

SALISBURY NHS FOUNDATION TRUST

Minutes of the meeting of Salisbury NHS Foundation Trust Board Held on 6 February 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 B Bull	Non-Executive Director
	Mr M Cassells	Director of Finance & Procurement
	Mr A Denton	Director of Human Resources
	Mr I Downie	Non-Executive Director
	Mr P Hill	Interim Chief Executive
	Mr S Long	Non-Executive Director
	Miss T Nutter	Director of Nursing
	Mr J O'Connell	Interim Chief Operating Officer
	Mr J Stokoe	Non-Executive Director
 In Attendance:	 Mr L Arnold	 Director of Corporate Development
	Mrs P Dawson	Specialist Nurse in Organ Donation (for SFT 3235)
	Dr A Warley	Clinical Lead in Organ Donation (for SFT 3235)
	Mr P Gill	Head of IT (for SFT 3234)
	Mrs J Hair	Deputy Director of Human Resources (for SFT 3229)
	Mrs J Osmond	Head of Learning Development (for SFT 3229)
	Mrs P Permalloo-Bass	Equality and Diversity Manager (for SFT 3230)
	Mr J Williams	Secretary to the Board
	Mrs C Collins	Governor
	Mr E Gould	Governor
	Dr A Lack	Governor
	Mr J Markwell	Governor
	Mrs C Noonan	Governor
	Dr B Robertson	Governor
	Mr C Wain	Governor

1734/00 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.

1735/00 **MINUTES**

The minutes of the last meeting held on 5 December 2011 were accepted as a true record.

1736/00 **MATTERS ARISING**

1736/01 **Possible Change to Real-Time Feedback Question**

TN said that while she had agreed to review the question 'Would you recommend this hospital if you had to come here as a patient' she would like to do this when the outcome of the full Public Inquiry into the role of the commissioning, supervisory and regulatory bodies in the monitoring of Mid Staffordshire Foundation NHS Trust was published. The inquiry hearing was concluded on 1 December 2011 and it was expected that the result and report would be published shortly. TN said that it was quite possible that, as a consequence of the findings, there would be a need to review a number of the current Real-Time Feedback questions and it would be preferable to do this as one exercise.

TN

1736/02 **Transfusion Service**

CB confirmed that where possible and practical the proposals outlined in the presentation had been introduced at Salisbury.

The Board noted the information given in relation to these two 'Matters Arising' items.

1737/00 **CHIEF EXECUTIVE'S REPORT – SFT 3222 – Presented by PH**

1737/01 **Positive Review of Dementia Care**

Following on from the Peer Review undertaken on 23 November 2011 the Trust had received the final report on the care it provides to patients with Dementia. The initial informal feedback from the assessment team had been very positive and this was confirmed in the written report which stated that the review team had identified clear strong leadership, and commitment, and a positive culture within the Trust. The enthusiasm of the Dementia Champions who promoted and supported staff training in this area and were spread across clinical and non-clinical areas was highlighted. The report also set out areas that could benefit from improvement, these mainly centred on the development of further ideas to create a dementia friendly environment.

In summing up the report the Peer Review team said that:-
'overall the Trust is in a very good position to continue to make systematic progress to improving care for people with dementia with a strong foundation in place, highly committed staff and a clear will to do better'.

1737/02 **Expansion of Psychology Project**

The Psychology team was expanding its programme of social and cognitive stimulation to cover all elderly care wards. A pilot study run on Farley and Redlynch wards had found that an increase in the amount of cognitive and social stimulation for elderly patients can help decrease levels of anxiety and depression which are common in older people. The programme uses volunteers who are able to help patients by increasing stimulation and interaction through memory puzzles, discussion groups and reading; along side group and individual work.

1737/03 **Open Event for Patients, Carers and Stars Appeal Supporters**

Patients, carers and Stars Appeal supporters had an opportunity to see the new Pembroke Unit and find out more about the work of the team and the improvements that had been made over the last year as part of an open afternoon on Sunday 29 January 2012. Local people had helped to provide a bright new treatment area for patients with cancer or blood disorders, had established a quiet area and assessment room where staff can review patients in sensitive surroundings and a new Out-Patient area. Donations also helped to provide a new ultra-sound machine and specialist equipment so that staff can collect stem cells from patients who need intensive treatment such as transplants.

