

SALISBURY NHS FOUNDATION TRUST

Minutes of the meeting of Salisbury NHS Foundation Trust Board Held on 3 October 2011 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 Mr I Downie Mr P Hill Miss T Nutter Mr J O'Connell Mrs M Romaine 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 Interim Chief Executive Director of Nursing Interim Chief Operating Officer Non-Executive Director Non-Executive Director
Apologies:	Mr S Long	Non-Executive Director
In Attendance:	Mr L Arnold Mrs J Hair Mrs J Osmond Mr R Perry Mr I Robinson Mr J Williams Mr M Wareham Mr E Gould Dr A Lack Mrs C Noonan Dr B Robertson Mr C Wain Mrs L Woods	Director of Corporate Development Deputy Director of Human Resources (for SFT 3185) Head of Learning Development (for SFT 3185) Facilities Director (for SFT 3184) General Manager, Hotel Services (for SFT 3184) Secretary to the Board Staff Side Representative Governor Governor Governor Governor Governor Governor

1699/00 **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.

1700/00 **MINUTES**

The minutes of the last meeting held on 8 August 2011 were accepted as a true record.

1701/00 **MATTERS ARISING**

1701/01 **Progress with Coding Review – Oral update by LA**

LA advised that only three patient stays in August remained to be coded while 50% of the coding for September had been completed.

In order to routinely improve the Trust's performance a Project Management Board (PMB) had been established and met for the first time on 22 September 2011. The Board was currently looking at the approach adopted by other Trusts, flow mapping Salisbury's existing process, looking at how capacity could be increased (the use of Bank staff and/or outsourcing were being considered), the movement of notes within the Trust and the use of PiMS.

Once all the information had been collected and evaluated the PMB intended to develop a specific Project Plan to generate a consistently improved coding performance. LA expected the Project Plan to be completed by the end of November.

The Board noted the information given and asked that the Project Plan (or an update) was presented at the December meeting.

LA

1702/00 **CHIEF EXECUTIVE'S REPORT – SFT 3176 – Presented by PH**

1702/01 **Seasonal Staff Flu Vaccinations**

As part of the Trust's overall plan for Winter a major staff seasonal flu vaccination campaign would commence in early October. A comprehensive staff vaccination programme can help reduce the risk of flu spreading across patient areas and affecting vulnerable patient groups. It can also reduce staff sickness within the Trust and, thereby, avoid placing additional pressure on the hospital during what is traditionally a busy period. The vaccine will be available to all staff groups.

1702/02 **Appointment Process for a New Chief Executive**

Following Matthew Kershaw's appointment to a new substantive role at the Department of Health, and consequent resignation from his position at Salisbury, the appointment process for a new Chief Executive was underway. A Nominations Committee had been established which consisted of the Trust's Chairman, two Non-Executive Directors and two Governors. The process was expected to lead to the short-listed candidates being invited to attend a two day assessment on 14 and 15 November 2011.

1702/03 **NHS Reforms – Staff Sessions**

Following the third reading of the 2010 Health and Social Care Bill in the House of Commons on 7 September 2011 the Bill was now being reviewed by the House of Lords, where the second reading was scheduled for 11 October 2011. Earlier in the year PH had made a number of presentations to staff about the Bill and would be carrying out further presentations in the Autumn to up-date staff on the

proposed changes and the overall impact the reforms were likely to have, both on the NHS and our own organisation.

1702/04 **Trust AGM**

The Trust AGM was held at Salisbury Arts Centre on Monday 26 September 2011 and gave both members and local people the opportunity to hear more about how the hospital had performed over the last financial year and to enjoy specialist presentations from staff. These were from Dr Toby Black and Sister Clair Stansfield who covered the excellent progress the Stroke team had made over the last two years to improve the care provided to their patients; and from Consultant Paediatrician, Chris Anderson and Sister Mandy Cooper which covered the development and benefits of the new Children's Unit on Levels 3 and 4. Feedback suggested the event had been well received.

1702/05 **Children's Unit Short-Listed in National Awards**

The unique design of the new Children's Unit had been recognised nationally as the Unit had been short-listed in three categories in the prestigious Building Better Health Care Awards 2011. These awards are designed to highlight world-class architecture, design, facilities and estates management in the healthcare built environment, and to reach the short-list represented a significant achievement for all involved in the project. The winners would be announced on 10 November 2011.

