

SALISBURY NHS FOUNDATION TRUST

Minutes of the meeting of Salisbury NHS Foundation Trust Board Held on 6 August 2012 In the Boardroom, Salisbury District Hospital

Present:	Dr L Brown Mr N Atkinson Mr B Bull Mr M Cassells Mr I Downie Mr P Hill Mr S Long Miss T Nutter Mr C Ridley	Deputy Chair and Non-Executive Director Non-Executive Director Non-Executive Director Director of Finance and Procurement Non-Executive Director Chief Operating Officer & Deputy Chief Executive Non-Executive Director Director of Nursing Chief Executive
Apologies:	Mr L March Dr C Blanshard Mr J Stokoe	Chairman Medical Director Non-Executive Director
In Attendance:	Mr L Arnold Mrs J Hair Miss K Merrifield Mr P Matthews Mr M Geraghty Mr J Carvell Mr R Coate Mr A Freemantle Sir R Jack Dr A Lack Dr B Robertson Mrs J Griffin Mr C Wain Mrs A Gould Ms L Taylor Mr H Wood Mr T Davies Mr T Coghlan Mrs B Watson Mr D Watson	Director of Corporate Development Interim Director of Human Resources PA to the Chief Executive and Chairman Vice Chairman, Wiltshire Involvement Network Head of HR Systems (for SFT 3298) Governor Governor Governor Governor Governor Governor Governor Governor Hospital Volunteer Company Secretary – Frimley Park Hospital NHS Foundation Trust Governor – Frimley Park Hospital NHS Foundation Trust Governor – Frimley Park Hospital NHS Foundation Trust Member of the Public Member of the Public Member of the Public

1799/00 **WELCOME**

LB opened the meeting by welcoming our Governors, members of the public and also the Company Secretary and Governors from Frimley Park Hospital who had come to observe the meeting.

1800/00 **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.

1801/00 **MINUTES**

The minutes of the meeting held on 11 June 2012 were accepted as a true record.

1802/00 **MATTERS ARISING**

1802/01 **From the Minutes of the meeting held on 11 June 2012**

Designation of Salisbury Neo-Natal Unit

TN confirmed that the Trust was awaiting the report and that she would advise the Board of the outcome when known. TN

1802/02 **National Inpatient Survey Results**

With reference to the Patient's Charter discussed at the June meeting, TN advised that Speech and Language Therapy students had developed a patient information leaflet that was currently being piloted on Farley ward. This had been well received and was due to be rolled out across other areas in the Trust.

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

1803/00 **CHIEF EXECUTIVE'S REPORT - SFT 3291 – Presented by CR**

1803/01 **Progress Against Improvement Notices**

Following the issuing of improvement notices earlier in the year by the Health and Safety Executive (HSE) the Trust are continuing to make good progress against the action plans. These relate to the management of risk to staff from violence and aggression and dermatitis prevention. While it is recognised that there is still more work to do, CR advised that the HSE had removed one notice relating to dermatitis prevention and extended the period to complete actions on the management of risk to staff from violence and aggression. This is in response to the Trust's positive approach to the improvement notices and good progress in these areas. A key action within the first notice was to improve the take up of staff training around conflict resolution and this had improved significantly with additional sessions for high risk groups. CR was encouraged by the positive response from staff. This programme will continue. In terms of dermatitis prevention, the completion of risk assessments and ongoing surveillance had improved significantly, as had the reporting of incidents.

1803/02 **Organ Donation Week**

As part of Organ Donation Week, Trust staff were on hand to provide information and key messages to local people at the Salisbury library. With only a third of the population on the organ donor register, one objective this year was to increase this further. The other was to ensure that people tell family and friends they are on the register, so that they are aware of their wishes when they become involved in discussions about donation.

1803/03 **Junior Doctors Receive National Recognition For Safety Improvements**

Junior doctors working on out-of-hours medical ward cover have received national recognition from the UK Foundation Programme for their work in improving safety and cover at weekends and bank holidays. Junior doctors have to cover a large number of beds during these periods and the aim of the project was to improve patient safety by getting the right doctor to the right patient at the right time. As part of their Health Improvement Programme work, they devised a new priority based bleep system. The team were highly commended for their work which was set out in the poster displayed at the national conference in London.