1737/04 **Building Work Starts on New Neo-Natal Intensive Care Unit**

Stars Appeal President Lord Pembroke had marked the start of building work for the new £800,000 Neo-Natal Intensive Care Unit (NICU) and parents' accommodation on 19 January 2012. This project sees the former Wilton Ward being transformed into a new NICU that will be over three times the size of the current NICU. On completion of the work the current NICU will then become the parents' accommodation. The Stars Appeal is raising over £350,000 towards the costs of the accommodation as well as enhancements within the baby treatment areas.

1737/05 **Trust Retains Patient Information Standard**

The Trust has retained the Information Standard from its external assessors The Royal Society for Public Health. This demonstrates the Trust continues to provide high quality health and social care information. Salisbury is one of only 11 hospital trusts across the country that has been accredited with the Information Standard. The aim of the scheme is to reduce the potential for sub-standard health and social care information to be published and to ensure that patients, public, and health professionals know that the information they are using is reliable and can be trusted.

1737/06 **National Programme on Dermatitis Prevention**

On 25/26 January 2012 the Trust had a routine site visit from the Health and Safety Executive as part of a programme of inspections to assess the quality of dermatitis prevention in hospital trusts. The

aim of the programme was to particularly assess how skin health risks were being managed as part of the overall health and safety management within hospitals. The Inspectors looked at Trust policies in these areas as well as talking to staff about health and safety issues.

1737/07 Salisbury IT Specialists Develop Innovative New System to Support Patient Care

IT Specialists at Salisbury District Hospital have developed an innovative new electronic application that gives clinical staff access to patient information in one single, easy to view format to help in the care and treatment of their patients. This system, called Clinicians View, enables doctors and nurses to access all information sources electronically and create one single page of key information that they need during a patient consultation. This ensures that clinical staff have the latest clinical information and results at their disposal. The hospital team has a history of developing in-house IT systems that provide additional support to clinical staff and this particular system has attracted interest from other hospitals across the country.

1737/08 Recycling Volunteers Drive Benefits Hospital

A major recycling drive by volunteers has resulted in the repair and refurbishment of over 1000 items of broken and damaged hospital furniture bound for the skip to be either reused or sold for the benefit of the hospital. The volunteers provide delivery and collection as part of the overall service offered. Items are placed in the recycling showroom, a disused ward on the southern end of the hospital site, where staff are able to choose pieces for their work areas. In cases where furniture cannot be reused items are either repaired and transported to countries in Africa where they can be used safely, or stripped down to their component parts for use in other items.

The Board noted the report.

1738/00 PATIENT CARE

1738/01 Quality Indicator Report to 31 December 2011 – SFT 3223 – Presented by CB

This paper showed the Trust performance for the nine months to 31 December 2011 against the agreed Quality Indicators for 2011/12. In her presentation CB particularly drew the Board's attention to the following:-

- A Serious Incident Investigation was commissioned on 11 December 2011 after a patient developed a grade 3 pressure ulcer.
- A Never Event occurred in January 2012 which, fortunately, did not result in any harm to a patient. An inquiry into the reasons for this event has been established.

- One new MRSA bacteraemia had recently occurred and a route cause analysis was underway.
- There were 81 deaths in the hospital in December 2011 but, overall, the HSMR and SHMI remained below the expected rate.
- VTE risk assessment remained above 90% but VTE treatment dipped to the lowest level this year at 95%. Work was on-going with the Pharmacists and Ward Leaders to improve the prescribing of Prophylaxis along with monthly performance monitoring by each ward.
- Compared to the same period last year there were fewer non-clinical breaches in delivering same sex accommodation, minimal use of escalation beds and only one patient who had experienced three or more ward moves. CB added that the Winter Plan had worked well and the Trust had been fortunate that, to date, winter illness had not been a significant factor and there had been no ward closures as a result of Norovirus.
- Patient Real-Time Feedback showed a sustained position. However, with 8% of patients not knowing what was planned for their care and treatment, there was clearly work to be done to improve communication in this important area.

