

DRAFT

**Minutes of the Public Trust Board meeting held on
2 August 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
Prof J Reid	Non-Executive Director
Ms L Wilkinson	Director of Nursing
Dr M von Bertele	Non-Executive Director
Mr P Kemp	Non-Executive Director
Mr P Miller	Non-Executive Director
Mr P Hargreaves	Director of Organisational Development & People
Mr A Hyett	Chief Operating Officer

Corporate Directors present:

Mr L Arnold	Director of Corporate Development
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In Attendance:

Mark Ellis	Associate Director of Finance on behalf of Lisa Thomas Lead
Andrea Prime	Deputy Head of Corporate Governance (minute taker)
Juliet Barker	Guardian of Safe Working (reference minute 2365/06)
Sir R Jack	Lead Governor
William Holmes	Public Governor
Christine Wynne	Public Governor
Bill Butterworth	Public Governor

ACTION

2365/00 OPENING BUSINESS

2365/01 Apologies and Declarations of Interest

Apologies were received from:

- Ms T Baker – Non-Executive Director
- Ms R Credidio – Non-Executive Director
- Mrs L Thomas – Director of Finance
- Dr C Blanshard – Medical Director and Deputy Chief Executive

2365/02 Minutes of the Trust Board meeting held on 7 June 2018

The minutes of the previous meeting held on 7 June 2018 were approved as a correct record.

2365/03 Action Log and matters arising

Lessons from EPR (electronic patient record) – The Board noted the revised October timescale for the item to be taken to Finance & Performance Committee prior to discussion at Board.

28 day faster treatments/diagnosis standards – A Hyett reported that there is not yet a national data definition on this potential new cancer target. Whilst A Hyett will commence tracking, this may not exactly meet a new definition

2365/04 Chairman's Business

The Chairman had no business to report that was not otherwise covered by the agenda.

2365/05 Chief Executive's Report – SFT4076 – presented by C Charles-Barks

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

- C Charles-Barks thanked staff and Executive Directors for their work in the second major incident. In total the Trust has experienced five months of major incident challenge. Staff have maintained business as usual as well as managed the increased demands from the major incidents
- There has been continued improvement in performance on quality indicators. The Trust has achieved a slight improvement in ED (Emergency Department) performance despite experiencing a 7% increase in ED attendances. The Trust is not consistently achieving the 95% ED standard, which remains the ambition for patients. The Trust has continued to meet diagnostic and 18 week standards. The Trust is not meeting the cancer two week and 62 day targets for June and pathway work is underway to improve this
- The Trust achieved the Q1 (quarter one) planned deficit which meant that the Trust was able to earn an additional £0.4m of STF (sustainable transformation fund) funding. C Charles-Barks cautioned that there are still significant financial challenges ahead and it will be important the Trust works with system partners to support new opportunities and service transformation
- The Trust's overall sickness absence rate is at 2.9% which is better than the Trust's target of 3%. Work continues to support specific areas to proactively manage sickness absence. The new exit interview process has been implemented to enable feedback to be gathered from staff leaving the organisation
- The Trust has published the Quality Account which sets out priority areas for the coming year and performance against a range of quality indicators
- The Trust is working closely with the Defence Medical Welfare Service (DMWS) for the Armed Forces who now have a welfare officer who visits wards twice-weekly to provide advice on the support they can offer to patients, families and carers with an armed service background
- The Trust carried out a number of activities to celebrate the NHS 70th anniversary. The Salisbury Cathedral service in June had over 800 attendees and the staff BBQ was attended by over 900 staff. There were also a number of exhibitions in the Trust that linked to the anniversary
- C Charles-Barks congratulated the Trust's emergency and intensive care teams who were placed in the top 70 NHS Confederation Standout Stars and Professor Nick Cross who has won a prestigious award from the International Chronic Myeloid Leukaemia Foundation (iCMLf)

Discussion:

- P Miller queried work that has been undertaken with partners. C Charles-Barks informed that there has been a full hospital operationally, with increased admissions managed within the Trust's existing bed stock. As a result backlogs in ED have been experienced and the 100% fill rate impacts on ability to move patients through the hospital as quickly as possible. Best practice indicates the hospital should be operating at 92% fill rate to enable movement of patients to the right wards at the right time. The Trust has been working with partners to reduce 'green to go' patients however the level continues to be around 110 patients 'green to go' at any given time. This means the Trust has a quarter of its bed stock which would be used to manage emergencies filled with patients who no longer require acute care. Partners support addressing this alongside the Trust's own internal work to reduce delays. A daily system gold call arrangement is in place to micro-manage patients who are awaiting discharge to ensure partners are collectively working with the Trust to create space in the hospital
- A Hyett informed that partner actions are incorporated into the Trust's transformation plan for patient flow

The Board noted the Chief Executive's report.

2365/06 Guardian of Safe Working Annual Report – SFT4077 – presented by P Hargreaves and J Barker

J Barker attended to present the annual report of the Guardian of Safe Working July 2017 – July 2018 and highlighted the following:

- Medical doctors and junior doctors voiced difficult challenges managing workload particularly in as there is unlikely to be an increase in doctor numbers. A key issue is the ability of doctors to leave promptly following a night shift. This requires cultural and communications changes in some areas. This is a slow process but changes are starting to take place and is an improvement focus for the year ahead.
- There are some gaps in rotas at both the junior and senior levels. Some gaps are due to maternity and paternity leave but in the main these are unfilled posts, with several trainees being part time.
- Action is being taken to resolve issues including a work schedule review in gastro pending and consideration of alteration in shift start and finish times to ease difficulties leaving off following night shifts
- Consultants are generally very supportive of junior doctors and encourage exception reporting. J Barker is looking into those areas of Medicine where juniors feel most pressure and has discussed these areas with the Clinical Director.
- The Chief Registrar has held some breakfast meetings which have helped communication with those coming off night shifts

Discussion:

- M Marsh recognised there is a difficult balance with regard to leaving promptly after a night shift and considered this is a cultural issue
- J Butler informed the Board that the average delay in finishing a shift is 1 – 1:30 hours which is difficult on a daily basis. All understand there will be exceptions when dealing with the care of patients

- J Reid queried safety issues in relation to rota gaps. J Butler informed that more middle grade appointments have been made to the Acute Medical Unit (AMU). The non-training grade tier will relieve some of the pressure. In some cases workload pressures mean they are unable to attend specialty training. Work is underway to try to improve the rotas but doctor numbers make this challenging.
- M von Bertele reflected that this process was part of re-negotiating the junior doctor contract. There is an opportunity to improve staff engagement. M von Bertele recognised they are feeling unhappy but had been pleased to hear individuals would like to (and often do) come back to work at the Trust as a consultant
- N Marsden questioned whether the junior doctors consider there is a culture in which they feel unable to report what is happening. J Butler informed the Board that her main concerns are regarding theatres and medical areas
- C Charles-Barks informed the Board that the Trust is looking at how J Butler is supported to fulfil the Guardian of Safe Working responsibilities. C Charles-Barks is attending the breakfast meetings with junior doctors and executive directors will attend these monthly to improve engagement with the junior workforce
- J Butler informed that she is looking to set up a what's app group as means for improving communication
- J Reid recognised that August is the change-over month for trainees and queried whether there are concerns on appropriate supervision of F1s and F2s coming in given rota gaps. J Butler confirmed this is not currently a concern. ED is a concern with the ongoing lack of middle grades although J Butler expects this situation will improve
- P Hargreaves is meeting with C Blanshard to build on the engagement activities and formalise the Guardian of Safe Working activity into the Workforce Committee agenda

PH

The Board received and noted the annual report of the Guardian of Safe Working and thanked J Butler for attending the meeting

2366/00 ASSURANCE AND REPORTS OF COMMITTEES

2366/01 Workforce Committee Report – 26 July 2018 – SFT4078 – presented by M von Bertele

M von Bertele gave a verbal report on the Workforce Committee meeting held on 26 July 2018 highlighting the following:

- The workforce strategy is continuing to develop
- The Committee reviewed the Board Assurance Framework and Corporate Risk Register. For the risk relating to the electronic staff record the Committee concluded it is appropriately scored at a risk of 20
- The Committee received the annual report of the Health & Safety Committee. The report highlighted the scope of activity that goes on within the Trust. The report will come back to the September meeting of the Committee before being brought to Board for increased visibility of the management of health and safety

PH

2366/02 Clinical Governance Committee Report – 26 June 2018 and 24 July 2018 – SFT4079 – presented by J Reid and M Marsh

J Reid and M Marsh presented the escalation reports from the Clinical Governance Committee meetings of 26 June and 24 July 2018.

