

**Held on Tuesday 1 November 2011 at  
10.00 am in the Board Room**

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## **Minutes**

<b>Present:</b>	<b>Non-Executive Directors</b>	<b>Executive Directors (Including Board Members) (‘v’) denotes Voting Executive</b>
	Mr Chris Creswick (Chair) Ms Jude Ferguson Mr Roger Lloyd Mr Grahame Paine Dr George Reah Mr Ian Turner	Mr Peter Colclough Ms Bronwen Bishop (v) Mr Ian Bramley (v) Mrs Chris Bryant Mr Nick Gallegos (v) Mrs Alison Kingscott Mr Rob Little (v)
<b>Apologies:</b>	Mrs Margaret Blackmore (Crossroads)	
<b>In Attendance:</b>	Mr Stephen Buswell (LINK), Mrs Julie Fisher, Mrs Caroline Welch	

### **The Meeting commenced at 10.08 am**

### **Actions**

Mr Creswick thanked Mrs Fisher for her efforts in circulating the Board Papers following her return from annual leave. Congratulations were extended to Mr Buswell, following his recent appointment as Vice Chair of LINK.

#### **666.11      Declarations of Interest**

There were no declarations of interest.

#### **667.11      Minutes and Matters Arising from the Meeting held on Tuesday 4 October 2011**

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

References to Mrs Ferguson throughout the minutes should be amended to 'Ms Ferguson'.

<b>Pages 2/3, Minute 649.11 – Board Committees’ Exception Updates</b>	<b><u>Actions</u></b>
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The first paragraph/third sentence should read “Mr Lloyd has agreed to join the Audit and Assurance, Remuneration and *Quality and Governance Committees* ...”

The second paragraph/second sentence should read “Mr Bennett is *an* accountant ...”

### **Page 3, Minute 655.11 – Chief Executive’s Report**

First sentence should end “next steps for the *Trust*”.

### **Page 6, Minute 659.11 – Performance Report**

The first bullet point should read “*The Trust did not achieve the national standard in September. There were two main issues: two of the 20 beds on the unit were being refurbished and were out of commission for a period of a month and there were a number of patients with a shorter length of stay which impacts on the statistics*”.

### **Page 10 – Date of Next Meeting**

The date of the next meeting should read “*Tuesday 1 November 2011 at 10.00 am in the Board Room*”

### **Matters Arising**

#### **Charitable Funds Board**

Mr Creswick advised the Board of his intention to circulate reconstituted Terms of Reference for the Charitable Funds Board, to include reference to the position of Mr Bennett in relation to the Trust Board’s role as Corporate Trustee.

**CC**

Mr Creswick suggested that the Board may wish to return to the Clinical Quality Account Report during the ‘Closed’ Session.

### **668.11 Schedule of Tracked Matters Arising**

The Schedule of Tracked Matters Arising were reviewed, with the following points noted:

- Minute Reference 543.11 – Item to be removed, as any amendments to committees’ terms of reference and sub structure of committees would now be addressed through the Quality and Governance Committee.

## Actions

- Minute References 637.11 and 640.11 – Both items had been reported at the October Meeting of the Trust Board.

**The Board noted and agreed the amendments to the Schedule of Tracked Matters Arising.**

### **669.11 Chief Executive's Report**

Mr Colclough presented his Chief Executive's Report, advising that he would report on other points during the 'Closed' Session.

Addressing two additional items, Mr Colclough advised of a letter which had recently been received from the Great Western Ambulance Service NHS Trust announcing that South Western Ambulance Service NHS Trust will become their preferred partner, working towards the creation of a single ambulance Trust providing the full range of ambulance services in the South West by October 2012.

A recent communication has been received advising of Dr Mary Backhouse's appointment as Chair of the Clinical Commissioning Shadow Board for North Somerset. The full Board will be appointed by 7 November 2011, with details to be included within the Chief Executive's Report for December.

**PC**

### **670.11 Topical Issues**

Mr Creswick drew attention to the Speech by the Rt Hon Andrew Lansley, Secretary of State for Health, as given at the Reform Conference on Wednesday 26 October 2011, which had been previously circulated to the Board and was of particular relevance to the Trust.

### **671.11 Clinical Quality Report**

Mr Bramley presented the Clinical Quality Report, within which the following key points were highlighted:

#### Infection Prevention and Control

- There have been no MRSA cases (either hospital or community attributed) so far during 2011/2012. This year's target for CDiff infections is a challenging 16, and so far for the year the Trust has had 14 reported cases, all of which have been reviewed, as a result of which further prevention measures have been put in place.

