

SALISBURY NHS FOUNDATION TRUST

Minutes of the meeting of Salisbury NHS Foundation Trust Board Held on 15 October 2012 In the Boardroom, Salisbury District Hospital

Present:	Mr L March Mr N Atkinson Dr C Blanshard Dr L Brown Mr B Bull Mr M Cassells Mr I Downie Mr P Hill Mrs A Kingscott Mr S Long Miss T Nutter	Chairman Non-Executive Director Medical Director Non-Executive Director Non-Executive Director Director of Finance & Procurement Non-Executive Director Interim Chief Executive Director of Human Resources Non-Executive Director Director of Nursing
Apologies:	Mr J Stokoe	Non-Executive Director
In Attendance:	Mr L Arnold Mr M Ogden-Meade Mrs H Lewis Mr D Seabrooke	Director of Corporate Development Interim Chief Operating Officer Associate Directorate Senior Nurse, Musculo-Skeletal (for SFT 3317) Secretary to the Board

1818/00 WELCOME

LM welcomed Governors and Members and also the Chief Executive and Chair from Hampshire Hospitals who had come to observe the meeting. The Chair also welcomed Mark Ogden-Meade, Interim Chief Operating Officer and Alison Kingscott, Director of Human Resources to the meeting.

LM also informed the meeting that this would have been the last Board meeting for Mr John Stokoe who completed his term at the end of October and who had not been able to attend today because of the change of meeting date. He was warmly thanked for his contribution as a non-executive director over the past four years.

1819/00 INTERESTS

Members were reminded that they had an obligation to declare any interest which might impact on the business of the Trust, both as discussed at this meeting, or outside of this meeting. No member present declared such an interest.

1820/00 MINUTES

The minutes of the meeting held on 6 August 2012 were accepted as a true record.

1821/00	MATTERS ARISING	
1821/01	Progress against Improvement Notices	
	TN responded to a point about the use of latex gloves – in general the Trust's policy was not to use latex gloves but there were exceptions for specific consultants and specific procedures. The risk assessments for these individual occurrences provided for more frequent assessments as to early development of dermatitis.	
1821/02	Designation of Salisbury Neonatal Unit	
	CB reported that the Trust had responded to an initial set of concerns about staffing levels and a further set of concerns – about the high number of consultants on the rota had now been received. CB was arranging to meet with the Commissioners to discuss this. The Trust offered a high quality and safe service and it was not believed that proposals to downgrade the service to a Special Care Baby Unit (which admitted babies from 31/32 weeks) were appropriate, especially in view of the recent completion of a new neonatal unit with dedicated parents' accommodation.	CB
1821/03	Acknowledgement of Excellent Attendance Rates	
	AK reported that the information about attendance rates had been validated and that HR were now putting together some communications to issue to staff in the next two weeks.	AK
1822/00	CHIEF EXECUTIVE'S REPORT – SFT 3312 – Presented by PH	
	PH highlighted the following principal points from the report;	
1822/01	HSE Improvement Notices	
	It was confirmed that all notices had now been removed following inspection visits and PH emphasised the positive and effective action taken by the Trust in response to the notices. However, there remained plenty of work to complete in this area.	
1822/02	Seasonal Flu Campaign	
	800 Staff had so far come forward for a flu vaccination.	
1822/03	AGM	
	PH reflected on the AGM that had dealt with some challenging questions from the floor very effectively. He thanked the clinical presenters for their contribution.	
1822/04	Horatio's Garden	
	PH mentioned the successful completion and formal opening of Horatio's Garden.	

- 1822/05 **Neonatal Family Unit**
- PH referred to the recent commissioning of the Neonatal family unit accommodation funded by the Stars Appeal.
- 1823/00 **PATIENT CARE**
- 1823/01 **Quality Indicator Report to 31 August 2012 (Month 5) – SFT 3313 – Presented by TN and CB**
- CB highlighted the main issues in the report including no new SII's commissioned in August, a drop in the crude mortality rate in August and the standardised hospital mortality index for 2011 calendar year being 'as expected'. The Global Trigger Tool remained below target at a time when escalation beds remained open.
- TN added that there had been two cases of C-Difficile in September; the Trust's ceiling for 2012/13 was 25 so the Trust was slightly above its quarter 2 trajectory. TN reminded the Board that some patients who had had falls were those undergoing rehabilitation after surgery.
- A pilot pro-forma entitled 'Your Plan for Your Care' was being initiated that was intended to improve the Real-Time Feedback given by patients in this area. There was an increasing focus on reducing grades 1 and 2 pressure ulcers – patients were screened on admission and many arrived in hospital with a pre-existing pressure ulcer.
- 1823/02 **Hospital Cleanliness Report – SFT 3314 – Presented by TN**
- TN reported that the Trust had been chosen as a pilot site for Patient Led Assessments of the Care Environment (PLACE) review. TN highlighted the schedule of cleaning activities including terminal cleaning to manage infection, deep cleaning and enhanced cleaning. Challenges in respect of delivering the deep cleaning programme were being addressed.
- 1823/03 **Customer Care Report – Quarter 1 April – June 2012 – SFT 3315 – Presented by TN**
- TN highlighted that during the quarter 78 complaints had been registered, but that 379 compliments had also been received. It was noted 2/3^{rds} of the complaints were either fully or partially upheld.
- 1823/04 **The NHS Safety Thermometer Up-Date – SFT 3316 – Presented by TN**
- The report highlighted issues around the interpretation of the questions to patients asked in this methodology. Enclosed with the report was a letter from the NHS Medical Director and Chief Nursing Officer indicating that in their view it was too early for comparisons across organisations to be made based on this data.
- TN confirmed that the necessary data collection was being undertaken in support of the CQUIN requirement and that the practical interpretation of the NHS Safety Thermometer would continue.

