

SALISBURY NHS FOUNDATION TRUST

Minutes of the meeting of Salisbury NHS Foundation Trust Board Held on 5 December 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 Mr S Long Miss T Nutter 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 Non-Executive Director Director of Nursing Non-Executive Director Non-Executive Director
Apologies:	Mr J O'Connell	Interim Chief Operating Officer
In Attendance:	Mr L Arnold Mrs J Hair Mrs F McCarthy Mr P Freeman Mr R Perry Mr J Williams Mr M Wareham Mr J Carvell Mr R Coate Mr E Gould Dr A Lack Mrs C Noonan Dr B Robertson Mr C Wain	Director of Corporate Development Deputy Director of Human Resources (for SFT 3211) Senior Nurse, Infection Control (for SFT 3203) General Manager, Facilities (for SFT 3204) Facilities Director (for SFT 3204) Secretary to the Board Staff Side Representative Governor Governor Governor Governor Governor Governor Governor

1717/00 **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.

1718/00 **MINUTES**

The minutes of the last meeting held on 3 October 2011 were accepted as a true record.

1719/00 **MATTERS ARISING**

1719/01 **Progress with Coding Review**

LA advised that the coding performance had improved in recent weeks due to the availability of Coders and the agreement to a certain amount of weekend working. Additionally the Business Case for an additional Coder had been approved and it was hoped that this individual would start early in 2012. In the meantime Coders were working more closely with specific services and trying to improve routine performance by accessing a range of electronic systems.

The Board noted this information.

1719/02 **Additions to the Quality Indicators Report**

CB said that the Quality Indicators Report was currently being revised and the suggestions made by AL would be incorporated. A pilot version of a new Quality Indicators Report would be presented during the meeting in conjunction with Paper SFT 3205.

The Board noted this information.

1719/03 **Trust response to In-coming Telephone calls**

PH informed the Board that, in conjunction with the Facilities Directorate, he had reviewed the speed at which incoming telephone calls were answered and was satisfied that the current average response time was acceptable. However the situation would be kept under review via the Facilities Directorate Performance Meetings.

The Board noted this information.

1720/00 **CHIEF EXECUTIVE'S REPORT – SFT 3201 – Presented by PH**

1720/01 **Appointment of New Chief Executive**

Following a two day assessment process on 14/15 November 2011 Caspar Ridley (CR), currently Director of Strategy and Business Development at University Hospital Southampton NHS Foundation Trust, had been appointed Chief Executive in succession to Matthew Kershaw. CR was expected to take up the role on 1 March 2012. News of his appointment had been appropriately announced both internally and externally.

1720/02 **Staff rewarded for Services to Patients**

Staff had been rewarded for their professionalism and commitment and the way in which they had improved services for patients as part of the 2011 Striving for Excellence Awards which were presented on 18 November 2011. There were ten different categories and award nominations were made by patients, staff and volunteers, with Governors, staff and members of the public voting for the winners.

1720/03 **Children's Unit wins National Design Award**

The Children's Unit has won a National Building Better Health Care Award in recognition of its unique child-friendly design and bright and sensitive internal decoration. The Best Building Product in Health Care Award was one of 17 categories and was awarded jointly to Salisbury NHS Foundation Trust and Altro Ltd. The ArtCare Team had created the digital designs using children's images to transform rooms and clinical areas so that they were light and sensitive to the particular needs of young patients and their families.

1720/04 **Salisbury Consultant wins Military and Civilian Health Partnership Award**

Consultant Plastic and Reconstructive Surgeon Roderick Dunn had been named the Healthcare Civilian of the year. Mr Dunn won the award for the pioneering surgery he carried out with fellow Consultant Miss Alex Crick on soldiers injured in Afghanistan and Iraq. The Healthcare Civilian of the year is one of nine categories in the Military and Civilian Health Partnership Awards which is run annually by the UK Health Departments and the Ministry of Defence.

1720/05 **Staff Flu Vaccination Programme**

As part of the Trust's overall plans for the Winter the staff flu vaccination programme continued to be rolled out across the Trust. Comprehensive staff vaccination can help reduce the risk of flu spreading across patient areas and affecting vulnerable patient groups. It can also impact on staff sickness within the Trust and on work colleagues. So far over 1700 members of staff had been vaccinated since the campaign started in mid October.