26 June 2018 – J Reid highlighted the following:

- The workforce challenges in ED including relationships between different roles within the department and the potential impacts for patient experience. Immediate risks have been mitigated through role redesign and ongoing recruitment
- Workforce challenges in the acute medical unit are being mitigated by an ongoing recruitment campaign
- Workforce will be an ongoing concern for the future given the national position. J Reid informed the Board that given the national changes to nurse training bursaries and fees nurse recruitment is down by a third

24 July 2018 – M Marsh highlighted the following:

- The Committee gave further consideration to workforce issues in its July meeting. Risk mitigation was underway through an ongoing recruitment campaign and close monitoring of quality and performance
- The Committee deferred feedback from the initial major incident to incorporate multiagency feedback from the second major incident
- L Wilkinson informed the Board of changes in the grading and attribution of pressure ulcers. As a result of these changes the Board is likely to observe an increase in attributable pressure ulcers to the Trust as any changes not picked up on first assessment will be graded as hospital acquired. L Wilkinson assured the Board the driver for the change is to further reduce pressure ulcers and see this as a whole system issue
- M von Bertele queried to what extent pressure ulcers contribute to length of stay. L Wilkinson informed the Board they do not have a significant impact as the Trust has few grade 3 pressure ulcers
- J Reid queried internal assurance for when pressure ulcers are documented for a period of time from transition from the previous 72 hour requirement to the new requirement to assure clinically appropriate action. Internally a way of identifying avoidable and unavoidable pressure ulcers is needed so there is the understanding of what is in our control and what isn't
- M Marsh considered that the Trust should look at any patient who has experienced a long lie prior to admission to hospital and are likely to develop pressure sores so the right care can be given to patients as quickly as possible

2366/03 Finance & Performance Committee Report – 26 June 2018 – SFT4080 – presented by P Miller

N Marsden presented the update from the Finance & Performance Committee held on 26 June 2018 and highlighted the following:

- The Committee received an update on the SUS/SLAM reconciliation which indicated that the Trust had been reporting some of its data inaccurately internally and externally. The Chief Executive instigated a serious incident investigation. Further discussion and consideration of this was being given by the Audit Committee

The Board noted the report.

2366/04 Audit Committee – 19 July 2018 – SFT4081 – presented by P Kemp

P Kemp presented the report of the Audit Committee and highlighted the following:

- The Committee discussed the SUS/SLAM reconciliation issues. The Committee will wait until this has been investigated before further Committee consideration. C Charles-Barks informed the Committee that C Blanshard will be leading the serious incident investigation with the first meeting to be held next week. There is a 60 day process to sign off the investigation. Initial verbal findings will be reported to the Finance & Performance Committee meeting CB
- The Committee received updates on management action taken in response to some limited assurance internal audit reports. These limited assurance reports were in part due to the Director of Finance deliberately selecting to audit areas where there were concerns. P Kemp informed the Board that he was concerned at how management are using internal audit reports to improve processes. Overall P Kemp considered there has been good management engagement in the reports and the Committee have requested management leads report back to the Committee on close down of actions

The Board noted the report.

