

SALISBURY NHS FOUNDATION TRUST

Minutes of the meeting of Salisbury NHS Foundation Trust Board Held on 11 June 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 I Downie	Non-Executive Director
	Mr P Hill	Chief Operating Officer & Deputy Chief Executive
	Mr S Long	Non-Executive Director
	Miss T Nutter	Director of Nursing
	Mr C Ridley	Chief Executive
Apologies:	Mr B Bull	Non-Executive Director
	Mr M Cassells	Director of Finance and Procurement
	Mr J Stokoe	Non-Executive Director
In Attendance:	Mr L Arnold	Director of Corporate Development
	Mrs J Hair	Interim Director of Human Resources
	Mr B Richardson	Deputy Director of Finance and Procurement
	Mr J Williams	Secretary to the Board
	Mr P Matthews	Vice Chairman, Wiltshire Involvement Network
	Mrs J Jarvis	Voluntary Services Manager (for SFT 3281)
	Dr J Hemming	Consultant, Microbiology (for SFT 3276)
	Mrs F McCarthy	Senior Nurse, Infection Control (for SFT 3276)
	Mrs J Osmond	Head of Learning Development (for SFT 3279)
	Mrs C Collins	Governor
	Sir Raymond Jack	Governor
	Dr A Lack	Governor
	Dr B Robertson	Governor
	Mr N Sherman	Governor

1780/00 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.

1781/00 **MINUTES**

The minutes of the meetings held on 2 April 2012 and 21 May 2012 were accepted as a true record.

1782/00 **MATTERS ARISING**

1782/01 **From the Minutes of the meeting held on 2 April 2012**

Publication of the Report following the Mid-Staffs Inquiry resulting in possible changes to the Real-Time Feedback questions

LM said the report was expected to be published in October 2012. On publication TN will consider whether the Trust needs to change any of the current Real-Time Feedback questions and advise the Board accordingly. **TN**

Governor to act as an advisor to the Trust's Website Redevelopment Group

Dr Alastair Lack had been nominated by the Governors Membership and Communication Working Group to join the Trust's Website Redevelopment Group in an advisory capacity.

1782/02 **From the Minutes of the meeting held on 21 May 2012**

Designation of Salisbury Neo-Natal Unit

CB confirmed that the Trust had submitted the information sought by the South of England Specialist Commissioners and that she would advise the Board of the outcome when known. **CB**

The Board noted the information given under the various 'Matters Arising' headings.

1782/03 **GIFT OF TREES**

LM announced that he had received a letter from the Medical Staff Committee which stated that the members wished to celebrate the Queen's Diamond Jubilee by giving 17 trees to the Trust to mark the occasion. It was expected that the Trees would be planted on the green, adjacent to Entrance B.

The Board noted, and were delighted, with this information.

1783/00 **CHIEF EXECUTIVE'S REPORT - SFT 3273 – Presented by CR**

1783/01 **Orthopaedic Team wins National Award**

Orthopaedic staff had won a National Award from the Clinical Leaders Network recognising their position as one of the leading teams in the country that treat people with broken hips. The award was judged by leading UK health professionals who highlighted the team's performance against six key National Standards. These included fast access to a Specialist Consultant, early review by multi-disciplinary

teams, and timely assessment and surgery.

1783/02 Successful Bowel Cancer Screening Peer Review

Salisbury is the lead organisation for the Bath, Swindon and Wiltshire Bowel Screening programme and had received a positive report following a peer review from the National Quality Assurance Reference Centre which had been undertaken in March 2012. The assessment team carried out site visits at Salisbury District Hospital, Royal United Hospital in Bath and the Great Western Hospital in Swindon. In the report the assessors had highlighted excellent management by Salisbury of the 3-site centre, fast response times for screening patients, good referral into Cancer pathways for patients who had a positive diagnosis, and excellent facilities and care.

1783/03 New Mobile Chemotherapy Unit for Salisbury Hospital patients

A new mobile chemotherapy unit had been donated by national charity 'Hope for Tomorrow' and will be used by the Trust to treat patients from Wiltshire, Hampshire and Dorset. Initially patients and staff will be able to familiarise themselves with the new unit on the hospital site before it becomes fully mobile and used in other locations further afield.