1720/06 **The Parliamentary and Health Service Ombudsman Report**

The Ombudsman had published his review of complaint handling by the NHS in England for 2010/11. The report identified complaints where the Ombudsman had intervened in cases in which NHS organisations had done everything they could to resolve the issue. The Ombudsman had received 17 complaints about Salisbury NHS Foundation Trust (one of the lowest in England) and concluded that none of these required any further formal investigation. This excellent outcome reflected the time and effort Trust staff spent on working with patients and relatives to resolve their concerns and problems.

1720/07 **NHS Reforms – Autumn Staff Sessions**

During the autumn PH had carried out a number of open staff presentations on the Government's proposed Reforms of the NHS. This had given him the opportunity to up-date staff on progress with the Health and Social Care Bill and the possible overall impact the Reforms may have both on the NHS in general and Salisbury in particular. A further round of presentations was planned in the new year by when the content of the Health and Social Care Bill was expected to become more certain.

1720/08 **Equality is for everyone event**

In October the Trust held a special event to launch the NHS Equality Delivery System (EDS). The EDS is designed to help NHS organisations improve their equality performance and meet their legal responsibilities. Engagement with staff and local interest groups would be key to the success of this initiative as it would help enable the Trust to assess its performance and identify where improvements needed to be made.

1720/09 **Dementia Peer Review**

All hospitals in the South West Region were participating in an assessment as to how hospitals are implementing the eight South West Regional Standards for Dementia Care. The Trust was visited on 23 November 2011 and the Peer Reviewers observed care on wards and out-patients, and talked to staff in clinical and non-clinical areas. The initial informal feedback from the Assessment Team was very positive. The full report was expected within a month and, on receipt, would be shared with the Trust Board.

PH

The Board noted the information given.

1721/00 **PATIENT CARE**

1721/01 **Review of progress with 2011/12 Trust Service Plan – Paper SFT 3202 – Presented by LA**

The purpose of this report was to provide an up-date to the Board on the progress made towards achieving and implementing the key priorities which the Trust had identified in its Annual Plan for 2011/12 and which, after Board approval, had been submitted to Monitor in May 2011.

The paper reported on the position in relation to the eight priorities identified by the Board as being key measures of success and concluded that the Trust was making steady progress against a backdrop of significant strategic change and increasing financial challenge. The agenda remained considerable both in terms of what needed to be delivered and the combination of changes in healthcare management that the Trust was likely to face over the next 2/3 years. Amongst these the need to achieve financial balance while maintaining and improving on the quality of care was a particularly significant objective.

The paper summarised the progress being made with the Capital Programme and also confirmed that the Trust was fulfilling its various regulatory obligations as required by Monitor.

The Board noted the report.

1721/02 **Infection, Prevention and Control, Half Yearly Report together with Cleanliness up-date – SFT 3203 – Presented by TN and FMc**

Infection, prevention and control is a key risk and has been identified as such on the Trust's Assurance Framework.

The presentation of this six monthly report, together with the monthly Key Quality Indicators Report, are the principal means by which the Trust Board assures itself that prevention and control of infection risks are being managed effectively and that the Trust remains registered with the Care Quality Commission (CQC) without conditions – with particular reference to Outcome ‘8’ (Cleanliness and Infection Control).

The report set out the Trust’s progress against the 2011/12 action plan to reduce healthcare associated infections and sustain improvements in infection, prevention and control practices.

The paper particularly drew the Board’s attention to the CQC’s unannounced inspection visit on 3 and 4 May 2011, the management of healthcare associated infections, the Trust’s response to the increased incidence of C.difficile, the actions taken as a consequence of a high count of legionella being identified in a staff shower room on level 1 and a patient shower room on level 4, and the extension of mandatory surveillance to include E-Coli Bacteraemia infections from 1 June 2011.

The report concluded with a summary of the up-dated position for the provision of cleaning services and compliance scores with credits for cleaning auditing, the work undertaken in support of the decontamination strategy and the Trust’s approach to antibiotic prescribing which included positive Regional Audit feedback.

The Board noted the report and confirmed that it recognised its collective responsibility for minimising the risks of infection and had agreed the general means by which it prevents and controls these risks. The day to day responsibility for infection, prevention and control continued to be designated to TN as the Director of Infection, Prevention and Control (DIPC).

