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Minutes of the Public Trust Board meeting held on 7 June 2018 in The Board Room, Salisbury District Hospital

Present:

Dr N Marsden	Chairman
Ms C Charles-Barks	Chief Executive
Dr C Blanshard	Deputy Chief Executive and Medical Director
Ms T Baker	Non-Executive Director
Dr M Marsh	Non-Executive Director
Prof J Reid	Non-Executive Director
Mrs L Thomas	Director of Finance
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
Ms R Credidio	Non-Executive Director
Mr A Hyett	Chief Operating Officer (agenda item 11 onwards)

Corporate Directors present:

Mr L Arnold	Director of Corporate Development

In Attendance:

Glennis Toms
Sir R Jack
David Seabrooke
Andrea Prime
Katrina Glaister
Helen Rynne

- The Trust has launched the staff engagement programme. May was a listening month and next month the Board will start to see emerging themes and recommendations from this engagement process. The new staff engagement group will be run by staff for staff; driving improvement of staff experience in the organisation and collecting and initiating ideas and innovations that can improve work life balance
- Walk for Wards takes place on Sunday 1st July. Last year around 2,000 people took part in the event which gave a great opportunity for Board members t of d tine teat

reviewed by a task and finish group

The Board noted that the ED navigator post is now out to advert. Contingency arrangements are in place for a band 2 member of staff to observe the waiting room to ensure patients are safe whilst this post is being recruited to.

2361/03 Finance & Performance Committee Report, 24 April and 29 May 2018 – SFT4046 – presented by P Miller

P Miller presented the report from the Finance & Performance Committee meetings held on 24 April and 29 May. Focussing on the 29 May report, P

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emergency orthopaedic services. C Blanshard informed that the GIRFT team advice is from the perspective of mitigating the risk of surgical site infection and revision rates. C Blanshard considered it is right to separate elective orthopaedics from emergency medicine but in practice this is challenging. The GIRFT team are advising that elective orthopaedic activity should not be commissioned from sites that are unable to ring-fence beds. C Blanshard will be discussing this with the service manager

- C Charles-Barks queried whether there are any lessons that can be applied from the emergency surgery pathway work to elective procedures and post-operative management. C Blanshard informed that the enhanced recovery programme is key and there is scope to improve this in some areas so that enhanced recovery is an embedded expectation for every elective patient in the Trust
- T Baker queried whether the Trust is an outlier on general day cases. C Blanshard informed that the Trust is in the top quartile for the percentage of suitable operations that can be undertaken as day cases. Improvements are needed in how we book patients on the list, informed by travel times. Where day surgery is carried out towards the end of the day patients sometimes stay overnight, for example, if they would otherwise be returning home alone. J Reid informed the Board that increasingly day case units have relationships with neighbouring hotels

- P Miller considered that stroke audits are often cited as reasons for strategic reconfigurations and questioned what level of SSNAP audit improvement can be achieved independently. C Blanshard considered the Trust could achieve a 'C' score with a possibility of achieving a 'B'. C Blanshard is working closely with the CCG who are supportive of the Trust's improvement work
- M Marsh considered that the door-to-needle time of patients thrombolysed is important and the Trust will need to be able to show how those who would benefit from thrombolysis are getting this treatment quickly. C Blanshard informed that the Trust has an on-call stroke consultant and data is collected to enable this to be tracked
- J Reid queried the number of escalation bed days and level of patient moves which can both have a direct impact on quality of a patient

nursing assistant numbers
- The Trust has a plan to fill and over-recruit to nursing assistant posts given the national issue around registered nurse numbers
- The Trust has maintained key quality indicators
- Some overseas nurses are included within the nursing assistant numbers whilst awaiting OSCEs and/or IELTs despite being registered nurses in their own country of origin

Discussion:
- Work is underway to create career pathways for band 2 nursing assistants to band 3s. In some areas of the Trust band 3s have developed into band 4 positions. This work is improving the career pathway for nursing assistants to registered nurse opportunities
- P Miller questioned whether the Trust will get the number of registered nurses needed. L Wilkinson considered this is unlikely in the short term given the national deficit in numbers and the long-term aim (3-4 years) to improve this national position. L Wilkinson would not want to normalise the staffing numbers the Trust currently has. G Toms informed that the national shortage is recognised and therefore the Trust undertakes overseas recruitment. For the long-term there is a need to consider the Trust's 'grow our own' strategy

2362/02 Voluntary Services Annual Report – SFT4049 – presented by J Jarvis

Jo Jarvis attended to present the Voluntary Services Annual Report 2017/18 and highlighted the following:

- The Trust's voluntary service continues to grow, with more volunteers joining than leaving. At the same time, demand from within the Trust for volunteers is also growing
- The service aims to match volunteers with the role they are looking for whilst working to achieve the needs of the Trust
- J Jarvis thanked N Marsden for his input to the Volunteers Day event. The Trust offered service awards to volunteers as part of this event. Over 70 volunteers attended and J Jarvis has received positive feedback from attendees