## Actions

Mr Bramley added that over the last three months there have been a number of isolated cases, which would suggest that the spread is being confined.

Dr Reah commended the Trust's MRSA screening having reached 97%, but questioned why the figure was not 100%. Mr Bramley confirmed this to be a problem, which the Infection Control Team is currently reviewing in order to isolate the issues preventing total coverage by the process.

- The Board noted the second paragraph of Point 2.2 which should read "A root cause analysis has been undertaken on each of these cases and there are *no* obvious common features".
- The Board acknowledged that the CDiff trend is comparable with other acute organisations, with a general increase in incidents, coupled with the change in target reporting. Mr Bramley confirmed that there have been no reported CDiff incidents during October. Dr Reah felt that it would be helpful to identify where within a patient's stay they have become infected, and it was agreed that Mr Bramley would bring a further progress report to the December meeting of the Trust Board.

IB

## Safeguarding Update

- Mr Bramley was pleased to report that an internal Safeguarding Board has recently been established within the Trust.
- The Board noted that 42 safeguarding alerts had been raised for the quarter July to September 2011, compared to 34 for the previous quarter, which shows an increased awareness by staff of the need for recognition and reporting of safeguarding issues. Furthermore, Mr Bramley confirmed that all of the concerns raised have been confirmed as 'no harm' events. Mr Lloyd expressed his unease in relation to the detail presented, welcoming further clarification around the figures identified and what this picture represents for the Trust. It was agreed that Mr Bramley would bring a further progress report to the December meeting of the Trust Board.

IB

## Patient Safety Staff Survey Results

## Actions

- A repeat of the Patient Safety Staff Survey has shown very little overall change in staff's perceptions as to how patient safety is managed within the Trust, and that staff do not perceive any deterioration in patient safety standards.
- In response to a question raised in relation to the new handover process which is being implemented across the Trust, Mr Bramley confirmed that currently two new processes are being piloted, and feedback from this will provide a basis for improvement in due course.
- Mr Paine was disappointed to learn that there had been no progress in terms of staff perceptions since the Patient Safety Review last year, and that the response rate from this latest web-based survey of 6% was very low. Mr Colclough concurred suggesting that the information detailed was inconclusive. It was agreed to link the results to the ongoing National Staff Survey, which will reinforce the picture in respect of Patient Safety and may be accessed ahead of the full survey results. Ms Ferguson asked that those who did take the trouble to respond to the Patient Safety Staff Survey should be thanked.

**IB**

## Patient Length of Stay

- Mr Gallegos drew attention to the small improvement in Length of Stay as shown within Figure 3, but noted the amount of work required to achieve the level as shown within Figure 1. Mr Creswick noted that the data provided was very precise and helpfully drew distinctions lost in averages. This was welcomed by the Board as a whole, given the importance of Length of Stay to overall Trust performance. Mr Colclough acknowledged the detail within the report, linking to further work which can only be delivered in partnership through greater integration of services.
- Mrs Bryant commented on the text-book patient flow systems which have been put in place within the Trust over the last couple of years, aligned with recommendations by the Department of Health.

## Reduction of Hospital Inpatient Falls

- The reduction of hospital inpatient falls was recognised by the Board, with Mr Bramley providing a brief on Intentional Rounding, which has contributed to the improvement.

## Improvements in Medicines Management

## Actions

- Mr Bramley advised that currently there are no results in respect of the work undertaken around Medicines Management, although we would expect to see evidence of some level of improvement shortly.

## Improvement of Information on Discharge

- Mrs Bryant provided detail of the problems presenting in respect of discharge, with ownership being one of the key issues. Capacity across the local community and access to other services remains a fundamental challenge for the Trust.

Mr Creswick thanked to Mr Bramley and Mr Gallegos for the detail provided within the report, which had raised a number of interesting issues and provided a basis for further informed discussion.

## **The Board noted the Clinical Quality Report.**

### **672.11 Bullying and Harassment Survey Analysis**

Following results of last year's Staff Survey, the Board had expressed concerns around the issue of bullying and harassment and had requested that a further targeted survey be undertaken into this specific area.

Mrs Kingscott presented analysis from the internal Bullying and Harassment Survey which highlights the core findings and the action plan which is now in place. Mrs Kingscott suggested that the survey has demonstrated that as an organisation we do not promote positive behaviour sufficiently within the workplace. As a result the Trust will be launching 'Promoting Positive Behaviours at Work' Awareness Week, which is scheduled for week commencing 28 November 2011.

