

SALISBURY NHS FOUNDATION TRUST

Minutes of the meeting of Salisbury NHS Foundation Trust Board Held on 6 June 2011 In the Boardroom, Salisbury District Hospital

Present:	Mr L March Mr N Atkinson Dr L Brown Mr B Bull Mr M Cassells Mr A Denton Dr C Fuller Mr P Hill Miss T Nutter Mrs M Romaine Mr J Stokoe	Chairman Non-Executive Director Non-Executive Director Non-Executive Director Director of Finance & Procurement Director of Human Resources Acting Medical Director Interim Chief Executive Director of Nursing & Operations Non-Executive Director Non-Executive Director
Apologies:	Mr I Downie Mr S Long	Non-Executive Director Non-Executive Director
In Attendance:	Mr L Arnold Mr P Freeman Mr P Gill Mrs J Hair Mrs J Jarvis Mrs J Osmond Mrs F McCarthy Mr J Williams Mr P Matthews Mr M Wareham Mr J Carvell Mrs C Collins Mr R Coate Mr J Markwell Mr W Moss Dr B Robertson Mr C Wain	Director of Corporate Development General Manager, Facilities (for SFT 3136) Head of Health Informatics (for SFT 3143 & SFT 3144) Deputy Director of Human Resources (for SFT 3137 & SFT 3138) Voluntary Services Manager (for SFT 3141) Head of Learning Development (for SFT 3137) Senior Nurse, Infection Control (for SFT 3132) Secretary to the Board Vice-Chairman, Wiltshire Involvement Network Staff Side Representative Governor Governor Governor Governor Governor Governor Governor

1662/00 **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.

1663/00 **MINUTES**

The minutes of the meetings held on 4 April 2011 and 23 May 2011 were accepted as a true record.

1664/00 **MATTERS ARISING**

There were no Matters Arising.

1665/00 **CHIEF EXECUTIVE'S REPORT – SFT 3128 – Presented by PH**

1665/01 **NHS Litigation Authority's Assessment of the Trust**

The Trust had retained Level 2 in the NHS Litigation Authority Risk Management Standards following a vigorous assessment by external assessors. This followed the successful assessment of the Maternity Unit which took place in February 2011. Level 2 represented a very high standard within the NHS, the Trust having passed 44 of the 49 standards. The overall aim of the NHS Litigation Authority Risk Management Standards is to drive up standards of care and ensure that Trusts have systems in place to ensure the safety of patients.

1665/02 **Care Quality Commission (CQC) Inspection**

The CQC carried out a two day unannounced visit of the Trust on 3 & 4 May 2011. Day 1 had featured five CQC Inspectors and a Pharmacist while day 2 had seen the return of the same five Inspectors together with their Line Manager. The CQC team had talked to staff and patients across many of the Trust's services to gauge the quality of care, the patient experience and the way in which staff interacted with their patients. The Inspectors were clearly impressed with the motivation and professionalism of the staff and the initial feedback was very positive. The final report is expected towards the end of June and this will be shared with the Trust Board and the Council of Governors.

1665/03 **2010 In-Patient Survey Results**

The CQC had published the results of its National In-Patient Survey which was based on a random sample of 850 people who were in the hospital in July 2010. Year-on-year there had been a significant improvement in many areas covered by the survey. In particular the Trust had done well on whether patients were treated with respect and dignity, and whether patients felt they had confidence and trust in the staff treating them. Provision of information, cleanliness of toilet and bathroom facilities, and involvement in discussions about their care were also areas of strength. The Trust uses patient

feedback to make changes where necessary to improve services, with any areas identified for improvement included in a full Directorate Action Plan and monitored at Board level.

1665/04 **National Sentinel Stroke Clinical Audit**

The hospital Stroke service had performed very well in the latest National Audit carried out by the Royal College of Physicians. The audit covered 26 key standards within six domains covering three stages of assessment - planning of care, communication with patients and carers, and the overall care patients receive while in hospital. When benchmarked against 200 Stroke services across the country the Salisbury service was in the upper quartile in three domains and in the middle half of the second quartile in the other three.

1665/05 **Stroke Improvements**

The Stroke service had been rewarded for the improvements made in their acute stroke care as part of a regional improvement programme. Trusts were awarded points based on their work and the Salisbury team was placed first and won the gold award. This meant that the team had received funding to enable them to share the detail of their work at the recent European Conference which was held in Germany on 25-27 May 2011.

