

Meeting of the 'Open' Session of the Trust Board

Held on Tuesday 1 February 2011 at 10.00am
in the Boardroom

Minutes

Present:	Non-Executive Directors	Executive Directors (including Board members) (‘v’) denotes Voting Executive
	Mr Chris Creswick (Chair) Ms Jude Ferguson Mr Grahame Paine Dr George Reah Mr Ian Turner Mrs Sally Calverley	Mrs Lorene Read (v) Mrs Alison Kingscott Ms Bronwen Bishop (v) Mr Nick Gallegos (v) Mr Rob Little (v) Mrs Chris Bryant Mr Ian Bramley (v)
Apologies:	Mr Mike Lyall (Community Services Committee/NHS North Somerset), Mrs Margaret Blackmore (Crossroads)	
In Attendance:	Mr Alan Richardson (Crossroads), Mr Stephen Buswell (LINK), Dr Paul Phillips (NHS North Somerset), Mr Christopher O'Neil, Ms Carol Collins, Mrs Caroline Welch, Mrs Sue Palmer	

Actions

The Meeting commenced at 10.05 am.

Mr Creswick apologised for the late distribution of the papers in the post due to printer problems. He understood that postal delays had exacerbated the problem for some colleagues. He noted the need for timely production of original material to allow for production and circulation in good time to allow colleagues to digest it.

534.11 Declarations of Interest

There were no declarations of interest.

535.11 Minutes and Matters Arising from the Meeting held on Tuesday 11 January 2011

The minutes were agreed as a correct record subject to the following amendments:

Actions

Page 2 Minute 512.10 – “3rd bullet point” to read 3rd bullet point”.

Page 3 Minute 521.11 – Topical Issues - third paragraph “There was concern expressed about the 18 weeks and 4 hour targets in some specialisms and locations,” to be a new paragraph and to read “*There was concern expressed about 18 week and 4 hour targets in the South West Region in some specialisms and locations ...*”

Minute 525.11 – Corporate Risk Register – December 2010 – top of page 6 “*Mr Turner advised that risks mentioned previously...*” to read “Mr Turner advised that IT risks mentioned previously ...”

527.11 – Finance Report – page 7 paragraph 5 “*Mr Paine queried the assurance of 4.1 million pounds of risk rated plans stating that many plans ...*” to read “Mr Paine queried the assurance of 4.1 million pounds of risk rated plans stating that many plans”

Matters Arising

There were no further updates to note from the Table of Matters of Arising from the Open Session of the Trust Board held on 11 January 2011.

In order to ensure that matters of importance to the Trust Board are reviewed on an ongoing basis it was agreed that the “Actions” column should include time-lines “by when and by whom”.

SP

Action: Time-lines and actions to be clarified in future Table of Matters Arising.

536.11

Schedule of Tracked Matters Arising

- Minute 507.10 - Stakeholder Engagement Strategy**
– deferred to March 2011. It was noted that there are two high profile monthly meetings involving GPs with Hospital Doctors that are working to understand the GP's perspective on future service provision. The Chief Executive will also report to the Trust Board regarding Weston Futures and its ongoing work. There were clearly wider aspects of Stakeholder Engagement that would be revisited in the context of Strategic Plans for 2011 and beyond.

Action: It was agreed that the Medical Director would meet with the Head of Communications to discuss GP information, communication and consultation needs and methods.

NG/CW

Actions

- **Minute 507.10** – Trust Website – deferred to March 2011.

The Board noted that the Schedule of Tracked Matters.

537.11 Topical Issues

Strategic Direction

The Chief Executive, Finance Director and Mr Paine, Non-Executive Director attended a meeting on 'Progressing to Trust Status' with the Strategic Health Authority on 27/01/11 and feedback will be provided outside of the meeting. The NHS Bill was published last week and is being taken through debate and discussion in The House. It is important to understand the future impact of that Bill on the Trust and how emphasis will change from "Commissioning" to "Models for Provision".