1803/04 **Long Service Awards**

Twenty eight members of staff were recently rewarded for their loyalty and commitment to patients when they received long service awards for completing 25 years continuous service. This included staff from a broad range of roles across a range of hospital services. The Trust held a special ceremony, and those who were able to attend were presented with their certificate, flowers and a gift from Luke March and Caspar Ridley.

1803/05 **Education Department Receives National Accreditation**

The Trust's Education Department has received accreditation from the Learning and Performance Institute (LPI). This assures the Trust that our education team conforms to a professional code of practice, that staff involved in providing training are technically competent, that they have a recognised teaching qualification and that our facilities are up-to-date and of industry standard. The team provides a wide range of learning and development opportunities, such as clinical skills training, leadership and management development.

1803/06 **National Dementia Audit 2012**

In July, the Trust submitted evidence for part one of the second round of the National Dementia Audit. This was an organisational checklist demonstrating the structures, policies and processes in place to care for people with dementia, together with key posts relevant to the care, treatment and support of people with dementia in a general hospital. This includes dementia champions. The second part of the National Audit is due to be completed by 19 October. This part will look at assessments, discharge planning and all aspects of care that people with dementia

receive during their stay in hospital. This will involve the audit of 40 consecutive case notes relating to patients discharged between 1 September 2011 and 29 February 2012. Patients must have had a diagnosis of dementia and have stayed in hospital for at least five days. Standards for both parts of the National Audit have been drawn from national and professional guidance and the results will identify areas for further improvement work for 2012- 2013.

1803/07 **Speech And Language Dementia Workshops**

The Speech and Language Therapy Service has been supporting the Trust's action plan towards the national and regional dementia quality standards, by providing training workshops on communication eating, drinking and swallowing for people with dementia. These workshops started at the beginning of 2012 for nursing staff in hospital and in the community. This workshop has also now been expanded for staff on the new volunteer project, which provides additional assistance for patients with dementia at mealtimes.

1803/08 **Publication of Corporate Documents**

The Trust had published its Annual Report & Accounts, Quality Account and the Annual Plan on the hospital website. The Annual Report & Accounts provide a detailed account of the Trust's operational and financial performance for the previous year and includes the Trust's full audited accounts. The Quality Account is also a legal requirement and Quality Accounts are audited in much the same way as our financial accounts to ensure that hospitals have effective systems in place to assure the quality of care, and that patients have access to a greater range of information that can help them judge the standard of their local hospital. The Annual Plan provides a comprehensive description of our key priorities and supporting clinical, financial and workforce plans for the coming year. Monitor, the independent regulator of NHS foundation trusts had reviewed the Annual Plan submission. The purpose of Monitor's review was to assess whether the Trust is effectively planning for the future while maintaining and improving quality. Following the high-level review Monitor had confirmed that the Trust had not been selected for an in-depth review.

SW Consortium

CR advised that there had been a high level of concern from Trust staff, particularly regarding the impact on individuals and the way the Trust communicated information regarding the Consortium. CR said that he had held two open sessions for staff which had been very well attended, and the strength of feeling was apparent. CR said that he was keen to remove uncertainty, however we were currently constrained as no proposals were available to communicate and the full business case is not due until October 2012.

NA stressed that he felt there should be more press comment regarding our position in the Consortium. He understood that a business case was not yet available, however requested that a draft timetable of key dates be published to allow staff and members of the public to follow the process. CR said that this was a valid idea and he would discuss with CR/PB PB to take forward.

BB asked whether our relationship with the unions had been affected by the Trust joining the Consortium. CR advised that the unions have deep concern regarding the Consortium as it is not a national initiative. He said that they were giving a strong message to the hospitals in the Consortium and staff members that it strongly opposed the group. This had put a strain on relationships, however discussions were ongoing with Staff Side and the Unions. PH said that he and JH had recently met the unions at a regular meeting, which covered a wide ranging agenda. He confirmed that the Consortium had been covered and that open discussion had taken place. PH and JH said that they were due to meet with the Chair of Staff Side in the coming weeks and CR confirmed that he was to meet with them at the end of August 2012.

