

SALISBURY NHS FOUNDATION TRUST

Minutes of the meeting of Salisbury NHS Foundation Trust Board Held on 2 April 2012 In the Boardroom, Salisbury District Hospital

Present:	Mr L March	Chairman
	Mr N Atkinson	Non-Executive Director
	Dr C Blanshard	Medical Director
	Dr L Brown	Non-Executive Director
	Mr B Bull	Non-Executive Director
	Mr M Cassells	Director of Finance & Procurement
	Mr A Denton	Director of Human Resources
	Mr P Hill	Chief Operating Officer & Deputy Chief Executive
	Mr S Long	Non-Executive Director
	Miss T Nutter	Director of Nursing
	Mr J Stokoe	Non-Executive Director
Apologies:	Mr I Downie	Non-Executive Director
	Mr C Ridley	Chief Executive
In Attendance:	Mr L Arnold	Director of Corporate Development
	Mr J Williams	Secretary to the Board
	Mr P Matthews	Vice Chairman, Wiltshire Involvement Network
	Mr J Carvell	Governor
	Mr R Coate	Governor
	Mrs C Collins	Governor
	Mr E Gould	Governor
	Dr A Lack	Governor
	Dr B Robertson	Governor
	Mrs S Willan	Governor

1751/00 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.

1752/00 MINUTES

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

1753/00 MATTERS ARISING

1753/01 Possible Change to Real-Time Feedback Question

TN said that, as previously advised, any changes to the Real-Time Feedback questions would need to be considered and effected when the report following the inquiry into the Mid Staffordshire NHS Foundation Trust was published.

TN

The inquiry hearing concluded on 1 December 2011 and the Chairman was known to be considering the evidence and submissions made, and preparing the report for publication during 2012 (no date specified).

The Board noted the information given.

1754/00 **CHIEF EXECUTIVE'S REPORT – SFT 3244 – Presented by PH**

1754/01 **Local People Rate Salisbury Outpatient Services Highly In National Survey**

People have rated the Trust's outpatient services highly as part of a national survey carried out in all general and specialist hospitals by the independent Care Quality Commission. Salisbury fared well in most aspects of the survey and was rated amongst the top 20% of best performing hospitals in most of the questions covered, with privacy and dignity, cleanliness, confidence in doctors and satisfaction with outpatient services being key findings in the survey.

1754/02 **NHS Staff Survey**

The Department of Health had published its staff survey results from the questionnaires completed in October 2011 and our staff had rated Salisbury District Hospital very well, highlighting the hospital as a good place to work or receive treatment. The Trust scored above average or in the top 20% of best performing hospitals in 26 of the 38 key findings. Further details can be found in the Staff Survey agenda item at this meeting under Paper SFT 3245.

1754/03 **Stroke Team Has Been Successful In Winning Regional Improvement Award**

The Stroke team has been rewarded for the improvements they have made in acute stroke care as part of a regional improvement programme. With Trusts awarded points based on their work, our team won the Regional Improvement Award and have received funding to share their findings at the World Stroke Congress in Brazil. The AGWS (Avon, Gloucester, Wiltshire and Somerset) Cardiac & Stroke Network has been running this programme to support improvement in acute stroke care with the aim of encouraging teams to work together to improve services across the patient pathway.

1754/04 **Salisbury Teams Do Well In Wiltshire Awards**

The ArtCare and Staff Club teams both featured in the Wiltshire Assembly Health Improvement Partnership Awards. The ArtCare team were Highly Commended for their role in creating the unique child-friendly design for the Children's Unit and also the Young at Heart project which gives older patients an opportunity to enjoy creative activities which help with their recovery. The Staff Club was shortlisted out of 16 nominations for their Exercise Referral Scheme, which was in the Improved Physical Activity in Children, Young People and/or Adults category.

1754/05 **Successful Constituency Meeting For Hospital Members**

A successful meeting was held in Bishopstone on 12 March 2012 for Foundation Trust members from the South Wiltshire Rural constituency.

These meetings give our Governors an opportunity to highlight their role and the excellent work that they have been involved in to improve patients' experiences of hospital care. The meetings also give the local community an opportunity to raise any concerns directly with us in a face-to-face setting so that we can respond accordingly, or for them to provide positive feedback which we can take back to individual wards and departments.

1754/06 **Health And Safety Executive (HSE) Visits**

Following a visit to the Trust on 10 February 2012 by a HSE Inspector the Trust had received an Improvement Notice dated 16 March 2012 relating to the management of risk to staff from violence and aggression. During this visit the HSE Inspector was not satisfied that the Trust had provided sufficient evidence of an effective proactive strategy to promote a pro-security environment, and processes for investigating the causes of incidents which would inform the risk review process. The Inspector did identify areas of good practice. These related to the identification and control of patients with known clinical issues which could lead to violence and aggression towards staff. The Trust takes its responsibility towards staff seriously and, while the Trust has an 'average' level of violence and aggression when compared with other Trusts of its size and type, it acknowledges that further work needs to take place to ensure that effective measures are in place to manage the risk of violence and aggression towards staff. The Trust is presently looking at the findings closely.

