

SALISBURY NHS FOUNDATION TRUST

Minutes of the meeting of Salisbury NHS Foundation Trust Board Held on 4 April 2011 In the Boardroom, Salisbury District Hospital

Present:	Mr L March Mr N Atkinson Dr L Brown Mr M Cassells Mr A Denton Mr I Downie Mr P Hill Mr S Long Miss T Nutter Mrs M Romaine Mr J Stokoe	Chairman Non-Executive Director Non-Executive Director Director of Finance & Procurement Director of Human Resources Non-Executive Director Interim Chief Executive Non-Executive Director Director of Nursing & Operations Non-Executive Director Non-Executive Director
Apologies:	Mr B Bull Dr S O'Kelly	Non-Executive Director Medical Director
In Attendance:	Mr L Arnold Dr C Fuller Mrs J Hair Mrs M Neville Mr J Williams Mr P Matthews Mr J Carvell Mr R Coate Mrs C Noonan Dr B Robertson Mr C Wain	Director of Corporate Development Acting Medical Director Deputy Director of Human Resources for SFT 3107 Head of Clinical Governance for SFT 3111 Secretary to the Board Vice Chairman, Wiltshire Involvement Network Governor Governor Governor Governor Governor

1634/00 **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.

1635/00 **MINUTES**

The minutes of the last meeting held on 7 February 2011 were accepted as a true record.

1636/00 **MATTERS ARISING**

There were no Matters Arising.

1637/00 **CHIEF EXECUTIVE'S REPORT – SFT 3106 – Presented by PH**

1637/01 **Independent Assessment of the Trust Board**

The NHS Foundation Trust Code of Governance, published by MONITOR, requires the Board of Directors to undertake a regular evaluation of the Board performance and that of its committees and individual directors. Since the hospital was authorised as a Foundation Trust on 1 June 2006 two independent assessments have been carried out by the NHS Institute for Innovation and Improvement with the findings and conclusions fed back to the Board and also shared with the Council of Governors. The Trust has now arranged for The King's Fund to carry out an independent assessment. This will take the form of individual interviews with each member of the Board and the Lead Governor and attendance at the Trust Board's private meeting on 9 May 2011 and public meeting on 6 June 2011. The findings and conclusions will again be fed back to the Trust Board and shared with the Council of Governors.

1637/02 **NHS Employers – Equality and Diversity Partners Programme 2011/12**

Equality and Diversity Partners offer advice, guidance and demonstrations of good practice in equality and diversity management to the NHS. The organisation recently invited Trusts to submit an application against 46 criteria for 'Partner Status' for the period 1 April 2011 to 31 March 2012. Following scrutiny of all the applications by a panel Salisbury was one of 13 Trusts who have been successful and invited to become 'Partners' for 2011/12. The programme for the coming year will give 'Partner organisations' the opportunity to work on Department of Health Equality and Diversity Council priorities, with a focus on organisational development, in order to better equip themselves for the challenges of the transition into the new NHS environment.

1637/03 **New Consultant Appointments**

Dr Toby Black – Consultant, Acute Elderly Care

Dr Carl Broadbridge – Consultant, Anaesthetics

1637/04 **Visit by HRH The Countess of Wessex**

On 30 March 2011 HRH The Countess of Wessex visited the hospital to officially open the new Children's Unit and unveil a plaque to commemorate her visit. The Countess was given a guided tour of the new unit, and also the new Emergency Department, and introduced to a large cross section of staff who had either contributed to the new build or would be working in the unit. The Trust had previously held two very successful open days on 4 and 5 March 2011.

