Minutes of the Public Board meeting held on 5 February 2018 in the Board Room at Salisbury Hospital

Present:

Dr N Marsden Chairman

Ms T Baker Non-Executive Director

Mrs C Charles-Barks Chief **#**kecutive

Mr P Hargreaves Director of Organisational Development and People

Mr A Hyett
Mr P Kemp
Dr M Marsh
Prof J Reid
Mrs L Thomas
Ms L Wilkinson

Chief Operating Officer
Non-Executive Director
Non-Executive Director
Director of Finance
Director of Nursing

Corporate Directors Present:

Mr L Arnold Director of Corporate Development

Apologies:

Dr Michael von Bertele Non-Executive Director

Dr Christine Blanshard Medical Director

In Attendance:

Sir R Jack Lead Governor Mr A Lack Governor

Dr B Robertson Ms L Herklots Mr J Mangan

Mr J Lisle Ms S Oulsnam

Mr J Murray

Mr T Berry

Mr P Butler

Mr D Seabrooke

Miss A Prime

Mark Wareham

Paul LeFever

Hazel Hardyman

Helen Rynne

Teresa Callaby

Claire Gorzanski

2347/00 OPENING BUSINESS

2347/01 PATIENT / STAFF STORY

Lorna Wilkinson introduced the patient story, the purpose of which is to connect the Board, from the start of the meeting, with its agenda, purpose and patients. As it was national Tinnitus week the patient story focused on this condition.

It had been planned for a patient to attend the meeting in person to share his experience of living with the condition and interacting with the Trust's Audiology

- with the body so it becomes a bodily sound the individual gets used to
- x Lorna Wilkinson questioned what aspects the Trust can improve on. Teresa Callaby informed the Board that ex-military personnel often have PTSD (Post-Traumatic Stress Disorder) and Tinnitus and can find it difficult to navigate support mechanisms. Given that the Trust will be seeing more military personnel this is an aspect to give consideration to
- x Jane Reid reflected that some of the themes within the story are similar to the patient story at the December Board meeting and questioned how to create environments to take account of people's needs. Cara Charles-Barks shared experience of engaging individuals with a variety of impairments to undertake a way-finding audit which Cara Charles-Barks and Andy Hyett have discussed taking forward

2347/02 APOLOGIES AND DECLARATIONS OF INTEREST

Apologies were received from Dr Michael von Bertele, Non-Executive Director and Dr Christine Blanshard, Medical Director.

There were no declarations of interest.

2347/03 CHAIRMAN'S BUSINESS

Nick Marsden informed the Board that he did not have further business to raise which is not already to be covered by the agenda. The recent publicity with regard to Trust's financial position will be covered as part of the agenda.

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- delivered on in-year benefits with shortfalls in terms of cost and benefits. The level of overspend was a governance breach as Board approval was not sought. The Committee has asked management to give assurance that the breach will not happen again
- x The Committee reviewed the Trust's Standing Financial Instructions (SFIs). The main item of change requested was to the limit of uncompeted tenders, shifting from a £5k to a £10k limit. Paul Kemp informed the Board that at the £5k limit the Trust is already an outlier in the use of waiver actions compared to other local trusts. At the Committee, management made the case around efficiency and other processes to be put in place to offset the increase in the limit. The Committee were happy to recommend to the Board the acceptance of changes to the SFIs. Management have been asked to report to the December 2018 Committee meeting on the use of the increased limit
- x The Committee considered five Internal Audit reports, all of which were reported as reasonable assurance. Paul Kemp informed the Board that in at least one case the Committee were not confident about how the report had been scored and asked for further work to be done on this and other processes the Committee were unsatisfied with
- x Jane Reid informed the Board that the Theatre Safety review had been reported to the Clinical Governance Committee last week
- x Nick Marsden questioned the shortfall against Lorenzo business case benefits which have been under-delivered by £400k. Paul Kemp informed the Board that it is anticipated the project wi1(c)li(9 1.6-6(u2(Tw 1.772 0 Td.326 0 Td [(q)50 Td (-)Tj 0 Tc 07(ed)]

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- x Tania Baker questioned the Trust's MRI capacity and whether there is anything that can be done with the Trust's external suppliers. Andy Hyett explained the need to be cautious given performance is not entirely within the Trust's control. Andy Hyett is looking at interim options and is at present flagging MRI as a risk
- x Nick Marsden questioned what the Trust's performance position had been for

- additional governance and approvals for commercial borrowing
- x The current phase of the Scan for Safety project comes to an end at the end of the financial year. A final close down audit is planned with the Department of Health in May. A plan is in place for the project team going forward. There are many opportunities to exploit bar coding technology such as tracking all medical equipment, pathology specimens and patient flow. The Trust is hosting lots of visitors who are interested to look at the initiative. Cara Charles-Barks considered Scan for Safety could give a rich data source for the Trust to improve pathways and resources. Paul Kemp questioned whether phase one benefits had been achieved. Lorna Wilkinson informed the Board that two-