1721/03

Transport Strategy, Travel Plan and Car Park Up-date – SFT 3204 – Presented by RP and PF

In this paper RP and PF set out a summary of the actions taken over the last year to promote green travel which included the on-going development of the management of the car parks, the promotion of car sharing, the continued encouragement to staff to use public transport and a review of the car parking charges. In respect of the car parking charges it was proposed that all pricing and exemptions should continue unchanged for further review by the Board in 12 months.

RP/PF

MC asked if any consideration had been given to increasing the price for scratch cards in view of the higher administrative costs associated with their use. PF said that this had not been a feature of the review. PF added that most of the scratch card users were part-time staff as, generally, full-time staff had moved to the monthly deduction from salary option. However PF agreed to look again at the car parking charges for scratch card users at the next review.

RP/PF

LB asked if the purchase of bus passes qualified for inclusion under the salary sacrifice arrangements and PF said that, at the present time, salary sacrifice was not allowable for this purpose. However

he would keep this under review in case the scheme changed and allowed bus pass usage to qualify.

RP/PF

BB noted the number of staff who parked along the road adjacent to Entrance B and asked if there were any plans to limit parking in this area. PF was able to confirm that Wiltshire Council had approved a proposal to create a no parking zone by painting double yellow lines running from the ambulance station to the hump backed bridge at the bottom of the hill leading to Odstock village. However PF added that no date had yet been set for the painting of the lines as this was weather dependent and so, potentially, might not take place before the Spring.

The Board noted the progress and developments within the Travel Plan and supported the recommendation that the existing car parking charges and associated exemption arrangements should remain unchanged for further review in 12 months. The cost of administering the scratch cards would form a part of this review together with a further check as to whether bus pass purchases could qualify for inclusion within the salary sacrifice scheme.

RP/PF

1721/04

Quality Indicator Report to 31 October 2011 – SFT 3205 – Presented by CB

This paper showed the Trust's performance for the first seven 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) which is an indicator of healthcare quality that measures whether the death rate at a hospital is higher or lower than expected. CB explained that in addition to the basis on which HSMR's are currently calculated a new measure, the Summary Hospital-level Mortality Indicator (SHMI), had recently been introduced by the NHS National Quality Board. The SHMI indicator will:-
 - a) Help ensure patient safety by providing an early trigger to probe potential problems.
 - b) Cover deaths relating to all admitted patients that occur in all settings – including those occurring in hospital and those occurring 30 days post-discharge.
 - c) Apply to all NHS Acute Trusts except specialist hospitals.
 - d) Adjust as far as possible for factors outside of a hospital's control that might impact on hospital mortality rates.
- In October there were three Trust apportioned C-Difficile cases which continued the improved trend seen in recent months.
- Patients presenting at the weekend with high risk Transient Ischemic Attack continued to be a challenge and a network solution was being explored with Bournemouth, Poole and Dorchester hospitals.
- Emergency re-admissions show an upward trend and an audit was currently being undertaken to understand this better and identify where improvements should be targeted.

- Patients experiencing three or more ward moves showed an increase in October and the underlying issues were to be explored further with a spot-check audit during December 2011.
- Delivering same sex accommodation continued to show a sustained improvement.
- Patient real-time feedback for October showed that 3.8% of responders (which equates to five patients) would not recommend the hospital to family or friends.

The recently published Dr Foster Hospital Guide for 2011 said that 'being admitted to hospital at weekends is risky' as illustrated by higher mortality rates for patients admitted on weekends compared to patients admitted on weekdays. In response to a query raised by the Board CB said that there was no discernible difference between the weekday and weekend mortality ratios at Salisbury.

Following the presentation of the routine report CB presented the first draft of a new style report showing the Quality Indicator Performance in graphical rather than tabular format which was well received by the Board.

The Board noted the report and supported the future presentation of the Quality Indicators information in a revised graphical format. CB

1722/00 **PERFORMANCE AND PLANNING**

1722/01 **Minutes from the Finance Committee meeting held on 24 October 2011 and draft minutes from the meeting held on 21 November 2011 – SFT 3206 – Presented by LM**

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

The Board noted the minutes.