The Board noted the report and the information given.

1804/00 **PATIENT CARE**

1804/01 **Quality Indicator Report to 30 June 2012 – SFT 3292 – Presented by TN**

This paper showed the Trust's performance for quarter one against the agreed Quality Indicators for 2012/13.

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

- 2 MSSA bacteraemias were reported in June 2012. One case was a line related bacteraemia in an oncology patient, the other was an ITU patient but no source of infection had been identified
- 1 Serious Incident Event has been commissioned for a never event of wrong site surgery
- 1 Serious Incident Event had been commissioned for a Grade 3 heel pressure ulcer. TN advised that this case was currently being reviewed and will possibly be downgraded to an unclassified ulcer
- 1 C. Difficile case in June 2012 sustained the downward trend. TN said that in quarter one there had been 4 cases of C. Difficile, whilst the trajectory was for no more than 6 cases which was positive. However, she advised that there had been 6 cases recorded in July 2012. She confirmed that each of these cases had been reviewed and that no practice issues had been highlighted and all patients had been on different wards. She advised that the reviews had found that 5 out of the 6 patients had had proton pump inhibitors as part of their treatment. The drugs change the pH of the stomach and this maybe a contributory factor making patients more susceptible to infection. TN confirmed that she was working with the team to look closely at the risks and this would be part of an ongoing review. ID asked if this link was recognised nationally. TN said that it was and the ongoing review would monitor our own cases and any information published nationally. She would notify GPs of any outcomes. TN
- The crude mortality rate has sustained a decrease in June 2012.

The quarterly Summary Hospital Mortality Indicator (SHMI) will not be published until the end of July 2012

- GTT remains below target over the last three months at a time when escalation beds remained open
- The highest recorded VTE risk assessment and treatment (100%) since measurement began
- There was a reduction in the number of hip fracture patients being operated on within 36 hours. TN said that the dip was linked to an increase of trauma and fracture cases during the month. She confirmed that the figures had shown an upward trend again in July
- Falls resulting in a fracture or major harm decreased. One patient fell and sustained a wrist fracture. Work is ongoing to establish themes from the six fractures in May 2012
- There were no non clinical same sex accommodation breaches in June 2012
- Patient real time feedback showed a significant improvement with more patients knowing what is planned for their care and treatment. TN said that the feedback had shown that 100% of patients felt treated with dignity and respect. The Board agreed that this was an excellent result

LB asked whether there had been regional fluctuations in C. Difficile cases. TN advised that she had looked at the regional figures for April and May figures and these had shown an increase, which might be linked to the new methods of testing. TN confirmed that she would share the figures with the Non-Executive Directors.

TN

The Board noted the report.

1804/02

The NHS Safety Thermometer Progress Report – SFT 3293 – 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 and that the report would be presented at each Public Board meeting.

TN advised that:-

Main Issues:

- Following the departure of Lorna Wilkinson, the leadership of the NHS Safety Thermometer had been handed to Neal Cleaver, who will be supported by Gill Cobham and the Directorate Senior Nurses
- CQUIN payments rely on all departments making a 100% return for all eligible patients from July 2012 (Q2, Q3, and Q4 inclusive)
- TN confirmed that there is excellent commitment to the programme of work from all ward leaders
- A detailed procedure has been created to ensure that data export occurs every month from wards to the Information Team
- The Trust had successfully exported data to the NHS Information Centre on 100% of eligible patients during both June and July 2012 and the dates are confirmed for the remainder of

2012. TN advised that in the coming months Commissioners will be setting targets and these will be monitored by the Trust.

- A reporting template for CQUIN purposes, that will be shared with commissioners has been developed
- The team are exploring how they can use the resulting data on each of the harms internally to best effect

The Board noted the report.