1823/05 Health Surveillance of Staff – SFT 3317 – Presented by TN

Heidi Lewis attended for this agenda item in relation to work-related dermatitis.

The Occupational Health and Health and Safety sections were identifying staff at risk in accordance with the requirements of the Improvement Notice.

1823/06 Roles and Responsibilities for Executive and Non-Executive Leads on Security – SFT 3318a – Presented By PH

The Board noted a report giving clarity on the roles and responsibilities of the Executive Director and Non-Executive Director leads in this area.

1823/07 Strategy Statement for Developing a Culture that Recognises the need for a Proactive Approach to Security – SFT 3318b – Presented by PH

The paper confirmed the Trust's strengthened approach to this issue that would improve the governance of this area, including more preventative work through an annual work programme, a systematic approach for risk assessments and support for staff in undertaking these, reporting and analysing security related incidents, improving training to all staff with relevant skills commensurate with their role and moving towards a 24/7 presence. The Security Management Committee would oversee the implementation of the strategy via the Health and Safety Committee and there would be six monthly reports to the Trust Board.

1824/00 PERFORMANCE AND PLANNING

1824/01 Finance Committee – Minutes from 20 August 2012 and Draft Minutes from 24 September 2012 – SFT 3319 – Presented by LM

The Board noted the report summarising the activities of the Finance Committee since the last meeting of the Board.

1824/02 Financial Performance to 31 August 2012 (Month 5) – SFT 3320 – Presented by MC

MC highlighted the following principal points of the report;

- EBITDA was £5.58m which was below plan of £5.79m.
- Operating Expenditure was £67.37m which was slightly below the FT Plan of £68.24m.
- The FRR remained at '3'.
- Cash held at the end of August was £21.3m, but this had been reduced to around £17m during September.
- The value of work for NHS Dorset and NHS Bournemouth and Poole was slightly above the base contract value; NHS Hampshire have been marginally below but during September had moved to slightly above the base contract value.
- At the end of Month 5 the NHS Wiltshire contract had over

performed by £3m and a reasonable sum to cover challenges had been allowed for in the financial position.

- The cost of sales was £1.3m overspent principally due to unrealised savings against plan of £1.04m.
- Work on Cost Improvement Programmes was now being supported by Newton.
- Concern remained that the level of recurrent CIPs was 53% and this should be closer to 80%.

The Finance Committee was monitoring progress with CQUINs and the Trust was challenged by targets for reducing length of stay and rates of weekend discharge. The Trust was discussing with Commissioners to identify alternative schemes.

It was noted that the Trust had one specialty that had been unable to comply fully with the 18 week referral to treatment requirement and this had resulted in a small fine from the commissioner.

The hospital had been under considerable pressure in recent weeks from patient demand and at one stage in October had gone onto black alert. There had been contacts from other hospitals in the South West seeking assistance with their pressures. As a result of this there were often delays and cancellations for elective patients. The Trust was reducing capacity in line with commissioner requirements and the flexible workforce (bank and agency) was being utilised to help cope with demand.

The Emergency Department was a constant in many patients' perceptions when there was variability in the availability of GPs, out of hours GPs and the walk-in centre. The Trust's staff however had responded exceedingly well to the additional demands placed upon them.

1824/03 Progress Against Targets and Performance Indicators to 31 August 2012 – SFT 3321 – Presented by LA

It was noted that Mark Ogden-Meade had agreed with Wiltshire Council an action plan to reduce Delayed Transfers of Care back to 1%. This agreement would, subject to CCG agreement, introduce interim placements in the community and would streamline the onward assessment process.

LA informed the Board that previously cancelled patients were flagged in the waiting list and further cancellations were avoided by this means.

The principal issues raised in the Performance Report were the achievement of 95% of patients seen within four hours in A & E – in August the Trust had missed its own stretch target and the figures for non Wiltshire Social Care delayed transfers of care.