Additionally, as part of a national exercise the Trust had also been subject to a Dermatitis inspection audit following which two Improvement Notices had been served in relation to the planning, organisation, control, monitoring and review of the preventative and protective measures for the control of the risk of Dermatitis.

As a consequence the Trust is currently in the process of preparing Action Plans to address the issues set out in the three Improvement Notices, and has arranged to meet with the HSE Inspectors on 18 April 2012 to discuss the approach being taken to address the identified shortcomings.

SL commented that the thrust of the notice in relation to Violence and Aggression was about process, and there had been no increase in the number of violent and aggressive incidents taking place and neither had the recently published staff survey showed a change in staff thinking. SL also had some concerns about the wording used by the Inspector in the letter which he had discussed with AD and which would form part of the debate with the Inspectors at the 18 April meeting.

1754/07 **Members Learn About Heart Problems And Prevention From Salisbury Specialists**

On 6 March 2012 Consultant Cardiologist Tim Wells gave local people an opportunity to find out more about heart disease and how they can look after their own health as part of the popular Medicine for Members talks at Salisbury District Hospital. The talk highlighted the causes of coronary heart disease, prevention, and the treatment that can be offered in the new purpose built Cardiac Suite.

1754/08 **New Drive To Increase Organ Donations**

Staff recently supported a campaign to encourage people to sign up to the organ donor register and share their wishes with family and friends as part of a new drive to increase the number of organ donations. There are currently more than 7,500 people waiting for an organ transplant in the UK and three people die each day while waiting. Although many say they would support organ donation they have still not signed up. The aim of the campaign was to highlight the key message about patients' wishes. The trust is also working closely with staff and patients to provide advice and support in cases where organ or tissue donation may be a possibility.

1754/09 **Spinal Patients To Capture Own Sporting Achievements For London 2012**

Spinal patients will have a unique opportunity to capture their own sporting achievements on camera as part of the London 2012 Olympic and Paralympic Games celebrations. It will also give current patients the chance to record the achievements of past Paralympians, many of whom were originally treated in the Duke of Cornwall Spinal Treatment Centre. The patients will be working with the hospital's ArtCare team who have been awarded the Inspire Mark by the London 2012 Inspire programme for its Beyond the Line project. Beyond the Line supports activities and events that highlight the sporting and artistic skills and abilities of people with a spinal cord injury.

1754/10 **Quality Assessment Visit to Bath, Swindon and Wiltshire Bowel Cancer Screening Centre**

On 27-29 March 2012 the South West Region Breast and Bowel Screening QA Reference Centre had undertaken a quality assessment visit to the Bath, Swindon and Wiltshire Bowel Cancer Screening Centre, which included a visit to Salisbury. In their follow-up letter they had commented that 'the visiting team were impressed by the dedication and commitment shown by the staff. There was evidence of excellent cross-site working and QA staff also noted the close engagement of PCT screening leads and Trust management from both sites.'

The Board noted the information given in the Chief Executive's report and asked to be kept advised with the Trust's responses to the HSE Improvement Notices.

CR/AD/
TN

1755/00 **STAFF**

1755/01 **Staff Survey 2011 – SFT 3245 – Presented by AD**

This paper reported to the Board the outcome of the 9th National NHS Staff Survey which took place in the Autumn of 2011. 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 59% was 2% better than the return for the 2010 survey and placed the Trust in the 'better than average' category for acute hospital trusts. On this occasion the Staff Survey had been structured to report on the NHS staff pledges from the NHS Constitution together with two additional themes, staff satisfaction and equality and diversity.

The survey produced 38 key findings (from the areas measured). The Trust was placed in the best 20% of acute trusts in 18 areas (4 areas in the 2010 survey), better than average in 8 areas (14 in 2010), average in 9 areas (8 in 2010), worse than average in 2 areas (7 in 2010) and in the worst 20% in one area (5 in 2010).

The accompanying summary report gave a range of statistical information across the 38 key findings.

AD said the key areas for an early focus would be in relation to appraisals (although there had been a significant year on year improvement), the general area covered by staff experiencing physical violence or some form of harassment, bullying or abuse, satisfaction with the quality of work and patient care, those areas where staff were working extra hours, and whether sufficient use was being made of the range of flexible working options offered by the Trust.

This work would be led by Jenny Hair, Deputy Director of Human Resources, and it was proposed that she presented the first action plans to the Trust Board at the June meeting and then report on progress in December 2012.

In response to questions AD confirmed that it would be possible to break the survey results into responses by grade, gender, directorate and so on to help identify where the action plans should be focused to help address those areas where staff were expressing concern.