1804/03 **Patient Environment Action Team (Peat) – SFT 3294 – Presented by PH**

This report showed that the Trust had achieved 'excellent' ratings for the environment, food, and privacy and dignity in 2012. These outcomes were based on the results of self-assessment inspections carried out by the Trust's Patient Environment Action Team, which included two Governors, a community representative, the Trust's Director of Infection Prevention and Control, a senior nurse in Infection Control, the head of the Trust's Patient and Public Involvement Group and the Vice-Chair of Wiltshire Involvement Network.

The paper described how PEAT audits were first established in 2000 and how a number of findings and recommendations had helped to maintain the high quality standards the Trust had historically achieved in these three measures.

TN highlighted that there were to be changes to the PEAT process in the next calendar year, with more patient involvement.

ID said that he valued the opportunity to experience patient meals at a recent Board meeting and felt that the food provided was excellent and that the team provided a very high quality meal on a tight budget.

The Board noted the report.

1805/00 **PERFORMANCE AND PLANNING**

1805/01 **Minutes from the Finance Committee meeting held on 25 June 2012 and Draft Minutes from the meeting held on 23 July 2012 – SFT 3295 – Presented by MC**

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

At the meeting held on 23 July 2012 the Committee had reviewed the Terms of Reference which were approved unchanged. The Board was asked to ratify the Terms of Reference for further review in twelve months.

The Board noted the minutes and ratified the Terms of Reference.

Finance Report for the Period to 30 June 2012 (Month 3) – SFT 3296 – Presented by MC

MC reported that earnings before interest, tax, depreciation and amortisation (EBITDA) stood at £2.81m which was ahead of the plan figure of £2.61m. This translated into an income and expenditure deficit of £520,000 which is £47,000 below the planned position. The shortfall was attributed to the effect of bank holidays and the impact of delays in identifying savings plans on the position as these are weighed towards the latter part of the year. Operating Income totalled £43.30m; £0.41m below the plan figure of £43.71m, while Operating Expenditure stood at £40.48m; which is below the plan figure of £41.10m. The composite financial risk rating remained unchanged at 3.

Collectively the directorate budgets were overspent by £520,000 with a range of individual positions. MC added that a number of Savings Plans were still in course of development and the Trust had sought external support from a consultancy to drive savings forward. He stressed that it was important for the Board to be aware of how the Trust was struggling to make savings.

MC 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 the period to 30 June 2012 totalled £1.5m against an overall plan figure for the year of £10.1m.

MC advised that agreement had been reached with the NHS Dorset, Bournemouth and Poole Cluster regarding 2012/13 and the contract documentation signed. Discussions with NHS Hampshire had progressed and Heads of Agreement had been signed by both parties. For NHS Wiltshire detailed discussions on both the contract, and the CQUIN objectives, had taken place and the contracts were due to be exchanged in the coming days.

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.

LB asked how many people are involved in the contract negotiation process from the Trust in order to appreciate the underlying resource for contract negotiations. MC said that the NHS Wiltshire contract was 300-400 pages long and this included service specifications. He said that each year a number of changes are made and that these have to be scrutinised by the directorate management teams (DMT), informatics and finance team. Activity has to be reviewed and trends assessed. MC said that it was essential that all aspects of the contract are fully understood and many people are involved, both internally and also in discussion with the PCTs.

ID wished to thank everyone involved in the process and highlighted that the relationship with the PCTs had been more constructive this year.

MC advised that a Best Practice Tariff (BPT) had been structured and priced to incentivise and adequately reimburse care that was of high quality and cost effective. A specific approach had been developed for each BPT tailored to the clinical characteristics of best practice and availability and quality of data. MC stressed that it was important for medical staff to understand the clinical and administrative requirements needed to ensure that the Trust benefitted from BPT.

NA said that he was encouraged to note that the Trust's cash position at 30 June was £20.5m above the planned figure. MC said that this appeared high, however was due to the delays in capital programme expenditure, bi-annual payments to the treasury and other factors.

BB sought further details on consultancy support for the savings plan. MC advised that the Executive Team had met with several consultancies and one had been appointed. The consultancy was highly recommended and would be starting work at the Trust in six weeks time. MC said that the initial visit would be over a two week period and would be a scoping exercise. He confirmed that the consultancy had to show a ten times return on the initial investment.