1783/04 Governor Elections

While the results of the Governor elections had been shared with the Trust Board at the 21 May 2012 meeting CR provided a summary and took the opportunity to welcome new Governors, and to thank departing Governors for the work they had undertaken in support of the Trust.

1783/05 Medicine for Members

The latest Medicine for Members presentation had taken place in the Lecture Theatre on 10 May 2012 when Consultant Ophthalmologist, Roger Humphry, had talked about eye care and the common conditions and injuries treated by the Trust's Consultants.

1783/06 Dying Matters Awareness Week

As part of the Dying Matters Awareness Week staff from the Trust and the Hospice had held their own local campaign to highlight the work they undertake to support patients, carers and relatives and how key messages are provided to people who are nearing the end of their life. The team had stands in the Central Health Clinic and in Salisbury Library, and also used local radio to promote the initiative.

1783/07 Salisbury Patients Win Inter-Spinal Unit Games

Patients from across Southern England had won the 2012 Inter-Spinal Unit Games for the Trust at the Stoke Mandeville Stadium in Aylesbury.

The six strong team was pitted against 11 other teams from Spinal Units across Great Britain and Ireland.

The Board noted the report and congratulated the team.

1784/00 **PATIENT CARE**

1784/01 **Quality Indicator Report with 2011/12 year end data together with the April 2012 figures – SFT 3274 – Presented by CB and TN**

This paper showed the Trust's performance for the year to 31 March 2012 and the April (month 1) figures for 2012/13.

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

- In 2011/12 there were 4 MRSA bacteraemias against a target of 1 and 44 c.difficile hospital apportioned cases against a target of 25. Action plans were in place for both these measures and a decline in c.difficile cases had occurred in quarters 3 and 4. TN also referenced the changing testing mechanism for c.difficile that had been introduced on 1 April 2012 and was covered in detail in her half-year Infection Prevention and Control Report (SFT 3276).
- 1 MRSA bacteraemia in a Surgical patient was reported in April 2012. The route cause analysis indicated a delay in a second course of decolonisation treatment. As a consequence of these findings improvement actions which centred on documentation and the communication of telephoned results had been introduced.
- 1 Serious Incident Inquiry had been commissioned for a Grade 4 heel pressure ulcer.
- The crude mortality rate had sustained a decrease following a rise in January 2012. The Summary Hospital Mortality Indicator (SHMI) was 98 and 'within the expected range'.
- The percentage of stroke patients spending 90% of their stay on the stroke unit showed a declining trend which was being addressed.
- An improving trend of hip fracture patients being operated on within 36 hours was being maintained. As mentioned in the Chief Executive's report the Orthopaedic team had won a national award in recognition of quality improvements made in all six national hip fracture blue book standards.
- The use of escalation beds had increased in Quarter 4 as Durrington beds were now counted as additional capacity and had been used during this time. Durrington ward was presently closed.
- There were no non-clinical same-sex accommodation breaches in April.
- Patient Real-Time Feedback showed a sustained picture. There remained work to be done to improve communication with

patients about whether they know what is planned for their care and treatment.

CR mentioned that a system known as the 'Net Promoter Score' had been introduced by NHS Midlands and East in April 2012 and it was expected that this would be rolled out across the NHS from April 2013. This process was being used by a number of commercial organisations where it was designed to track customer experience across different locations. It was, essentially, a 'family and friends' test to check whether the user would recommend the organisation to others.

The Board noted the report.

1784/02 **Customer Care Report for Quarter 4, 1 January to 31 March 2012 – SFT 3275 – Presented by TN**

In the quarter some 71,000 people attended the Trust and during this period 89 complaints were received which was 0.1% of the number of patients treated. This figure represented an increase of 15 from the previous quarter and an increase of 18 from the corresponding quarter in 2011. The highest number of complaints (46) were about safe, high quality co-ordinated care recorded across 28 different areas.

All the complaints had been given a risk rating against the agreed methodology and 65 complaints had been categorised as being of very low risk, 15 of low risk and 3 of moderate risk. 6 were still being assessed. Over the full 2011/12 year there had been a total of 320 complaints compared to 310 for the previous year. The total number of complaints, concerns and comments for 2011/12 was 3771 compared to 2780 in 2010/11, the increase being largely attributed to the improved mechanisms for capturing concerns and comments.