1665/06 **Salisbury Nurses win National Awards**

Specialist Stoma Nurses Sandra Bryan and Suzie Dukes have won a British Journal of Nursing Award for their role in improving services for people who need major bowel surgery. Stoma Nurses play a key role in the 'Enhanced Recovery Programme' for bowel cancer patients, where new surgical techniques and more intensive pre and post operative care and rehabilitation ensures that patients are able to return to their full normal fitness more quickly after surgery. In awarding Sandra and Suzie first prize in the Stoma Care category the British Journal of Nursing assessed the quality of their patient information and the way in which they involved both patients and carers in the treatment process.

1665/07 **Hospital Patients win Inter Spinal Unit Games**

Patients from across Southern England have won the 2011 Inter Spinal Unit Games for Salisbury District Hospital at the Stoke Mandeville Stadium in Aylesbury. The eight strong team was pitted against thirteen other teams from Spinal Units across Great Britain and Ireland. Team members have all suffered damage to their spinal cords and are either paralysed from the neck (tetraplegic) or the waist (paraplegic) down, depending on exactly where the damage has occurred. The games have an important part to play in patients rehabilitation and wellbeing and gives them, and Trust staff, recognition for their hard work and commitment in this area.

1665/08 **ROKTalk' on Trust Website**

ROKTalk, which is a system that makes it easier for people with differing needs to access and use information on the Trust's website is now available. With ROKTalk people can hear written text spoken aloud in a clear life-like voice in a number of different accents and languages, without the need for them to download any software. ROKTalk also allows people to change the background colour as well as the font size and type to best suit their needs.

1665/09 **Appointment of New Medical Director**

Dr Christine Blanshard (CB) has been appointed as the Trust's new Medical Director in succession to Dr Sean O'Kelly. CB is currently Director of Strategy, and Associate Medical Director, at Homerton University Hospital NHS Foundation Trust in East London and has a wide range of clinical and managerial experience. CB is expected to take up her appointment at the beginning of September. In the meantime Dr Clare Fuller will continue in her role as Acting Medical Director.

The Board noted the report.

1666/00 **PATIENT CARE**

1666/01 **Eliminating Mixed-Sex Accommodation – SFT 3129 – Presented by TN**

In March 2011 the Trust Board had, in line with the requirements of the NHS Operating Framework for 2011/12, confirmed that the Trust was compliant with the national definition for the elimination of mixed-sex accommodation which was to 'eliminate mixed-sex accommodation except where it is in the overall best interest of the patient, or reflects their personal choices.'

Since March, and in order to assure and monitor compliance, the Trust had developed a mixed-sex procedure which clearly states the measures the Trust is currently taking, and will continue to take, to avoid mixed-sex occurrences. This procedure was supported by specific action plans. The Paper also noted that the key areas of challenge remained with the Cardiology Unit, Farley Ward and Whiteparish.

The Board agreed the mixed-sex occurrence procedure and supporting action plan, and agreed to monitor on-going compliance via statistics provided as part of the monthly Quality Indicators Report to work towards zero non-compliance.

TN/CF

1666/02 **Quality Indicators Report to 30 April 2011 – SFT 3130 – Presented by CF**

This paper showed the Trust performance in April against the agreed Quality Indicators for the new financial year.

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

- 0.58% of patients had more than three bed moves.
- There were sixteen non-clinical breaches of same-sex accommodation.
- 1.4% of patients felt that they were not treated with dignity and respect. The same percentage felt the quality of care that they received was poor.
- Mortality rates were within the range expected.
- There was one hospital attributed MRSA bacteraemia which had occurred on 1 April 2011. This was a disappointment given that no cases had been recorded in the previous year. A root cause analysis provided the impetus to remind staff of the necessity of adhering to Trust processes.
- There were no cases of Trust apportioned C. Difficile.
- VTE assessment, care of stroke patients, and patients having surgery for fractured neck of femur within 36 hours all showed steady improvement and compared very favourably with the national and regional performance.

The Board noted the report.

1666/03

Customer Care Report for the Quarter 1 January – 31 March 2011 – SFT 3131 – Presented by TN

The number of complaints received at 71 was a decrease of 10 from the previous quarter and a decrease of 2 from the corresponding quarter in 2010. The highest number of complaints (37) were about safe, high quality co-ordinated care recorded across 22 different areas with Redlynch Ward having 4 complaints and the Emergency Department and Winterslow Ward 3 each.

NA asked what specific actions were being taken in response to these complaints and TN described the support and revised leadership arrangements that were taking place on Redlynch ward.