1722/02 **Finance Report to 31 October 2011 (Month 7) – SFT 3207 – Presented by MC**

MC reported that earnings before interest, tax, depreciation and amortisation (EBITDA) stood at £8.50m which was broadly in line with the plan figure of £8.65m. This translated into an income and expenditure surplus of £220,000 compared to the planned surplus of £730,000. As in previous months the underperformance of £0.5m was attributed to a shortfall in achieving the year-to-date cost improvement (CIP) target with the Directorates combined CIP plans showing a shortfall, on a phased basis, of some £0.55m. MC said that it was important for the Trust to continue to identify recurrent savings to help meet this year's CIP objectives and avoid savings targets being carried forward into 2012/13.

The year-to-date Operating Income totalled £102.4m; £0.3m below the plan figure of £102.7m, while Expenditure stood at £93.8m; which was also £0.3m below the plan figure of £94.1m. Working Capital, including cash balances of £15m, was sound and the composite Financial Risk Rating remained unchanged at '3'.

The Capital Programme year-to-date expenditure totalled £3.1m 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.

SL asked whether the level of savings required in 2012/13 was yet known and MC said that he expected this to be in the order of 6%. This was based on a central requirement to make efficiency savings of 4% and a local need to find an additional 2%. While some of the savings would be found on a corporate basis responsibility for finding the bulk of the savings would lie with the Directorates. In this connection work was underway and progress would be reported regularly to the Finance Committee.

The Board noted the information in respect of the year-to-date financial performance and that work had started on the 2012/13 cost improvement plans with progress to be reported to the Finance Committee on a regular basis. MC

1722/03

Trust Performance Report to 31 October 2011 (Month 7) – SFT 3208 –Presented by LA

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 LA made the following observations:-

- While the number of cancelled operations had continued at lower levels in September and October this remains an area where the Trust was exceeding its target.
- The Trust was achieving both the national 95% target for patients being discharged from the Emergency Department (ED) within four hours of arrival and the stretch target of 98%. Four out of the five ED clinical indicators continued to be delivered. While performance for the 'Time to Treatment' indicator had fallen back in October the November figures showed an improved position with the median in the order of 67 minutes (against a target of 60 minutes.)
- The Cancer two week wait performance for all patients and for symptomatic breast patients reduced in October, largely because patients chose to wait longer. However waiting time targets continued to be achieved for the quarter as November had shown a significantly improved performance.
- 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 had fallen below 100 for the first time since the Summer and this level of performance was being maintained. Orthopaedics was the speciality with the biggest number of capacity breaches, with Spinal Orthopaedics being a particular challenge.

- The figure for Choose and Book slot unavailability deteriorated in October. This was due to a technical problem following the recent iPM upgrade which affected one specialty's ability to offer appointments through the system. The technical problem had been resolved.
- The Trust continued to see improving progress with non-elective length of stay for medicine reflecting the focus being placed on accelerating discharges. Additionally the level of Delayed Transfers of Care had recently reduced.
- The coding rate had improved in recent weeks reflecting the fact that staffing levels had been consistent throughout this period.
- The staff absence rate continued to fall with the October absence rate being below 3.2% against a target of 3.5%.

The Board noted the report.

1722/04 **Proposed Capital Programme for 2012/13 – SFT 3209 – Presented by MC**

MC presented the proposed Capital Programme for 2012/13 which indicated that some £5.53m was available after meeting fixed repayments. MC reminded the Board that the prime source of cash for capital schemes is the depreciation of assets. As any Income and Expenditure surplus from 2011/12 was expected to be small (circa £0.8m) no contribution had been included from this source.

Repayment of loans would reduce the £7.4m figure generated by the Trust by £1.56m, while a further £0.5m had been allocated to support revenue in what is expected to be a challenging year. This left the sum of £5.53m available to fund a range of schemes.

The Executive Directors and the Joint Board of Directors had independently reviewed the programme which was shown under the headings of Medical Equipment (£1.4m), Building Schemes (£1.8m), Information Technology (£1.0m) and Other (£0.24m).

Currently there was an unallocated sum in the order of £1m pending the final assessment of several outstanding items which were listed separately. As in previous years a high priority had been given to schemes affecting the health and safety of staff and patients.

MC advised that any schemes in the 2011/12 Capital Programme not completed by the end of the current year would be added to the 2012/13 Capital Programme together with the relevant funding and would be carried forward accordingly.