1702/06 **Information Standard Audit**

At the beginning of November the Trust would be visited by the Royal Society of Public Health who would carry out a surveillance audit to ensure the Trust continued to comply with all elements of the Information Standard. This Standard gives the public assurance that the patient information provided is current, evidence based and accessible. Salisbury is one of only 11 Trusts out of 170 across the country who, so far, have been accredited with the Information Standard.

1702/07 **People learn more about the work of Skin Specialists**

Over 100 people had an opportunity to learn more about how skin works and the wide range of skin conditions in a talk given in the Lecture Theatre on 12 September 2011 by Dr Richard Meyrick-Thomas, Consultant Dermatologist. This was the second of the 'Medicine for Members' talks following on from the very successful talk given by Consultant Rheumatologist, Richard Smith on bone disease earlier in the Summer. The next presentation would focus on Dementia and was scheduled for 16 November 2011.

1702/08 **Arthritis Awareness**

The Rheumatology team will 'get on the bike' in Main Reception on 10 October 2011 in a bid to highlight the benefits of movement as part of a number of activities during the week in support of World Arthritis

Day. The team will be on-hand to offer advice and information to patients, visitors and staff, whilst cycling through the day to raise awareness of the benefits of exercise for people living with arthritis. Over 10 million people in the UK have some form of arthritis and while movement can sometimes be painful it is known that regular moderate exercise can, in itself, help to reduce the pain and stiffness.

The Board noted the report.

1703/00 **PATIENT CARE**

1703/01 **Quality Indicators Report to 31 August 2011 – SFT 3177 – Presented by CB**

This paper showed the Trust's performance for the first five months against the agreed Quality Indicators for 2011/12.

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

- The Hospital Standardised Mortality Ratio (HSMR) is an indicator of health care quality that measures whether the death rate at a hospital is higher or lower than expected. CB explained that HSMRs are expressed using 100 as the expected number based on national rates and for the year to 31 March 2011 the Trust figure was 86. However CB cautioned that the method of calculating HSMR figures had changed in September 2011, and the Trust's revised ratio was expected to come out at 96.
- Following the increase in C-Difficile cases in July a 'Deep Clean' programme had been undertaken throughout all wards. While this had resulted in a reduction in the number of C-Difficile cases there continued to be a number of Trust apportioned cases and, almost certainly, the Trust would not meet its target for the year. As a result of these in-patient C.Difficile cases, which had been identified across ten clinical areas, TN, in her capacity as Director of Infection Prevention and Control, had commissioned a Serious Incident Inquiry. On a more positive note there were no MRSA cases in August or September.
- In July there was a higher than expected adverse event rate as identified through use of the Global Trigger Tool. The three highest categories were urinary tract infection secondary to catheterisation, pneumonia and wound infections. Work to address these issues was on-going with the catheter care bundle, nutritional assessment and management (high correlation between malnourishment and pneumonia) and the introduction of a surgical site care bundle in Theatres.
- The percentage of high risk Transient Ischaemic Attack (TIA) patients being seen within 24 hours remained lower than expected in July but improved markedly in August. Patients

referred over the weekend remained an issue and the Stroke Physician was looking at a network solution.

- The Delivery of same-sex accommodation had improved.
- The Real-Time Feedback showed no patients rated the quality of care as poor and there was also an improvement in the percentage of patients who would not recommend the hospital to family or friends.

The report was supported by a range of statistical data which CB said she was reviewing with the intention of revising the information that was currently presented to the Board on a monthly basis.

The Board noted the report.

1703/02 **Hospital Cleanliness Report – SFT 3178 – Presented by TN**

This quarterly report presented a summary of the key initiatives incorporated within the Trust's cleaning programme. The paper confirmed the 2011 Patient Environment Action Team (PEAT) assessment, undertaken on 18 February 2011, as 'Excellent,' summarised the information collected as part of the Real-Time feedback initiative, and then described a range of on-going workstreams which included in-house PEAT audits, the way in which the house-keeping auditing system worked, cleaning schedules and the approach to terminal cleaning.

The report also gave a detailed summary of the 'Deep Clean' programme which had been instigated in response to the increase of C-Difficile cases (See Quality Indicators Report above.) The programme had taken six weeks and covered twenty two clinical areas. In response to Board questions TN confirmed that a 'Deep Clean' meant that all patients were transferred out of each ward to enable all surfaces to be disinfected and cleaned as appropriate. TN indicated that the cost of the 'Deep Clean' exercise was expected to be in the order of £31,000 which was not part of the routine budget.