The Board noted the report and supported the areas proposed for the development of targeted action plans with the first up-date to be presented at the June 2012 Board meeting.

AD/JH

1756/00 **PATIENT CARE**

1756/01 **Quality Indicator Report to 29 February 2012 – SFT 3246 – Presented by CB and TN**

This paper showed the Trust's performance for the 11 months to 29 February 2012 against the agreed Quality Indicators for 2011/12.

In their presentation CB/TN particularly drew the Board's attention to the following:-

- The inquiry into the 'never' event had been completed and changes in clinical practice had been made to avoid a recurrence.
- There had been a modest increase in the number of adverse events in January and February although this had been a particularly busy time for the Trust with a need for escalation beds on a regular basis.
- There had been three cases of c.difficile in February and two in March which confirmed the actions put in place following the report into last July's outbreak were having an on-going impact. The Department of Health had introduced a new approach to testing for 2012/13 although it was not possible to say whether the number of cases would have been higher or lower in 2011/12 if this method of testing had been in place over the past twelve months.
- One MRSA bacteraemia had been reported in February which had been the subject of a Serious Incident Inquiry. This had resulted in the screening of a number of patients and staff on the Burns Unit and on Laverstock Ward. The screening was being undertaken with advice and guidance from the Health Protection Agency. A full update would be presented to the Board in June as part of the DIPC half yearly report.
- The crude mortality rate had decreased in February following a rise in January.
- There had been continued good performance against fractured neck of femur surgery within 36 hours of admission.
- There had been a number of pressure ulcers in February and a root cause analysis was being undertaken to try and identify any consistent reasons.
- Initial data showed a reduction in the number of patient falls in February.
- Non-clinical breaches had shown an increase and reflected the capacity issues which had been on-going although performance was significantly improved on the 2011 data.

CB/TN

LM noted the improvement in the Real-Time Feedback responses in relation to patients believing they were being treated with dignity and respect, and willingness to recommend the hospital to family or friends.

BB asked if there had been any noro-virus outbreaks and TN said there had been some experience over the last three months but cases had been confined to bays or side rooms and no wards had been closed either to new admissions or visitors.

The Board noted the report.

1756/02

Hospital Cleanliness Report – SFT 3247 – Presented by TN

This quarterly report presented a summary of the key initiatives incorporated within the Trust's cleaning programme.

TN advised that the Trust's formal Patient Environment Action Team (PEAT) 2012 assessment had taken place on 16 February 2012 and the results from the Department of Health would be published in July 2012 and reported to the Board in August.

TN

The report described the in-house PEAT audits, the house-keeping auditing system, the cleaning schedules, the terminal cleaning undertaken, the enhanced cleaning undertaken, the deep clean programme for 2012 which will start on 10 April, and the approach taken to the ATP monitoring process. This hygiene, adenosine triphosphate swabbing system has a Department of Health review panel category one recommendation and is used in the NHS to measure environmental cleanliness.

The Board noted the report.

1756/03

Customer Care Report for Quarter 3, 1 October 2011 – 31 December 2011 – SFT 3248 – Presented by TN

In the quarter some 71,000 people attended the Trust and during this period 74 complaints were received which was 0.1% of the number of patients treated. This figure represented an increase of three from the previous quarter and a decrease of six from the corresponding quarter in 2010. The highest number of complaints (46) were about safe, high quality co-ordinated care recorded across 27 different areas.

All the complaints had been given a risk rating under the agreed methodology and 60 complaints had been categorised as being of very low risk, 8 of low risk, 3 of moderate risk and 1 of high risk. TN explained the reasons for the high risk complaint which had occurred during a handover process and confirmed that a change in clinical practice had been initiated to avoid a recurrence. The overall number of complaints, concerns and comments for the quarter totalled 259 of which 82% had been responded to within 25 working days. All the complaints, concerns and comments were acknowledged either verbally, or in writing, within 3 working days.

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

433 compliments were known to have been received across 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 the Trust's responses to complaints, comments and concerns raised.

The Board noted the report.

1756/04 **The NHS Safety Thermometer – SFT 3249 – Presented by TN**

TN reminded the Board that the NHS Operating Framework for 2012/13 had confirmed the future use of the Safety Thermometer for NHS providers of care. This builds on a pilot programme tested in 2011 by 100 NHS provider organisations under the heading 'Safety Express' designed to reduce harm from pressure ulcers, falls, urinary catheters and VTE. The specific aim of the programme was to stop dealing with safety concerns in silos and to consider the complications from the patients perspective in terms of an absence of these four potential harms for each and every patient. TN referred to the supporting information that had been presented to the Trust Board at the February meeting under paper SFT 3224.

TN advised that Lorna Wilkinson, Deputy Director of Nursing, had been identified as the Trust Lead for the implementation of the NHS Safety Thermometer. The current version of the Safety Thermometer had been piloted in four clinical areas together with the testing of the inclusion and exclusion guidance that had been published. The pilot areas had indicated that the gathering of data could have resource consequences in terms of staff time and IT support and these were currently being evaluated.