MC confirmed that the Finance Committee was receiving regular reports from Peter Gill, Head of Informatics regarding the procurement of a new PACS/RIS service for the continuity of the critical clinical services these systems support. MC said that that there is no central funding allocated for the provision of PACS/RIS beyond 2013 and that in order to procure the new service, approval was given in March 2011 by the Clinical Information Advisory Board for the Trust to enter into a joint working arrangement with the following Trusts: University Hospital Southampton NHS Foundation Trust; Portsmouth Hospital NHS Trust; Isle of Wight NHS Primary Care NHS Trust; Southern Health NHS Foundation Trust; Hampshire Hospitals NHS Foundation Trust. MC confirmed that the PACS/RIS replacement project was underway and that it was Peter Gill's intention to present a full business case to the Finance Committee in September 2012. MC advised that recommendations would be presented to the Board later this year.

The Board noted the report.

1805/03 **Progress against Targets and Performance Indicators to 30 June 2012 (Month 3) – SFT 3297 – 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:-
Main Issues:

- Cancelled operations rose in May 2012 largely due to the impact of an increase in trauma workload during the month, but then fell back in June 2012 to slightly above the Trust target
- The Trust was achieving the national 95% target for patients

being discharged from the Emergency Department (ED) within 4 hours of arrival and was now also achieving the time to treatment within 60 minutes target following an extension of the Emergency Nurse Practitioner (ENP) service

- All cancer waiting time targets were met for the quarter
- The Trust continued to achieve the RTT performance targets, with signs of improvement in the number of patients waiting more than 18 weeks for capacity reasons
- The number of patients undergoing hip and knee replacements who are discharged within 5 days continues to be extremely positive with 80% of patients leaving hospital inside that time period
- Coding rates have improved substantially with approximately 45% of episodes coded within a week of the patient's discharge
- Non elective medical length of stay remained below the current target. The number of delayed transfers of care remains an issue, causing the Trust difficulties in maintaining patient flow through the hospital. Positive discussions are ongoing with the local authority
- The staff absence rate for June was 2.6% continuing excellent progress on this issue

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

One was 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.

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. He advised that both he and the Chairman (LM) had held talks with the Council on separate occasions. He said that at his meeting with Jane Scott, the Lead of the Council, LM had discussed DTOCs. He had discussed the option of funded accommodation onsite and JS had supported the proposal and advised that she would take it to the officers at the Council. In mid July PH talked to the Council about reducing DTOCs and the option of the funded accommodation. It was confirmed that there was some reluctance to supporting a funded unit as the Council team strongly believed that the DTOCs would be reduced within the month and further discussions would take place at a follow up meeting. PH advised that he is due to meet with the Council on 14 August 2012 to discuss the way forward. He confirmed that currently there were 20 DTOCs, of which 11 were Wiltshire patients. PH to update the Board at the October meeting. PH

The Board noted the report.

1806/00 **STAFF**

1806/01 **Workforce Information 2011/12 – SFT 3298 – Presented by JH**

JH presented the annual report describing in a combination of statistical tables, graphs and supporting narrative the dynamics of the Trust's workforce. The total whole time equivalent (WTE) number of staff employed by the Trust as at 31 March 2012 stood at 2703.82 compared with 2724.69 as at 31 March 2011 – a decrease of 20.87 (0.77%). The largest staff group was nurses and midwives, with 702.45 WTE. The group showing the largest percentage reduction was healthcare scientists, with 7.42% (9.64 WTE) fewer staff at 31 March 2012 compared to the previous year.

The report included an analysis of staff costs; age; productivity and labour costs; earnings benchmarking with local Trusts; workforce assurance scores; a local labour market analysis; an absence analysis; reasons for absence; reasons for leaving; a part-time analysis; staff turnover analysis and accidents and violent incidents.

The report showed that staff turnover was down while unemployment in the local and regional labour markets remained comparatively high.

NA said that the report was most informative. He noted that the appraisal rate rose significantly last year and asked how this was being supported. JH advised that appraisals formed part of the Staff Survey action plan that was looking at improving the quality of appraisals as well as the quantity. SL supported this with confirmation that Janine Osmond, Head of Education had presented at the recent Workforce Committee Meeting regarding appraisals and positive work was ongoing.