The Board noted the report.

1738/02 **NHS Safety Thermometer – SFT 3224 – Presented by TN**

The NHS Operating Framework for 2012/13 had confirmed the future use of the Safety Thermometer for NHS providers of care. This builds on a pilot programme tested last year 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 four potential harms for each and every patient.

During 2012/13 the Trust, via CQUIN, will be required to provide monthly data to a national reporting system. This data will be publically available and it was therefore recommended that from April 2012 the Board received monthly up-dates describing how the Trust is performing in terms of the Safety Thermometer. TN added that technical guidance on how the information would be reported had still to be received and she would up-date the Board on this with the first month's figures.

In response to a query raised by the Board TN confirmed the use of the Global Trigger Tool would continue unchanged.

The Board noted the report and that the information supplied to support the NHS Safety Thermometer would be shared with the Board on a monthly basis from April 2012.

TN

1738/03 **Customer Care Report for the Quarter 1 July to 30 September 2011 – SFT 3225 – Presented by TN**

The number of complaints received at 71 was a decrease of 15 from the previous quarter and a decrease of 23 from the corresponding quarter in 2010. The highest number of complaints (49) were about safe, high quality co-ordinated care recorded across 22 different areas.

All the complaints had been given a risk rating under the recently agreed methodology and 52 complaints had been categorised as being of very low risk, 13 of low risk and 6 of moderate risk. None were categorised as being of high risk. This information was supplemented by a newly introduced assessment which showed that 44 of the complaints were not considered to be justified but that 27 had some justification. The overall number of complaints, concerns and comments for the quarter totalled 265, all of which had been acknowledged either verbally or in writing within three working days.

During the quarter one request had been made to the Parliamentary and Health Service Ombudsman for an independent review the outcome of which was still awaited. Eight face-to-face meetings had been held with complainants and, as a result of two meetings regarding dementia care, the relatives/representatives of the patients were now involved in the current dementia work within the Trust.

It was known that 413 compliments had been received across the Trust and those sent directly to the Chief Executive or the Customer Care Department had been individually acknowledged and shared with the staff/teams named.

The report was supported by a range of statistical and graphical information by category of complaint and by directorate.

The paper had been prepared to meet the requirements of the Health and Social Care Act 2008, Regulation 19 / Outcome 17, and managed by the Care Quality Commission, which requires the Board to be satisfied with the way in which the Trust assesses and monitors the quality of response to complaints, comments and concerns raised.

The Board noted the report.

1739/00 **PERFORMANCE AND PLANNING**

1739/01 **Minutes from the Finance Committee Meeting held on 19 December 2011 and the draft Minutes from the Meeting held on 23 January 2012 – SFT 3226 – Presented by LM**

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

The Board noted the minutes.

Finance Report to 31 December 2011 (Month 9) – SFT 3227 – Presented by MC

MC reported that earnings before interest, tax, depreciation and amortisation (EBITDA) stood at £11.0m which was marginally below the plan figure of £11.3m. This translated into an income and expenditure surplus of £700,000 compared to the planned surplus of £1.1m. MC attributed the (£0.4m) under-performance to a shortfall in achieving the year-to-date cost improvement target. However MC said that very recently £50m of funding had been made available to each Strategic Health Authority to finance increased planned activity over the final months of the current financial year and, thereby, reduce waiting time for patients on a referral to treatment pathway. The Trust had submitted a bid amounting to £0.7m which had been agreed and this would enable about 425 additional cases to be undertaken before the year end. With the benefit of this additional work the Trust expected to achieve its year-end target surplus figure of £800,000.

The year-to-date Operating Income totalled £132.7m which was in line with the plan figure of £132.4m; while expenditure stood at £121.7m against the plan of £121.1m. Working Capital, including cash balances of £15.5m, was sound and the composite Financial Risk Rating continued at a '3'.