During the quarter 3 requests were made to the Parliamentary and Health Service Ombudsman for an independent review making 9 for the year. To date 7 had not been upheld while decisions on the other 2 were still awaited.

All complaints/concerns and comments had been acknowledged either verbally, or in writing, within 3 working days while 82% of all complainants had received written responses within 25 working days.

During the quarter 508 compliments were received across the Trust which represents 0.7% of the number of patients treated.

SL advised that he had recently assessed the complaints process and felt this was robust and the Trust provided good responses to the complaints raised.

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.

1784/03 **Infection Prevention and Control Half Year Report and Hospital Cleanliness Quarterly Update – SFT 3276 – Presented by TN with JH and FMc in support**

TN reminded the Board that the half-yearly reports presented by the Director of Infection, Prevention and Control, together with the monthly Quality Indicators Report, were the means by which the Board assured itself that the prevention and control of infection risks was being managed effectively, and complied with the Care Quality Commission outcome requirements.

This report was a very detailed document from which TN highlighted the satisfactory outcome to the CQC unannounced site inspection visit in May 2011, various actions taken following an increased incidence of in-patient c.difficile cases in July 2011, and the responses to positive counts of Legionella at water outlets, and referenced a letter issued on 6 February 2012 by the Department of Health reminding healthcare organisations of the need to risk assess their water systems in light of events reported in Neo-Natal Intensive Care Units in Northern Ireland where Pseudomonas Aeruginosa had been detected.

The report also gave an up-date on the investigation reported to the Board at the April 2012 meeting concerning an outbreak of PVL MRSA in the Burns Unit. The outbreak has now concluded, however there is an ongoing investigation of the incident, by the appropriate personnel, including involvement by the local Health Protection Unit representatives, to ensure lessons have been learned and corrective action taken. The report will be presented to the Board in July.

TN

The remainder of the report covered the progress made against the action plan for 2011/12, the new Department of Health guidance on c.difficile testing which was introduced on 1 April 2012, audit compliance against key infection control practices, education and training activities for clinical directorates, and the up-dated positions for cleaning service provision and compliance scores with credits for cleaning auditing together with a range of supporting information about the cleaning processes.

The Board noted the report and acknowledged their continued collective responsibility for over viewing the management of infection, prevention and control within the Trust.

1784/04 **The NHS Safety Thermometer Progress Report – SFT 3277 – Presented by TN**

TN reminded the Board that the NHS Operating Framework for 2011/12 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 4 potential harms for each and every patient.

TN advised that:-

- The Deputy Director of Nursing, had been identified as the Trust lead for the implementation of the NHS Safety Thermometer supported by Neal Cleaver, Directorate Senior Nurse for Musculo-Skeletal.
- In April all in-patient areas commenced data collection and became familiar with the spreadsheet used to collect and submit data.
- However there had been an IT problem which meant the data had not been submitted to the Information Centre (Salisbury was not alone in experiencing this problem).
- The IT team at the Trust had been very supportive in helping with the introduction of the tool and sorting out the technical problems.
- In May all in-patient areas had again provided and uploaded the required data and this time it had been successfully received by the Information Centre.
- The data of all Trusts who were able to submit data in April was now available from the Information Centre while data from the May submissions was expected to be made available in June.
- The Trust had fed back its IT problems to the Information Centre together with comments on the guidance that had been issued in respect of the completion and submission of the data.
- The Trust was now on target to meet the CQUIN requirement for ensuring that the data was submitted for three consecutive quarters which would be quarters 2,3 and 4 of the 2012/13 year.

The Board noted the report.

1784/05 **National In-Patient Survey Results – SFT 3278 – Presented by TN**

TN advised that the Trust had participated in the 9th National In-Patient Survey which had taken place between October 2011 and January 2012. Questionnaires were sent to 850 randomly selected patients who had spent at least one night in the hospital during the month of July 2011. Against a target response rate of 60% the Trust had achieved a very satisfactory return rate of 66%.

Out of a total of 65 questions the Trust was shown to be amongst the better performing Trusts for 2 questions and amongst the worst performing Trusts for 2 questions while, for the remaining 61 questions, the Trust's results were similar to all other Trusts. Compared with the 2010 results the Trust had improved in 1 question and showed some decline in 8 questions.

