

Held on Wednesday 2 June 2010 at 10.00am
in the Academy Lecture Theatre

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 Mrs Sally Calverley	Mrs Lorene Read (v) Mrs Alison Kingscott Ms Bronwen Bishop (v) Dr Patricia Woodhead Mr Rob Little (v) Mrs Chris Bryant Mr Ian Bramley (v)
Apologies:	Ms Carolyn Moore, Mr Ian Turner, Mr Nick Gallegos, Mrs Margaret Blackmore, Ms Claire Leandro, Dr Paul Phillips	
In Attendance:	Mrs Sally Moores, Mrs Caroline Welch, Mrs Sue Palmer, Mr Mike Lyall, Mr Alan Richardson, Mr Stephen Buswell	

The Meeting commenced at 10.07am.

Actions

423.10 Declarations of Interest

There were no declarations of interest.

**424.10 Minutes and Matters Arising from the Meeting held on
Wednesday 5 May 2010**

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

Page 8 Minute 418.10 Finance Report – 4th bullet point to read: ‘Dr Reah raised a query regarding the variations between planned and actual income in certain specialities. This issue was recognised and is subject to further investigation **by Mr Rob Little**.

RL

Page 9 – last bullet point to read ‘Ms Ferguson requested that when the Performance Report is loaded onto the website, the dashboard is shown before the exception report **so that the data may be read in context**’.

Actions

It was agreed at the last meeting that an updated copy of the Minutes would be circulated to all Board members, but had only been circulated to Non-Executive Directors. A copy of the updated Minutes will be sent to the whole Board.

SP

Matters Arising

Minute reference 415.10 – Patient Safety Project

Mrs Read advised that Mr Ian Bramley will be taking over as the Lead on patient safety in Dr Woodhead's absence.

Dr Woodhead confirmed that work is being undertaken across the South West to ensure that the VTE Risk Assessment forms are compatible with the UNIFY software. The Trust is required to demonstrate compliance in its coding process by the end of July. A recent audit has shown an 85% compliance rate, and it was noted that 95% is required.

Dr Woodhead also advised the Board that the apparent data inconsistency with the hand hygiene compliance data was a statistical issue in the way the two sets of figures were calculated.

Minute 419.10 Performance Report

Mrs Bryant advised that the Performance Report had changed in terms of format to reflect the newly negotiated contract with the PCT and in line with national requirements.

Other points raised were currently being addressed and some were taking longer to address than initially thought. That would be rectified by next month.

Minute reference 420.10 – Annual Workforce Report

Discussion took place on Trust wide compliance on appraisals. Mr Creswick suggested that this issue and related workforce items might be discussed at a Board Seminar at a future date.

425.10

Schedule of Tracked Matters Arising

Mrs Kingscott advised the Board that the Estates Strategy would be discussed at the July Board Seminar, and a paper to the Board will be provided thereafter.

Actions

The Board noted that a paper on Quality Account will be coming to the Board in July, and the next Matron's Report on Falls was due for the August Board.

Discussion also took place around the Green Travel Plan. It was agreed that Mr Creswick and Mrs Palmer would look at including this issue in a future Board Seminar.

CC/SP

426.10 Topical Issues

Mrs Read updated the Board in relation to the following matters:

- Ms Carolyn Moore, the Director of Nursing, had resigned and would be working out her notice at the Strategic Health Authority. Mr Ian Bramley was currently Acting Director of Nursing.
- The Trust had been nominated once again by CHKS as being one of their top 40 Trusts (out of approximately 130) Dr Woodhead had recently attend the presentation dinner and a certificate had been received.
- Ashcombe were to host a 'Open Day' to raise their profile. The current Acting Head of Midwifery had done a great deal to raise the profile of the ward and it was important that the Board supported this day if possible.
- An 'Improvement Request' on tissue viability had been received from the Care Quality Commission. The Board noted that this had been expected as the Trust was non-compliant when it submitted its registration. The Trust has since submitted evidence to show compliance and Mrs Read will be meeting with the CQG later this month to discuss the registration process. It was noted that this meeting was part of the normal procedure of registration.

Discussion took place around the Coalition Government and what this would mean for the Trust. It was already apparent that more authority would be passed to GP's and that the current monthly infection control figures will now be published on a weekly basis. The Board noted the emphasis on the views of patients.

In the context of the Government's initial announcements, Mr Lyall asked Mrs Read whether she felt that the involvement of GP's and patients on Boards would create any new risks. Mrs Read responded that involving patients was a positive move and that it had always been

an NHS aim to actively involve patients appropriately.

