

SALISBURY NHS FOUNDATION TRUST

Minutes of the meeting of Salisbury NHS Foundation Trust Board Held on 7 February 2011 In the Boardroom, Salisbury District Hospital

Present:	Mr L March Mr N Atkinson Dr L Brown Mr M Cassells Mr A Denton Mr I Downie Mr S Long Miss T Nutter Dr S O'Kelly Mrs M Romaine Mr J Stokoe	Chairman Non-Executive Director Non-Executive Director Director of Finance & Procurement Director of Human Resources Non-Executive Director Non-Executive Director Director of Nursing & Operations Medical Director Non-Executive Director Non-Executive Director
Apologies:	Mr B Bull Mr P Hill	Non-Executive Director Interim Chief Executive
In Attendance:	Mr L Arnold Mr P Gill Mrs J Hair Mr J Williams Mr J Carvell Mrs C Collins Mr J Markwell Mrs C Noonan Dr B Robertson Mr C Wain Mrs L Woods	Director of Corporate Development Head of Informatics for SFT 3096 Deputy Director of Human Resources for SFT 3092 Secretary to the Board Governor Governor Governor Governor Governor Governor Governor

1613/00 **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.

1614/00 **MINUTES**

The minutes of the last meeting held on 6 December 2010 were accepted as a true record.

1615/00 **MATTERS ARISING**

There were no Matters Arising.

1616/00 **CHIEF EXECUTIVE'S REPORT – SFT 3086 – Presented by MC**

1616/01 **New Consultant Appointment**

Dr Felicity Morgan had been appointed as a new Consultant in Palliative Medicine in succession to Dr Christine Wood. Dr Morgan has considerable experience in this area of patient care having previously worked at Salisbury Hospice in the role of Specialist Registrar and subsequently as a Locum Consultant since August 2010.

1616/02 **New Local Service for Coronary Angioplasty**

Local people who previously had to travel to Bournemouth or Southampton for Coronary Angioplasty can now receive this treatment at Salisbury District Hospital. This additional service follows the opening of a new Cardiac Unit at Salisbury District Hospital with specialist equipment being funded via the Stars Appeal. Coronary Angioplasty involves opening up blocked or narrowed heart arteries by inserting a balloon through a thin metal tube to enable the blood to flow more freely.

1616/03 **Maternity Department receives International Baby Friendly Award**

Maternity staff have received the International Baby Friendly Award, originated by the United Nations Children's Fund (UNICEF), which recognises the way staff have increased breast feeding rates among new mothers and promoted awareness of the benefits. The Baby Friendly initiative is a global programme set up by UNICEF and the World Health Organisation to provide a practical and effective way for Health Services to improve the care given to mothers and babies.

1616/04 **Certification to Patient Information Scheme retained**

Following an assessment by the Royal Society for Public Health the Trust has retained certification to this information scheme. Salisbury is one of only 6% of Trusts across the country to have achieved re-certification. The aim of the scheme is to reduce the potential for substandard health and social care information and to ensure that patients, public and health professionals know that the information they are using is reliable.

1616/05 **Southampton Trauma Centre**

Southampton University Hospitals NHS Trust has been asked by the Department of Health to set up a major trauma centre from 2012. This will provide dedicated 24 hour staff and facilities that deal with patients with life threatening injuries that could involve a number of different organs. The aim is a hub and spoke model using expertise from other regional specialties and the Trust has held talks with Southampton about the provision of the Plastic Surgery element to this initiative and the use of the Wessex Rehabilitation Unit. The Board will be kept advised of progress.

1616/06 **GP Consortia**

The NHS White Paper, Equity and Excellence: Liberating the NHS proposes radical changes to the way in which hospital services are commissioned. This will result in the abolition of Primary Care Trusts and Strategic Health Authorities. GP Commissioning Consortia will be developed who will commission services for their patients. The Consortia will report to a National Commissioning Board. While PCTs will cease to exist in 2013 GPs are expected to form shadow consortia and begin taking an active role in commissioning in the coming year to ensure a smooth transition to the new model. A local GP Consortium is being developed and a presentation was made to the Trust's Joint Board of Directors on 19 January 2011. The Trust will continue to work with the Primary Care Trusts through the final stages of their existence while developing relationships and care pathways with GP Consortia once they have been established.