TN advised that currently the Trust was on target to meet the CQUIN requirement to ensure the relative data required under this initiative is submitted for three consequent quarters – which will be quarters 2,3 and 4 of the 2012/13 year.

The Board noted the progress being made and requested a further TN report in June 2012.

1756/05 **National Outpatient Survey Results – SFT 3250 – Presented by TN**

The benchmark results from the National Outpatient Survey 2011 were published by the Care Quality Commission in February 2012. This information enables the Trust to compare its results with the other acute Trusts across England who participated in the survey. In summary the Trust was in the top 20% for 25 out of the 39 questions (12 out of 41, and 31 out of 40 in 2005 and 2009 respectively) and was not in the bottom 20% of trusts in any of the areas surveyed. From these results the Patient Experience Analysis Group had identified key themes which were also reflected in feedback from customer care and constituency meetings. These involved appointment times, waiting times in clinic, car parking and explanations of what would happen before treatment commenced (although the medical notes often demonstrated that patients had been informed via the consent process).

The paper set out the full detail of the survey results and the action plans that had been developed by the Trust following the analysis of the results.

The Board noted the report and the supporting action plans.

- 1756/06 **NHS Constitution Baseline Assessment April 2012 – SFT 3251 – Presented by LA**
- LA reminded the Board that in 2009 the South West Strategic Health Authority had issued a template for completion by all primary and secondary care organisations in order to demonstrate compliance with the NHS Constitution. A completed version was presented to the Trust Board for review and approval in February 2010 under paper SFT 2060.
- This template had been updated to demonstrate the Trust's continued compliance with the NHS Constitution and to provide commissioners with the assurance that the principles of the NHS Constitution were being fully upheld by the Trust. LA advised that NHS Dorset was particularly keen for the Boards of secondary care organisations to review compliance with the NHS Constitution on an annual basis.
- When presenting the report LA said that it was important for the Trust to nominate a Board Champion who would have local responsibility for upholding the NHS Constitution within the Trust and the Board agreed that this should be Caspar Ridley, Chief Executive.
- The Board noted the report and confirmed Caspar Ridley as the Board Champion with responsibility for upholding the NHS Constitution within the Trust. CR
- 1757/00 **PERFORMANCE AND PLANNING**
- 1757/01 **Minutes from the Finance Committee Meeting held on 20 February 2012 and the Draft Minutes from the Meeting held on 19 March 2012 – SFT 3252 – Presented by LM**
- LM advised the Board of items discussed / decisions taken / actions agreed.
- LM particularly drew the Board's attention to the decision made by the Committee on 19 March 2012 that, in respect of International Financial Reporting Standard 8, the Trust should continue to report its performance under the single segment known as 'healthcare'.
- PH said the current number of Delayed Transfers of Care attributable to Wiltshire Council continued in single figures and he did not recommend the introduction of fines at the present time.
- The Board noted the minutes and supported the decision taken by the Finance Committee in respect of International Financial Reporting Standard 8 and the recommendation by PH not to fine Wiltshire Council at the present time.
- 1757/02 **Finance Report to 29 February 2012 (Month 11) SFT 3253 – Presented by MC**
- MC reported that earnings before interest, tax, depreciation and amortisation (EBITDA) stood at £13.7m which was marginally ahead

of the plan figure of £13.1m. This translated into an income and expenditure surplus of £750,000 compared to the planned surplus of £520,000.

The year-to-date operating income totalled £162.2m which was £0.9m above the plan figure of £161.3m; while operating expenditure stood at £148.4m against the plan of £148.2m. Working Capital, including cash balances of £16.7m was sound, and the composite Financial Risk Rating continued at a '3' (although it was noted that the financial efficiency measure remained unchanged at a '2').

Activity levels were shown against the equivalent period in 2010/11, the Annual Plan forecast for 2011/12 submitted to Monitor in May 2011 and the PCT plan figures. It was noted that Critical Care activity, NICU activity and Spinal Unit activity continued, to varying degrees, to be lower than for the corresponding period in 2010/11. However the additional activity resulting from the Trust's successful bid for £0.7m to enable 425 additional cases to be undertaken before the year end (as advised to the Finance Committee at the February meeting) would enable the Trust to achieve the target surplus of £800,000 for 2011/12.

Collectively the Directorate budgets were overspent by £718,000 based on the phased application of their cost improvement plans over the year. There were a range of individual positions with the Medicine Directorate at £498,000 and Surgery at £289,000 showing the greatest year-to-date overspends.

The value of the work for NHS Dorset, NHS Hampshire, and NHS Bournemouth and Poole was broadly in line with the agreed contract values but NHS Wiltshire, before challenges, was £5.6m over the agreed contract sum. The main area of difference appeared to be in the relation to the way in which 'interventions not normally funded' were being assessed. MC said that in the response to the challenge letter a detailed breakdown had been provided setting out the basis on which the Trust had arrived at its figures and this was currently being considered by NHS Wiltshire.