JS asked if there were any particular activities in place to improve the level of communication. TN said this was an on-going process with staff at all levels.

All the complaints had been given a risk rating under the recently agreed methodology and none were categorised as being of high risk. The overall number of complaints, concerns and comments for the quarter totalled 351 of which 95% had been responded to within 25 working days. All the complaints, concerns and comments were acknowledged either verbally, or in writing, within 3 working days.

During the quarter 3 requests were made to the Parliamentary and Health Service Ombudsman for an independent review and none of these were upheld. 11 face-to-face meetings had been held with complainants.

304 compliments had been received via the Chief Executive's Office and the Customer Care Department while many more thank you letters and cards had been received directly by the various wards and departments within the Trust.

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 responses to complaints, comments and concerns raised.

The Board noted the report.

1666/04 **Infection, Prevention and Control Half-Yearly report together with Cleanliness up-date – SFT 3132 – Presented by TN & FMc**

Infection, prevention and control is a key risk and had been identified as such on the Trust's Assurance Framework. This very detailed half-yearly summary provided significant assurance to the Board that all areas of infection, prevention and control were being managed efficiently and effectively.

The report specifically highlighted:-

- Progress against the 2010/11 Action Plan.
- Details of the management of Health Care Associated Infections (HCAI).
- HCAI rates for the Trust for 2010/11 with
 - no Trust apportioned MRSA bacteraemia cases
 - a 27% reduction in MSSA bacteraemia cases
 - a 38% reduction in C. Difficile cases
 - no declared alert organism outbreaks
- Sustained and improved audit compliance against key infection control policies such as; hand hygiene, clinical management of MRSA and isolation policies.
- The up-dated positions for cleaning services, decontamination and antimicrobial practices.

The report had been prepared to meet the requirements of the Health and Social Care Act 2008 Regulation 12 / Outcome 8 in respect of cleanliness and infection control.

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

1667/00 **PERFORMANCE AND PLANNING**

1667/01 **Minutes from the Finance Committee meeting held on 26 April 2011 and the draft minutes from the Finance Committee meeting held on 23 May 2011 – SFT 3133 – Presented by LM**

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

The Board noted the minutes.

1667/02 **Finance Report for the period to 30 April 2011 (Month 1) – SFT 3134 – Presented by MC**

MC reported that earnings before interest, tax, depreciation and amortisation (EBITDA) stood at £0.92m which was 86% of the plan figure of £1.06m. This translated into an income and expenditure deficit of £210,000 compared to the forecast deficit of £64,000. Operating Income of £13.88m was marginally below the plan figure of £13.93m while Operating Expenditure of £12.97m was marginally above the plan figure of £12.87m. MC acknowledged that the information had been presented on the basis that one-twelfth of each Directorate's savings plan had been achieved during April while it was known that a number of Directorates had geared their savings at different rates through the year.

Contract negotiations with Wiltshire PCT were continuing but there remained a gap between what the PCT believed should be the contract quantum (circa £85m) and the sum that the Trust believed was correct (circa £92m). Discussions were taking place to identify and agree a realistic level of activity that will need to be undertaken by the Trust during the year, and which the PCT could afford. Contract negotiations with other Commissioners were progressing well.

Whilst MC was pleased with the way in which the agreed Cost Improvement Plans were progressing there was still a shortfall of some £3.5m that needed to be found. Progress on identifying plans to find this sum would continue to be reported monthly to the Finance Committee.

The Board noted the report.

1667/03 **Progress against Targets and Performance Indicators to 30 April 2011 (Month 1) – SFT 3135 – Presented by LA**

The Performance Report set-out a number of key indicators under the headings of quality, activity, efficiency and staffing. For each indicator performance over time and against plan, where appropriate, was shown together with an indication of the trend, and a traffic light rating in relation to the overall performance.

For 2011/12 the range of indicators had been changed to reflect new priorities, Monitor's expectations of information which the Board would review, and new targets – including for the first time new

Emergency Department Clinical Outcome Measures.

