

DRAFT

Minutes of the Public Trust Board meeting held on  
17 January 2019 in the Board Room, Salisbury District Hospital

Present:

Dr N Marsden	Chairman
Mrs C Charles-Barks	Chief Executive
Rachel Credidio	Non-Executive Director
Dr M von Bertele	Non-Executive Director
Mr P Kemp	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 (minute taker)
John Mangan	Deputy Lead Governor
Esther Provins	Director of Transformation
Justine McGuinness	Head of Communications

ACTION

OPENING BUSINESS

1701/01

Apologies and Declarations of Interest

Apologies were received from Paul Miller, Non-Executive Director and prof Jane Reid, Non-Executive Director.

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 conflicts of interest. The minutes were agreed as a correct record.

1701/03

Action Log and Matters Arising

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

Item TB1 06/12/15 Board Assurance Framework and Corporate Risk Register: Risk score reviewed. Item completed and closed.

1701/04

Chairman's Business

NM informed the Board that the Long Term Plan (LTP) had been issued followed by the detailed Operating Plan as anticipated. These set the high level direction of travel and the Trust will now set its own plans and

strategies.

NM informed the Board that the new structure of NHSI and NHSE had been announced. The Regional Directors have been identified; Elizabeth Mahoney will be the Regional Director for this area with Adam Jones as interim until Elizabeth is in post.

The new structure has brought about much debate regarding the purpose of the Foundation Trust with these new changes. NHS Providers have raised concerns with NHSI and NHSE. Within the last few weeks there has been acknowledgement that Trust Boards will stay as they are as they will be crucial in driving the LTP in this geography. The operating plan for the Trust needs to show that the Trust is viable and financially stable going forward.

1701/05

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

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

- The Trust went smoke free on 1 January 2019. Vaping is allowed in designated external areas. Support mechanisms have been put in place for staff. This is an on-going campaign.
- Flu campaign – 57% of front line staff have been vaccinated. An update is going to be provided to Workforce Committee regarding the uptake and engagement and what we can learn for next year. Action: PH PH
- The Service Improvement Awards will be held on 5 April 2019. These awards provide the opportunity to celebrate and showcase improvements. This will be followed by a Staff Award Ceremony.
- Volunteer recognition – there has been a focus nationally and the Trust featured in the Daily Mail's Helpforce NHS Volunteering Campaign.

Discussion:

- CB asked how the Service Improvement Awards will be publicised. JM confirmed that there is a whole schedule of activities, not just digital.
- TB suggested that within the STP report, there were the programmes of work currently taking place included. CCB agreed this would be added to the report next month. Action CCB CCB

#### ASSURANCE AND REPORTS OF COMMITTEES

1701/06

Integrated Performance Report – presented by L Wilkinson

LW provided a summary of the November (month 8) Integrated Performance Report, highlighting the following:

- CQC inspection of 4 core services took place. The report is expected in February 2019 (delayed).
- The Trust is generally performing well on quality of care indicators.
- Excellent maternity survey results and notification received stating the Trust has benchm

Clinical Governance Committee.

- HSMR is as expected.
- The Trust is seeing a rise in falls in quarter 3. The investigations are being aggregated to look at learning. The Trust is part of the NHSI Falls collaborative.
- Access/performance saw achievement of the key RTT metric; over 92% of patients waiting less than 18 weeks for treatment. There are risks noted at specialty level; urology and gastro underpinned by workforce challenges and these are high volume specialties.
- Failed diagnostic target and there is considerable risk going into

- CCB stated that there is a balance between the cost of outsourcing versus target delivery. A completed piece of work is going to Finance and Performance Committee.
- PK questioned why outsourcing occurred at weekends with AH clarifying that it is to do with availability of the company and capacity.
- RC asked in regards to the ED performance and the Friends and Family 10% not recommends in November, whether there were any identified issues for that month. AH agreed to look at the free text comments and feedback Action: AH
- TB questioned why the Trust had been unable to sell MRI capacity. AH confirmed that the capacity had been closed down. Feedback from organisations is that patients were not willing to travel.
- TB asked whether there were any established data sets from the falls collaborative as difficult to establish benchmarking. LW confirmed there were no data sets and although there were other indicators within the Model Hospital, falls was not one of them. There is only ability to measure outputs such as risk assessment and interventions.
- NM asked regarding the effectiveness of the Winter Director. AH responded that the resource was useful as the post was not aligned to one organisation and provided that helicopter view and oversight across the system.