While cost improvement savings were improving it was important for the Trust to continue to identify recurrent savings to help meet this year's CIP objectives and so avoid savings targets being carried forward into 2012/13.

MC advised that in order to comply with the Government's 'Clear Line of Sight – alignment project' the Department of Health had required all NHS Trusts to complete and submit a full set of accounts as at 31 December 2011. This included a specific requirement to agree balances with every other NHS organisation with whom the Trust undertakes transactions.

The Capital Programme year-to-date expenditure totalled £4.1m against a budget for the year of £8.2m. Following the approval of the Capital Programme for 2012/13 the Capital Control Group was investigating the possibility of bringing a number of smaller schemes forward into the current year.

Looking forward to 2012/13 contract discussions with key commissioners were underway to try and reach early agreement in the first year of a new national contract. At this stage a proposal had been received from Dorset PCT which was likely to be accepted and there were positive on-going discussions with Hampshire PCT, however early discussions with Wiltshire PCT had revealed a significant difference with the Trust. Clearly discussions would continue to understand the difference and work towards closing the gap so that a mutually acceptable solution could be found.

MC commented that a first read of the new national contract suggested the Trust would need to be careful about the impact of fines in 2012/13.

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

The Board noted the report.

1739/03

Progress against Targets and Performance Indicators to 31 December 2011 (Month 9) SFT 3228 – presented by JO’C

The Performance Report set out a number of key indicators under the headings of Quality, Activity, Efficiency and Staffing. However as requested by the Board at the December 2011 meeting, the report now presented the information graphically.

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

- Cancelled operations had continued to reduce such that the Trust had been below the target of 0.7% every month since August 2011.
- The Trust was achieving the national 95% target for patients being discharged from the Emergency Department (ED) within 4 hours of arrival and had also achieved the stretch target of 98% for the last five months. The Trust delivered all five of the ED clinical indicators in December, including ‘time to treatment’ for the first time.
- The Trust had achieved all Cancer waiting time targets for quarter 3.
- The number of patients waiting more than 18 weeks for capacity reasons had shown an increase in the last 2 months following improvements in the preceding months. Orthopaedics was the speciality with the biggest numbers of capacity breaches, with Spinal Orthopaedics being a particular issue. The Trust continued to achieve the 90% target of patients being admitted within 18 weeks of referral and 95% for non-admitted patients.
- The Trust continued to see improving progress with the non-elective length of stay for Medicine patients. This reflected the current focus being on accelerating discharges, assisted by a reduction in the number of Delayed Transfers of Care (DTOCs) in December.
- The coding rate dropped slightly in December as staffing availability reduced through a combination of long-term staff sickness and vacancy factors. The department was in the process of recruiting to the establishment level while, in the meantime, overtime was being worked in order to keep pace with the workload.
- The staff absence rate continued to fall. The December absence rate of 3.4% gave a year-to-date cumulative figure of 3.36% against the target of 3.5%.

SL asked whether Wiltshire Council's recent support to reduce the number of DTOCs could be relied upon to become a long-term commitment. JO'C said that recent talks between the two organisations had been very constructive and that on 20 January 2012 PH and LM had met with Jane Scott, Leader of Wiltshire Council, John Thomson, Deputy Leader and Christine Graves, Service Director, Strategy and Commissioning Department of Community Services, to consider how they could further improve their working relationship so as to provide outstanding quality to the local healthcare community.

LM expressed some concern about the number of patients waiting more than 18 weeks for their treatment and LA advised that from 2012/13 Monitor was proposing that no more than 8% of patients on the referral to treatment pathway should be waiting beyond 18 weeks. In the meantime the Trust was continuing to actively address this position and the additional funding referred to by MC in his report would be a considerable help.

As this was JO'C's last Public Board meeting before his departure on 29 February 2012 LM wished to place on record the thanks of the Board for his significant contribution during his time at the Trust.

The Board noted the report and endorsed the comments in respect of JO'C's contribution.