The Capital Programme year-to-date expenditure totalled £4.8m against a reduced budget for the year of £6.8m. Following the approval of the 2012/13 Capital Programme a number of smaller schemes would be brought forward if there was an urgent need.

Turning to 2012/13 MC advised that the agreement with the NHS Dorset, Bournemouth and Poole cluster would be similar in approach to 2011/12 albeit with some additional money. A proposal had been made to NHS Hampshire and MC was hopeful of a positive response. The services included in specialist commissioning had been clarified but no financial agreement had yet been reached. With regard to NHS Wiltshire MC said that following further lengthy and constructive discussions Heads of Agreement had been signed. Progress in respect of all contractual matters would continue to be monitored monthly by the Finance Committee.

The Board noted the report.

Progress Against Targets and Performance Indicators to 29 February 2012 (Month 11) – SFT 3253 – Presented by LA

The Performance Report set out a number of key indicators under the headings of quality, activity, efficiency and staffing. In taking the Board through the report LA made the following observations:-

- February generally saw an increase in emergency pressures with an increase in non-elective activity accompanied by greater patient acuity. A challenging picture was reflected in the Trust's performance in a number of areas, particularly length of stay, emergency department waiting times and cancelled operations.
- Cancelled operations increased in February and for the first time since August 2011 exceeded the Trust's local target of 0.7%. This represented 21 cancelled operations of which the highest proportion were cancellations due to the impact of emergency activity.
- The Trust was achieving the national 95% target for patients being discharged from the Emergency Department within 4 hours of arrival but did not achieve the stretch target of 98% in February – for the first month since July 2011.
- The Trust has had 2 breaches (1 shared with another provider) for the 62 day wait for patients referred from the Cancer Screening Services so far in Quarter '4'. With the small number of patients involved the Trust was at risk of not meeting this target for the quarter. All other Cancer waiting time targets were being met.
- The Trust substantially improved its compliance with the 18 week target for admitted patients in February to 96%. This was achieved without increasing the time the longest waiting patients waited as the 95th percentile reduced compared to January. The number of patients waiting more than 18 weeks for capacity reasons reduced slightly in February. Whilst the Trust experienced an increase in length of stay for Medicine, the figure remained one day lower than in February 2011, reflecting the progress made in this area.
- The staff absence rate for February was 4.09% with a year to date figure of 3.5% which matched the target for the year of 3.5%.

The Board noted the report.

Financial Estimates for 2012/13 – SFT 3255 – Presented by MC

MC advised the Board that Base Estimates had been presented to the Finance Committee on 19 March 2012 to enable operational budgets to be in place from the start of the new financial year.

The Source and Application of Funds Statement for 2012/13 showed total income of £175.31m and revenue expenditure of £184.80m. In order to achieve a surplus of £0.81m savings of £10.30m would need to be achieved.

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

The Board noted that the Base Estimates had been reviewed by the Finance Committee on 19 March 2012 and approved the figures on the basis that MC would advise any changes when the contractual discussions were complete. MC

1758/00 **PAPERS FOR NOTING OR APPROVAL**

1758/01 **NHS Foundation Trust Code of Governance – SFT 3256 – 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 2011/12 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 this stance should be re-considered when the Constitution was next reviewed. This was expected to be later this year following the Royal Assent of the 2011 Health and Social Care Bill which will have other implications for all Foundation Trusts.

The Board approved the responses to the various sections of the NHS Foundation Trust Code of Governance for 2011/12 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 length of the appointment terms for Non-Executive Directors.

1758/02 **Care Quality Commission (CQC) Annual Review of Compliance with Regulations – SFT 3257 – Presented by PH**

As part of its assurance process the Board had agreed that annually it would review the Trust's approach to managing compliance with these regulations in accordance with the guidance provided by the Independent Regulator, the Care Quality Commission (CQC).

As a consequence of the 2008 Health and Social Care Act (July 2008) the CQC came into being on 1 April 2009 and brought together the work of the Healthcare Commission, the Commission for Social Care Inspection and the Mental Act Commission, creating for the first time an independent Regulator of health, adult social care and mental health in England.

At the outset the CQC announced that the Standards for Better Health process (featuring 24 Core Standards), supported by a Trust Board approved Annual Declaration, would be replaced on 1 April 2010 by a new ' Registration ' system. On 1 April 2010 the Trust was formally ' Registered without conditions.'

It is important to recognise that the CQC has a statutory responsibility to protect and promote the health, safety and welfare of people who use health and adult social care services in England and that the ' Registration ' system has been devised to enable health and adult social care providers to demonstrate compliance with the Regulations as defined in Section 20 of the Health and Social Care Act 2008 (Registration Requirements) Regulations 2009. Failure to demonstrate compliance will result in the provider facing a range of sanctions from warnings and fines to the withdrawal of permission for the provider to provide a service, or services.