In taking the Board through the report LA made the following observations:-

- April was an extremely busy month with high numbers of emergency and trauma admissions which had impacted on a number of performance areas.
- The Trust was achieving four out of the five Emergency Department Clinical Outcome Measures. Service improvement work was on-going in relation to the 'time to see clinical decision maker' measure which Monitor expected to be delivered by quarter 2.
- For Cancer waiting times the 31 day performance was currently at 95% against a target of 96%.
- The Trust continued to work hard to reduce the number of patients waiting more than 18 weeks for an elective admission due to capacity reasons. After the improvements in March there has been a slight increase in the numbers.
- The Trust continued to see good progress with non-elective length of stay for Medicine with performance exceeding the year-end target. Surgical elective length of stay saw continued improvement in performance following on from the improvements seen at the end of the 2010/11 year.
- The coding rate had slipped to its lowest level for some time, reflecting the number of coder working days lost to Bank Holidays during April. The department was working hard to catch up on the backlog while a major service improvement review would be undertaken during 2011 to assess options for a sustained improvement in this area.
- The staff absence rate for April continued to evidence the improvement seen last year with a rate of 3.17% against a target of 3.5%.

When reviewing the figures the Board also noted the worsening trend in the number of Delayed Transfers of Care which currently stood at 14.

The Board noted the report, and supported the major service improvement review to assess options for delivering a sustained improvement to the coding performance.

LA

1668/00 **STAFF**

1668/01 **Review of Car Parking charges for Staff – SFT 3136 – Presented by PF**

PF reminded the Board that following an extensive consultation exercise, and Trust Board approval, Car Parking charges for staff had been introduced in July 2010, when it was also agreed that a further review would take place in May/June 2011.

The accompanying paper summarised the current charges, the enforcement process, the enhanced permission for staff to use the pay and display car parks, the recent decision to protect the disabled bays (by fining the drivers of cars which did not display a disabled badge), and a note of the income generated from July to 31 March 2011. PF said that some of this income had been invested in the Staff Wellbeing project 'Health Manager', some had gone towards improving the flexible parking arrangements in Car Park 9 and some towards the introduction of / relocation of cycle racks at the Main Entrance.

The proposals in the paper had been shared with the Transport Strategy Steering Group, the Joint Board of Directors and the Council of Governors.

LM invited MW to comment on the paper and MW reiterated the opposition by the staff bodies to parking charges for staff and hoped that when Trust income allowed the free parking benefit for staff would be reinstated.

In the meantime MW suggested that the banding structure should be changed so as to be more progressive and that different terms should apply for part-time staff. PF said there would be significant practicalities involved in changing the banding structure and the current approach to charging part-time staff, and it did not immediately appear that there was a better alternative to the present arrangements. LM asked that MW's comments could be revisited at the next review. PH said that a recent 'Which' report had given the car parking arrangements at Salisbury a 'green' rating while a number of local Trusts had been shown as 'red'. PF

LB said that she hoped the Trust was continuing to work with the operators of the Park and Ride scheme to support staff who wished to either bus and walk to work, or bus and cycle to work. PF confirmed this was the case.

The paper concluded by recommending that the current car parking structure was left unchanged for the time-being and that future reviews should be combined with the annual review in December of car parking charges across the site for patients and visitors, together with an up-date on the Trust's annual approach to Green Travel.

The Board supported this recommendation, i.e. to leave the present charging basis for staff unchanged and for future reviews to take place annually in December in conjunction with all aspects of car parking across the site. PF

1668/02

Human Resources Strategy, Workforce Priorities for 2011/12 and beyond – SFT 3137 – Presented by AD, JH and JO

This report gave a summary of the rationale for the strategic workforce matters that had been identified as priorities for the Trust, and described the four themed headings under which the priorities had been categorised.

These were:-

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 report highlighted and described the main areas of activity within each theme where targeted work was currently taking place, or was due to commence shortly.

LM asked MW if he had any immediate comments to make. MW said that, in his opinion, Theme 1 under-estimated the financial support the Staff had already given the Trust such as the payments for car parking, the two year pay freeze for 2011/12 and 2012/13 for staff earning more than £21,000 per annum, the removal of short-term local and national RRP for nurses, AHPs and ETS staff, savings from the on-call budget and redeployment and changes to working patterns on reduced protection entitlements. These changes have meant that the proportion of total hospital expenditure spent on staff costs reduced in 2010/11 to 63.5% of total income from about 65.1% of total income in the previous year.

MR said that she thought that this was a very positive paper and would now like to see a grid setting out who was going to do what, and by when, to achieve the various goals and for progress to be reported to the Board four times a year.

JS suggested that the identification of a talent pool, included within theme three, could also be used to assist with the Trust's own internal succession planning. AD agreed to consider how best to achieve this. AD

The Board noted the report and were satisfied that the designed priorities were appropriate and necessary to support the Trust in delivering its service objectives. The Board wished to monitor progress and asked AD to prepare an action grid for presentation to the Board at the August Trust Board meeting and for AD to identify four Board dates on which progress would be reported during the following twelve months. AD AD

1668/03 **Staff Survey Action Plan – SFT 3138 – Presented by AD and JH**

When the 2010 Staff Survey was presented to the Board on 4 April 2011 under paper SFT 3107 the Board approved the areas proposed for the development of targeted action plans and asked that these were presented for review at this meeting.