The Board noted the report.

1703/03 **Customer Care Report for the Quarter 1 April – 30 June 2011 – SFT 3179 – Presented by TN**

The number of complaints received at 86 was an increase of 15 from the previous quarter and an increase of 22 from the corresponding quarter in 2010. The highest number of complaints (45) were about safe, high quality co-ordinated care recorded across 24 different areas.

All the complaints had been given a Risk Rating under the recently agreed methodology and 43 complaints had been categorised as being of very low risk, 20 of low risk and 4 of moderate risk. None were categorised as being of high risk. The overall number of complaints, concerns and comments for the quarter totalled 404 of which all but 7 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 and, in both cases, the Trust was awaiting the outcome. In 2010/11 five complainants requested an independent review and none were upheld. Eight face-to-face meetings had been held with complainants.

522 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, and 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.

1704/00 **PERFORMANCE AND PLANNING**

1704/01 **Minutes from the Finance Committee meeting held on 22 August 2011 and draft minutes from the meeting held on 19 September 2011 – SFT 3180 – Presented by LM**

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

The Board noted the minutes.

1704/02 **Finance Report to 31 August 2011 (Month 5) - SFT 3181 – Presented by MC**

MC reported that earnings before interest, tax, depreciation and amortisation (EBITDA) stood at £5.8m which was broadly in line with the plan figure of £6.0m. This translated into a breakeven position compared to the planned surplus of £400,000. MC attributed the under-performance to a shortfall in achieving the year-to-date cost improvement target combined with higher than expected expenditure for the month of August. Year-to-date Operating Income totalled £72.9m; £0.2m below the plan figure of £73.1m, while expenditure stood at £67.1m which, while in line with the plan figure, was expected to be lower given the reduced level of activity (particularly in August). Working Capital, including cash balances of £14.5m was sound and the composite Financial Risk Rating remained unchanged at '3'.

The Board queried the position in respect of progress with the Cost Improvement Plans and JO'C advised that following his assessment

and presentation to the Finance Committee in August an Implementation Plan featuring twenty one different actions had been developed to address the projected shortfall of £3m in the current year. JO'C added that there had been a recent focus on the Medicine Directorate in relation to the closure of beds, which had taken longer to achieve than expected for a combination of reasons, and a drive to reduce length of stay through the introduction of an escalation process at 7/14/21/28 days. Additionally the number of Delayed Transfers of Care was now regularly in excess of twenty patients and this was having an adverse effect on expenditure. Regular discussions were taking place with Wiltshire Council in an effort to bring about an improvement.

The Capital Programme year-to-date expenditure totalled £2.3m against a budget for the year of £9.3m (which included slippage of £4.6m from 2010/11).

The report was accompanied by a range of detailed numerical and statistical information.

The Board noted the report.

1704/03 **Trust Performance Report to 31 August 2011 (Month 5) – SFT 3182 – Presented by JO'C**

The Performance Report set out a number of key indicators under the headings of quality, activity, efficiency and staffing. For each indicator performance over time and against plan, where appropriate, was shown together with an indication of the trend, and a traffic light rating given in relation to the overall performance.

In taking the Board through the report JO'C made the following observations:-

- While the number of cancelled operations had fallen back in August this remained an area where the Trust was exceeding its target.
- The Trust was achieving the national 95% target for patients being discharged from the Emergency Department (ED) within 4 hours of arrival and also the stretch target of 98%. Four out of the five supporting ED clinical indicators were also being delivered with performance improving in the 'time to treatment' indicator.
- All Cancer waiting time targets continued to be achieved for the quarter.
- The Trust continued to work hard to reduce the number of patients waiting more than 18 weeks for an elective admission due to capacity reasons. The figure for August, 161, had increased in comparison to the previous year but had reduced in September to 111.
- The Trust continued to see improving progress with non-elective length of stay for Medicine with performance exceeding the year-end target. However the level of Delayed Transfers of Care (as discussed under the previous agenda

- item) continued at a higher than expected rate.
- The coding rate had fallen again after the improvement in recent months due to a loss of coder capacity as a result of staff leaving.
- The staff absence rate continued to fall with the August absence rate being below 3% against the target of 3.5%.