During the application phase for registration the Trust Board was kept fully advised of the process being followed to demonstrate that compliance was being achieved. On 4 April 2011 under Paper SFT 3122 the Board was given a resume of the work undertaken during the previous twelve months and presented with the Provider Compliance Assessment forms for each of the 16 Core Quality and Safety Outcomes. The Board was also made aware that it was likely the Trust would receive an unannounced ' inspection visit ' by the CQC during the year 1 April 2011 to 31 March 2012.

The unannounced inspection visit took place on 3 & 4 May 2011 when a six strong team of CQC Inspectors (including a Pharmacist) reviewed the Trust's compliance with the 16 Core Quality and Safety Outcomes. The report made very good reading with the Inspectors identifying five minor concerns and asking for the Trust to submit Action Plans showing how and when remedial actions would be implemented. The full detail was shared with the Trust Board on 8 August 2011 under Paper SFT – 3158. In December 2011 the CQC requested an update on progress with the Action Plans. This was forwarded and positively received by the CQC.

The approach agreed during the registration phase at the end of 2009 / early 2010 has continued, namely:-

- Each Outcome is managed by a Lead Manager / Executive Director who report on their work to an overseeing Board or Committee
- A record of the actions taken and evidence of compliance with each Outcome is maintained on Provider Compliance Assessment forms (PCAs)
- The PCAs are reviewed annually by the Non-Executive Directors (a number of whom sit on an overseeing Board or Committee)

- The Lead Managers / Executive Directors meet periodically with the Chief Executive to discuss performance
- South Coast Audit independently review 6 Outcomes each year. For 2011/12 the 6 Outcomes were 4, 8, 11, 13 and 21 (which are the 5 Outcomes on which the CQC raised minor concerns) together with Outcome 7 which covers the 'Safeguarding of people who use services from abuse.'
- The Head of Corporate Governance remains the Trust's Nominated contact with the CQC
- The Trust's CQC assessor meets with the Governors annually

In February 2012 the Provider Compliance Assessment forms were reviewed by the relevant overseeing Board or Committee, and circulated to all Trust Board members early in March.

The Board confirmed that the Trust's approach to the management of the CQC Outcomes remains appropriate and robust, and that the content of the Provider Compliance Assessment forms evidenced continued compliance with CQC requirements and guidance.

1758/03 **JBD Minutes Evidencing Quarterly Review of Assurance Framework and Risk Register – SFT 3258 – Presented by PH**

Each year the Trust Board reviews and approves the Assurance Framework and associated Risk Registers – last time on 3 October 2011 under paper SFT 3193.

During the year delegated responsibility for reviewing the Assurance Framework and Risk Registers falls to a combination of the Finance Committee, Clinical Governance Committee and the Joint Board of Directors.

The quarterly review by the Finance Committee and the Clinical Governance Committee is evidenced by the routine presentation of their minutes to the Board. It had previously been agreed that the relevant extract from the JBD minutes would also be presented to the Trust Board following their quarterly review and, following the latest review, which took place across two meetings, 18 January 2012 and 15 February 2012, the relevant minutes were attached.

The Board noted the quarterly review by the JBD of the Assurance Framework and Risk Register for which it has delegated responsibility.

1758/04 **Draft Clinical Governance Committee Minutes from meeting held on 19 March 2012 – SFT 3259 – Presented by LB**

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

When presenting the minutes LB said that the Committee would be reviewing the on-going presentation of 'patient stories'. To date some ten stories had been presented and these had been extremely informative but it was important to ensure that they continued to add value to the clinical and patient care agenda.

The Board noted the minutes.

1758/05 **Draft Audit Committee Minutes from the meeting held on 13 February 2012 – SFT 3260 – Presented by NA**

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

NA said that since the meeting the Nominations Committee had recommended to the Council of Governors that KPMG were appointed as the Trust's external auditors for a five year term from 1 April 2012 and this had been endorsed by the Council on 13 February 2012. NA added that the recently up-dated NHS Audit Committee Handbook would be reviewed by the Committee at their July meeting along with the annual review of the Terms of Reference.

The Board noted the minutes and the information given.

1758/06 **Draft Council of Governors Committee Minutes from meeting held on 27 February 2012 – SFT 3261 – Presented by LM**

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

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

1759/00 **ANY OTHER BUSINESS**

Nothing was raised.

1760/00 **QUESTIONS FROM THE PUBLIC**

Phil Matthews (Wiltshire Involvement Network) referred to the review of the Emergency Department undertaken by the Network in January and said a written report had been forwarded to Maggie Cherry. PM was sorry not to have been able to have joined the PEAT review team in February but was pleased that his Vice-Chair had been able to deputise for him. While he had been intending to ask whether the Trust had received a response from D. Flory, Director General of NHS Finance, Performance and Operations, to MC's letter in respect of the appropriate level of payment to cover the costs of treating military personnel he noted the information provided in the Finance Report.

