

# Meeting of the 'Open' Session of the Trust Board

Held on Tuesday 2 November 2010 at 10.00am in the Board Room

## 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)
<b>Apologies:</b>	Dr Paul Phillips, Mrs Margaret Blackmore	
<b>In Attendance:</b>	Mr Mike Lyall (Community Services Committee/NHS North Somerset), Mr S Buswell (LINK), Mrs Sally Moores, Mrs Caroline Welch, Mrs Sue Palmer	

**The Meeting commenced at 10.02am.** **Actions**

**486.10      Declarations of Interest**

There were no declarations of interest.

**487.10      Minutes and Matters Arising from the Meeting held on Tuesday 5 October 2010**

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

**Page 5 – 1<sup>st</sup> line of 1<sup>st</sup> paragraph** - The words ‘Mr Paine’ to be replaced with ‘Dr Reah’.

**Page 7, last paragraph to read:**

“Discussion took place regarding stroke thrombolysis training and Mrs Bryant confirmed that staff were currently being trained *however the Trust would only be likely to see 5/6 patients in the first year*”.

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## Actions

**Page 9 Minute 480.10 Finance Report – paragraph to be inserted after last bullet point to read:**

*“In discussion the Board recognised with concern the current pressures on finances and the challenges faced”.*

### **Matters Arising**

**Minute 473.10 – Minutes and Matters Arising from the meeting held on Tuesday 7 September 2010.**

**Minute 466.10 – Procurement Plan (Health Performance Data)**

A report is expected for the December meeting.

RL

**Minute 474.10 – Schedule of Tracked Matters Arising**

A schedule of business continuity and fire drill tests will be brought to the December Board, and all tests will be completed by the end of March 2011.

CB

It was agreed that there would be regular quarterly updates on Service Line Reporting, commencing February 2011.

RL

Further discussion took place during which it was noted that:

- It was suggested that only summaries of meetings, not minutes, were included in Board papers. Mr Creswick agreed to discuss the matter outside the Board meeting and welcomed comments from colleagues.
- Mr Turner and Mrs Calverley will agree a paper on the governance discussions embracing the revised Terms of Reference for the Care Quality Governance Committee and the relationship to audit. The paper will also include details of sub committees reporting arrangements.
- Mrs Read and Mr Creswick will circulate copies of documents in relation to the current DoH consultations to Board colleagues.

CC

IT/SC/AK

LR/CC

**488.10**

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

The issues had already been discussed under Matters Arising.

Mr Creswick and Mrs Read gave verbal updates on topical issues, during which it was noted that:

- Mr Creswick had attended a Strategic Health Authority session where Sir Ian Carruthers had explained the national and regional change picture.
- Mrs Read advised that the Trust had been advised that the document submitted to the Strategic Health Authority on 30 September had not adequately answered the question posed in relation to the clinical and financial sustainability of the Trust. The PCT and the Trust had been tasked to revisit the question and submit a revised and detailed response by the end of November detailing clinical models and the financial support that would be required to sustain them. The Task and Finish Group work is ongoing.
- Next Tuesday the Trust would be running a Clinical Strategy Workshop which would be led by an external clinical facilitator. It would aim to examine the sustainability issues and the position of the potential GP led local consortia in terms of clinical services required of the Trust..
- External resource from KMPG will be on site for 5 weeks looking in detail at financial issues and picking up some of the service line reporting work. They will also be working with the PCT on commissioning intentions and activity figures and putting together an overlapping organisational structure related to the clinical models.
- The final document will be no longer than 20 pages and it will not go over what has already been completed.
- Mr Creswick has to reply to the Secretary of State with views regarding the questions he has posed in relation to Foundation Trust status. It was confirmed that this letter will be seen and discussed by the Board before it is sent to meet the Secretary of State's deadline of 30 November.

Mr Lyall commented that the government information appears to favour the new NHS system being patient driven however meetings at the PCT and the Trust all seem to be discussing decisions being made 'from the top down'. Mr Creswick pointed out that whilst the proposals set out in the White Paper and related documents were clearly intended to drive fundamental policy and system changes sought by the Government, local debate as to how best to respond and change required patient and clinician engagement.

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## Actions

Discussion took place on the patient voice and Mrs Read advised that the Trust would engage with the public and patients at an appropriate time, when there were firm proposals for discussion.

Mrs Read advised the Board on a Patient Safety Visit where the feedback had been exceptionally positive. Similarly, the Trust had been very successful in the Learning Disabilities Review. The Board noted that some of the work which had been undertaken in the Trust had been identified as good practice and was being taken to other organisations. The situation in relation to the care of vulnerable adults and those with learning difficulties had been turned around in the last two years and is continuing to improve. Ms Ferguson asked that all concerned be thanked for their excellent work.

Mrs Read also advised that the Trust had received a Deanery visit to evaluate their performance as a medical training organisation. Despite the difficulties over the past twelve months, it had been a positive visit. There were actions to take and there will be another visit in six months time. All posts at junior doctor level have been filled for this year.

**The Board noted the verbal updates from the Chairman and Chief Executive.**

### **490.10 Clinical Quality Report**

Mr Gallegos presented the Clinical Quality Report and confirmed that the 111 'never events' reported were a national figure. The most frequent 'never event' was wrong site surgery, and it was noted that the learning from these cases needs to be re-launched every 18 months or so within the Trust.