Clarendon Suite

1616/07

The Clarendon Suite (formerly Ebble Ward) is a designated unit where Private Patients can be treated. The first patients to use this new facility were admitted during the first week in February. Odstock Private Care Ltd (OPCL) is contracted by the Trust to administer all Private Care on site and all income generated will be used to benefit NHS Patients by supporting the Trust's services. To promote the Clarendon Suite OPCL will be advertising in the local media. It is important to note that NHS funds will not be used to pay for the advertising.

1616/08 **Accident and Emergency Improvements**

Patients who need Emergency Treatment can now benefit from better facilities and an improved service thanks to the completion of a major redevelopment of the Accident and Emergency Department. A complete redesign of the department means that access is easier and clearer with a more spacious and welcoming environment to improve the patient experience. There are new waiting rooms, resuscitation and minor treatment areas and separate waiting and treatment facilities for Children.

1616/09 **New Paediatrics Facility**

This facility, on Levels 3 and 4 of the SDH building, is nearing completion and open days will be held on 4 and 5 March 2011. The very considerable financial support via a range of Stars Appeal activities was greatly appreciated and acknowledged.

The Board noted the report.

1617/00 **PATIENT CARE**

1617/01 **Quality Indicator Report – SFT 3087 – Presented by SO’K**

This paper showed the Trust's performance against agreed Quality Indicators for the 9 months to 31 December 2010.

In his presentation SO'K particularly drew the Board's attention to the following:-

- MRSA figures where there had been no 'In-hospital' cases so far this year and the C-Difficile figures which, at 22, were well within the agreed target.
- The Global Trigger Tool rates which continued to be below a level that would indicate any concern.
- Falls resulting in fractures or major harm remain low, as do the numbers of grade 3 and 4 pressure ulcers. As advised to the Board in December 2010 all pressure ulcers at grade 3 and 4 are now the subject of a Serious Incident Report.
- VTE compliance with risk assessment remained high with 93% of all patients receiving such an assessment.
- There had been a significant improvement in the proportion of patients with a fractured neck of femur having surgery within 36 hours of admission. This had improved to 90% in December from a disappointing 68.4% in October as a result of measures taken in conjunction with the Clinical Directors.
- The proportion of Stroke patients having a CT scan within 24 hours of admission had improved to 90%.
- The proportion of Stroke patients having more than 90% of their stay on Farley Ward stood at 73% and this was an area of particular focus as the Trust was required to achieve a 90% figure by the end of the current financial year.
- The proportion of high risk Transient Ischaemic Attack (TIA) patients seen within 24 hours had risen to 86%.
- Use of the Escalation Ward remained high in response to activity pressures during the Winter.
- Patient experience feedback remained good with over 96% of patients reporting that they had been treated with dignity and respect; and 99% of patients reporting that their care was either excellent, very good or good.

The Board expressed concern about the Trust's failure to provide same sex accommodation with 67 breaches in December (41 non-clinical and 26 clinical). TN advised that a detailed analysis of all breaches over the last quarter showed that the pressure areas were the Medical Assessment Unit, the Stroke Unit and Cardiology. Work was currently underway to identify and implement solutions ahead of the fines which would apply to breaches from 1 April 2011.

The Board noted the report.

1617/02

Customer Care Report for the Quarter, 1 July – 30 September 2010 – SFT 3088 – Presented by TN

The number of complaints received at 94 was an increase of 30 from the previous quarter and an increase of 21 from the corresponding quarter in 2009. The highest increase was in safe, high quality co-ordinated care, with some patients feeling that they had received unsatisfactory treatment. The principal underlying reasons were that patients felt their treatment had been delayed or that they had been discharged too soon.

The process of establishing a risk rating for each complaint had been further developed and of these 94 complaints 47 had been categorised as being of very low risk, 37 at a low risk and 10 at moderate risk. None were categorised as being of high risk. The assessments were based on very low risk meaning no harm to the patient, low risk having minor impact on the care provided, moderate risk where temporary incapacity or harm had occurred, while high risk would apply where permanent injury or harm had occurred, or there had been an injury requiring major clinical intervention or an unplanned admission to intensive care. The overall number of complaints, concerns and comments for the quarter totalled 319 of which 94% had been responded to within 25 working days. All complaints, concerns and comments were acknowledged either verbally, or in writing, within 3 working days.

During the quarter two requests were made to the Parliamentary and Health Service Ombudsman for an independent review. Of the 12 cases referred to the Ombudsman in the last 12 months none were upheld. Eight face to face meetings had been held with complainants.

TN said that while there had been a significant increase in the number of complaints during the quarter the number had fallen back in quarter 3.

The report was supported by a range of statistical and graphical information and TN advised that work was underway to improve the level of communication with patients.