Mrs Gould (member of the public) said that if the Trust intended to routinely let patients have copies of letters sent to their GPs it would be important for these to be written in a language the patient could understand.

John Carvell (Governor) referred to the Council of Governor minutes and asked whether the Trust had yet decided if a Governor could join the Website Development Committee. PH said that this was something he had raised with CR and would do so again in the short term. PH

JC asked whether the delivery of the 18 week target for Spinal patients was being achieved. LA advised that an improvement was being seen and the Trust had taken on an additional locum consultant for a fixed term of 12 months to help maintain this improving trend.

JC referred to his roles as Chair of the National Spinal Taskforce at the DH and Chair of the Clinical Reference Group for Complex Spinal Surgery with the National Transition Team for Specialist Commissioning and mentioned that, through his connections, he understood that there was an expectation that a Trauma Centre for injured soldiers would be established in the Birmingham area by 2015.

Dr Cynthia Ludford (member of the public) asked whether it was possible for discharge letters to be sent by e-mail. LA said that the Trust had established a project to look at this but there were areas of patient confidentiality that needed to be taken into consideration.

CL asked if Trust staff were familiar with the role of the Local Counter Fraud Management Service. MC said that this formed part of the standard induction process and reminders were issued to staff via the Cascade Brief, posters on notice boards and open events in Springs Restaurant. Additionally, the Trust had on site a Security Manager and a nominated Non-Executive Director with responsibility for security matters.

1761/00 **DATE OF NEXT MEETING**

There would be short public meeting on 21 May 2012 in the Board Room at Salisbury District Hospital starting at 1.30 pm to agree the Trust's Annual Plan prior to its submission to Monitor. The next full meeting would be held on 11 June 2012 in the Board Room starting at 1.30pm.

1762/00 **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 confidential nature of the business to be conducted.

SALISBURY NHS FOUNDATION TRUST

Minutes of the meeting of Salisbury NHS Foundation Trust Board Held on 21 May 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 A Denton Mrs S Long Miss T Nutter Mr C Ridley Mr J Stokoe	Chairman Non-Executive Director Medical Director Non-Executive Director Non-Executive Director Director of Finance & Procurement Director of Human Resources Non-Executive Director Director of Nursing Chief Executive Non-Executive Director
Apologies:	Mr I Downie Mr P Hill	Non-Executive Director Chief Operating Officer & Deputy Chief Executive
In Attendance:	Mr L Arnold Mrs J Hair Mr J Williams Mrs C Collins Dr B Robertson	Director of Corporate Development Deputy Director of Human Resources Secretary to the Board Governor Governor

1769/00 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.

1770/00 REPORTS

1770/01 Governors' Election Results

LM circulated details of the incoming/outgoing Governors following the publication of the election results on Thursday 17 May 2012. The election process had been managed on behalf of the Trust by Electoral Reform Services.

LM reminded the Board that the Council of Governors consisted of twenty-five members, six of whom had decided not to stand for re-election on this occasion while one Governor had been defeated in the elections. As a consequence there would be seven new Governors starting their roles on 1 June 2012.

The Board noted this information.

1770/02 Approval of the Trust's Annual Plan for 2012/13 prior to its submission to Monitor by 31 May 2012 – SFT 3266 – Presented by LA

The format and content of the Annual Plan are set out in Monitor's Compliance Framework which describes the approach Monitor takes annually to assess the compliance of NHS Foundation Trusts with their Terms of Authorisation and, also, the intervention measures available to the Regulator in the event of non-compliance.

The aim of the Annual Plan document is for each Foundation Trust to set out its key priorities for the next three years with a particular focus on financial stability and governance issues.

The principal components of the Annual Plan are the future strategy, financial projections, Board statements, membership report and a review of the schedules attached to the Trust's Terms of Authorisation. Monitor's view is that a successful NHS Foundation Trust will be legally constituted in accordance with the National Health Service Act 2006, will be compliant with its Terms of Authorisation and will, at all times, be able to demonstrate financial sustainability.

When introducing the paper LA circulated the Monitor guidance which set out the key phases for the preparation of the Plan. Additionally LA reminded the Board of the preparatory work that had been done in conjunction with the Clinical Directors and the Council of Governors.

The Annual Plan document was supported by financial projections for the three years, 2012/13, 2013/14 and 2014/15 which indicated an increasing level of financial surplus and a Financial Risk Rating potentially increasing from a '3' to a '4' in 2014/15. These projections had been separately reviewed and approved by the Finance Committee at a meeting held earlier in the day.