Actions

Mr Creswick gave a verbal update to the Board during which it was noted that:

- A recent PCT Board Meeting had discussed the report on the safety concerns for vulnerable adults and concern had been expressed around the amount of time taken to finalise the report. The report had now been accepted by the PCT and Mr Creswick thanked Mr Bramley for all the work undertaken in this regard.
- LINK are to hold their annual event on 14 June in Winter Gardens, Weston-super-Mare, and this will be open to members of the public. It was agreed that Mrs Welch would publicise the event.
- The Strategic Health Authority had held a Board Seminar following completion of the Baseline Assessments in relation to the NHS Constitution and work would now be initiated to embed it in the Region's thinking and plans.

CW

The Board noted the verbal reports from the Chairman and Chief Executive.

427.10 Patient Safety Project Update

Dr Woodhead updated the Board on the progress made in the 10 months since the project had started, noting the following:

- There has been a region wide effort on patient safety and the Trust has undoubtedly benefited from the experience of others in the South West.
- A core part of the work has been learning to use the information to change the way things are done and not simply to hit targets.
- The Executive Team have been greatly involved in the safety walkabouts.
- The Patient Safety project is a 5 year programme of change.
- Systems are in place via the weekly Divisional Managers meetings held by Mrs Bryant to monitor the actions produced from the Patient Safety Walkabouts.

It was agreed that 30 minutes would be set aside at a Board Seminar for discussion of the actions, and that Mr Bramley would provide a brief review on the outstanding work.

IB

Mr Creswick thanked Dr Woodhead for all the work that had been done and for the momentum achieved.

Actions

Mrs Read confirmed that she would be following up the actions identified in the report as undelivered before the end of the day.

LR

The Board:

1. Noted the key importance of parameters within the Safety Programme that impact on the other organisational objectives of the Trust.
2. Recognised the importance of their role in leading from the front.
3. Noted that patient safety should be triangulated alongside all other information in making investment and strategic decisions.
4. Agreed that a Consultant be identified and supported to lead this programme with an Executive Lead during the second year so as to consolidate progress and commitment.

428.10

Care, Quality & Governance Committee – Minutes of Meeting held on 8 April 2010 and Summary Report of Meeting held on 13 May 2010

Dr Reah queried the results of the Information Governance Toolkit of 62% in 2009/2010 against 75% in 2008/2009 and 82% in 2007/2008. Mrs Read explained that the 62% was based on actual evidence and she was not prepared to declare a higher number without the supporting evidence of the work currently being undertaken on the ongoing programme of work. The programme was being monitored on a monthly basis and the Audit & Assurance Committee would receive an internal audit report in due course on the matter.

The Board noted that Mrs Calverley was working with Mrs Read to look at the structure and role of the committee and whether this was the correct way of trying to accommodate such a wide range of issues. There would be proposals coming to Board at a future date regarding the re-arrangements.

429.10

The Board noted the Minutes and update.

NHS Bristol – Head & Neck Cancer Services Review

Mrs Read advised the Board that the paper had been discussed at BNSSG and the decision had been taken to move the service to UHB. The Board noted that this would not impact greatly upon the Trust who received a visiting

service which would not change. The Inpatient service may change to UHB.

Actions

The Board:

- 1. Noted the progress made on the Head and Neck Service Review.**
- 2. Noted the decision of the Advisory Panel which met in Mid-May to recommend the location for the hub services, which will be considered by the Project Board, which will itself make a recommendation to PCT Boards in June for agreement.**

430.10 Cancer Reform Strategy Update

Mrs Sally Allen, Cancer Services Manager and Mrs Sue Littler, Lead Cancer Nurse presented the paper to the Board during which it was noted that:

- The Cancer Reform Strategy is a challenging agenda and requires a lot of investment.
- The newly structured cancer management group meets fortnightly and the cancers leads group meets on a monthly basis.
- There are issues with chemotherapy services across the country. A National Chemotherapy Services Advisory Group has produced a document and each Trust with an ED department has to comply with the recommendations within the document.
- Weston has audited neutropaenic sepsis, and there is clearly further work that can be done in this area.
- Actions require taking forward within Divisions, investment is required but will save lives and lead to service improvements for patients with cancer.
- A self assessed peer review process last year provided a 'clean sheet' and the Trust is meeting most of the standards.
- Psychological support for cancer patients is required and the Trust is struggling to obtain assistance with this from the PCT.

Discussion then took place regarding an action plan for the red and amber issues shown on the Cancer Reform Strategy Objectives, and how these would be taken forward. The Board requested assurance and feedback that plans were being progressed and that issues were being resolved.