BB asked if it was possible to quantify the cost to the Trust on a per day basis of the Delayed Transfers of Care. JO'C said that the per day cost would be subject to a number of variables but as the numbers equated to about a ward, then, as a guide, the cost of running a ward was in the order of £1m per annum. The question of whether it was appropriate to fine Wiltshire Council was raised to which JO'C said that while this was an option it was something the Trust would prefer to avoid in favour of joint working with Wiltshire Council to bring about an early and permanent resolution to the current issues.

The Board noted the report.

1704/04 **Capital Development Report for the period 1 June – 30 September 2011 – SFT 3183 – Presented by LA**

This report up-dated the Board on developments with some of the more significant capital schemes since the last report in June 2011.

LA said that the highlight was the completion of the new Paediatric Unit in June 2011, this had been a significant project and represented a considerable up-grading of the facilities that had previously been provided. The current focus was on the relocation of NICU and the provision of enhanced accommodation for parents (being funded through the Stars Appeal) where invitations to tender had been sent out with a response date of 3 October 2011. Elsewhere schemes were underway which would result in the transfer of ante-natal and post-natal services into the current Pembroke Ward and Suite and create an opportunity to provide one central entrance point for maternity, and the provision of out-patient based services for Spinal patients in a new dedicated facility. Finally, following the relocation of the Paediatric Department, thought was being given as to how best to use this accommodation with the ability to re-locate a number of staff from the Quality Directorate, currently based in SDH South, being one distinct possibility.

The Board noted the report.

1704/05 **Provision of Cleaning Services for Salisbury NHS Foundation Trust – SFT 3184 – Presented by RP and IR**

The contract for the provision of cleaning services was originally awarded to the in-house team with effect from 1 April 1998 and, up-to and including October 2010, had been reviewed by the Trust Board every three years. However at the three yearly review in October 2010 the Board agreed that, as the Facilities Management was looking at some possible system changes to the delivery of cleaning, then while the contract should continue to remain in-house it should

be subject to a further review in October 2011.

RP confirmed that the current advice was unchanged in that the Trust was not legally obliged to re-tender but should have arrangements in place to demonstrate best value.

Over the past year the cleaning service had been subject to a comprehensive analysis by an external consultancy as part of the Facilities Directorate Downside Plan work. A number of minor recommendations were made by the external consultancy which came into effect from 1 January 2011 and which were expected to generate financial savings in the order of £107,000 recurring per annum, by a combination of reduced management costs and the improved management of sickness absence.

Best value continued to be demonstrated by benchmarking information via the Estates Return Information Collection (ERIC) process undertaken by the Department of Health, the regular internal reviews, the outcome of PEAT inspections and in-patient survey results. Additionally, the unannounced Care Quality Commission Audit on 3 and 4 May 2011 confirmed the Trust was meeting all essential requirements (although a number of minor improvements were suggested and RP confirmed these had been acted upon.)

On the basis of the information provided the Board agreed to keep the contract in-house subject to a further review in three years, i.e. in October 2014. In the meantime the Board asked to be kept advised of any deterioration in the quality or cost of these services. RP

1705/00 **STAFF**

1705/01 **Human Resource Priorities 2011/12, Action Plan Up-Date – SFT 3185 – Presented by AD with support from JH and JO**

The purpose of this paper was to provide an up-date on progress with the Human Resources Strategic Priorities as described in paper SFT 3137 presented to the Board on 6 June 2011, using as a reporting mechanism the action grid for Human Resources Strategy presented to the Trust Board in paper SFT 3163 on 8 August 2011.

AD reminded the Board that the Action Plan consisted of four overarching themes, namely;

- Theme 1 – Staff Pay and Conditions of Employment
- Theme 2 – Workforce Planning and Design
- Theme 3 – Workforce Education and Development (including leadership development)
- Theme 4 – Individual Performance Management

The Action Plan grids for each of these themes were available to view on the website and included up to date progress reports.

At the August meeting the Trust Board had asked that the top priorities requiring focussed attention were separately identified and listed and these were:-

- The reduction of staff pay costs.
- The development of a plan for the redesign and implementation of changes to the nursing and medical workforce, and then the delivery of learning required for these changes to be embedded.
- Workforce reduction.
- Compliance with the standard for all staff to have an appraisal.
- Implementation of medical revalidation.
- Active participation in the development of the 'New Skills Networks'.