The areas of greatest concern were 'being bothered by noise at night from other patients' and 'after using the call bell how long did it usually take before help arrived'.

TN advised that the Patients Association had helped with 'mystery shopper' style visits to the Trust and these would also help the Patient Experience Analysis Group with the development of action plans to improve the identified areas of weakness.

ID suggested that improvement in the weaker areas could link into appraisals, while SL commented that the year-on-year progress with action plans should be more vigorously monitored. TN

CR commented that he would give some thought to the merits of introducing a Patient's Charter which would set out the basis of a Service Level Agreement between the Trust and the patient about a set of reasonable expectations in respect of the different aspects of hospital service. CR/ TN

The Board noted the report.

1785/00 **STAFF**

1785/01 **Human Resources Strategy, Workforce Priorities for 2011/12, Progress with Action Plan – SFT 3279 – Presented by JH with JO in support**

JH advised that the purpose of this paper was to provide an up-date on the progress with the Human Resources Strategic Priorities described in paper SFT 3137 which had been 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 on 8 August 2011 under paper SFT 3163.

JH reminded the Board that the HR Priorities Action Plan consisted of 4 over-arching themes:-

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 Board had agreed on 3 October 2011, under paper SFT 3185, that the top priorities requiring focused attention were:-

- Reducing staff pay costs
- Developing 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' / Local Education and Training Boards (LETBs)

JH advised that good progress was being made across all 4 themes and the report set-out the specific areas of achievement.

JH referred to the new Trust Board Workforce Committee which had met for the first time earlier in the day and recommended that, in future, progress with the action plans could be more regularly overviewed by that committee with the Trust Board receiving half yearly reports.

SL gave a resume of the first meeting of the Workforce Committee and said that a further meeting would be held on 23 July 2012 at which time the Terms of Reference would be finalised. This would be an appropriate time for the Workforce Committee to consider whether it was appropriate for the Committee to overview the action plans. JH/
SL

ID asked why the clinical apprenticeships had not been as successful as hoped and JO said that early feedback indicated that there were differences between the Trust's expectations and the students expectations of the scheme. Work was on-going to determine how the apprenticeships might be re-introduced with a different emphasis.

ID said the Trust was to be commended for the increase in staff appraisals in 2011/12.

The Board noted the report and agreed that future reports would be presented at least half-yearly, in February and August. JH

1785/02 **2011 Staff Survey Action Plan Up-Date – SFT 3280 – Presented by JH**

The Staff Survey results were presented to the Trust Board on 2 April 2012 under paper SFT 3245 at which time the Board asked for targeted action plans to be presented at the June 2012 meeting.

In April the Board had agreed that the main focus should 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.

JH, together with members of the Operational Management Board, had developed an over-arching action plan to address all of these areas.

It was proposed that the action plan should be monitored by the Operational Management Board at its July, September and November meetings and that the Trust Board should receive an up-date in December 2012.

JH advised that following the HSE Improvement Notice in respect of Violence and Aggression the HSE Inspector was scheduled to meet with PH on 21 June 2012 to review progress against the requirements of the Improvement Notice.

The Board noted the report and asked for a further up-date at the December 2012 Board meeting. JH

1785/03	Annual Report of the Voluntary Services Department – SFT 3281 – Presented by JJ	
	In a comprehensive report JJ advised that 2011/12 had been another successful year for the Voluntary Services Department. As at 31 March 2012 617 volunteers were registered with the department. Volunteers gave assistance in two ways, either directly, or indirectly as a member of a voluntary group or local branch of a National Voluntary Organisation. In the year to 31 March 2012 159 new applicants had started work while 32 applicants were currently completing their recruitment paperwork. The paper described the work of the volunteers and the wide range of activities with which they were involved. Additionally the department is responsible for work experience and over the last year 136 students had spent time at the Trust. However JJ mentioned that this number might reduce in 2012 as funding to schools for this type of activity was being withdrawn from their budgets. The Board agreed that it might be rewarding for either volunteers or work experience students to receive some form of accreditation for the work they had completed, perhaps in the form of a certificate, and JJ agreed to consider whether this would be practical and beneficial to introduce. In conclusion JJ mentioned that the ‘Summer Volunteer Day’ would be held on 13 July 2012 and all Board members were welcome to attend. The Board noted the report and approved its wider circulation and distribution. The Board asked JJ to pass their thanks to the Volunteers for all that they do in support of the Trust.	JJ
		ALL
1786/00	PERFORMANCE AND PLANNING	
1786/01	Minutes from the Finance Committee meeting held on 23 April 2012 and Draft Minutes from the meeting held on 21 May 2012 – SFT 3282 – Presented by LM	
	LM advised the Board of items discussed / decisions taken / actions agreed. The Board noted the minutes.	
1786/02	Finance Report to 30 April 2012 (Month 1) – SFT 3283 – Presented by BR	
	BR reported that earnings before interest, tax, depreciation and amortisation (EBITDA) stood at £0.9m which was marginally ahead of the plan figure of £0.8m. This translated into an income and expenditure deficit of £0.3m which was in line with expectations. This was because April is usually a relatively low month for activity and the impact of savings plans on the position is weighted towards the later part of the year. Working Capital, including cash balances of £20.5m, was sound and the composite Financial Risk Rating continued at a ‘3’.	