1740/00 **STAFF**

1740/01 **Human Resources Priorities 2011/12, Action Plan Up-Date – SFT 3229 – Presented by AD, JH and JO**

Following the presentation of an initial paper to the Trust Board on 6 June 2011 under reference SFT 3137 the Board had requested an Action Plan in support of the various proposals. The Action Plan was presented on 8 August 2011 under paper SFT 3163 when it was agreed that progress updates would be provided on a regular basis – last on 3 October 2011 under Paper SFT 3185.

The Action Plan was divided into four themes:-

- Staff Pay and Conditions of Employment
- Workforce Planning and Design
- Workforce Education and Development (including leadership development)
- Individual Performance Management

The Action Plan described the main components of the workforce related priorities and stated who would be responsible for their delivery and the plan timeframe.

At the October up-date the top priorities requiring focused attention were agreed as:-

- 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 Network'.

This paper provided a detailed up-date on the progress made in all the four themes.

JS asked what progress was being made with the bands and layers review and JH said this would start imminently but initial benchmarking showed the Trust already had a lean structure, for example there were no Associate Director style posts at Salisbury which were a feature of many other Trusts.

LB noted that the Local Education and Training Board had begun operating in shadow form and asked if this Board was designed solely to support health and social care staff. JO confirmed this was the case.

BB said the final agreement to approve the release of 11 staff following the offer of the mutually agreed resignation scheme (MARS) in the autumn of 2011 did not suggest the initiative had been particularly successful. JH said that by following the national terms and conditions of the scheme there had only been a six week window for staff to consider and apply for the severance package which had to be supported by a clear demonstration that cost savings would result. In departments where workforce review activity had already been considered it had been easier to progress applications than for those departments who had not engaged in this type of activity. JH added that the Trust could run the scheme again in 2012, either by again using the national terms and conditions or applying to the Treasury for sanction to run an in-house bespoke scheme.

LM asked what the National Audit Office findings showed in relation to the skill mix and grade profiles of the nursing workforce. TN said the Trust had a below average skill mix which was being reviewed.

TN

The Board noted the report and the progress being made and asked for a further update to be presented at the June meeting.

AD

1740/02

Equality and Diversity Up-Date Report – SFT 3230 – Presented by AD and PPB

Equality and Diversity is at the core of the Trust's Values and Beliefs and, additionally, the Trust has a statutory obligation under the Equality Act 2010 to publish a range of monitoring information relating to patients and staff. This six monthly report is one of the ways in which the Trust fulfils its obligations. PPB advised that over the last six months the Trust had made considerable progress

against the equality and diversity agenda and had progressed through the implementation stages of the Equality Delivery System (EDS). Central to the EDS are its objectives and outcomes. NHS organisations are required to assess their equality performance against 18 outcomes grouped under the following four objectives:-

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and inclusive staff
4. Inclusive leadership

The Trust had followed Department of Health guidance on the nine step implementation stages of the EDS and the report described the various actions taken to comply with the requirements. PPB particularly drew the Board's attention to the launch of the EDS via an open event on 10 October 2011 which had been attended by 115 delegates from a variety of protected groups. PPB said that the Trust had benefited greatly from engaging both with internal and external individuals, groups and organisations.

In order to continue to demonstrate equality and diversity awareness the first edition of an equality and diversity newsletter had been published on the intranet with further editions planned on a quarterly basis.

The paper was accompanied by a range of supporting information.

The Board noted the report, in particular the implications of the EDS, and approved the on-going development and implementation of the EDS within the Trust. The Board also endorsed the use of the red, amber, and green ratings under which the equality objectives had been assessed.

1741/00 **PAPERS FOR APPROVAL OR NOTING**

1741/01 **Capital Development Report October 2011 to January 2012 – SFT 3231 – Presented by LA**

LA presented this report which confirmed that the Emergency Department (internal) reconfiguration work had been completed with all minor defects rectified.