AD advised that despite the challenging environment in which the work required was being conducted good progress had been made across all four themes and this was evidenced by supporting examples.

The Board noted the report and the identification of the top priorities, and asked for a further progress report to be presented at the February 2012 meeting.

AD

1706/00 **PAPERS FOR NOTING OR APPROVAL**

1706/01 **Risk Management Annual Report 2010/11 – SFT 3186 – Presented by TN**

The Risk Management Annual Report is the mechanism for measuring the progress that has been made towards achieving the strategic goals and objectives within the Risk Management Strategy. This report presented the achievements over the 2010/11 year as measured against the strategic goals set out in the 2010 Risk Management Strategy.

The report provided detailed information around the key achievements and was accompanied by an overview of performance against the 2011/12 Annual Risk Management Plan.

The Board noted the report.

1706/02 **Risk Management Strategy 2011/12 – SFT 3187 – Presented by TN**

The Risk Management Strategy sets out the strategic direction for risk management and provides a framework for the Trust specifying the direction of travel with clear objectives, responsibilities and monitoring mechanisms, and is subject to an annual review.

The overall objective of the Risk Management Strategy is to ensure that robust risk management systems are in place which will assure the Trust Board that, as a Foundation Trust, it is discharging its responsibilities as set out by the Department of Health and by Monitor.

TN advised that, in reality, there was little year-on-year change to the Strategy as agreed by the Trust Board in October 2010 but a

summary was given of the key performance indicators which had been up-dated for 2011.

The Board approved the Risk Management Strategy.

1706/03 **Draft minutes from the Clinical Governance Committee meeting held on 19 September 2011 – SFT 3188 – Presented by LB**

LB advised the Board of items discussed / decisions taken / actions agreed. When presenting the Minutes LB particularly drew the Board's attention to the agreement to amalgamate the safety and quality walks and to continue to hold one every week, details of the most recent patient story, and the action that was being taken in response to the recent increase of Trust apportioned C-Difficile cases.

The Board noted the minutes.

1706/04 **Clinical Governance Annual Report 2010/11 – SFT 3189 – Presented by CB**

This report summarised the work of the Clinical Governance Committee for the 2010/11 year. CB reminded the Board that Clinical Governance was the framework in which excellent care could be delivered and developed. It enabled the early identification of issues that might affect the Trust's ability to meet the needs of patients so that appropriate action could be taken. Good Clinical Governance also enabled the Trust to identify what worked well, encouraged the sharing of good practice and supported the continued development of innovative, evidenced based care.

Of particular note during the 2010/11 year had been:-

- The Implementation of the SFT organisational Trigger Tool across all Directorates.
- Patient stories introduced into the Clinical Governance Committee with actual patients, family members or carers attending to present their experiences
- Quarterly Directorate quality meetings started using a full set of information across safety, clinical effectiveness and patient experience to monitor and improve performance.
- A full year of Quality Walks completed.
- The formation of the Quality Directorate in October 2010 resulting from the merger of the Clinical Effectiveness and Nursing Directorates.
- A re-designed ICID was launched on the internet to ensure easy access for staff and the public to evidence based practice.
- A Mortality review tool and database were made available on the Intranet as a means to record outcomes of clinical team discussions and learning.

The report concluded with a summary of the key priorities for the current year.

The Board noted the report.

1706/05 **Maternity and Neo-Natal Risk Management Annual Report for 2010/11 – SFT 3190 – Presented by TN**

TN advised that the purpose of the Maternity and Neo-Natal Services Risk Management Strategy was to underpin the Trust's Risk Management Strategy by setting out the systems and processes to be used to manage risk within the Maternity and Neo-Natal services.

The paper defined the outcomes within the Strategy, set out the measurable objectives for managing risk, described the use of the Maternity and Neo-Natal Services Risk Register, summarised various clinical reviews that were undertaken during the year, analysed the complaints and concerns raised with senior staff within the Maternity and Neo-Natal services, gave details of claims received and the actions taken in response, and concluded with a summary of the key actions for 2011/12.

The Board noted the report.

1706/06 **Annual Estates Strategy Up-Date – SFT 3191 – Presented by LA**

The Trust's current five year Estates Strategy was agreed under paper SFT 3008 on 7 June 2010. This paper summarised the progress that had been made against the main redevelopment and estate management targets over the previous 12 months.