Mr Creswick expressed concern about the terminology used within the first bullet point at the top of Page 3 "It is proposed that this is reviewed and re-launched to be called Tackling Bullying and Harassment in the workplace". Mrs Kingscott acknowledged this comment advising that there does need to be a balance and staff do need to know how to access information and advice. In discussion it was recognised that the response to the survey was low and the findings might again be open to different interpretations.

## Actions

Mr Creswick asked for thanks to be passed to Mr Penfold who had produced this report, and asked that the Board is kept appraised in respect of the planned events at the end of November.

AK

**The Board noted the results from the Bullying and Harassment Survey and the proposed actions.**

### **673.11 Performance Report**

Mrs Bryant presented the Performance Report, during which the following points were noted:

- The Four Hour Maximum Wait in ED was achieved.
- The Trust continues to perform very well against the 18 Week Targets.
- Despite significant challenges within the Cancer Management Team, the Trust is still managing to maintain performance.
- Reference was made to the statistics for 'No Ambulance Delays' which would suggest no real change since the opening of the new Urgent Care Centre following the improvement achieved during the period of the decant in 2010/2011, apart from the severe winter period. Mrs Bryant referred to the work undertaken by Mr Gatling and in particular work around the front door and ambulance handover systems. There have been a number of challenges as the design has not proved conducive to patient flow, however trials of new arrangements are ongoing and improvements are expected. Furthermore Mrs Bryant confirmed that the previous issues in respect of data were around validation.
- Dr Reah again expressed concern with 'Statutory/Mandatory Training Compliance' drawing attention to the gap in achieving the target. As detailed within the Exception Report, Mrs Kingscott identified the continued work by the Divisions to promote training places, with the expectation remaining to achieve 95% compliance.
- Dr Reah also commented on the percentage for 'Completed Appraisals' which is showing 65% against the target of 95%. Mrs Kingscott confirmed this as a rolling programme which does form part of the Performance Management Framework but is subject to seasonal cycles.

## Actions

Mr Creswick felt there might be a deeper concern as to where this leaves the Trust in terms of overall governance given the Board's general responsibility to ensure that staff are both fully trained and performing effectively. Mrs Kingscott was asked to review the statistics and underlying position further for discussion at the next meeting of the Quality and Governance Committee.

AK

- Mr Paine noted that there had been no 'Complaints Received' which would suggest an error in terms of reporting. (To be corrected in the December report).
- The Board noted their approval of the new format for the A&E Clinical Quality Indicators.

### **The Board noted the Performance Report.**

**674.11**

### **Finance Report**

Mr Little presented the Finance Report for Month 6 (April to September 2011). He suggested that the Trust is in simple terms in a very similar position to the previous month as reflected within the key headlines:

- The cost of the impairment loss to the Trust associated with the capital costs of the Integrated Urgent Care Centre is £5,558k. After the impairment the year to-date technical deficit is £3,242k. This is fully understood by all parties.
- The year to-date slippage on savings achieved within the QIPP Programme is now £834k.
- Dr Reah noted that the last three months has seen the worst bank and agency figures over the last couple of years. Mr Little advised that unfunded beds, vacant nursing positions and the one to one nursing of patients all factor in to this situation and create a major financial pressure.
- Mr Lloyd referenced the statistics which demonstrate that savings are being made, but which are being given back to external agencies to provide staff at a premium rate. Mr Creswick endorsed Mr Lloyd's concern, suggesting the need for further analysis of the pattern and nature of demand and scope for staffing flexibility in order to achieve the right level of core employed nursing staff within the Trust. Mr Colclough accepted the importance of these issues and added that the financial challenge for the Trust is also driven by Length of Stay.

## Actions

- Mr Turner questioned the reserve which had been previously set aside within the budget, noting that this level of pressure is clearly above what had been budgeted. Mr Little confirmed that this was certainly the case.
- The Board noted the current forecast value of QIPP Plans for the year which has fallen to £3,757m following the removal of several larger schemes in September. Mr Little acknowledged the £2m-plus gap, but felt that with continued intensive effort by the two major operational Divisions and all other parts of the Trust, we would still be able to reduce this gap, but not significantly.

Mr Colclough added that the most important factor remains Length of Stay so that we can reach a position to close a ward and relieve the staffing and associated costs thereby. Statistics show that we are not performing as well as our peer groups in relation to Length of Stay, and therefore we need to work with our partners to improve on this position.

Mr Gallegos commented on the ongoing work with Social Services which may enable further improvement and permit the closure of a ward.