Discussion:
- N Marsden informed the Board that the Trust has

service during the peak winter pressure period

- M von Bertele reported that he had visited the new Pembroke Ward and seen the difference the volunteers have made in making it a personal space

The Board received the Voluntary Services Annual Report 2017/18 and

- The report is published in accordance with guidance from the National Quality Board on learning from deaths
- In 2017/18 there were 841 deaths in the Trust, the majority of which were expected deaths
- 90% of deaths in the Trust had a first screen. For all patients who die, the junior medical staff member looking after the patient is required to undertake a first screen which asks if they thought there were any problems with care or whether nursing staff or relatives raised any concerns with quality of care. Junior staff have access to a pathologist to provide further advice if they have concerns, or can discuss concerns with a consultant
- If anyone has any concerns or falls into a category other than expected death, all have a full case review by a member of the Mortality Surveillance Group, independent of the team caring for the patient. During this review a Hogan Score is used to define how avoidable a death was. None of the 302 deaths reviewed were found to be due to problems in care but 29 had slight evidence of avoidability with a common issue being escalation of deteriorating patients and reviews of ceilings of care
- The Trust has piloted asking bereaved relatives if they had any concerns with care when they attend to collect the medical certificate. 11 families had concerns. A common theme was communication and the opportunity to ask questions. This pilot work is being extended through funding to the End of Life Team to continue this work
- 20 patients died during a planned admission to hospital. Reviews indicated that the majority of these patients had metastatic cancer
- There were five unexpected deaths all of which were found to be unavoidable. In all cases these were due to diagnosis or discovery of more pathology than aware of on admission,

review patients at the weekend including escalation to a consultant weekend review list. At a weekend a consultant and registrar will typically have 60 patients to review on a daily basis. Once recruitment has been completed C Blanshard is looking at provision of specialty in-reach into the medical unit at weekends. Ward rounds are already carried out by cardiologists at weekends

- C Charles-Barks informed the Board that in relation to patients who die in hospital with a serious mental illness, that there is opportunity to improve experience of services. C Charles-Barks considered it is necessary to work with Avon Wiltshire Partnership (AWP) to collaboratively learn and improve services for these patients
- T Baker queried how cases are selected for a full case review. C Blanshard informed that cases are either identified in that category or are included when someone has raised a concern. Mortality is also monitored in other systems and any red flags are reviewed by a member of the Mortality Surveillance Team and a relevant expert
- T Baker queried the consistency and quality of case reviews. C Blanshard informed that the reviews are subjective. All reviewers are trained in the review methodology but there is variation
- T Baker queried whether, over time, the reviews could be focused on those areas that lead to quality improvement. C Blanshard informed that the reviews focus in on areas where there may be better learning and reminded the Board that the Trust actively participates in audits, implementation of NICE guidance and many other quality improvement mechanisms
- C Blanshard will be running a Board seminar session on mortality rates and how to get the best from the Learning from Deaths report

The Board received the Learning From Deaths Report Q1-4 2017/18.

2362/05 Report of Director of Infection Prevention and Control – SFT4052 – presented by L Wilkinson

L Wilkinson presented the Director of Infection Prevention & Control (DIPC) Annual Report 2017/18 and highlighted the following:

- 2017/18 ended positively on reportable infections. The 12 month period has been a busy time for Infection Prevention & Control but the Trust has achieved good outcomes
- The Trust has performed v

2363/01 Capital Development Report – SFT4055 – presented by L Arnold

LA presented the Capital Development Report and highlighted the following:

- This is a retrospective report responding to previous strategic objectives and will be reframed to 2018/19 priorities for future reports
- The Trust is submitting bids for STP capital money to replace cath lab equipment and to take forward the maternity birthing unit developments
- Work is underway with the ophthalmology outpatients team to address issues within the new environment. C(lin)-3(-s30 Tc 0.013 Tw 0.967 0 Td 7(i)3(s)9(m(r)-6(v c)

into critical care
- C Charles-Barks informed that the Trust has an internal transfer scheme and it is necessary to capture internal turnover data

J Lisle queried four hour stroke data in terms of internal and external factors as journey time is a significant factor that should be considered.
- C Blanshard informed that the four hour target time is from arrival at hospital. The Trust does not capture journey time
- A Hyett informed that commissioners monitor ambulance journey times through the ambulance service

J Mangan informed the Board that he is disappointed to see a minor commissioner occupying a major amount of the finance department's time and questioned whether there is a requirement for a small commissioner to accept the conditions of a main commissioner.
- L Thomas responded that this is difficult in practice as Dorset's vision is very different to Wiltshire's vision

2364/03 Date of Next Meeting

The next meeting in public of the Board will be held on Thursday 2nd August 2018 at 1:30 pm in the Board Room at Salisbury District Hospital.