LA said that while there was a five year plan in place it was proposed that this was reviewed in detail during 2012 and that a full Estates Strategy document would be prepared for presentation to the Trust Board by the end of the 2012 year.

The Board noted the information given and that a revised Estates Strategy document would be presented by 31 December 2012.

LA

1706/07 **Review of the effectiveness of Trust Board Sub-Committees – SFT 3192 – Presented by LM**

At the end of 2007 the Trust Board agreed that the Terms of Reference for each sub-committee of the Board should be amended to comply with the suggested model and format published by the National Health Service Litigation Authority (NHSLA). As a consequence of adopting the NHSLA model the Terms of Reference for each sub-committee require the committee to review its performance against the duties set out in the Terms of Reference and to then assess its effectiveness. The Chairs of the Audit Committee, Clinical Governance Committee and Finance Committee had led a review of the Terms of Reference for each of their Committees and prepared a summary of the activities undertaken in support of each of the listed duties. These formed part of the report together with the current Terms of Reference. Minutes from these three sub-committees were routinely presented at public meetings of the Trust Board.

From the perspective of the Chairs and the members of these Committees no concerns were raised about any aspect of the

performance of any of these committees that they wished to draw to the attention of the Board.

(The Terms of Reference for the Remuneration Committee also comply with the NHSLA model but, in view of the confidential nature of the business that is discussed, the minutes are only presented to the full Trust Board in private. However the Terms of Reference do call for an annual report of the work of the Remuneration Committee to be presented to a Public meeting of the Trust Board and this is normally done in August each year – last report 8 August 2011 under paper SFT 3165. This paper gave the Board the opportunity at that time to comment on the effectiveness of the Remuneration Committee and so, for these reasons, it was not included as part of this review).

The Board:-

- 1) reviewed the summary prepared by the Chair of each of the sub-committees evidencing the work undertaken by that Committee in support of its Terms of Reference over the last 12 months.
- 2) ratified the Terms of Reference for the Audit Committee following their annual review by the Committee members on 11 July 2011.
- 3) based on this information, together with the knowledge gained from the regular receipt of the Committee minutes, formed a view that the performance of the Audit, Clinical Governance and Finance Committees was in accordance with expectations and no recommendations for change were considered necessary.

1706/08 **Assurance Framework Proposals for 2011/12 – SFT 3193 – Presented by TN**

The Assurance Framework was reviewed by the Board at a workshop held on 5 September 2011 when the Trust Board members agreed the principal risks for inclusion on the 2011/12 Assurance Framework. The revised Assurance Framework was presented to the Board for agreement as an appropriate document for the Assurance Committees to monitor and report to the Trust Board throughout the coming year.

Any changes that occur in year, such as new and emerging risks or gaps, would be reported to the Trust Board by the relative Assurance Committee Chair.

The paper detailed the new principal risks that had been identified and added to the Assurance Framework and the existing risks on the Assurance Framework which had been either up-dated and/or expanded following the September workshop.

No risks were removed from the Assurance Framework.

The Board noted the content of the 2011/12 Assurance Framework and the agreed in-year review and reporting mechanisms.

1706/09 **Draft Minutes from the Council of Governors meeting held on 25 July 2011 – SFT 3194 – 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.

1706/10 **Joint Board of Directors Minutes from 20 July 2011 in respect of the quarterly review of the Assurance Framework and Risk Register – SFT 3195 – Presented by PH**

Each year the Trust Board reviews and approves the Assurance Framework and associated Risk Registers – last time at this meeting on 3 October 2011 under paper SFT 3193 (see above.)

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 from 2010 the relevant extract from the JBD minutes would also be presented to the Trust Board following their quarterly review and, following the review on 20 July 2011, the relevant minute was attached.

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

1706/11 **2010/11 Audit Commission Management Letter 2010/11 – SFT 3196 – Presented by PH**

The Management Letter summarises the significant issues and conclusions from the 2010/11 audit undertaken by the Audit Commission.

The audit process was governed by the Audit Code for NHS Foundation Trusts prepared by Monitor and the Audit Plan was drawn up and delivered to meet the statutory requirements of this Code and all Auditing Standards.

The work on the accounts was supported by a review of the key accounting controls in place to ensure the financial information was fully and accurately presented in the financial statements. The Board was already aware that the Audit Commission had issued an unqualified opinion on the Trust's accounts for 2010/11 and that these were submitted to Monitor in line with the prescribed timescales. The Letter confirms that the information contained in the Trust's Annual Report was consistent with that included in the audited financial statements. In noting the surplus of £35,000 for 2010/11 and the extent of the ongoing savings challenge the Letter recommended that

the Board gives immediate thought to the development of robust plans for the next two to three years.