SL noted that absence rates for the year to 31 March 2012 rated Salisbury as having the third equal lowest sickness rate amongst acute Trusts, with a score of 3.48%, the lowest since records began. He asked whether reduced sickness levels were celebrated and acknowledged by the Trust. JH advised that these departments were discussed at the Operational Management Board, however more could be done. CR asked that JH look at ways of acknowledging excellent JH absence rates.

LB asked how staff who were absent due to anxiety/stress/depression were supported. JH confirmed that the Occupational Health team have a dedicated staff councillor who meets all staff who are off work for these reasons early on in their absence period. JH advised that it has been found that a lot of these cases were not work related, therefore the Trust could not always influence, but always offered support.

The Board noted the report and the detailed findings presented.

1806/02 **Equality and Diversity Annual Report 2011 – SFT 3299 – Presented by JH**

Equality and Diversity is at the core of the Trust's values and beliefs. Over the last 12 months the Trust had made considerable progress

against the equality and diversity agenda. This report provided a summary of the key strategic equality and diversity achievements for the 2011/12 year in relation to both employment practice and service delivery. The report identified the key challenges for the Trust to ensure equality and diversity was mainstreamed into all service provision, to further develop public and patient involvement and to meet the requirements of the Equality Act 2010 legislation and the Department of Health Equality Delivery System (EDS).

Over the last 6 months the Trust has made considerable progress against the equality and diversity agenda and has progressed through the implementation stages of the EDS. The Equality and Diversity Steering Group (EDSG) have developed an EDS action plan for the Trusts 4 strategic equality objectives which are as follows:

Objective 1

To develop a fund raising campaign that will raise awareness of the community of the needs of the elderly and result in improved environments in our medical wards

Objective 2

Through the fund raising campaign to challenge the views of the community in how much we should do as a society to improve the profile of the elderly

Objective 3

To design and implement a programme of positive action for our staff to ensure that they are able to perform their duties free from abuse, harassment, bullying, violence from patients, other members of the public and colleagues.

Objective 4

To develop and implement a plan to enable and encourage managers and staff to understand the benefits of diversity in the workplace, which will ensure our work environment is free from discrimination

The EDS has been integrated into the strategic business of the Trust through the Quality Accounts, Annual Plan and Balanced Score Card.

The paper illustrates Trust performance and progress within the field of equality and diversity and identified the key priorities for 2012/13. Progress and activity would be monitored via the Equality and Diversity Steering Group and the Equality and Diversity Operational Group both of which are chaired by SL.

SFT are members of the Equality and Diversity Public Sector Lead Officer Group whose membership includes equality representatives from Wiltshire and Swindon statutory organisations. JH circulated to the Board an agreed 'Equality Charter' with the intention that the Charter is implemented across all statutory sectors within Wiltshire and Swindon. SL asked for the Boards agreement to support and sign the Charter. The Board agreed.

The Board noted the report and agreed to support and sign the Equality Charter.

1807/00 **PAPERS FOR NOTING OR APPROVAL**

1807/01 **Remuneration Committee 16th Annual Report – SFT 3300 – Presented by LB**

The Terms of Reference of the Remuneration Committee require a summary of the year's work to be presented annually to the Trust Board at which time the Board must be given the opportunity to comment on the effectiveness of the Remuneration Committee. This report detailed the work of the Remuneration Committee between 1 July 2011 and 30 June 2012 and covered four meetings.

CR advised the Board that a recent Freedom of Information (FOI) request had been received requesting the release of certain Remuneration Committee minutes. CR confirmed that the information requested had been released.

The Board noted the report and concluded that the Remuneration Committee was effectively discharging its responsibilities as described in the Terms of Reference.

1807/02 **Minutes from the Audit Committee Meeting held on 25 May 2012 and Draft Minutes from Meeting held on 9 July 2012 – SFT 3301 – Presented by NA**

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

The Board noted the minutes.