TN particularly drew the Board's attention to the range of projects designed to improve services within the Orthopaedic Department and the particular support being given by the King's Fund to support an initiative on Chilmark Ward to help patients with a fractured Neck of Femur who were also suffering from dementia. Meanwhile the Enhanced Recovery Programme for Hips and Knees was continuing to show improved results and a new initiative, that of establishing a patient 'activity club' so that patients did not feel isolated, was now underway.

The paper had been prepared to help 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 its response to complaints, comments and concerns raised.

The Board noted the report.

1618/00 **PERFORMANCE AND PLANNING**

1618/01 **Minutes from the Finance Committee meeting held on 20 December 2010 and Draft minutes from the Finance Committee meeting held on 24 January 2011 – SFT 3089 – Presented by LM**

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

LM particularly drew the Board's attention to the approval given by the Finance Committee on 20 December 2010 for the Trust to open a Euro Bank Account and the reasons why this was required.

The Board asked what advertising activity the Trust had planned and MC advised that this would, for the time-being, be based around the newly established Clarendon Suite.

The Board also expressed interest in the work that was being done to identify the cost of funding medicine for older people.

The Board noted the minutes.

1618/02 **Finance Report to 31 December 2010 (Month 9) – SFT 3090 – Presented by MC**

MC reported that to the end of December 2010:-

- Earnings before interest, tax, depreciation and amortisation (EBITDA) amounted to £10.10m which was virtually in line with the planned figure of £10.12m.
- The I & E Surplus stood at £460,000 which was marginally ahead of the planned figure of £440,000.
- This position is after phasing most of the strategic savings plans into the final quarter of the financial year and work was on-going to seek additional savings as well as developing a programme to save a further £10m in 2011/12.
- The Trust's financial risk rating as measured by Monitor remained unchanged at '3'.
- The audit of the Non-Payment by Results (Non-PbR) costs had been completed by the Audit Commission and the outcome agreed jointly with Wiltshire PCT. This had identified the level of underfunding for these activities and discussions were now taking place with the PCT on the amount and the timing of the funds due to the Trust.
- Activity was above commissioner plans which did not reflect out-turn activity levels for 2009/10. Talks are taking place with Wiltshire PCT and Dorset PCT regarding the likely out-turn for 2010/11 and the associated funding for over-performance.
- Additional measures were being introduced by Wiltshire PCT to limit demand including a list of procedures that they will either not fund or will only fund after agreement at their Exceptions Committee.
- The planned Capital Programme Budget for the year was £13.4m of which £7.2m had been spent.

MC advised that, as planned, the Trust remained on course to achieve a breakeven position at the end of the financial year with the main risk being the payment due from Commissioners for over-performance against agreed contracts. Failure to achieve the sums due under the contract would push the Trust into deficit.

The Board asked whether there was any pressure on the cash figure as a result of expenditure incurred to cover the activity undertaken and MC confirmed that this was the case but payment by the Commissioners for the over-performance activity would rectify this position.

MC also confirmed that the Trust had agreed a contract variation with Wiltshire PCT regarding Non-GP Referrals. The effect of this was that patients requiring work identified as necessary by a Consultant, but which was not related to the original GP referral, and not life threatening, would be referred back to the GP with appropriate advice.

The Board noted the report.

1618/03 **Progress against Targets and Performance Indicators to 31 December 2010 (month 9) – SFT 3091 – Presented by LA**

In taking the Board through the report and the supporting graphical information LA highlighted the following:-

- The number of cancelled operations continued to exceed the target the Trust set for itself. The main reasons for the cancellations were the requirement to manage the Trust's Trauma workload and Surgeon unavailability (largely due to illness).
- The Trust missed the two week wait for Symptomatic Breast Patients referred during December when a number of patients cancelled appointments due to adverse weather conditions and the Trust did not respond to ensure appointments were re-booked inside the two week target. Improved processes had been introduced to ensure this would not recur.
- The number of patients waiting more than 18 weeks for an admission due to capacity reasons had increased in recent months reflecting the PCTs requirement to book out at 17 weeks, coupled with reduced capacity over the Christmas/ New Year holiday period.
- The Emergency Department 4 hour performance dipped below 98% during December reflecting the volume of emergency pressures experienced.
- Coding completion figures had reduced significantly due to staffing sickness.
- The Trust continued to see good progress with the non-elective length of stay for Medicine, with performance exceeding the year end target. A concern for the on-going delivery of reductions in non-elective length of stay was the increase in Delayed Transfers of Care which had been a feature since the end of October. The number of patients having hip and knee surgery whose stay was 5 days or less had continued to show a substantial improvement during quarter 3.
- The staff absence rate in December exceeded the 4% target for the first time in the year but the month's figure of 4.19% was the lowest December rate for four years. Overall the year

to date figure remained well within the target.