- 1637/05 **British Burn Association's Annual Scientific Conference**
- Membership of this non-profit making organisation is made up of those people interested in taking forward the aims of the Association which are burn prevention, and to propagate knowledge on the best treatment and rehabilitation following a burn injury. This year the Association's Annual Conference was hosted by the Salisbury District Hospital burns team and held in Salisbury Playhouse from 22 – 25 March 2011. PH had the privilege of opening the event, which attracted attendees from home and abroad.
- 1637/06 **Care and Compassion – Report of the Health Service Ombudsman on ten investigations into NHS Care of Older People**
- The Department of Health issued this report on 15 February 2011 and outlined the Care Quality Commission's intention to carry out unannounced inspections across 100 Acute NHS Trusts starting in March 2011. The inspections will focus on two registration requirements
- respecting and involving people who use services
 - meeting nutritional needs
- In response to the report TN, as the Director of Nursing and Operations, held an open session to encourage as many staff as possible to read this important account of the experiences of individuals and families involved in the ten investigations. The report has also been circulated via Broadcast as part of a campaign to raise awareness of the importance of respecting and involving people who use our services and also ensuring that their nutritional needs are met. In addition this report has been discussed at key organisational meetings such as the Clinical Management Board.
- 1637/07 **NHS Litigation Authority Assessment of Maternity Unit**
- The Trust has received confirmation from the National Health Service Litigation Authority that the Maternity Unit has achieved Level 2 in the NHSLA Risk Management Standards following a rigorous assessment of the unit in early February by the external assessors. While the standards provide a rating of 0 to 3 (three being the highest), very few Trusts reach level 3 and it is acknowledged that Level 2 represents a very high standard within the NHS. In its assessment, the Maternity Unit passed 49 of the 50 standards indicating a high pass rate. A separate general Trust assessment will take place on 6 & 7 April 2011.
- 1637/08 **PCT Clustering Arrangements**
- On 31 January 2011 the Department of Health published guidance for the implementation of PCT clustering as a pragmatic management response to enable PCTs to carry out the functions required of them over the next two years while delivering a 40% management reduction. The South West Strategic Health Authority has announced that the fourteen PCTs in their area will reduce to 7

with integration being achieved by June 2011. As part of these arrangements NHS Wiltshire will merge with NHS Bath and North East Somerset. There will be an appointments process for the executive teams for each cluster in April 2011.

1637/09 **NHS Reforms – Presentations to Staff**

During March PH made 6 presentations at open meetings for staff to share details about the range of NHS Reforms that are making their way through Parliament as part of the 2011 Health and Social Care Bill. These had been very well attended and given PH the opportunity to brief staff on such things as the development of GP Consortia, the abolition of PCTs and SHAs, the particular implications for Foundation Trusts and new proposals such as the introduction of an Outcome Framework and Quality Standards.

1637/10 **Briefing for Potential Governors**

The election process for 4 public elected Governors (2 in South Wiltshire Rural, 1 in Salisbury City and 1 in North Dorset) is underway. On 28 February 2011 PH held a Briefing session for potential Governors in the Lecture Theatre which was attended by 18 individuals. As the closing date for nominations there were 14 potential candidates for South Wiltshire Rural, 4 for Salisbury City and 7 for North Dorset. This included the existing Governors who were all standing for re-election.

The Board noted the report.

1638/00 **STAFF**

2010 STAFF SURVEY – SFT 3107 – Presented by AD and JH

This paper reported to the Board the outcome of the 8th National NHS Staff Survey which took place during the Autumn of 2010. In Salisbury 800 staff were selected randomly to receive a survey form in early October. The survey forms were returned directly by respondents to an independent consultancy (Capita Health Partners) that was contracted by the Trust to conduct the survey. The Trust's response rate of 456 staff/57% enabled the results to provide good (95%) confidence limits, meaning that the sample was a reasonably good representation of the views of staff, as the numbers responding represented a good proportion of the total numbers of staff employed by the Trust. The 57% percentage return was 1% lower than the 58% return for the 2009 survey.

The survey showed the Trust to be performing in the top 20% of Acute Trusts in 18 of the 38 areas measured (compared to 25 of the 40 areas measured in 2009), average in 8 key areas (6 in 2009) and below average in 12 areas (9 in 2009).

The paper was accompanied by a 'brief summary' report which gave a range of statistical information across the 38 key measures.

The report identified 4 key areas to be addressed and targeted for improvement, namely:-

- Appraisals.
- The general area covered by: feeling valued by work colleagues, perceptions of effective action from employer towards violence or harassment, % of staff experiencing harassment, bullying or abuse from other staff in the previous 12 months and, finally, staff experiencing physical violence from other staff in the previous 12 months.
- Satisfaction with the quality of work and patient care.
- Staff feeling under pressure to attend work when feeling unwell.

JH will again take a lead co-ordinating role in relation to the actions felt to be appropriate in response to the detailed findings. It was proposed that JH reported on progress at the June and December 2011 Board meetings.

The Board noted the survey results, approved the areas proposed for the development of targeted action plans and asked that JH reported on progress at the June and December 2011 meetings.

JH

1639/00 **PATIENT CARE**

1639/01 **Quality Indicator Report – SFT 3108 – Presented by CF**

This paper showed the Trust's performance against agreed quality indicators for the eleven months to 28 February 2011.