The Board approved the proposed Capital Programme for 2012/13. MC

1723/00 **STAFF**

1723/01 **Dignity at Work Annual Report – SFT 3210 – Presented by SL and LB**

Within the Trust's Bullying & Harassment Policy there is provision for members of staff who feel they have been subject of bullying or

harassment to obtain independent support and advice through contact with a nominated Non-Executive Director, either SL or LB.

During the period 1 November 2010 to 31 October 2011 SL and LB had received eight requests for advice and support and their paper set out the nature of the requests and the action taken to resolve the issues.

SL reminded the Board that in previous reports concern had been expressed regarding the level of awareness of staff of the Bullying and Harassment Policy. During 2011 various efforts had been made to remedy this including the use of the Trust's Intranet screen saver and a stand staffed for a week in Spring's Restaurant by members of the Human Resources Department and the designated Non-Executive Directors.

SL said that it was important and appropriate that best use is made of all the various options available to staff to resolve issues of conflict with Managers or colleagues such as mediation, grievance, bullying and harassment, and to this effect discussions were on-going with Jenny Hair, Deputy Director of Human Resources, to agree how this can best be achieved.

The Board noted the report.

1723/02 **Staff Survey Action Plan Up-date – SFT 3211 – Presented by AD and JH**

The purpose of this paper was to provide an up-date on progress with the actions set out in the Staff Survey Action Plan described in paper SFT 3138 presented to the Board on 6 June 2011. AD reminded the Board that this arose from the 2010 Staff Survey undertaken during the Autumn of that year with the results shared with the Board on 4 April 2011 under Paper SFT 3107.

The four main areas for improvement arising from the 2010 Staff Survey were:-

- The number and quality of appraisals and the resulting personal development plans.
- The behaviour and relationships between staff, particularly in relation to bullying and harassment.
- Staff satisfaction with the quality of work and patient care they felt able to deliver.
- Staff feeling pressure to attend work when feeling unwell.

The reports then set out the range of actions being taken to bring about an improvement in each of these areas.

The report concluded by reminding the Board that 850 staff had been randomly chosen to complete the 2011 Staff Survey questionnaire which was again being undertaken by Capita, one of the approved external organisations able to provide this service. The closing date for the return of the questionnaires was 2 December 2011 with early indications suggesting that the initial response rate of 47% compared favourably with a median response of all Trusts of 40%, although this was some way short of the 60% return the Trust was striving for.

The Board noted the report and that the results of the 2011 staff survey were expected in February 2012 and would be presented to the Trust Board in April 2012. AD

1724/00 **PAPERS FOR NOTING OR APPROVAL**

1724/01 **Non-Executive Directors Appointment Information – SFT 3212 – Presented by LM**

LM advised that following the completion of two years as Vice-Chairman and Senior Independent Director NA had stood down from this role on 30 November 2011 in favour of LB.

LB's proposed appointment had been endorsed by the Council of Governors at their Public meeting held on 28 November 2011.

LM said that otherwise the make-up of the Trust Board Sub Committees for the year 1 November 2011 to 31 October 2012 would be unchanged.

The Board supported the appointment of LB as Vice-Chairman and SID and noted the information given.

1724/02 **Draft Minutes from the Audit Committee meeting held on 10 October 2011 – SFT 3213 – Presented by NA**

NA advised the Board of items discussed / decisions taken / actions agreed. NA particularly drew the Board's attention to the progress being made by the Nominations Committee responsible for the appointment of new External Auditors (to replace the Audit Commission) from 1 April 2012.

The Board noted the minutes.

1724/03 **Draft Minutes from the Clinical Governance Committee meeting held on 21 November 2011 – SFT 3214 – Presented by LB**

LB advised the Board of items discussed / decisions taken / actions agreed. LB particularly drew the Board's attention to the most recent patient story when an individual with sight loss reported on her experience and gave a number of positive suggestions as to how better information and support could be provided following the future diagnosis of any patient with her condition. This would be taken forward with the Ophthalmology team at their next Service Review.

The Board noted the minutes.

1724/04 **JBD Minutes evidencing the Quarterly Review of the Assurance Framework and Risk Register – SFT 3215 – Presented by PH**

The latest quarterly review by the JBD for those areas of the Assurance Framework and associated Risk Registers for which it has responsibility took place on 19 October 2011. A copy of the relevant extract from the minutes of the meeting was presented to the Board.