The Board asked whether the Delayed Transfers of Care were occurring as a result of NHS or Wiltshire Council difficulties and TN advised that, currently, there was a known shortage of capacity within Wiltshire which was causing problems not just at Salisbury but also at Bath and Swindon hospitals.

The Board noted the report.

1619/00

STAFF UP-DATE ON ACTION RESULTING FROM THE 2009 STAFF SURVEY – SFT 3092 – Presented by AD and JH

The 7th National NHS Staff Survey results were published at the end of March 2010 and presented to the Trust Board on 12 April 2010 under paper SFT 2074. This paper identified four main areas for improvement, namely; the number and quality of appraisals; reporting errors and near misses; harassment, bullying and abuse from patients/relatives; and satisfaction with the quality of work and patient care.

A detailed action plan, designed to improve these areas was developed and reported to the Board on 7 June 2010 under paper SFT 2099.

JH re-presented the action plan together with a very detailed summary of the various actions and commented that progress had been largely as anticipated. Revised completion dates had been determined for a few actions where progress had not been as planned or where the action had required modification during the year. The action plan commenced in May/June 2010, two months after the results were known and analysed, and as a result many actions were implemented during the Autumn of 2010. However with the next staff survey sent to staff in October/November 2010 it was almost impossible to take effective action one year that would impact on the staff survey results for the following year. Actions were more likely to impact on the results over a longer timeframe.

The Trust had just received the raw results of the 2010 survey but it was difficult to draw many conclusions at this stage as the final results were weighted to enable comparison with all other Acute Trusts. It was expected that the full and validated 2010 staff survey results would be available to the Trust in early March and, therefore, in time for presentation to the Trust Board in April.

AD/JH

JH advised that the paper had been prepared to help meet the requirements of the Health and Social Care Act 2008 Regulation 23 / Outcome 14, Supporting Workers, Regulation 18 / Outcome 20, Notification of other incidents and Regulation 10 / Outcome 16 Assessing and Monitoring the Quality of Service Provision as managed by the Care Quality Commission.

The Board noted the progress made with the action plan that was developed following receipt of the 2009 staff survey results.

1620/00 **PAPERS FOR APPROVAL OR NOTING**

1620/01 **Capital Development Report 1 October 2010 to 31 January 2011 – SFT 3093 – Presented by LA**

The purpose of this paper was to up-date the Board with some of the more significant Capital Schemes on the hospital site since the last report in October 2010.

LA particularly drew the Board's attention to the Emergency Department (internal reconfiguration) where there had been a slight over-run but where the work was expected to be completed during February and the position with the Phase 3 Paediatrics Scheme which had been scheduled for completion on 6 December 2010 but, again, with over-runs, would not be handed over until the end of February. The contractor for both these schemes was ISG Pearce and, as a consequence of the delays, the Trust would be looking for financial compensation.

The substantial work to convert Ebble Ward on the lower ground floor of the Spinal Unit into a 4 bedded Private Patient facility to be known as The Clarendon Suite was concluded in December 2010 and a package of minor works was subsequently completed in January. The Unit became operational on 1 February 2011.

Work was continuing on the Phased Redevelopment Programme for the Women's and Children's Services. Once the new Paediatric Department was located in SDH South the vacated accommodation in SDH Central would be used to create a new Urology Department consisting of Out-Patient clinic rooms and offices. The remainder of the space would be used for administrative purposes.

A Business Case for a new low risk Birthing Pool was currently being developed along with further plans to expand NICU and create transitional care beds. This would also include the reconfiguration of the Post-Natal ward to improve the environment and privacy, and to introduce more single rooms.

The Board noted the report.

1620/02 **Draft Clinical Governance Committee Minutes from 17 January 2011 – SFT – 3094 – Presented by LB**

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

LB particularly drew the Board's attention to the presentation by the Medicine Directorate of their Quality Report, the work the Committee was undertaking to test the evidence in respect of Care Quality Commission (CQC) Outcomes as set out by the relevant Lead Manager / Executive Director on the CQC Provider Compliance Assessment Forms, the latest analysis of Real-time Feedback information, and, specifically, the work being undertaken to improve call-bell response times and helping patients understand who was looking after their care. The Committee had also received a report on the Medical Records Strategy and implementation plan and would

be checking on progress at the July meeting.