In her presentation CF particularly drew the Board's attention to the following:-

- Mortality rates remained as expected with crude numbers reducing against the 2009/10 figures.
- MRSA figures, where there had been no 'in-hospital' cases so far this year, and the In-patient C-Difficile figures which, at 28, were well within the agreed target. However, CF added that the 2011/12 target to reduce the C-Difficile 2010/11 outturn figure by a further 20% would be challenging.
- A 'never event' had occurred in February 2011 and this was under separate investigation.
- Falls resulting in harm continued to be kept under close review. A recent evaluation showed that patients with dementia were more at risk of having a fall. This aspect was being addressed and there would be a reported indicator for the Directorates in 2011/12.
- As advised to the Board in December 2010 any pressure ulcers at grade 3 and 4 were now the subject of a Serious Incident Report.
- VTE compliance with risk assessment remained strong with a year-to-date figure of 90.8%.
- Work on understanding re-admissions was underway in readiness for the new targets and financial penalties which

- will apply from April 2011.
- While the number of patients with a fractured neck of femur operated on within 36 hours had dropped in February to 61.5% a review had shown that a good number were not fit for the operation within this timescale. For 2011/12 the report will be enhanced to show these numbers separately.
- The month only stroke targets for February were encouraging and should help the year-end trajectories to be met.
- The importance of delivering same sex accommodation was fully recognised and, as previously advised, there were three main areas of concern being the Medical Assessment Unit, the Cardiology Suite and the Stroke Unit. Work would continue to ensure that financial penalties for breaches would be minimised in 2011/12.
- The report concluded with real-time patient feedback and while there were fluctuations there was a continued modest downward trend in the number of patients feeling they were not treated with dignity and respect. Work was underway to understand the reasons why.

CF advised that as the Quality Indicators Report had been in existence for some 12 months the Clinical Governance Committee had requested a review of the indicators and associated targets for 2011/12. This would include the quality account priority areas for the coming year and these would be subject to a presentation and review at the May meeting of the Clinical Governance Committee.

LB asked if there was a clear definition for a mixed-sex breach and TN advised that the Trust was currently working with Commissioners on definitions for both clinical and non-clinical breaches.

The Board noted the report.

1639/02 **Hospital Cleanliness Report – SFT 3109 – Presented by TN**

This quarterly report presented a summary of the key initiatives incorporated within the Trust's cleaning programme. All of the described activities represented on-going work streams. Additionally formal reports are provided for the Director of Infection, Prevention and Control and mandatory Patient Environment Action Team (PEAT) reports, submitted to the National Patient Safety Agency.

The paper outlined what was happening in respect of PEAT audits, the infection prevention and control campaign, the reviews undertaken by the matrons, the housekeeping auditing system, the cleaning schedules, the ward kitchen audits and patient views on cleanliness collected via the real-time feedback initiative.

TN said that over the next quarter the three principle objectives would be to:-

1. Launch the revised house-keeping decontamination certificate.

2. Conclude the refurbishment of ward kitchens.
3. Further develop existing monitoring systems.

The Board noted the report.

1639/03 **Customer Care Report for the Quarter 1 October – 31 December 2010 – SFT 3110 – Presented by TN**

The number of complaints received at 81 was a decrease of 13 from the previous quarter, and an increase of 4 from the corresponding quarter in 2009. The highest number of complaints (45) were about safe, high quality co-ordinated care recorded across 22 different areas.

All the complaints had been given a risk rating under the recently agreed methodology and 55 complaints had been categorised as being of very low risk, 21 of low risk and 5 of moderate risk. None were categorised as being of high risk. The overall number of complaints, concerns and comments for the quarter totalled 515 of which 99% had been responded to within 25 working days. All the complaints, concerns and comments were acknowledged either verbally, or in writing, within three working days.

During the quarter two requests were made to the Parliamentary and Health Service Ombudsman for an independent review and neither were upheld. Five face-to-face meetings had been held with complainants.

335 compliments had been received via the Chief Executive's office and the Customer Care Department. Many more thank you letters and cards had been received directly by the various wards and departments within the Trust.

The report was supported by a range of statistical and graphical information by category of complaint and by Directorate.

The paper had been prepared to meet the requirements of the Health and Social Care Act 2008 Regulation 19 / Outcome 17 managed by the Care Quality Commission which requires the Board to be satisfied with the way in which the Trust assesses and monitors the quality of response to complaints, comments and concerns raised.

The Board noted the report.