Mr Creswick thanked Mrs Allen and Mrs Littler for the overview and congratulated them on their work.

Actions

The Board noted the progress of the implementation of the strategy.

431.10 Inpatient Survey 2009

Mr Bramley reported on the results of the Care Quality Commissions Survey of Inpatients based on the return of 447 returned questionnaires from patients who were inpatients in the Trust between June and August 2009. The following points were noted:

- The results need to be taken in the context of the improving results nationally.
- Whilst there were areas where the Trust scored in the bottom 20%, virtually every other score has gone up and there have been marked improvements in certain areas.
- There are some concerns where the results have shown a lack of confidence in the doctors and also where it was felt that there was not enough time to talk with families. Mr Bramley has discussed the results with Mr Gallegos and work is currently being undertaken around managing expectations.
- Similar results had been seen in an outpatients survey.
- The data is 6 months old and much work has been done with the Social Services and PCT in relation to discharge in the last 6 months.
- CQUINS will be addressing issues such as noise at night, discharge, medicines information and once agreement has been reached with the PCT on reporting arrangements, the data will be real time.
- The Trust has improved upon noise at night but there is still work to do. Work is being undertaken on the development on staff who work on night duties.

**The Board noted the report and the Trust's response.
Performance Report**

Mrs Bryant presented the Performance Report.

The Board noted the following points:

- The report has been changed to reflect the newly negotiated contract with the PCT.
- Missing data is likely to be that which is no longer reported on or which maybe reported on only quarterly or annually (and is marked as such on the report).
- Certain data is only available a month in arrears.

<ul style="list-style-type: none">▪ The consensus was that the print was too small and therefore illegible and that the descriptors have become less patient friendly and more contract orientated.▪ Mrs Bryant will circulate a list of the data that is no longer required to be reported upon.▪ The CQI/INS indicators will be added to the report next month which should then provide a definitive version of the document.	Actions
	CB

During discussion the Board noted that they would like to see the Divisions taking a greater responsibility on information resource issues. Mrs Bryant confirmed that the Directorates are now expected to provide this information. Mrs Bryant advised that the Exception Report was now written by the Divisions, giving the responsibility back to them and making them accountable and responsible for their performance.

Mrs Bryant advised that the next stage would be to provide each Division with their own version of the Performance Report to use at monthly meetings.

Discussion then took place regarding the lack of provision of admission and discharge information to GP's. Ms Bishop confirmed that these issues had been fed back into the organisation and that admission information should now be downloaded by IT and with GP surgeries within 24 hours of an admission. This would hopefully apply to discharge information within a short period of time.

The Board noted and discussed the contents of the report which detailed the Trust's performance against key national and local priorities and a range of internal quality performance metrics.

433.10

Finance Report

Mr Little presented the Finance Report during which the following was noted:

- Weekly performance meetings were being held with the Divisions, and plans were in place to address shortfalls.
- Divisions were managing their spending within budgets for the year.
- The Finance Department would be working with the Divisions throughout the year on the management of CRES plans and to avoid duplication with the wider Service Improvement Programme.
- There was confidence within the Trust that there would be a good SUS v SLAM reconciliation. The

April data had until 21 June to be reconciled.

- A bi-weekly Operational Delivery Meeting is now held with the PCT, which includes the Divisions who attend in relation to the managing of performance.

Actions

The Board noted the contents of the report.

434.10 Risk Update

Ms Bishop presented the Risk Management Update during which the following points were noted:

- The NPSA Investigator Training had been extremely well received and raised enthusiasm within the Trust.
- Electronic Risk Registers had been developed which could be viewed on a daily basis and therefore made it easier to track the Divisions and ensure that the registers were being updated in a timely manner.
- Upon request from Mr Paine, Ms Bishop will provide the number of those who attended the NPSA training.
- The Trust has achieved its target on statutory mandatory training and is now extending the range of training throughout the rest of the organisation to raise awareness at all levels of the processes and organisation tools to manage risk.
- It was suggested that it is explained in the Trust's introductory training why risk management is so relevant to patient safety.

BB

The Board noted the contents of the report.

435.10 Register of Sealed Documents

The Board noted that there had been one sealed document since the last report to Board on 5 May 2010.

The Board received and noted the report on the Register of Sealed Documents.

436.10 Any Other Business

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

The Meeting concluded at 1.05pm

DATE OF NEXT MEETING	<u>Actions</u>
Wednesday 7 July 2010 at 10.00am in the Academy Lecture Theatre	

Signed:.....
Mr C Creswick – Chairman

Dated.....