The Paediatric accommodation on Levels 3 and 4 of the SDH North building had been occupied since July 2011 but the play deck remained out of commission while leaks to the structure were rectified. Non completion certificates had been issued by the architect who had also issued instructions on 13 January 2012 setting out the work that was required to correct the situation and a response was now awaited from ISG Pearce (the contractor) with a timescale for carrying out the remedial work.

Elsewhere work to relocate NICU, and to provide parents' accommodation in the vacated NICU building had just started, the transfer of ante-natal and post-natal services into the former Pembroke Ward and Suite had taken place, a scheme to provide

Spinal Unit Out-Patients with a dedicated facility with patient hoists and an expanded clinical treatment space was moving into the design stage prior to tenders being sought in March, while consideration was being given on how best to use the vacated accommodation in SDH Central following the transfer of the Paediatric Department to its new location.

The Board noted the report.

1741/02 **Draft Clinical Governance Committee Minutes from the Meeting held on 16 January 2012 – SFT 3232 – Presented by LB**

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

The Board noted the minutes.

1741/03 **Up-Date on Progress with Medical Revalidation – SFT 3233 – Presented by CB**

CB reminded the Board that Medical Revalidation was a new governance process being introduced jointly by the General Medical Council (GMC) and the Department of Health. The aim of revalidation was to improve quality and ensure continuous improvement in UK healthcare and, under revalidation, doctors would have to demonstrate to the GMC every five years that they were up-to-date, fit to practice, and compliant with the relevant professional standards. SO'K, the previous Medical Director, had shared the detail with the Trust Board on 7 February 2011 under paper SFT 3095.

CB advised that as the Trust's Responsible Officer she had established a Revalidation Implementation Group in order to put the necessary systems and processes in place to revalidate the doctors employed by the Trust. This Group would also deal with concerns raised about any aspect of a doctors performance as part of the revalidation process. The Trust was also participating in a pilot scheme for the revalidation of junior doctors. At this stage the most pressing need was to put in place a more robust and systematic system of appraisal for doctors underpinned by accurate data on their clinical outcomes and quality.

CB said that because there was no national IT system to support revalidation and, currently, limited national guidance in a number of critical areas, Trusts were developing their own systems and processes. These needed to be in place to enable revalidation of the first cohort of doctors in early 2013. As part of its Annual Plan review in May of each year the Board will be asked to certify that processes and procedures are in place to ensure all doctors providing care on behalf of the Trust have met the relevant revalidation requirements.

The Board noted the report and its responsibilities in relation to Medical Revalidation, and agreed to support the responsible officer in fulfilling her duties. The Board requested a further up-date in

February 2013 but asked that, in the meantime, any concerns were raised via the Clinical Governance Committee. CB/LB

1741/04 **Informatics Strategy 2011/12 – 2015/2016 Progress Report – SFT 3234 – Presented by PG**

The Trust Board approved a 5 year Informatics Strategy on 7 February 2011 under paper SFT 3096. This paper set out 39 key work streams that would:-

- Build an electronic patient record for the Trust.
- Deliver critical clinical IT functionality from which many other Trusts were already deriving benefit.
- Improve the patients experience directly by using IT innovations.
- Re-launch the Information Services reporting system to support the measurement of outcome data, operational management and consultant revalidation.
- Improve data quality by implementing a new framework.
- Modernise the underpinning technical infrastructure.
- Ensure the Trust remained compliant with the Information Governance requirements.

This paper updated the Board with progress and, where necessary, refreshed the various actions that were required to fulfil the Information Strategy Objectives.

JS commented that over the next 12 months it was likely the Trust would have to consider how to respond to Cyber Security which was a growing threat.

The Board approved the refreshed Informatics Strategy and asked for a further up-date in February 2013. PG

1741/05 **Organ and Tissue Donation Committee Annual Report for 2011 – SFT 3235 – Presented by LB, PD and AW**

AW advised that the Human Tissue Authority had been selected as the body that will set standards for the quality and safety of transplant organs across the UK under the EU Organ Donation Directive. Under central guidance Trusts had been required to form Organ and Tissue Donation Committees to take responsibility for the management of organ and tissue donation within their Trusts.