1639/04 **National Inpatient Survey Results – SFT 3111 – Presented by MN**

MN presented the initial results from the 2010 National Inpatient Survey which showed that the Trust had performed better than in 2009. The Trust had a response rate of 65% (61% in 2009), of which 52% were male responses and 48% female responses. 32% of patients who responded were over 75 years of age and 23% had a long standing physical condition/long standing illness while 1% had a learning disability.

The Patient Experience Analysis Group (PEAG) had reviewed and themed the results to help inform the work streams within the quality account priorities. The Head of Patient and Public Involvement was working with Directorates and Ward Leaders to develop robust action plans linked to the quality account and these would be monitored through the quality meeting/3:3 process and tested during the year via the real-time feedback initiative.

The overall benchmark report was expected to be published by the Care Quality Commission on 4 or 5 April 2011 and this would give the Trust an indication of its performance against national and neighbouring Trusts.

The paper had been prepared to help meet the requirements of the Health and Social Care Act 2008, Regulation 17 / Outcome 1, which requires the Board to be satisfied with the way in which the Trust respects and involves people who use services and Regulation 10 / Outcome 16 which requires the Board to assess and monitor the quality of the service.

The Board noted the results of the 2010 National Inpatient Survey and asked that the Clinical Management Board monitored progress against the action plans and that, on publication, the benchmark report was shared with the members of the Clinical Governance Committee.

MN/CF

1640/00 **PERFORMANCE AND PLANNING**

1640/01 **Minutes from the Finance Committee meeting held on 21 February 2011 and draft minutes from the Finance Committee meeting held on 21 March 2011 – SFT 3112 – Presented by LM**

LM advised the Board of items discussed/decisions taken/actions agreed.

The Board noted the minutes.

1640/02 **Finance Report to 21 February 2011 (Month 11) – SFT 3113 – Presented by MC**

MC reported that to the end of December 2010:-

- Earnings before interest, tax, depreciation and amortisation (EBITDA) amounted to £11.26m which was virtually in line with the planned figure of £11.30m.
- The Trust was showing a breakeven position after 11 months of the financial year which was in-line with the plan.
- The month 11 financial position was after assuming payment for over-activity from Wiltshire PCT which was the subject of a dispute – the draft Finance Committee minutes from 21 March 2011 refer.
- The Trust's financial risk rating as measured by Monitor remained unchanged at '3'.
- Activity was well above Wiltshire PCT plans which did not

- reflect the out-turn activity levels for 2009/10.
- Additional measures were being introduced by Wiltshire PCT to limit demand including a list of procedures that they will either not fund, or will only fund after agreement by their Exceptions Committee.
- Following a joint audit of Non-Payment By Results services with the Wiltshire PCT the cost of the services had been agreed and the PCT was now working with the Trust to reduce the cost of these services by £1.8m, either by decommissioning or introducing efficiencies.
- The planned Capital Programme budget for the year was £11.8m of which £8.4m had been spent.
- While the Trust remained on course to breakeven at the end of the 2010/11 financial year the main risk was the appropriate payment by Wiltshire PCT for over-performance during the year.
- Negotiations were taking place with all Commissioners regarding the contract values for 2011/12 and significant within these discussions is the intention by Wiltshire PCT to withdraw funds as part of their Quality, Innovation, Productivity and Prevention (QIPP) savings.

In noting the position with the 2011/12 negotiations re contract values the Board were keen that this process was agreed quickly and effectively. In response MC said that he and PH had a meeting arranged with Jeff James and Jenny Howells, Chief Executive and Finance Director respectively of Wiltshire PCT, on 14 April 2011 at which it was hoped good progress would be made. The Finance Committee would be up-dated accordingly on 26 April 2011.

The Board noted the report.

1640/03

Progress against Targets and Performance Indicators to 28 February 2011 (Month 11) – SFT 3114 – Presented by LA

In taking the Board through the report and the supporting graphical information LA highlighted the following:-

- The number of cancelled operations continued to exceed the target the Trust had set for itself. The main reasons for the cancellations were the requirement to manage the Trust's Trauma workload and Surgeon unavailability (largely due to illness).
- Cancer waiting times for quarter 4 were all within the expected National standards.
- The Trust was working hard to reduce the number of patients waiting more than 18 weeks for an admission due to capacity reasons and was expecting to see this work make a substantial impact by the end of March.
- The ED 4 hour performance improved in February with a month only score of 98%. The Trust performance was consistently above the National target of 95% but it was now clear that the Trust would not achieve the PCT target of 98% for 2010/11.