The Chairman and Chief Executive noted the importance of the work being done by Mrs Read to clarify the Strategic Direction of the Trust in the context of the Foundation Trust deadline having moved and to identify the strategic imperatives through to 2014. The subject would be fully explored at the Board's Seminar in March, but in the meantime, the challenge is to manage the Trust in relation to the day-to-day Operations, Finance and Estate Development whilst this work is going forward. It is essential that the Board is able to be clear in March about the preferred future model for the Trust, that the various strands of work leading up to 2014 are clear and agreed, that responsibility is identified and accepted, and reporting mechanisms are agreed and understood, since the Foundation Trust process will bear directly on the immediate priorities in 2011/12.

Waiting Times

The 18 week and 4 hour targets are being "softened" from April 2011, but our own commitments to improved access remain.

CNST

The Trust recently achieved CNST Level I for the Maternity Unit which is an accolade for the services delivered and those involved.

Cancer Services

The outcome of the Patient Survey was extremely positive regarding the provision of the Cancer Services at Weston. The messages also suggested some areas for further development, including work with Primary Care.

Actions

It was agreed that an appreciation of the work of the Cancer Teams should be passed on from the Trust Board.

Action: Mrs Read to pass the message to the Cancer Teams. LR

Environmental Health Visit

An unannounced visit was made by North Somerset Council's Environmental Health Team which highly praised the cleanliness of the environment and Rafters Restaurant. Formal notification of their assessment is expected.

Emergency Department

Work on the new Emergency Department is progressing extremely well and on time. Costs have maintained the programme of work during the winter weather without delay. Work is underway with the GPs on capacity flows through the new department.

CC

PCT Cluster Engagement Strategy

There is NHS Guidance on the website regarding the development of the PCT Clusters and appointments being made. Mechanisms are in place to cover PCT activity, resources and acceleration of Pathfinder independence.

Action: Mr Creswick agreed to send the Department of Health link to the Non-Executive Directors.

JF

NHS Confederation

A Parliamentary Briefing on the Act is on the Confederation website. There are four key elements of Confederation concern:

- the powers of the Secretary of State over healthcare organisations;
- accountability mechanisms
- integration, competition and choice
- recognition that tolerance of competition is to be built up.

Action: It was agreed the Mrs Fisher would circulate to colleagues.

538.11 Clinical Quality Report

Mr Gallegos advised that the Clinical Quality Report focussed on two key elements:

i) Enhanced Recovery Programme

The Enhanced Recovery Programme is making good progress and is specifically targeted at reducing the length of stay of patients undergoing surgery.

Actions

It has been introduced into Colorectal Surgery, Orthopaedics (Musculoskeletal) and Gynaecology. The Trust benchmarks extremely well against the peer group Trusts in the region.

It was noted that this reduction did not significantly impact on the overall length of stay in the hospital due to the complexities of, and increase in, emergency admissions.

ii) Patient Reported Outcome Measures (PROMS)

Mr Gallegos said that PROMS represent a series of metrics which describe quality from the perspective of the patient and noted their developing importance in judging performance of the Hospital. Those undergoing hip or knee replacement surgery, repair of a hernia or an operation for varicose veins are invited to complete various questionnaires describing their health before and after surgery. A huge amount of data is generated from this information. Weston Area Health Trust does not differ significantly from national performance figures.

Patient Safety First Update

Mr Bramley provided an update on the Patient Safety First Campaign which highlighted Critical Care as one of the five work streams within the Programme, providing assurance on improving safety which is working well. He confirmed that the Situation, Background, Assessment and Recommendation Tool (SBAR) has been implemented on the Harptree Unit and will be implemented across the Trust as fast as is practicable. Mr Bramley explained that there are 22 measures collected routinely within critical care to demonstrate patient safety. He noted that audit of SBAR remains a challenge and agreed it would be helpful for the Trust Board to receive a progress report on for the next meeting.

Action: Mr Bramley to present a Progress Update Report on SBAR to the March Board Meeting.