1807/03 **Draft Minutes from the Council of Governors Meeting held on 14 May 2012 - SFT 3302 – Presented by LB**

LB presented the minutes from the Council of Governors meeting held on 14 May 2012 which identified the current work of the Council and also the activities of the various 'working groups'. BR Lead governor did not wish to raise any further items from these minutes.

The Trust Board noted the Minutes and the work of the Governors..

1807/04 **Clinical Governance Committee Minutes from meeting held on 10 July 2012 – SFT 3303 – Presented by LB**

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

LB highlighted a presentation by Julie Capper, senior sister on Redlynch Ward. She felt that Julie offered an excellent and honest appraisal and was working with the team on ways to move forward. LB said that the presentation was inspirational.

LB advised that future patient stories were to be aligned with directorate presentations and directorates would receive the support of Maggie Cherry and the PPI team. LB said that ward sisters would now also be invited to attend the meeting and invited to offer feedback on the work

that the Committee was undertaking.

The Board noted the minutes.

1808/00 **ANY OTHER BUSINESS**

Nothing was raised.

1809/00 **QUESTIONS FROM THE PUBLIC**

Phil Matthews (Wiltshire Involvement Network) expressed concern over the SW Consortium and advised that he had been approached by patients and staff on the topic. He said that he was concerned on the effects of potential proposals on staff and how this will effect patient care. He asked why as a consortium of 20 Trusts the group did not lobby parliament as the government had recently offered multi billion bailouts to banks. He said that he appreciated the extreme financial pressures that the Trust faced, however felt that the power of the Consortia could be used to better effect. CR confirmed that staff had also raised this at recent staff presentations. PM said that he was aware that the Chair of Staff Side had declined from attending the Board meeting.

Beth Robertson (Lead Governor) requested that the Trust make press statements regarding the Consortium and also the laundering of scrubs to correct inaccuracies recently published. She stressed that it was essential that the facts were made clear.

Chris Wain (Governor) supported Beth's comments and advised that statements were essential; internet capability for dissemination of news now meant that news articles were no longer lost or thrown away and remained accessible on the internet indefinitely. He stressed that inaccuracies must be refuted.

CW sought clarification from JH as to how many staff at the Trust were below the average earnings of £32,800. He noted from the workforce report that Salisbury had the second lowest average earnings compared to 16 local Trusts. JH to advise. JH

Alastair Lack (Governor) expressed some concern that reporters were not approaching the Trust prior to publication of negative articles. He also asked why Trust statements were not published on the hospital internet for members of the public to see. He stressed that it was an essential form of communication and asked that statements on the forum be written in easy to read English. CR asked that PB arrange for statements to be published onto the internet. CR/PB

PB responded to the concerns of the Governors. He confirmed that when the articles on the Consortia were released earlier this year that the Trust issued a statement. The difficulty faced was that there was little information to provide as the business case has not been released. He confirmed that as soon as there is more information to be communicated to both staff and the public, further statements will be issued. He confirmed that the Trust has a very good relationship with the press and that they do approach the press office prior to running

stories and that we offer information and statements where possible. PB advised that the inaccuracies regarding recent articles on scrubs have been refuted with the publication involved.

CR responded to concerns regarding the SW Consortium. He said that pay, terms and conditions form a significant and growing part of the financial challenge facing NHS organisations, despite the Government's two year freeze, which ends this financial year. The challenges faced by the Trust, like others nationally was great. He confirmed that the Trust currently lobbies ideas via the Foundation Trust Network and various external meetings. CR advised that the £10,000 fee to join the Consortium will be used to cover the appointment of an External Advisor and Project Manager, as well as administration, and also in order to secure professional advice, for example legal support.

John Carvell (Governor) referred to the Performance Report and a graph which indicated that emergency figures had flat lined, with patients being readmitted. PH confirmed that the latest audit showed 25% readmissions were considered avoidable, but not by any action which could have been taken by the Trust. Additionally there was some discussion about the definition and nature of readmissions. PH confirmed that there was ongoing discussions with commissioners to address this.

1810/00 **DATE OF NEXT MEETING**

The next Trust Board meeting will be held in the Boardroom at Salisbury District Hospital on 8 October 2012 starting at 1.30 pm.

1811/00 **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.