JH reminded the Board that the four main areas for improvement were the number and quality of appraisals and the resulting personal development plans, behaviour and relationships between staff, satisfaction with the quality of work and patient care and, finally, staff feeling pressure to attend work when feeling unwell.

A detailed action plan designed to improve these areas had been developed in conjunction with the Trust's Operational Management Board and this was shared with the Trust Board.

The Board noted the action plans that had been developed and asked JH for a further up-date to be presented at the Trust Board meeting on 5 December 2011. JH

1669/00 **PAPERS FOR NOTING OR APPROVAL**

1669/01 **Capital Development Report for the period February to May 2011 – SFT 3139 – Presented by LA**

This report up-dated the Board on developments with some of the more significant capital schemes since the last report in January 2011.

LA advised that while there had been a delay the Emergency Department had been handed over on 21 April 2011. However, the Paediatric scheme, which was being undertaken by the same developers, ISG Pearce, and also due for completion in December 2010, had been handed over on 2 June 2011 (apart from the external play area where there were still issues to be resolved). As the Board had been previously briefed there were likely to be claims in connection with this particular project and, when known, these would be reported to the Board.

Elsewhere work to convert Ebble Ward into a four-bedded Private Patients Unit was now complete and attention was turning to future projects. These included the development of a Business Case to relocate NICU, the transfer of anti-natal and post-natal services into the current Pembroke Ward and Suite, the development of the Spinal Unit Out-Patient services in a dedicated facility with new patient hoists and an expanded clinical treatment space, and the need to consider how to use to best advantage the vacated accommodation in SDH Central.

The Board noted the report.

1669/02 **Joint Board of Directors (JBD) minutes from 20 April 2011 Re Assurance Framework and Risk Register review – SFT 3140 – Presented by PH**

Each year the Trust Board reviews and approves the Assurance Framework and associated Risk Registers – the last time was 4 October 2010 under paper SFT 3058.

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 Clinical Governance Committee was evidenced by the routine presentation

of their minutes to the Trust Board. It had previously been agreed that from 2010 the relevant extract from the JBD minutes would also be presented to the Trust Board following their quarterly review and the minutes evidencing the 20 April 2011 review were presented by PH.

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

1669/03 **Annual Report of the Voluntary Services Department – SFT 3141 – Presented by JJ**

In a comprehensive report JJ advised that 2010/11 had been another successful year for the Voluntary Services Department. As at 31 March 2011 541 volunteers were registered with the Department. This figure included National Voluntary Groups / Organisations that provided voluntary services within the Trust.

Training and information sessions targeting various subjects were being embraced by a large number of volunteers. These sessions included; infection control, basic food hygiene and data protection.

Volunteers also had the opportunity to take part in all staff mandatory training available via the Managed Learning Environment.

The Trust's volunteers and voluntary organisations continued to provide an invaluable support to staff, patients and visitors across a wide range of activities as recorded in the paper. Every volunteer was given the opportunity to become a member of the Foundation Trust and currently there were 189 volunteer members (up from 167 a year ago).

The Department took on responsibility for Work Experience placements in April 2010 after some changes within the HR Department. Since then 144 placements have been provided in 34 departments around the Trust.

Board members were invited to join the Volunteers Day Buffet Lunch which would be held in Spring's Restaurant on Friday 15 July 2011 from 12.00 noon to 2.00 pm.

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

1669/04 **Major Trauma Unit Designation – SFT 3142 – Presented by PH**

Trauma is the fourth leading cause of death in people aged below 40 in this country. There is an average of 36 years of life lost per trauma death. Major trauma describes serious and often multiple injuries where there is a strong possibility of death or disability.

Overall in England there are some 5,400 deaths due to major

trauma per year and twice as many survive with permanent severe disability. The cost to the NHS of treating these injuries is around £1.2 billion per annum.

However there were widely recognised deficiencies in the provision of trauma care in the UK and Professor Keith Willett was appointed as the first National Clinical Director for Trauma Care in April 2009. His brief was to lead the development of a National Clinical Policy for Trauma Care, including the implementation of recommendations agreed in the National Confidential Enquiry into Patient Outcome and Death Report.