The Board noted the minutes.

1724/05 **ANY OTHER BUSINESS**

Nothing was raised.

1724/06 **QUESTIONS FROM THE PUBLIC**

Alistair Lack (Governor) noted the likely need for the Trust to reduce expenditure by some 6% in 2012/13 and asked whether this was likely to have an effect on clinical activity. LM said the Trust was continually striving to improve the efficiency of all of the services provided. Additionally the Trust was expanding its range of networking activity, particularly with Bournemouth and Southampton, where such links would be sensible and reduce cost. LA added that the Board was separately undertaking a Strategic Review of the overall business with the need to reduce costs being a significant factor in this piece of work.

AL asked whether the Trust had an open referral system. PH confirmed that the Trust uses the national Choose and Book system which is being developed to allow GP referrals to specify Consultants. PH also said that responsibility for demand management lay primarily with the Commissioners and there was increasing evidence of their response to this need such as the increase in the number of interventions not normally funded. LA referred to the Weston area initiative to improve clinical pathways by way of illustration that this challenge was not simply confined to Salisbury.

AL concluded by saying that he had some queries in respect of figures shown in the recently published Dr Foster hospital guide about which he would talk separately to CB outside of the meeting.

A member of the public acknowledged the high cost of running a hospital and asked whether more value could be gained by moving to a seven day week rather than a five day week and whether any related cost/benefit analysis had been undertaken on which a business decision could be made. CB said that a number of rotas already delivered on a 24/7 basis such as the Emergency Department and the Diagnostics functions. PH said that it was important that patients did not remain in hospital for longer than absolutely necessary and the Trust ensured that there was adequate Consultant availability 7/7 to discharge patients, including an extra Consultant Physician at weekends.

Carole Noonan (Governor) asked if there were any plans to re-negotiate the PFI contract. MC said that the rate secured by the Trust in 2006 was very competitive and while external opinion had been sought the advice was that there were no cheaper alternatives presently available. MC added that the only way of reducing the current monthly payments would be by extending the term of the loan beyond 2036 but this was not something the Trust would ideally wish to do. CN then asked if the maintenance agreement was working well and LA confirmed that this was the case.

Dr Beth Robertson (Lead Governor) queried the latest Delayed Transfer of Care (DTC) figures which suggested a significant reduction in the number of patients waiting for Wiltshire Council –

Health and Social Care to put together a care package on their behalf. PH confirmed this was the case following an improvement in funding. PH added that the number of NHS patients had risen slightly. This was because if a patient declines a Wiltshire Council placement offer and stays in the hospital then statistically they move from being a Health and Social Care DTOC to a NHS DTOC.

Chris Wain (Governor) referred to the Bullying and Harassment Policy and asked whether any members of staff had either been dismissed or demoted as a consequence of their action. AD confirmed that both courses of action had been followed by the Trust as the result of individuals transgressing this policy.

Mrs Gould (member of the public) asked if the wording on the Real-Time Feedback question 'Would you recommend this hospital' could be improved, perhaps to say 'Would you recommend this hospital if you had to come here as a patient'. TN agreed to review the current wording of the question. TN

John Carvell (Governor) commented on an excellent talk at the Clinical Governance half day on the transfusion service and asked whether a number of the proposals outlined in the presentation were likely to be introduced into Salisbury. As both CB and TN had been unable to attend the presentation they agreed to check on exactly what had been said and whether there were any ideas that could be introduced into the Trust. CB/TN

JC asked whether the Trust was routinely providing trauma lists as well as routine elective lists and PH confirmed that this was the case, although he added that it was sometimes difficult to get the balance exactly right.

JC referred to work he was doing with a national body in respect of the provision of the ortho-spinal service and asked what the Trust was doing in respect of its own spinal service. PH said that current discussions were very positive and the Trust was considering increasing the number of consultants from two to three as part of a broader strategic review of the service.

JC expressed concern about the general environment within the Post Room following a significant water leak. MC promised to raise this with George Atkinson. MC

1725/00 **DATE OF NEXT MEETING**

The next meeting will be held on 6 February 2012 in the Board Room at Salisbury District Hospital starting at 1.30 pm.

1726/00 **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.