2367/00 INTEGRATED PERFORMANCE REVIEW**2367/01 Integrated Performance Report (Month 3) – SFT4082**

A Hyett presented the local services section of the Integrated Performance Report and highlighted the following:

- ED performance delivery has been a challenge throughout Q1. Work has been underway to improve patient flow. There has been increased ED activity due to the heat wave and partnership work has taken place with the media to encourage those who don't need to come to hospital to use other services
- A Hyett is in the process of appealing against the decision to not award the Trust STF ED funding for Q1
- The Trust delivered the diagnostic standard for month 3 reporting 99.2%. The onsite temporary static MRI facility is giving the ability to undertake more scans whilst the Trust is awaiting the permanent facility
- The Trust has delivered the cancer 31 day standard for June however missed the 62 day standard by less than 1%. A Hyett has a twice weekly waiting list review meeting in place to micro-manage patient pathways through high risk treatments

Discussion:

- N Marsden queried when it is expected cancer 2 week wait performance will improve. A Hyett informed the Board that he expects improvements in Q2. Another national urology campaign for blood in urine has led to a spike in referrals and there has been an increase in dermatological referrals given the time of year
- P Miller recognised that overall waiting lists have grown by 5% and queried actions that are being taken to address this. A Hyett informed the Board that work is underway to understand the waiting list increase

in different services and activity that is planned. This will continue to be tracked over the coming months

- P Miller expressed concern that given the challenging financial position the Trust cannot afford to outsource work and queried the approach being taken to waiting list management. A Hyett informed the Board that he holds weekly waiting list management meetings. Work is underway to maximise utilisation of the Trust's resources through the transformation programmes. The Trust is receiving referrals from other areas given SFT's waiting list position is better than others in the area. Patients have freedom of choice through Choose and Book and will understandably choose to go to a service that has shorter waiting times. Clinicians feedback if they start to experience referrals from other areas. A Hyett will discuss any changes in referral demography with the CCG.
- M Marsh queried whether the Trust has experienced any challenges in controlling ward temperatures in the heatwave. A Hyett informed that the Trust's heatwave protocols have been tried and tested. Clinical staff have been paying additional attention to high risk patients. There has been a weekly meeting with all operational teams to address heatwave issues and the Trust has been working with the local media to promote public health messages. C Charles-Barks informed the Board that the Trust took actions to adjust the uniform policy to enable staff to wear shorts and provided ice pops for patients on the wards
- J Reid was pleased to note the Trust had given consideration to staff and their hydration. A Hyett informed that there are a high number of chilled water dispensers located around the hospital

AH

A Hyett presented the specialist section of the Integrated Performance Report and highlighted the following:

- The Wessex Plastics network has been launched which is being hosted by SFT and includes all those Trusts that use SFT's plastics service. The network has national links. It is intended to get patient representation on the network. The network will be considering the future for plastics provision
- The national burns major incident exercise is to be rescheduled
- The Trust is participating in a spinal injuries step down pilot which will look at what services need to be provided in an acute hospital setting and what services would be better provided elsewhere in a rehabilitation facility or a home setting
- In the past the Trust had lengthy waits for spinal outpatient follow up appointments. There is now no delays in appointments within the department which is a major improvement

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

- The Research Annual Report shows the Trust's compliance with national standards on research. SFT is considered a top recruiter for research studies however this means the Trust has been set an increasingly challenging recruitment target

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

- The HSMR (Hospital Standardised Mortality Ratio) rate is at expected levels
- The stroke SSNAP (Sentinel Stroke National Audit Programme) audit improved from a D to a C with the improvement related to therapy input and recruitment into therapy posts
- Stroke performance remains challenging operationally to achieve the standard of getting patients into the stroke unit within 4 hours. The Trust's performance against this standard is variable and a deep dive is underway to look at improvements that can be made. L Wilkinson was optimistic the new ward environment will enable improvements
- The well-led action plan will be brought to future public Board meetings from October onwards
- The Trust is involved in a number of NHSI collaboratives. The Enhanced Care Collaborative has been completed with a successful NHSI review visit. The NHSI Falls Collaborative has commenced. Patients at high risk of falls are often patients also needing enhanced care so the collaborative work should lead to sustained quality improvements for patients. Staff involved in the collaborative have given positive feedback and are learning approaches to Quality Improvement (QI). Both collaboratives will be evaluated
- The Trust achieved an average outcome in the national inpatient survey results. The Trust has been working hard to improve these scores which have been comparable year-on-year. This outcome contrasts against the positive scores the Trust has achieved for other national surveys in which the Trust is regularly in the top quartile