- The Trust continued to see good progress with non-elective length of stay for Medicine with performance exceeding the year-end target. The Trust had achieved its target for elective surgery in the first two months of quarter 4 – its best performance in the year to-date. However, February was an extremely busy month for non-elective trauma and, consequently, the length of stay went up.
- The staff absence rate for February fell back below the target of 4% after the previous two months had seen an increase. The Trust remained firmly on target to surpass its target of 4% for the whole year.

The Board noted the report.

1640/04 **Financial Estimates for 2011/12 – SFT 3115 – Presented by MC**

MC advised the Board that the Base Estimates had been presented to the Finance Committee on 21 March 2011 to enable operational budgets to be in place from the start of the new financial year. However, as the Board was fully aware, discussions with Commissioners were on-going with no formal contracts yet in place. As a consequence these figures could be subject to some variance and MC advised that he would up-date the Board with any changes as and when he was in a position to do so.

The Source of Application of Funds statement showed total income of £171.1m and total expenditure of £180.4m. In order to generate a surplus of £0.75m the Trust needed to have in place, and achieve, savings plans with a value of £10.1m.

In his supporting commentary MC set out a detailed explanation of how the individual figures shown in the Source of Application of Funds had been determined.

ID commented on the Project Manager the Trust had employed early in 2010/11 to help drive the savings plan initiative and asked whether there was something similar planned for the current year. PH said that the infrastructure put in place by that particular Project Manager had been maintained and was now being managed by another member of the Trust's staff. The Trust had become accustomed to actively managing a savings programme and it was not a case of starting again but rather continuing with the work that had been developed and proved successful over the past 12 months.

The Board approved the Base Estimates as presented for 2011/12 on the basis that MC would advise any changes when the contractual discussions were complete. MC

1641/00 **PAPERS FOR NOTING OR APPROVAL**

1641/01 **NHS Foundation Trust Code of Governance – SFT 3116 – Presented by LM**

The NHS Foundation Trust Code of Governance was first published by Monitor, the independent regulator for Foundation Trusts, in

September 2006. In March 2010 Monitor published an up-dated version which came into effect from 1 April 2010.

The Code applies for the reporting years beginning on, or after, April 2006. The 2006/07 Annual Report was the first opportunity for disclosure and all NHS Trusts were asked to set out, on a voluntary basis, their governance arrangements for the year in that report. However, from 2007/08 NHS Foundation Trusts are expected to observe in full the disclosure requirements.

Every year the Trust has to review each individual component of the Code of Governance and produce a written summary of the observations and findings. The summary for 2010/11 showed that the Trust was compliant with all aspects of the Code apart from:-

C.2.2 - Non-Executive Directors, including the Chairman, should be appointed by the Council of Governors for specified terms subject to re-appointment thereafter at intervals of no more than three years. After two terms of three years further terms should be for no more than twelve months at a time.

The Trust Board and the Council of Governors had agreed that the appointment of Non-Executive Directors should be for (up to) two terms of four years, with a final term of one year in exceptional circumstances, in-line with the constitution approved by the Regulator. However the Board agreed to consider whether to change its constitution to reflect this guidance at the next review of the constitution. This would be undertaken following the Royal Assent of the 2011 Health and Social Care Bill which will have other implications for Foundation Trusts.

The Board approved the responses to the various sections of the NHS Foundation Trust Code of Governance for 2010/11 as described in the report and noted that in the coming year the Trust was likely to review its constitution when a decision could be made on the future appointment terms for Non-Executive Directors.

1641/02 **Draft Audit Committee Minutes from meeting held on 21 February 2011 – SFT 3117 – Presented by NA**

NA advised the Board of items discussed/decisions taken/actions agreed.

NA particularly drew the Board's attention to the Non-Payment By Results audit undertaken by the Audit Commission and a briefing the Committee had received in respect of the 2010 Bribery Act which was expected to come into force on 1 July 2011.

The Board noted the minutes.

1641/03 **Draft Council of Governors Committee minutes from meeting held on 14 February 2011 – SFT 3118 – Presented by LM**

LM presented these minutes which gave an accurate reflection of the recent work of the Council of Governors.

The Board noted the minutes and the work of the Council of Governors.

1641/04 **Neo-Natal Intensive Care Unit (NICU) Redevelopment Business Case – SFT 3119 – Presented by LA**

LA presented this Business Case which set out the reasons for the further development of the SDH Central site in line with the Trust's Estates Strategy creating a modern, fit for purpose NICU together with accommodation for families whose babies were being cared for on the Unit.