BR advised that in any financial year the month 1 figures were difficult to analyse although it was apparent that activity levels were below expectation. BR said that a more meaningful trend would emerge by the end of May (month 2).

Collectively the Directorate budgets were overspent by £237,000 with a range of individual positions. BR added that a number of Savings Plans were still in course of development and the Trust was likely to seek external support. The Finance Committee would be updated monthly.

BR advised that, in a challenging year, it would be important for the Trust to ensure contractual obligations were met and any penalties arising from c.difficile, MRSA, patients waiting more than 18 weeks for treatment, mixed sex breaches and re-admissions were kept to an absolute minimum. Additionally it would be essential for the Trust to maximise the income available from adherence to the Best Practice Tariffs (BPTs) and that the CQUIN objectives, once finalised, were met.

The Capital Programme expenditure for April totalled £0.65m against an overall plan figure for the year of £9.6m.

Good progress was being made with the 2012/13 contracts. A revised Heads of Agreement had been signed with NHS Wiltshire, agreement had been reached with NHS Dorset/Bournemouth and Poole while for Hampshire a 'cap and collar' proposal had been made that was expected to be agreed. Finally the AAA screening tender had been awarded to the Trust, subject to contract, and this would result in additional income from 2013/14.

The financial performance of the Trust, and the associated information, would continue to be scrutinised monthly by the Finance Committee as evidenced by the minutes from these meetings.

The Board noted the report.

1786/03 **Progress against Targets and Performance Indicators to 30 April 2012 (Month 1) – SFT 3284 – 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:-

- March, and to a lesser degree April, saw a continuation of the increase in non-elective activity accompanied by greater patient acuity highlighted in the February report.
- Cancelled operations reduced in March and April and the Trust performance had been consistently better than the 0.7% target since August 2011.
- The Trust was achieving the national 95% target for patients being discharged from the Emergency Department within 4 hours of arrival (actual 97.8%) and was beginning to see signs of sustained improvement in the 'time to treatment within 60 minutes' target following an extension of the Emergency Nurse Practitioner service.

- All cancer waiting time targets were being met for the quarter to date.
- The Trust continued to achieve the RTT performance targets, however the number of patients waiting more than 18 weeks for capacity reasons was proving difficult to reduce substantially, especially in Orthopaedics.
- Non-elective medical length of stay remained below the current level. The number of Delayed Transfers of Care (DTOCs) had increased substantially in April which gave the Trust problems in maintaining patient flow.
- The staff absence rate for April was 2.6% which was one of the lowest ever recorded figures.

PH said the recent increase in the number of DTOCs was attributed to two main reasons.

Firstly, the letting of the contract by Wiltshire Council for the delivery of care packages from 1 April 2012 had been awarded to a new provider. The assumption that a number of carers from other agencies, who were previously delivering this care, would TUPE across to the new provider had been incorrect leaving the new provider under resourced. The Trust had met with representatives from the new provider and agreed a number of actions which were helping to resolve the current situation.

Secondly, Wiltshire Council had three key vacancies within their Social Worker team, one known retirement and two resignations of long term locum staff. Recruitment was underway and it was hoped that new locums would be in place shortly. PH added there had been good dialogue between all organisations and a will to bring an early and sustained level of improvement to the current position. To help further Wiltshire Council representatives and the Discharge Team would shortly be jointly housed in the Nunton Unit.