Discussion:

- J Reid queried whether the Trust's inpatient survey results are in part due to patient expectations when experiencing unplanned admissions
- M von Bertele queried the Trust's routine real time patient experience collection methodology. L Wilkinson informed the Board that processes are in place for governors, volunteers and senior managers to capture real time feedback. These processes give a good opportunity to speak with patients and understand what would make the difference
- The Trust's action plan in response to the national inpatient survey results has been received by the Clinical Governance Committee and includes patient discharge as an area of focus including engaging patients and their families on how to improve the discharge experience
- PM queried the clinical impact of not having enough staff on the wards. L Wilkinson informed that if a ward is short staffed there is an element of prioritisation. The Trust has good performance on its nurse sensitive quality indicators. C Charles-Barks informed that when wards are busy the difference is between task orientated care and holistic care such as the amount of time that can be given to a patient and their relatives for conversations about, for example, care at home and discharge arrangements
- M Marsh considered that stroke performance is something the Trust can and should improve although recognised that achieving a 4 hour admission is not always easy. This will be picked up in the Clinical Governance Committee. C Charles-Barks informed that Farley ward has now been relocated to its new permanent location with a rehabilitation section and two hyper acute bays with space for

immediate rehabilitation. Staff are working to keep a side room clear at all times to support rapid admission to the unit. M Marsh informed that a new national task force is being set up by the national medical director which will bring a priority focus to this area

- M von Bertele considered there is an effect of short staffing on patient experience and impacts on staff morale. P Hargreaves informed the Board that the workforce strategy links how staff feel and are being managed with the quality of delivery of an individual's job
- J Reid considered that the Chief Executive's and Director of Nursing's use of twitter is a good way to engage with staff
- L Wilkinson discussed the Safer Staffing report which shows most areas green or amber with only one area rated red with mitigation in place

P Hargreaves presented the People section of the Integrated Performance Report and highlighted the following:

- The new electronic TRAC recruitment system is now in place which supports an efficient recruitment process for both the Trust and the candidate and will support reductions in the time to hire
- There continues to be a large nursing gap of around 117 whole time equivalents (WTEs). The return rate on overseas recruitment campaigns is starting to improve and the Trust's approach to retention is starting to improve retention rates
- Agency spend has increased in month 3 which has been offset by a slight underspend on the pay budget, with savings made spent on agency usage. As a result the Trust is breaching its NHSI agency control total by 50% in order to maintain safe services. In response, new control caps are in place internally with the requirement for Chief Executive sign off of those with an agency rate over £170 per hour. Agency usage is reviewed at the Workforce Pay Control Group
- The Trust's sickness rate is 2.9% which is better than the Trust's target. Whilst sickness levels tend to reduce in the summer months there has been six months of consistent reduction in sickness levels. Reasons for sick leave indicate high levels of stress and musculoskeletal issues
- The Trust's developing health and wellbeing approach is looking at prevention. Through roll out of the managing attendance policy managers will be trained to spot and deal with stress in the workplace
- The second staff engagement group meeting has taken place and is building a work place to address identified staff issues
- Appraisal compliance has reduced. This is being managed through Executive Performance Reviews to get back to plan by September

Discussion:

- P Hargreaves clarified that the infrastructure agency use information within the report relates to the laundry service. This service finds it beneficial to use agency staff who are employed by the subsidiary company rather than the Trust

L Wilkinson presented the safer staffing (June) section of the Integrated Performance Report and highlighted the following:

- June was a better month however July has been more difficult given the heatwave and resulting peak in activity

- The June nursing workforce position saw agency usage down. The only area flagging red was the acute spinal unit on Avon. This service does flex staffing levels depending on whether they are caring for ventilated patients
- L Wilkinson informed the Board the Safer Staffing report will change from August onwards with a central move to 'care hours per patient day'. A new national template will be provided

Discussion:

- N Marsden queried whether the new report format will further improve understanding. L Wilkinson considered there will be a need to triangulate information with the 'care hours per patient day' offering one lens through which to form an understanding. Professional judgement and performance indicators will still also need to be considered

M Ellis presented the resources section of the Integrated Performance Report and highlighted the following:

- The Trust achieved the Q1 NHSI control total and received £400k PSF funding (provider sustainability funding). The Trust did not receive the A&E component of PSF funding given the strong comparative performance in same quarter last year. The Trust is appealing this decision
- There is slippage in the development of 'firm' savings plans which is an area of concern. The savings programmes are being managed through the Outstanding Every Time (OET) process. These savings become increasingly important throughout year as we plan for a step up in performance
- The biggest risk to the Trust's financial position is related to productivity around planned work. There has been strong performance across all areas at differing points but it is important this performance is consistent. This is being managed via the OET process
- There is variable performance in subsidiaries where market conditions are changing. Work is underway to put in place a more robust governance framework for subsidiaries which is being considered via the Finance & Performance Committee

Discussion:

- P Miller informed the Board that the Finance & Performance Committee reviewed the first quarter's report at the July Committee meeting also giving consideration to the potential year-end forecast. There are a range of positions on the potential year-end positions. At present still predicting a £9m overspend but there are a range of issues and risks that need to be managed to achieve this. The Committee is sighted on the issues and risks and activities to managing these. If these are not resolved by October this will be concerning for the Trust's year-end position
- M Marsh queried the grounds for the appeal in relation to A&E PSF funding given the Trust failed to meet the quarter 1 ED target. C Charles-Barks considered that the Trust has a case of extenuating circumstances given the 7% increase in activity alongside continuation of the major incident. The Trust is in the top 25 % nationally in relation to A&E performance. NHSI and NHSE are supportive of the Trust's appeal

2368/00 QUALITY & RISK**2368/01 Board Assurance Framework and Corporate Risk Register – SFT4083 – presented by L Wilkinson**

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

- Both the BAF and CRR have been considered at the Board's Committees during July
- The BAF will go via these Committees again through September on its way to the October Board meeting
- The risk overview indicates that 'people' and 'resources' are highest areas of risk for the Trust
- The new SUS/SLAM data risk has been added to the CRR. C Charles-Barks considered this risk level needs to be increased given the impact of the SUS/SLAM issue

LA

The Board approved the BAF and CRR.

2368/02 Skill Mix Review – SFT4084 – presented by L Wilkinson

L Wilkinson presented the Skill Mix Review and highlighted the following:

- In autumn 2017 the skill mix process was amended as per national guidance to a once a year review and with mid-year update. This report is the mid-year report with work commencing with wards in September to inform the annual review which will be presented to Board in December
- The report provides assurance of the current staffing levels.
- Appendix 4 and 6 show staffing establishments as currently set are broadly appropriate. Nurse sensitive indicators are reviewed monthly
- The main risk to safe staffing is the recruitment and retention challenge and the 17% registered nurse vacancy level
- Appendix 2 provides data to show how effectively staff are being deployed. The Trust compares well on most indicators
- The Safer Staff Working Group has been reviewing additional duties to understand these and links to the care collaborative work
- L Wilkinson recommended that further work is undertaken to review staffing in ED and to continue to look at new ways of working. This will include consideration of new staffing guidance which was published in July in relation to staffing urgent and emergency care settings
- An increased focus is needed on the Acute Medical Unit which is experiencing higher turnover and to understand the impact on nurses of the higher throughput of activity in ED
- The Trust is having to provide increased nursing at night in this area due to GP admission patterns
- There is a need to review orthopaedics nursing levels given the aim of increasing the activity through that service
- An initial evaluation of the paediatric outreach service shows that this is a positive service but a full impact evaluation is needed to demonstrate the positive improvements

Discussion:

- M Marsh queried the specialing balance outlined in section 4.3 of the report. L Wilkinson considered this is a positive position which is linked to the enhanced care collaborative and is about doing things differently rather than having a reduced number of patients that require specialing. The enhanced care collaborative with NHSI has been focused on the quality of specialing rather than cost reduction. Over the summer months there has been a high demand for RMN (Registered Mental Health Nurse) specials which is an unpredictable need
- PM queried information on page 142 relating to unavailability (headroom). PM considered that with problems regarding recruitment and retention, 19% headroom allocated in the budget could be seen to be a high figure and queried whether this could be reduced to give more time for clinical care. L Wilkinson informed this includes a 15% allowance to take account of annual leave, 3% for sickness and 1% for study leave. L Wilkinson considered this is a practical way to manage a roster. If this were to be reduced this would negatively impact on wards with a need to increase use of agency staff. As there is only one other Trust in the country at 19% SFT is one of the lowest. L Wilkinson has discussed at Board previously and is looking at whether it would be beneficial to increase (rather than lower) headroom. L Wilkinson considered that paediatrics and ITU would be good areas to review the headroom allowance given the high cost of agency usage in those areas
- J Reid queried agency usage in orthopaedics given the Finance & Performance Committee's consideration of the need to increase orthopaedic elective activity. L Wilkinson informed that this area has been identified for review based on the increased volume, high turnover and increasing acuity of patients

2368/03 National Inpatient Survey results – SFT4085 – presented by L Wilkinson

L Wilkinson presented the National Inpatient Survey 2017 and highlighted the following:

- The survey was carried out in the hospital in July 2017 when the Trust was implementing its ward reconfiguration
- Staff have been producing the action plan whilst the 2018 survey is now being conducted
- The results of the national inpatient survey 2017 for SFT are in line with the position across most other Trusts in England. SFT scored 'about the same' as most other Trusts in all 11 sections of the survey
- The Trust showed an increase in scores in two areas compared to the 2016 survey including admission dates not being changed by the hospital and patients not having to wait a long time to get to a bed on a ward
- The survey showed a decrease in six areas including privacy when being examined or treated in ED, noise from other patients at night, doctors clearly answering patients' questions, patients having confidence and trust in the doctors treating them, doctors talking in front of patients as if they were not there and patients being told about medication side effects to watch for after discharge
- All ward action plans have been through the Clinical Governance Committee

Discussion:

- M Marsh considered it is within the Trust's control to get discharge right. L Wilkinson considered this is an area for a focused piece of patient and public involvement (PPI) work
- J Reid considered the nursing aspiration has been planning for discharge at the point of admission. Management of expectations is important. Conversations from the beginning are an important element of psychologically preparing for discharge
- L Wilkinson considered that discharge issues tend to be related to non-elective patients. Health professionals are thinking about and planning for discharge but L Wilkinson queried how much of this preparatory work is being communicated to the patient
- A Hyett informed the Board that since the 2017 survey ED activity has been high. A Hyett is launching communications in August regarding patient flow of which discharge planning is a key element. There is a requirement on booking teams to discuss discharge when booking admission. Because there is a shortage in some social care provision often the decision that the service provision is ready and the patient can leave ends up being an experience which quickly ends their hospital stay rather than being a date planned in advance. A Hyett is undertaking a piece of work with the STP on capacity demand modelling which should help to address this
- P Miller queried the Trust's score for overall views of care and services being 4.3 against a national average score of 4.9. L Wilkinson informed the Board that work is underway to review all the individual comments submitted as part of the survey to better understand the detail behind the statistics. The Trust's real-time feedback mechanisms will be of benefit to better understand this

The Board noted the 2017 national inpatient survey results and endorsed the approach.

2368/04 Customer Care Report Q4 2017/18 – SFT4086 – presented by L Wilkinson

L Wilkinson presented the Customer Care Report for Q4 2017/18 and highlighted the following:

- The number of complaints and concerns received in Q4 remain relatively unchanged. Across the whole year there has been a decrease in the number of complaints
- In Q4 there were no new requests for an independent review
- NHS Choices received 17 comments in Q4 with 13 positive, 2 negative and 2 mixed comments relating to different areas. L Wilkinson informed the Board that the Customer Care Team do respond to on-line comments and encourage individuals to come forward to the Customer Care Department so their issues can be addressed
- The Customer Care workshop was focused on complaints. Outputs from this workshop will be taken to the Clinical Governance Committee
- The Board noted the Customer Care Report for Q4 2017/18.