The Board noted the minutes.

1620/03 **Medical Revalidation Update Report – SFT 3095 – Presented by SO’K**

SO’K reminded the Board that Medical Revalidation was a new Governance process, being introduced jointly by the General Medical Council and the Department of Health nationally. The aim of revalidation was to improve quality and ensure continuous improvement in UK Health Care and, under revalidation, Doctors will have to demonstrate to the GMC every five years that they are up-to-date, fit to practice, and comply with the relevant professional standards. The details had been fully set out to the Trust Board in paper SFT 2059 on 8 February 2010 at which time the Board confirmed the appointment of the Medical Director as the Responsible Officer for the Trust.

SO’K advised that in order to implement the processes required for revalidation the Trust had established a Revalidation Implementation Board. This was chaired by the Medical Director and included Clinical Directors, the Deputy Director of Human Resources, Clinical Governance Officers, the Head of Informatics, the Head of Learning & Development, the Director of Medical Education and six Consultant representatives from the Medical Staff Committee. This group had met on two occasions and had determined a number of specific work streams that would help achieve a local revalidation system. These work streams included:-

- 1) Enhanced appraisal.
- 2) Multi-source feedback.
- 3) Clinical Informatics.
- 4) Portfolio development.

The report described how each of the work streams would develop.

The Board noted the report and asked for a further update in February 2012. SO’K

1620/04 **Informatics Strategy 2011/2012 – 2015/2016 – SFT 3096 – Presented by PG**

During its preparation the Informatics Strategy had twice been presented to the Trust Board in draft form for comment and feedback.

PG was now able to present the final version which considered the external and internal influences on informatics and presented a vision for the next five years to achieve paperless patient journeys and further embed an information culture into the Trust.

39 key work streams were proposed that would:-

- Build an electronic patient record for the Trust.
- Deliver critical clinical IT functionality from which many other Trusts are already deriving benefit.
- Improve the patient's experience directly by using IT innovations.
- Relaunch 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.

The full supporting detail was set out within the Strategy document and PG confirmed that the Strategy was achievable within current budget constraints.

The Board approved the Trust's Informatics Strategy delegating authority to the Trust's Information Systems Strategy Group (ISSG) to manage the project timings in the work plan. The Board requested an up-date on progress in February 2012.

PG

1620/05 Updated Complaints Policy – SFT 3097 – Presented by TN

Amendments to the policy were still being considered and the presentation was deferred until the April meeting.

1620/06 Minutes from the Public Session of the Council of Governors meeting on 29 November 2010 – SFT 3098 – Presented by LM

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

The Board noted the minutes.

1621/00 ANY OTHER URGENT BUSINESS

Nothing was raised.

1622/00 QUESTIONS FROM THE PUBLIC

John Carvell (Lead Governor) said that he hoped that, as a consequence of the formation of the Wessex Trauma Network, Salisbury would become a Level 2 centre. SO'K advised that the designation process was underway but at this stage he could not comment on the outcome.

JC commented that pro-active working with GP Consortia would be vital to develop care pathways with supporting governance practices agreed and established. He welcomed the opening of the Clarendon Suite and asked if this was recognised by Private Insurers. MC said that at the present time the Trust was not currently accredited but worked with insurers wherever possible and practical.

JC expressed concern about the number of mixed sex accommodation breaches and hoped that the work being undertaken would identify the required solutions. He was also concerned about the large movement of beds and mattresses over the Christmas/New Year period and which had appeared to result in a stockpiling of equipment in the Trust corridors. TN advised that the principal reason for this was that a lift to the bed/mattresses store had been out of action at the same time as the Trust had been very busy and this had resulted in some areas of the corridors being used to provide storage space.

JC said that the use of Real-time Feedback to help spot-check any areas of concern resulting from the Staff Survey would be supported by the Governors. In noting the approval of the Health Informatics Strategy JC stressed the importance of ensuring that patient identifiable information was appropriately protected and not inadvertently disclosed externally or to inappropriate third parties.

Celeste Collins (Governor) asked when the latest patient survey report information would be available. TN advised that this was expected imminently and hoped that there would be sufficient time to prepare a report for the Trust Board in April.

1623/00 **DATE OF NEXT MEETING**

The next meeting will be held on 4 April 2011 in the Board Room at Salisbury District Hospital starting at 1.30 pm.

1624/00 **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.