The Annual Governance Statement (previously known as the Statement on Internal Control or SIC) was reviewed to check that it had been prepared in accordance with the requirements specified by Monitor. This included a review of the Trust's arrangements for economy, efficiency and effectiveness in the use of resources. The Audit Commission was satisfied that the Annual Governance Statement was consistent with their knowledge of the Trust and there were no matters which needed to be brought to the attention of those charged with governance.

Similarly the Trust's Annual Report was reviewed to ensure the Financial Information disclosed was consistent with the Audited Financial Statements.

Following a dry-run exercise in 2009/10 Monitor had required all external auditors to undertake a prescribed 'limited assurance' engagement of their Trusts' Quality Report in 2010/11. The Audit Commission had tested two performance indicators mandated by Monitor and one indicator selected by the Council of Governors. Overall the Audit Commission concluded that the Trust's Quality Report (which is published in full in the Trust's Annual Report and Accounts for 2010/11) had been prepared in line with Monitor's annual Reporting Manual and that the data supporting the three selected indicators was substantiated.

During the year the Audit Commission had undertaken work outside of the Code Responsibilities as follows:-

- A review, jointly commissioned by the Trust and Wiltshire PCT, of non-tariff costs which had been shared with the Finance Committee and the Trust Board following its publication early in 2011.
- A PbR Data Assurance – Reference Cost Data Quality Audit requested by the Department of Health at all NHS Trusts and Foundation Trusts. This had resulted in eight recommendations which had been accepted by the Trust and where good progress was being made in implementing these.

The Letter otherwise described in more detail the work undertaken by the Audit Commission in support of its findings for the year together with a note of the fees which applied.

The Board noted the Audit Commission's Management Letter for 2010/11.

1707/00 **ANY OTHER BUSINESS**

Nothing was raised.

1708/00 **QUESTIONS FROM THE PUBLIC**

Alistair Lack (Governor) noted the concerns expressed in the Finance Report about the number of re-admissions and the potential financial impact on the Trust, and asked whether it would be appropriate for these numbers to routinely form part of the Quality Indicators Report. CB agreed to consider. CB

AL referred to the Board discussion about the cost per day to the Trust for in-patients and said that, from his perspective, it was difficult to arrive at a sensible figure as this would vary significantly depending where the patient was in relation to their treatment journey and anticipated length of stay.

AL suggested that where figures were given that were not statistically significant, such as some of the responses to the Real-Time Feedback questions in the Quality Indicators report, then the report should indicate this. CB agreed to consider. CB

Finally, AL commented that he had recently spent some time visiting the Coding Department and the IT Department and had been delighted with the outcome his 'fact-find' visit.

Beth Robertson (Lead Governor) asked that if 30/35% of patients attending the Medical Assessment Unit were sent home on the same day why did they need to be recorded as admissions. MC said that the need for admission related to the level of care and treatment required and this might, on occasions, only be for a short-term. However MC said that he acknowledged the issue and advised that he was in discussion with Wiltshire PCT as to whether a different tariff might apply for these patients.

Chris Wain (Governor) referred to the Annual General Meeting and the comment made by MC that the PFI costs were likely to increase over the lifecycle of the agreement and asked how much the Trust currently paid per annum and what might future increases amount to. MC advised that the Trust currently paid in the order of £3m per annum and the costs were reviewed annually and linked to RPI. LA added that the construction costs had amounted to £24m but the annual £3m payment included maintenance and renewal costs. When the building was transferred to the ownership of the Trust in 2036 it would be in an 'as new' condition.

Mrs Gould (member of the public) said that she had received feedback that telephonists were slow in responding to incoming calls although she was uncertain whether these were at 'Main Reception' or at individual clinics. PH thanked Mrs Gould for this feedback and said he would review the situation. Mrs Gould then asked if the hospital had Consultant cover at night and weekends and CB confirmed that this was the case. PH

1709/00 **NEXT MEETING**

The next meeting will be held in the Board Room at Salisbury District Hospital on 5 December 2011 starting at 1.30 pm.

1710/00 **CONFIDENTIAL ISSUES**

The Board agreed 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.