A central part of this strategy is the implementation of major trauma networks, which include designated Major Trauma Centres (the highest level centres) and Major Trauma Units (second tier trauma providers).

Locally the Trust would like to become part of the Wessex Trauma Network which aims to be functional from April 2012 with Southampton University Hospital NHS Trust being the local Major Trauma Centre. As well as working closely with Southampton to support their Trauma Centre development Salisbury was seeking designation as a Trauma Unit within the network.

The South West Strategic Health Authority had outlined the full assessment criteria for Trauma Unit designation against which the Trust had self assessed itself with a positive outcome. On this basis the support of the Board was sought.

The Board noted the contents of the paper, supported the Trust's ambition to be designated a Major Trauma Unit and agreed a specific supporting statement for inclusion in the bid.

PH

1669/05 **Information Governance Policy – SFT 3143 – Presented by PG**

All NHS organisations are required to annually review their Information Governance Policies and procedures to ensure they remain fit for purpose and reflect changes in external impacting Laws, National NHS Security Policies and supporting guidance.

The Trust Information Governance Policy had been reviewed against this criteria and approved by the Information Governance Steering Group.

The Board ratified the policy on the basis that it would continue to be reviewed by the Information Governance Department annually and every three years by the Joint Board of Directors and Trust Board.

PG

1669/06 **Information Governance Strategy and Framework – SFT 3144 – Presented by PG**

As for the Information Governance Policy all NHS organisations are required to annually review their Information Governance Strategy and Framework to ensure they remain fit for purpose and reflect

changes in external impacting Laws, National NHS Security Policies and supporting guidance.

The strategy and framework document had been approved by the Information Governance Steering Group in February 2011.

The Board ratified the Information Governance Strategy and Framework on the basis that it would continue to be reviewed annually by the Information Governance Department and every three years by the Joint Board of Directors and the Trust Board. PG

1669/07 **Clinical Governance Committee minutes from the meeting held on 21 March 2011 and draft Clinical Governance Committee minutes from the meeting held on 16 May 2011 – SFT 3145 – Presented by LB**

LB presented these minutes which advised the Board of items discussed / decisions taken / actions agreed.

LB particularly drew the Board's attention to the review that had been undertaken of the Quality Walks process alongside the Executive Safety Walks to ensure best value was obtained from both activities.

The Board noted the minutes.

1670/00 **ANY OTHER BUSINESS**

Nothing was raised.

1671/00 **QUESTIONS FROM THE PUBLIC**

Phil Matthews (Vice Chairman, Wiltshire Involvement Network) wished to commend the quality of food provided by the hospital for both patients and visitors, he had heard disappointing comments about the quality of food in other Wiltshire hospitals. He was also pleased to learn that all staff would be trained in the provision of dementia care. Finally, he wished to feedback that a friend of a Union colleague was currently in the Spinal Unit and that his Union colleague had been very impressed with the quality of the environment and the clinical care being provided.

John Carvell (Lead Governor) asked whether MRSA screening routinely took place in the Day Surgery Unit and TN confirmed this was the case. JC then expressed concern about smoking in public places and asked whether staff should either have their scrubs covered or be asked to change after a smoking break. TN said that the Trust policy permitted smoking during staff breaks in the shelters provided. While TN understood the concerns being raised about staff leaving the ward and taking a smoking break before returning to work this was not currently against any Trust policy. AD commented that there were six smoking shelters around the Trust site. While in the past the Trust had considered whether to make the whole hospital site a no smoking area this would create significant difficulties to implement. JC said that the Governors would be

looking at the staff experience of Bullying and Harassment and he had invited LB, in her capacity as Bullying and Harassment Advisor, to talk to the Governors on 13 June 2011 about her role. AD said that the Staff Action Plan, as described in paper SFT 3138, covered the activities the Trust was putting in place. Finally JC asked whether it might be appropriate for a Governor to join the Quality Walks but LB said that it was important that this was undertaken by Senior Executives with NED involvement.

Dr Beth Robertson (Governor) asked whether staff had a choice of who undertook their annual appraisal. AD said this was not the case.

Chris Wain (Governor) asked if any staff had been dismissed for Bullying and Harassment. AD confirmed that this was the case and there had also been instances where final warnings had been issued and removal from post had taken place.

1672/00 **DATE OF NEXT MEETING**

The next meeting will be held on 8 August 2011 in the Board Room at Salisbury District Hospital starting at 1.30 pm.

1673/00 **CONFIDENTIAL ISSUES**

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