- is underway, formalising drinks and meal time rotas is being considered and how volunteers' roles could be structured. Cara Charles-Barks recognised the huge response from volunteers and informed the Board that the Trust is now looking at formalising volunteer roles such as the pharmacy runner
- x Tania Baker considered it important in presentation of the HSMR information to clarify whether the Trust's position is 'within the expected range'. Michael Marsh recognised that the Trust's HSMR has reduced considerably given the actions that have been taken and questioned whether there is further action that can be taken or whether the figures misrepresent the expected position. It is important to continue to challenge what quality improvements the Board can focus on to drive down mortality rates and what the figures tell us about the Trust's position.
- x Tania Baker questioned the variation in stroke performance. Lorna Wilkinson informed the Board of the improvements in the way the team are able to manage in their new environment, being able to define acute stroke and rehabilitation areas within the ward. The Trust is protective of the stroke environment for stroke patients. Andy Hyett informed that the Trust effectively runs with two available stroke beds as one is a take-bed and one is an assessment bed. Andy Hyett informed that there is variable demand for stroke services and gave the example that on one day last week seven patients were admitted with a suspected stroke. Andy Hyett agreed that the recent changes in the Stroke Unit environment should result in improvements in performance
- x Jane Reid questioned whether the Trust looks for patterns in the GP footprint from which stroke patients are admitted. Andy Hyett confirmed that the Trust does review this information and does use this with primary care
- x Cara Charles- Barks considered the need to use the Trust's information and undertake demographic modelling every quarter to identify trend changes to inform the Trust's demand and capacity plans. Lorna Wilkinson considered that early supported discharge will also help
- x Andy Hyett informed the Board that a review of stroke capacity has been completed with the medical directorate

Paul Hargreaves reported on the People section:

- x Temporary spend is down for the third consecutive month. The largest reduction has been in nursing. The reduction could also result from some month 8 accruals. There have been some unfilled shifts even though agencies were approached to provide staff. The Medicine Division's agency usage dropped by a third. The Trust has improved temporary staffing booking and authorisation processes. Year to date spend is £7.5m against a control total of £6.2m. A comply and explain process is in place. Paul Hargreaves forecasted a £200k reduction for year-end
- x Work continues through the Workforce Pay Control G

- and 24 related to long term absence. The team are trying to get under the drivers for sickness and analysing causes and patterns of absence. There is continued focus on theatres with a 2% drop in absence from September to December 2017
- x A new management of attendance policy is due this month and managers will be supported through a training package around this
- x Jane Reid questioned the high sickness numbers for theatres. Tania Baker asked if the Trust has information on how it compares to others. Paul Hargreaves informed that the Trust does have access to some comparator information and overall the Trust benchmarks reasonably well however overall figures do not given information on specific areas

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programmes such as the better births programme

- 40% had a full case review. In 12 cases slight evidence of avoidability was found and a number of learning points identified
- x Most importantly the process has enabled the Trust to identify early on where a family or carer may have concerns. This has enabled early engagement to address issues where possible to do so
- x In 2017/18 deaths of four patients with learning disabilities were reported to the Learning Disabilities Mortality Review Programme hosted by the University of Bristol which aims to guide improvement in the quality of health and social care services for people with learning disabilities
- x There was one death of a patient with a serious mental illness which was subject to a full case review
- x The three main learning themes have been around end of life care; ensuring the resuscitation status of patients is clear; improving the up-take of treatment escalation plans working closely with Wiltshire CCG to make sure this is improved and timely review of ceilings of care to ensure appropriate management
- x The Trust has good processes in terms of engagement with bereaved families.
 There are opportunities for families and carers to meet with teams if they are concerned about the care of a loved one. The Bereavement Suite team visit gives an opportunity for family members or carers to raise concerns when they at0400000013 mg/1.7859

group of patients to ensure they have not been failed \boldsymbol{x} For future reports,

attended SFT during November or December 2016 either as a day-case or inpatient. The national report has been recently published.

Lorna Wilkinson informed the Board that this had been a very good report. The action plan in place focussed on the one area the Trust scored worse than others on which was around sharing accommodation with adulte /Foond.

differentiated from those cared for by palliative care nurses and end of life nurses. Mr Mangan considered that this was not a good decision by the Board as it doesn't enable the Trust to differentiate on outcomes. Mr Mangan considered that hospitals generally are changing coding practice and if the Trust does not do so the Trust's mortality rate will go up but figures will have been taken out of the assessment. It was agreed to ask Christine Blanshard to give a presentation to the Governors to explain the position.

Mr Mangan queried the loss of income associated with clinical commissioning groups (CCGs) that are not the Trust's main commissioners. Lisa Thomas clarified that the contract values within the finance report are for specific CCGs and are the contract values. However, because CCGs assume a level of cost improvement plan (CIP), called QIPP saving.002 Tw 0.663 0m4(e C)oe C emptl(em)-6(ent)4(pl)3(an (6.26Tw 0.337 0 T6.2