AW explained the background to the introduction of the Government initiative, the structure that had been established in Salisbury in which LB was the Non-Clinical Chair, AW the Clinical Lead and PD the Specialist Nurse in Organ Donation. AW explained how organ and tissue donation could arise either from brain stem death or circulatory death.

PD said that she was based alongside the Intensive Care Ward and worked closely with the Intensive Care and Emergency Department Consultants. Additionally part of her role was to support and educate staff and liaise with bereaved relatives. LB commented on

the statistics that accompanied the report.

The Board noted the report and encouraged the dissemination of the work of the Organ Donation Committee both inside and outside the hospital. The Board asked for a further report in February 2013. AW/LB

1741/06 **Draft Minutes from the Public Session of the Council of Governors meeting on 28 November 2011 – SFT 3236 – Presented by LM**

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

The Board noted the minutes.

1742/00 **ANY OTHER BUSINESS**

Nothing was raised.

1743/00 **QUESTIONS FROM THE PUBLIC**

Phil Matthews (Wiltshire Involvement Network) noted from the Finance Committee minutes that MC had written to D Flory, Director General of NHS Finance, Performance and Operations on 6 January 2012 asking whether the Payment by Results tariff for 2012/13 would reflect the true costs of treating military personnel who had suffered significant trauma and asked whether the Trust had received a response. MC said that, to date, no reply had been received.

PM referred to comments made by Andrew Lansley, Secretary of State for Health, that weekend deaths in some hospitals were greater than during the week and asked whether the Trust had looked at its figures. LM said that this had been discussed at the last Trust Board meeting on 5 December 2011 following comments made in the Dr Foster Hospital Guide for 2011. At that time CB had looked at Salisbury's figures and said there was no discernable difference between the week day and weekend mortality rates at the Trust.

PM said that the Wiltshire Involvement Network had recently carried out a review of the Emergency Department and had been impressed with the facility. A written report would follow.

BR (Lead Governor) commented that while the Information Standard was free for 3 years it will, thereafter, attract a fee of £5,000 for the next three years.

CW (Governor) asked whether the Customer Care report showed the exact number of complaints or the number of complainants, i.e. if one letter contained three complaints did that count as one or three in the statistics shown. TN advised that the report showed the number of complainants i.e. number of complaint letters received.

AL (Governor) suggested that the Dignity at Work Programme which deals with bullying and harassment should also include stress/burn-out within its remit and TN agreed to consider.

TN

AL said that maintaining high quality Information Standards was an important factor in keeping down complaints. He had observed that a lack of information had been a contributory factor in over half of the complaints he had reviewed. Additionally, as the Trust had about half the complaints that might be expected for a hospital of this size, this could be related to the fact that the Trust was meeting the Information Standard.

AL made a number of observations about the data contained in various reports and the absence of an indication of reliability such as error bars in the graphs produced in the Quality Indicators report and in the Real-Time Feedback report. AL had also spoken separately to CB about these matters.

AL suggested there might be financial savings for the Trust to generate by assessing the patient pathway for costly delays such as in filling TTO orders.

CC (Governor) said that her husband had recently been taken into the Emergency Department where he had received excellent service.

In noting the introduction of the NHS Safety Thermometer CC asked who would be responsible for providing the data and TN said that this would be undertaken by the nurses on the wards.

With reference to the Organ Donation report CC advised that it was important for individuals to either carry donation cards or register on the website and discuss their intentions with their next of kin.

Mrs Gould (member of the public) asked what happened to the monies that were generated from the volunteers recycling work. MC said that while this activity reduced expenditure the generation of cash was low. The main benefit was that office equipment that might otherwise have needed replacing was being restored and reused.

Mrs Gould asked how many Consultants were in the hospital over the weekend and PH explained the level of cover that was in force.

1744/00 **DATE OF NEXT MEETING**

The next meeting will be held on 2 April 2012 in the Boardroom at Salisbury District Hospital starting at 1.30 pm.

1745/00 **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.