IB

539.11

Care, Quality & Governance Committee – Approved Minutes of Meeting held on 9 December 2010 and Summary of Meeting held on 13 January 2011

It was agreed to take the Minutes and Summary as read unless there were any questions.

Mr Bramley clarified the reference to bed rails in that the issue related to the fact that extra mattresses may raise the height of the patient above the bed rail.

Actions

CQGC316 – Integrated Governance Report – October 2010

It was queried whether this item is “closed” as it was still on the Risk Register. It was confirmed that the requirement for defibrillators had been passed to the Trust Management Committee and a business case developed for the Resuscitation Officer. Whilst still a risk, the item was “closed” as far as the Committee’s responsibility was concerned.

Discussion took place regarding the length and content of the Summary and the form of reporting to the Audit and Assurance Committee and the Trust Board. It was noted that the revised Terms of Reference for the Quality Governance committee will address the matter.

Medicines Management remains a concern and reports are expected from the Chief Pharmacist to the Clinical Governance Committee.

The Top Ten ‘Clinical’ Risks from the Red Risk Register will be reported in future. Mr Gallegos confirmed that the Divisions had been asked to produce a dashboard and the clinical risks will be reflected to the Quality Governance Committee.

Mrs Calverley stated that there is a strategy to adjust the priorities and harmonise the calibration between the Clinical Governance Committee and the Quality Governance Committee.

Mr Creswick thanked Mrs Calverley and Ms Ferguson for the Minutes and Summary.

The Board noted the Minutes and Summary of the Care, Quality and Governance Committee.

540.11

Finance Report

Mr Little referred to the key points of the paper in relation to the month of December 2010 and the year to date position.

He noted that negotiations with NHS North Somerset have resulted in an agreement to pay the Trust an additional £600k over and above the value of the contract for over-performance taking into account factors such as forecast activity, financial penalties and contract limiters. This position will be kept under review by the Trust each month.

Actions

He confirmed in discussion that it seemed unlikely that this figure will change further. He noted that there is still concern with regard to the £311k over-performance against the Somerset contract.

There was considerable discussion of the problem areas of expenditure set out in the paper and of the under-achievement of the CRES Savings Programme.

Mr Little confirmed that the Trust forecast for the year end has been revised taking into account all the income, expenditure and savings factors to show a likely shortfall against plan of £1,000k. This position results in a £2,110k surplus rather than a £3,110k surplus. The Trust has kept the Host PCT and the Strategic Health Authority informed throughout the year on the financial position and they understand the latest forecast as now reported to the Board.

The Board recognises the challenges identified and expressed concern about the failure to meet budgets and deliver savings in line with plans and the importance of having confidence in commitments in relation to 2011/12 and beyond.

The Trust Board noted the Finance Report.

Service Line Reporting

The Board was informed of on progress made regarding Service Line Reporting (SLR).

The key points are:

- The successful implementation of the Cost Master system within the deadline and the budget approved.
- The published reference costs for 2009-2010.
- The implementation of the SLR System proceeded on target and within the agreed budget.

The Board discussed the progress of the implementation of the new system and the overall approach in terms of taking the programme forward over the next 12 months.

The Trust Board noted and approved the recommendations of the Service Line Reporting System.

Actions

Digital Mammography Scanner

The purchase of the Digital Mammography Scanner, it was noted, was funded by Charitable Funds, but managed by the Trust.

The Board was informed that the new scanner, with the added benefit of the MRI Scanner in X-Ray, will provide an excellent service for the local population and form part of the Avon Screening Network. It will improve image quality and patients will be seen more quickly.

During the tendering process, competitive quotations had been received from three companies. After thorough assessment of machines available the X-Ray Department identified the most suitable machine to be one provided by MIS. The forecast total cost of scheme is £219,470 including enabling works, which is within the overall cost envelope.

The recommendation that the preferred choice of purchasing the MIS equipment and using a third party contractor to carry out the enabling works was discussed by the Trust Board. The Board again noted the hugely successful Charitable activity that had enabled the purchase to proceed. This will be a focus of the publicity at the time of opening.