The Board asked what plans were in place to reduce the 18 week RTT in Orthopaedics and CB advised that the Trust was looking at the possibility of increasing surgeon availability, either on a locum or permanent basis.

The Board noted the report.

1787/00 **PAPERS FOR NOTING OR APPROVAL**

1787/01 **Capital Development Report for the period 1 February – 31 May 2012 – SFT 3285 – Presented by LA**

The purpose of this paper was to up-date the Board on developments with some of the more significant capital schemes on the hospital site since the last report in February 2012.

LA advised that the first phase of the NICU relocation and parents accommodation had been completed on time and within budget and became operational on 2 May 2012. The second phase would see the parents accommodation provided in the vacated NICU building with funding provided by the Stars Appeal. Completion was expected in

August 2012.

Work on the Spinal Unit Out-Patients reconfiguration started on 21 May 2012 with completion and occupation scheduled for the end of August 2012. Plans were currently being drawn up to provide a Bereavement Suite for the Maternity Service funded through the Stars Appeal while the creation of a Rehabilitation Garden for patients of the Spinal Treatment Centre, in memory of Horatio Chapple, was due for completion in July 2012. Work was underway to rectify the various leaks on the play-deck structure which forms part of the Paediatric accommodation on levels 3 and 4 of SDH North. The internal reconfiguration of the Emergency Department was now complete and consideration was being given as how best to use the vacated accommodation in SDH Central which formally housed the Paediatric Department.

At their April meeting the Finance Committee had approved the funding to provide a larger Pharmacy Aseptic Suite and the required work was expected to be completed by February 2013. The report concluded with a summary of the progress with the various information technology schemes and the medical devices schemes that were underway.

The Board noted the report.

1787/02 JBD Minutes evidencing quarterly review of the Assurance Framework and Risk Register – SFT 3286 – Presented by CR

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. The latest review had taken place on 18 April 2012 and the relevant minutes were presented.

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

1787/03 Draft Clinical Governance Committee Minutes from meeting held on 8 May 2012 – SFT 3287 – Presented by LB

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

The Board noted the minutes.

1787/04 **ANY OTHER BUSINESS**

Nothing was raised.

1788/00 **QUESTIONS FROM THE PUBLIC**

Phil Matthews (Wiltshire Involvement Network) referred to a successful 'Help to Live at Home' event that had been held in Devizes on 26 May 2012 and said it was hoped to hold a second event in Salisbury during the Summer. PM noted reference to the Clinical Commissioning Groups within the body of the Finance Report and said that the first Chair of the new Wiltshire Clinical Commissioning Group would be Stephen Rowlands, a Senior Partner at the Bradford Road Surgery in Trowbridge, and who had previously served as the Medical Director for the Wiltshire Primary Care Trust. PM added that, in due course, he expected a representative from Healthwatch to sit on Wiltshire's Clinical Commissioning Group.

PM was pleased that the Trust continued to keep its Hotel Services in-house and that the position with payment to the Trust for the treatment to military personnel over and above 'Payment by Results' values had been resolved. PM said that he had recently been approached by the press about the continued provision of a trolley service on the wards following the changes to the League of Friends involvement with the hospital and he was pleased to be able to say that, as far as he knew, these would continue unchanged. In this connection it was confirmed that the lease to provide WH Smith with accommodation on Level 3 had been formally signed on 15 June 2012, work was expected to start within a few days and the new facility to open in 6/7 weeks.

Alastair Lack (Governor) expressed some concern about the reliance on survey information in stand alone format and felt this should be subject to scrutiny by the Trust as individuals memory recall was not always accurate. TN advised that the survey questions were nationally prescribed but she understood the sentiments being raised. Celeste Collins (Governor) felt that the use of Real Time Feedback helped as a 'checking mechanism.' CC said that one particular example was the 2011 In-Patient Survey which showed a poor response from the Trust when answering call bells, but recent Real-Time Feedback had showed the position to now be much improved.

The Board agreed that survey information was an important aspect of understanding how the Trust was performing but that the results should be subject to scrutiny and testing.

1789/00 **DATE OF NEXT MEETING**

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

1790/00 **CONFIDENTIAL ISSUES**

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