LA advised that the Plan had to be with Monitor by 31 May 2012 and following completion of a review by the Relationship Team a telephone conference would take place with CR, MC and TN – this had been provisionally scheduled for 29 June 2012. Based on the experience of previous years formal feedback from Monitor could be expected towards the end of July/early August.

The Board reviewed the Annual Plan and made a number of changes on points of detail which were captured by LA and which would be reflected in the final version to be sent to Monitor.

The Board approved the 2012/13 Annual Plan and the various intentions/forecasts for the following two years. In doing so the Board confirmed:-

- The Forward Plan and appendices are an accurate reflection of the current shared vision and strategy of the Trust Board having had regard to the views of the Council of Governors;
- The Forward Plan and appendices have been subject to at least the same level of Trust Board scrutiny as any of the Trust's

- other internal business and strategy plans;
- The Forward Plan and appendices are consistent with the Trust's internal business plans;
- All plans discussed and any numbers quoted in the Forward Plan and appendices directly relate to the Trust's financial template submission.

1770/03 **Draft Annual Governance Statement for 2011/12 – SFT 3267 – Presented by TN**

In line with Monitors Annual Reporting Manual the Trust was required to produce an Annual Governance Statement (AGS) as part of the annual reporting requirements.

The AGS was first introduced in 2010/11 when it replaced the Statement on Internal Control.

The AGS had been drafted in a format prescribed by Monitor and informed by the Head of Internal Audit's Opinion Statement. The wording had also been reviewed by the Audit Commission (external Auditors) for assurance purposes.

The Board reviewed and approved the Annual Governance Statement for inclusion as part of the reporting arrangements for the 2011/12 Financial Statements.

1770/04 **Salisbury Neonatal Unit: Report for Trust Board following the South of England Specialist Commissioners Designation Visit – SFT 3268 – Presented by CB**

Salisbury Neonatal Unit provides care for up to 14 premature, small for dates or unwell babies. The Unit has very recently moved to newly refurbished accommodation with a greatly improved environment for babies, their families and the staff.

The Trust Neonatal Services are commissioned by the South of England Specialist Commissioning Board (South West Team) although the clinical network is with South Central, and tertiary services for babies needing surgery or who are too unwell to be managed in Salisbury are provided for at Southampton and Portsmouth.

Standards for Neonatal care are defined within the 'toolkit for high quality Neonatal services' published by the Department of Health in 2009. This aim of this document is to facilitate the delivery of equitable and auditable Neonatal care and provide a resource for commissioners to assess the quality of the services. The Neonatal toolkit defines three levels of Neonatal units, namely Special Care Units, Local Neonatal Units or Neonatal Intensive Care Units.

On 1 May 2012 the South West Team of the South Commissioning Group, led by their Medical Director, Dr James Palmer, undertook a Designation Visit to explore concerns raised in relation to a recent benchmarking exercise. The specific areas of concern were:-

- 1) The nursing establishment in terms of nurse to baby ratios.
- 2) The ratio of nurses qualified in specialty to those without a specific neonatal nursing qualification.
- 3) The presence of a Supernumerary Nurse Co-ordinator on every shift.
- 4) The availability of Dietetic and Speech and Language Therapy support.
- 5) Patient and family experience.
- 6) Medical staffing (which was the overwhelming concern).

In a supporting paper CB set out the full detail in relation to the concerns raised, the level of staffing that was expected and where the Trust was falling short.

The outcome of the review and findings was that the Trust was faced with three Options. Option 1 would be to voluntarily downgrade the status of the Neonatal Unit to a Special Care Baby Unit, Option 2 would be to retain Neonatal Unit status by increasing staffing levels to those specified in the Neonatal toolkit, while Option 3 would be to retain local Neonatal Unit status by obtaining derogation from the medical staffing requirements. The supporting paper again set out the detail of what would be required to comply with each of these options with Option '3' being the favoured approach.

To this end the Trust's medical staffing model had been risk assessed and the conclusion presented to the Board in a separate paper.

The Board agreed that the risk assessment demonstrated that the Trust's current medical staffing model provides a safe and sustainable level of cover for the Neonatal Unit twenty-four hours a day.

The Board considered the information supplied by CB and agreed to support Option '3' while noting the additional costs that would be required to provide additional resident consultant shifts rather than ST3. CB was asked to relay this information to the South of England Specialist Commissioners and to seek confirmation that, on this basis, the Trust would continue to retain its Local Neonatal Unit designation. CB was asked to inform the Board of the decision when known.

1771/00 **ANY OTHER BUSINESS**

1771/01 **Alan Denton**

This was AD's last Public Trust Board meeting before his retirement on 31 May 2012 and LM paid tribute to the excellent leadership he had provided to the HR agenda over the past 20 years. These sentiments were strongly endorsed by the Board.

1772/00 **DATE OF NEXT MEETING**

The next meeting will be held on 11 June 2012 in the Board Room at Salisbury District Hospital starting at 1.30 pm.

1773/00

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 confidential nature of the business to be conducted.