The Trust Board endorsed the purchase of the Digital Mammography Machine and the associated enabling works.

541.11

Performance Report

Mrs Bryant introduced the Integrated Performance Report which supports performance management against key national and local priorities.

Key points as highlighted in the Report were discussed, in the context of the very difficult conditions of adverse weather in December and the high levels of activity which had impacted on several areas of service.

The Board welcomed the commitment to open the new Stroke Unit in February and noted progress against several other indicators. The continued failure to achieve planned CRES savings was discussed. It was recognised that the lessons learned in terms of targeting, monitoring of delivery and accountability in 2010/11 would be of critical importance in relation to the even more challenging scenario of 2011/12.

Actions

Mr Creswick thanked Mrs Bryant for the report and said that the Board appreciated the efforts of staff through the depths of winter.

The Trust Board noted the Performance Report.

542.11

Governance Structure – Terms of Reference for the Quality and Governance Committee

The Chairman extended thanks to Sally Calverley, Alison Kingscott and colleagues involved in the provision of the Governance Structure report, the scope and purpose of which are set out in the paper. Mrs Kingscott confirmed that the edited version reflects the Executive's comments and discussion at the Trust Board Seminar in relation to the Structure and Terms of Reference.

Mrs Calverley noted two areas for possible discussion or further work in relation to the Structure::

- i) Clarification of the information flow through the system as a result of the changes and possible changes that will necessitate a change in the dates and times of some meetings to facilitate that information flow. A plan to confirm these arrangements is being produced.

Action: Mrs Palmer to provide a paper detailing timing of meetings and flow of information.

SP

- ii) Whether the Information Governance Committee, which reports to the Audit and Assurance Committee, should be report the Quality Governance Committee.

There was concern that putting Information Governance Committee into the remit of the new Committee would dilute the focus that needs to develop over the next few months. Mr Creswick suggested that this discussion could best continue outside the meeting. The position might be reviewed over time in terms of being able to build on the experience of what has been proposed and to maintain continuity. It was agreed that the Information Governance Committee should be left where it is with a review in 9 months' time for a decision in 12 months' time. This was agreed, with the review in November 2011.

AK

Actions

The Terms of Reference for the Quality and Governance Committee were discussed. It was noted that the Quality and Governance Committee is not a voting Committee and 3.4 should thus be amended to read "Members and Co-option", not "Voting Members and Co-option".

Mrs Read felt that the Chief Executive should be included along with the Chairman and Non-Executive Directors as an 'invited member' from time to time. This was agreed. It was also agreed that the Director of Strategic Development should not be included as member.

The Chair recorded his thanks for all the work done and noted that the Governance Structure would come back to the Trust Board for review in November 2011.

The Board endorsed the Structure and the Terms and Reference of the Quality Governance Committee, subject to minor amendments.

543.11 Standing Orders and Standing Financial Instructions

The Standing Orders and Standing Financial Instructions documents have been revised and will be presented at the meeting in March 2011 for approval. They will include:

- Standing Orders
- Standing Financial Instructions
- Scheme of Reservation of Decisions to the Board and Scheme of Delegation

The Audit and Assurance Committee have approved the revised documents will recommend to the Trust Board for approval.

Action: Standing Orders and Financial Instructions to be provided for approval at the next Trust Board.

RL

544.11 Any Other Business

Arrangements for the Interim Chair

Mr Creswick confirmed that when he retires at the end of March 2011 Mr Grahame Paine would become Interim Chair and that he had informed the Strategic Health Authority and the Appointments Commission accordingly.

Mr Creswick moved a motion to exclude the public from the 'Closed' session and this was approved.

The Meeting concluded at 1.30 pm.

DATE OF NEXT MEETING

Tuesday 1 March 2011 at 10.00am in the Boardroom

Signed.....

Mr C Creswick – Chairman

Dated.....