- Mr Little was pleased to advise the Board of £1m additional capital resource funding which has been secured by the Department of Health for the Energy Reduction Project, which is in line with the plan for the year.
- Mr Little advised that an outline of the 2012/2013 Budget Setting Process has been included within the report, which follows a similar process to that used last year.

In summarising, Mr Creswick expressed the hope that the Board could expect no surprises in the position now described, have confidence in the changes and progress being made and be confident about the realistic basis for budgeting for 2012/2013.

**The Board noted the Finance Report.**

675.11	<b>Annual Audit Letter</b>	<b><u>Actions</u></b>
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Mr Turner presented the Annual Audit Letter from the Audit Commission which summarises the key findings of their audit work for 2010/2011, and which had been presented and discussed at the Audit and Assurance Committee Meeting held on 28 September 2011.

**The Board noted the content of the Annual Audit Letter from the Audit Commission.**

676.11	<b>Board Committees' Exception Updates</b>
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**Audit and Assurance Committee**

Mr Turner extended his thanks to Dr Reah for deputising at the Audit and Assurance Committee Meeting held on 28 September 2011. There was no urgent matters to report from this meeting.

**Quality and Governance Committee**

Ms Ferguson provided the Board with an update following the Quality and Governance Seminar held on 21 October 2011, which had focussed on the Manchester Patient Safety Framework. As there had only been five people able to attend the Seminar, it was felt that the work had not yet been effectively endorsed by a suitably wide range of people.

It was therefore agreed to circulate conclusions drawn from the meeting to the Board for further comment, and for feedback to be channelled through the Quality and Governance Committee. Dr Reah added that as a pilot he considered this to be worth pursuing, with agreement for Mr Bramley and Mr Gallegos to undertake further work through their professional groups.

**BB**

**IB/NG**

**Finance Committee**

Mr Paine confirmed no further update, with 'Draft' Minutes of the Finance Committee Meeting held on 19 October 2011 to be circulated shortly.

**Remuneration and Terms of Service Committee**

Mr Creswick recorded the meeting of the Remuneration and Terms of Service Committee held on 19 October 2011, noting the Committee's formal agreement to the arrangements for the interim appointment of Mr Colclough and the Interim Appointments for the Chief Operating Officer and Director of Nursing.

## Actions

Following this meeting a decision had been taken to remove the term 'Interim' in job titles for the purposes of wider internal and external communication, whilst recognising its place in contractual matters and other formal contexts.

The Committee had also discussed the potential changes to Director portfolios with the progression of the Integration Project in the context of NHS policies for Directors and Very Senior Managers and "Agenda for Change".

### **677.11**

#### **Assurance Framework**

Mr Little extended his thanks to Ms Bishop for preparing the Assurance Framework Report in his absence.

The report had been previously taken to the Audit and Assurance Committee Meeting held on 28 September 2011. Three red risks are identified reflecting the increased levels of risk in achieving financial objectives. Action plans and performance management processes are in place to manage these risks, with details included within the Action Plan on Pages 27 and 28.

The link through to the Risk Register was also noted by the Board, with Mr Creswick commending Ms Bishop and Mr Little for the work undertaken.

**The Board noted the updated Assurance Framework.**

### **678.11**

#### **Key Learning Points from Exercise Diaspora**

Ms Bishop presented the Key Learning Points from Exercise Diaspora, a one day regional command post exercise, run by the Health Protection Agency and held on 6 September 2011.

The report details key evaluation outcomes including areas where good practice was identified. As always there are also lessons to be learnt, to which Ms Bishop made reference.

Mr Creswick asked how often this or a similar exercise is likely to be repeated, with Ms Bishop advising that an exercise on this scale is unlikely to take place for a few years, although there is expected to be an exercise of some scale early next year ahead of the Olympic Games. Ms Bishop stressed the need to ensure that our own plans are tested every three years, with five Business Continuity Exercises already undertaken thus far for this year. Dr Reah questioned the availability of any formal documentation following Exercise Diaspora, which Ms Bishop confirmed is awaited.

## Actions

Mr Creswick thanked Ms Bishop for the work undertaken, and extended thanks and congratulations to all those involved with the Exercise.

**679.11**

### **Any Other Business**

#### **Board Visit to The Barn and Drove Road**

On behalf of the Board, Mr Paine and Dr Reah had been very pleased to recently visit Children's Services at the Barn and Drove Road. Mr Creswick noted his regret that he had had to apologise to the staff involved because of the meeting on that day with the Strategic Health Authority.

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

**The Meeting concluded at 12.44 pm**

### **DATE OF NEXT MEETING**

**Tuesday 6 December 2011 at 10.00 am in the Board Room**