It was noted that the Trust was achieving all cancer waiting times for quarter 2.

1824/04 Capital Development Report – 1 June – 30 September 2012 – SFT 3322 – Presented by LA

The relocated Neonatal Intensive Unit had become operational in May 2012 and the second phase had been recently opened.

The Spinal Unit Outpatient reconfiguration was complete. The last component of the play deck was being refitted in the next few days and it was hoped to be able to commission this facility in the near future.

1825/00 **STAFF**

1825/01 **South West Pay Terms and Conditions Consortium Update – SFT 3324 – Presented by PH**

PH highlighted the two discussion documents that had been published in August. Executive Directors continued to attend local staff meetings to discuss the possible implications of the SWPC. Guiding principles had been developed under which the Trust would look to protect employees' basic pay. The engagement with staff on this matter would continue although engagement with UNISON remained challenging.

1826/00 **PAPERS FOR NOTING OR APPROVAL**

1826/01 **Risk Management Annual Report 2011/12 – SFT 3325 – Presented by TN**

TN reminded the Board that this report had been covered at the September workshop.

The following principal points in the report were noted;

- The Assurance Framework had been continuously reviewed and had been subject during the year to a review by Internal Audit.
- The 2011 Staff Survey had indicated that the Trust was better than average for reporting errors and near misses and the HPSA reported that the Trust was in the highest 25% of the cluster group with 8.2 incidents per 100 admissions. The Trust had continued to uphold the principles of openness.

1826/02 **Risk Management Strategy 2012/13 – SFT 3326 – Presented by TN**

The Board received the Risk Management Strategy 2012/13 for approval this had been considered at length in the September workshop. The Strategy provided a framework and clear objectives, responsibilities and monitoring mechanisms to ensure the continued robust risk management.

The Board approved the Risk Management Strategy 2012/13.

1826/03 **Draft Minutes of the Clinical Governance Committee meeting held on 11 September 2012 – SFT 3327 – Presented by LB**

LB highlighted the case study presentations the Committee had heard from the point of view of the patient, staff and carer. The meeting had received the Quality Report from the Surgery Directorate and had considered a report from the Kings Fund 'Preparing for the Francis Report'.

- 1826/04 **Draft Minutes from the Workforce Committee 23 July 2012 – SFT 3328 – Presented by SL**
- SL highlighted the Committee's review of the range of sub groups that dealt with workforce related matters. The Committee had received presentations on progress with staff appraisals and work on leadership development and review of spans and layers.
- 1826/05 **Clinical Governance Annual Report 2011/12 – SFT 3329 – Presented by CB**
- It was noted that CB would be leading on domains 1-3 of the NHS Outcomes Framework 2012/13 and TN domains 4 and 5. The Board was also reminded that the quality priorities for 2012/13 were as follows;
- To continue to improve the quality of end of life care.
 - To ensure patients' privacy and dignity is maintained during their stay and improved responsiveness to their needs.
 - Enable patients to receive timely and effective hospital treatment.
 - Ensure patients rate the quality of care they receive in hospital as very good or excellent.
 - Continue to keep patients safe during their stay in hospital.
- 1826/06 **Assurance Framework 2012/13 Proposals – SFT 3331 – Presented by TN**
- It was noted that a new risk had been identified in the September 2012 workshop – failure to secure patient, visitor and staff safety and TN highlighted actions being taken in relation to patient feedback concerning noise at night and responses to call bells. Measures being introduced included more social areas for patients and the use of noise softening materials and consideration of moving the nurses' stations to help improve interaction with patients.
- 1826/07 **Draft Minutes of Council of Governors 23 July 2012 – SFT 3332 – Presented by LM**
- The Board noted the content of the 23 July 2012 meeting of the Council of Governors which were presented for information.
- 1826/08 **JBD Minutes Evidencing Quarterly Review of Assurance Framework and Risk Register – SFT 3333 – Presented by PH**
- The Board received details of the up-dates to the Assurance Framework considered at the meeting of the Joint Board of Directors on 18 July 2012. A range of newly identified gaps in control and assurance within existing risks had been identified and remedies put forward and newly identified positive assurances had also been identified. The arrangements for the off site storage of SFT data had been highlighted and actions were in hand to address this.

1826/09 **Audit Commission Management Letter for 2011/12 – SFT 3334 –
Presented by PH**

The management letter addressed to the Governors dated 9 July 2012 confirmed that the Auditor had issued an unqualified opinion on the Trust's annual accounts and had also issued his 'Limited Assurance' report in relation to the quality account.

1827/00 **ANY OTHER URGENT BUSINESS**

Nothing was raised.

1828/00 **DATE OF NEXT MEETING**

3 December 2012, at 1.30 pm in the Board Room.