

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.