LA advised that the key factors were to provide patients using the service and the staff employed on the Unit with improved facilities which would deliver better clinical adjacencies with the maternity service, would offer accommodation through transitional care beds and a co-located family accommodation facility. The preferred option would see the redevelopment of Block 77 (previously Wilton Ward) combined with the refurbishment of the current NICU to create parents accommodation. The former element would be funded through the Trust's Exchequer Capital funding and the latter element by the Stars Appeal.

The capital outlay required for the scheme would be a minimum of £398,000 although there was a proposal to extend the life of the building and to ensure that no disruptive remedial works were required in future years that would require the heating system to be replaced at an additional cost of circa £50,000. This was over and above the capital allocation for the project previously approved by the Board.

LA commented that the Stars Appeal contribution would be crucial to the scheme and the intention would be that the Stars Appeal funding, as well as funding the building and equipping of the family accommodation, would also allow the Trust to enhance the environment significantly with the imaginative use of art work as seen within the Paediatric facility. The expectation was that there would be minimal additional revenue costs arising from this development as there were no plans to change staffing levels.

An Outline Project Plan accompanied the very detailed Business Case.

The Board approved the Business Case for the redevelopment of Wilton Ward and the creation of an improved NICU including family accommodation in line with the identified spend of £398,000. The Board asked that when the final cost for a new heating system had been quantified that this was presented to the Site Redevelopment Project Management Board for approval.

LA

1642/00 **ANY OTHER BUSINESS**

1642/01 **Audit by the Care Quality Commission (CQC)**

PH advised that the Trust had received notification that the CQC would be undertaking an audit of the Trust in the coming weeks. The first requirement for the Trust was to submit completed Provider Compliance Assessment forms in respect of each of the 16 Quality and Risk outcomes for which the CQC was responsible by 12 April 2011. Following a review of all aspects of the Trust's performance the CQC would then identify a number of targeted areas which they would evaluate on a ward based site visit in May. This was expected to be undertaken by five CQC inspectors, including a Pharmacist, and last for 2/3 days.

The Board would be kept advised of progress with this audit.

1643/00 **QUESTIONS FROM THE PUBLIC**

Phil Matthews (Vice Chairman, Wiltshire Involvement Network) asked for an understanding of a 'never event' as mentioned in the Quality Indicator Report. TN advised that these were events which were serious, patient safety incidents that should never happen to patients in NHS care. TN added that the list of such events had been increased from 8 to 25 by the Department of Health in October 2010 and a full list of these events was available to view on the Department of Health website.

PM said that he was a frequent participant in PEAT audits and had some concerns about maintenance in the PFI part of the hospital and gave an example of a blind which had taken some months to repair. LA said there were regular meetings with the Trust's PFI partners and he would raise this issue with them. LA

PM then commented that he hoped the hospital would have some involvement with the new Health Watch, and Health and Wellbeing Boards and, also, that there would be a financial settlement between the Trust and Wiltshire PCT that would be satisfactory to both organisations.

John Carvell (Lead Governor) asked whether the Staff Survey included medical staff and AD confirmed that this was the case.

JC asked if the Trust entered into a formal dispute process with Wiltshire PCT who the mediator was likely to be. MC advised that the Trust had entered into the dispute process as outlined in the Finance Committee minutes from 21 March 2011 and that the Centre for Effective Dispute Resolution (CEDR), an independent, non-profit organisation, whose objective was to cut the cost of conflict and create choice and capability in dispute prevention and resolution had been asked to recommend an appropriate individual.

JC asked whether equipment costs had been taken into consideration when developing the Business Case for NICU. LA

advised that equipment costs had not been taken into account but would be reviewed over time. MC added that Charitable Funds could also be used for this purpose.

JC asked whether the possible closure of the Southampton Cardiology Unit would have any impact on Salisbury. TN said that this would not be the case as, should the Southampton Cardiology Unit close, the Trust would have access to other units in Bristol and London. Additionally, the numbers referred to the Cardiology Unit for children were very low.

1644/00 **DATE OF NEXT MEETING**

The next meeting will be held in the Board Room at 11.30 am on Monday 23 May 2011 just to review and agree the Trust's Annual Plan for 2011/12 which has to be submitted to Monitor by 31 May 2011. The next full Public meeting will be held in the Board Room on Monday 6 June 2011 starting at 1.30 pm

1645/00 **CONFIDENTIAL ISSUES**

The Board resolved to exclude press and public from the remainder of the meeting as publicity would be prejudicial to the public interest by reasons of the confidential nature of the business to be conducted.