategy and provide comments to C Blanshard.**

ALL

## CLOSING BUSINESS

TB1  
06/12/24

### Any Other Business

As this was M Marsh's last Board meeting, N Marsden thanked M Marsh for his contribution to the Trust as a Non-Executive Director and the work he has done for the Trust.

There were no other items of business.

TB1  
06/12/25

### Public Questions

J Lisle informed that it would be helpful to hear an interim report on how things are progressing for patients who are staying in hospital and who don't need to be in hospital if provision was available outside the hospital. There are gaps in provision for stroke patients.

- A Hyett informed that at present there are some gaps in provision of external community capacity in South Wiltshire in particular. There are pockets in South Wiltshire where domiciliary provision is limited. Work is being progressed to increase capacity external to the Trust. The Local Delivery Board has an action plan regarding capacity which is planned and there are weekly meetings to monitor progress. Recruitment is a challenge to being able to commission more capacity. A Hyett is a member of the Older People's Commissioning Board for the Council. Internal improvements within the Trust are also required.

**ACTION: A Hyett will consider what information could be brought to Board.**

AH

B Hayward shared his experience of the Trust's discharge processes and the impact of lack of communication between teams within the Trust.

AH

- **ACTION: A Hyett will have a conversation with Mr Hayward to further understand his recent experience**
- A Hyett informed the Trust is undertaking work to review discharge processes and bringing discharges forward in the day

E Provis queried whether the Trust has given thought to the establishment of a network for staff with a mental health diagnosis and to address stigma in the workplace.

- P Hargreaves informed that the Health and Well Being Strategy includes a focus on mental health. This includes how to ensure the workplace is a safe environment, training for staff to recognise mental health issues and how to support staff

W Holmes informed that he had been impressed with how the Trust works with F2s and the approach to identification of problems and solutions

- C Blanshard informed that the HIMP programme (a quality improvement programme) is unique to SFT. F2s are teamed with managers who are trained in quality improvement methodology. With the IV fluid prescription programme it is envisaged this improvement will contribute to a reduction in calls at night.

#### **Date of Next Meeting**

The next public meeting of the Board will be held on Thursday 7 February 2019, 1:30 pm in The Board Room, Salisbury District Hospital