2368/05 Update on progress of Medical Revalidation – SFT4087 – presented by P Hargreaves

P Hargreaves presented the Revalidation Annual Report to Board and highlighted the following:

- It is a statutory requirement for the Board to receive the Revalidation Report at a public meeting of the Board. The Chief Executive and Chairman are required to sign off the report
- 9% of medical appraisals are out of date. Exceptions are being managed through the escalation process
- The report is to provide assurance to the Board that the process of revalidation is being carried out in line with national requirements

Discussion:

- N Marsden reminded the Board that C Blanshard discussed this report with the Board at its meeting in July given she would be absent from today's meeting
- M Marsh informed the Board that he chaired the annual appraisal quality assurance process and supported sign-off of the report
- M Marsh informed the Board that C Blanshard considers there are adequate resources in place to support revalidation. The Trust is carrying out the right activities and recognises there are areas for further improvement. M Marsh informed the Board that best practice indicates a reduced number of appraisers should be carrying out medical appraisals in order to reduce variation and work is underway to reduce the number of appraisers within the Trust
- M Marsh considered the report can be signed-off, recognising there are areas for ongoing improvement

The Board:

- Agreed that the process of medical appraisal and revalidation is being carried out in accordance with the Regulations
- Agreed to support the Responsible Officer with the resources she needs to comply with the Regulations
- Agreed to share this report with the Higher Level Responsible Officer
- Approved the 'statement of compliance' confirming that the organisation, as a designated body, is in compliance with the regulations

2369/00 STRATEGY & DEVELOPMENT

2369/01 Strategy Committee, 26 July 2018, and work plan – SFT4088 – presented by N Marsden

N Marsden presented the report from the Strategy Committee meeting held on 26 July 2018 and highlighted the following:

- N Marsden chaired the Strategy Committee meeting in July
- The Committee received an update on the campus development and the Case for Change
- The Committee had a detailed discussion regarding the draft Digital Strategy which requires further development
- The draft Committee work plan is reflective of the strategic areas being considered by the Committee

2369/02 Progress update on Trust Strategy – SFT4089 – presented by L Arnold

L Arnold presented a progress update on delivery of the Trust Strategy and highlighted the following:

- The Strategy Committee reviews progress against the Trust Strategy
- Strategy measures will be further developed to complete ‘caring’ measures and provide further measure definitions
- The report gives an indication of progression against the objectives. There is some duplication with other Board reports which needs further consideration, including the approach to reviewing the BAF

LA

Discussion:

- P Kemp request target information is incorporated to the summary table alongside the 2017/18 baseline information
- P Miller queried when the Trust will be involving the governors and public in its strategy work. L Arnold considered that engagement is needed on the Case for Change over the autumn period. C Charles-Barks considered that different components of the Case for Change will have different phases for engagement
- C Charles-Barks informed that at the next public Board meeting the Board will receive a system STP report which will give an opportunity to discuss how the Trust is involved in the STP and how the Trust’s actions and metrics align with this

LA

CCB

The Board noted the progress on delivery against objectives and key indicators of the Trust’s Corporate Strategy.

2370/00 ITEMS FOR INFORMATION

2370/01 Minutes of the public section of the Council of Governors, 14 May 2018 – SFT4090 – presented by N Marsden

The Board received and noted the minute of the public section of the Council of Governors meeting held on 14 May 2018.

2371/00 CLOSING BUSINESS

2371/01 Any Other Business

As the Trust’s Executive lead for emergency response, A Hyett formally informed the Board of the occasions that the Trust has been in emergency status. The Trust declared a major incident on 5th March and stood down on 23rd May (a total of 80 days) and declared a second major incident on 3rd July 2018 and stood down on the 19th July 2018 (a total of 17 days).

2371/02 Public Questions

There were no questions from members of the public.

2371/03 Date of Next Meeting

The next public meeting of the Board will be held on Thursday 4 October 2018, 1:30 pm in The Board Room, Salisbury District Hospital