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

### **Patient Safety First Update**

Mr Bramley presented the report on Patient Safety First Update.

Mr Paine queried the definition of "care bundles". Mr Bramley explained that the term referred to a grouping of seemingly unrelated things that could be done together to improve safety for patients.

Dr Reah queried the "Productive Operating Theatre" and Mrs Bryant, the Executive Lead for this project, confirmed that she would be bringing a Theatre Productivity Workshop to a Trust Board Seminar early in the New Year. The project had already had a very successful launch day which had highlighted work which was now being progressed.

Mr Paine gave an overview of the Patient Safety Review Day, which had been attended by the Strategic Health Authority. The Trust had been congratulated in many areas of patient safety and for the level of Board involvement.

**The Board noted the Patient Safety First Update.**

### **Infection Control Annual Report**

Mrs Helen Smart and Mr Martyn Case attended the meeting and Mr Bramley presented the Infection Control Annual Report. In discussion:

- Mr Creswick registered his thanks to colleagues for the progress which had been made and which was reflected in the work undertaken over the past year.
- Dr Reah queried figures of the hand hygiene audit, and was advised that these related to clinical staff only. Mr Case advised that observations show that visitors do use the antibacterial gel but usage was not measured formally.
- From 2 January 2011 other infections would be reported upon but it had not yet been confirmed which these would be. A significant amount of work will be required to put systems in place.
- Ms Ferguson asked that thanks be passed on to all staff involved in infection control work.
- The Board noted that a Consultant Microbiologist had started work with the Trust in September.
- Mr Turner was concerned about the risk of complacency in relation to infection control. Mrs Smart advised that there was an excellent team effort throughout the Trust, and teams were very proud of their results and she was confident that standards would not slip.
- There was concern in relation to the norovirus season which was just about to arrive and it was noted that there was a trial sanitiser station in the front of the hospital. Visitors were enthusiastic at all times in relation to hand disinfection, not just when there was an infection outbreak.

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## Actions

**Mr Case, Mrs Smart and Mr Lyall left the meeting at 11.45am.**

**The Board noted the contents of the Infection Control Annual Report.**

**491.10 Care, Quality Commission Registration**

Mr Creswick advised that the paper on Care Quality Commission Registration Process Update was purely for noting.

Mrs Kingscott agreed to provide further clarification and an up to date situation in relation to compliance in all areas at the December Board meeting.

AK

Mrs Kingscott agreed to send Mrs Calverley a map of the NHS LA Standards.

AK

**The Board noted the report on the Care Quality Commission Registration Process Update.**

**492.10 Care, Quality and Governance Committee – Approved Minutes of Meeting held on 9 September 2010 and Summary of Meeting held on 14 October 2010**

Mrs Calverley advised that the establishment of the Clinical Governance Committee was an ongoing process and it was hoped that the first meeting would take place in November in line with the reshaping of the Care Quality Governance Committee and other committees. An enormous amount of work had been done on the Integrated Governance Report and the Risk Register.

Mrs Kingscott confirmed that the Executive Team has been analysing the first draft of the Corporate Risk Register.

**The Board noted the Minutes of the Meeting held on 9 September 2010 and the Summary of the Meeting held on 14 October 2010.**

**493.10 Doctor Revalidation**

Mr Gallegos updated the Board in relation to the Doctor Revalidation process, during which it was noted that:

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## Actions

- The Coalition are to delay the introduction of the system for a year in order to pursue further consultation.
- Results are also awaited from pilot sites.
- If the system proceeds, it is likely to be a slow roll-out over 3 – 5 years.

**The Board noted the position.**

### **494.10 Integrated Urgent Care – Update**

**Mrs Kingscott presented the paper on the Integrated Urgent Care Centre Project Update.**

Mrs Kingscott provided an update on the project during which it was noted that:

- The project is going extremely well.
- There have been Non-Executive visits to the site, and stakeholders will be invited on site visits in the New Year.
- It was noted that the re-design of work processes on which the new build was justified is keeping pace with the development.
- Mrs Bryant advised that the new ED Operational Group Meetings had commenced.
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**The Board noted the report on the Integrated Urgent Care Centre Project Update.**

### **495.10 Workforce Report**

Mrs Kingscott presented the Human Resources Report – Workforce Profile during which it was noted that:

- Both Dr Reah and Mrs Calverley welcomed the increase in training compliance, however this was still below the target, and Dr Reah questioned a date when the Trust would hit the 85% target. Mrs Kingscott advised that it would be 85% by the end of March 2011.

Discussion took place in relation to the enforcement of statutory mandatory training and the potential for a “training passport” that would focus attention as the need to maintain current validity of training compliance for every individual in order to perform their duties.

**The Board noted the Human Resources Report – Workforce Profile.**

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## Actions

### **496.10**

#### **Clinical Excellence Awards – Policy Update**

Mrs Kingscott presented the report on Clinical Excellence Awards 2011 – Changes to Local Policy, during which it was noted that a decision had been taken by the Remuneration and Terms of Service Committee in the last week to follow national guidance in all aspects of policy.

**The Board noted the local changes to policy and endorsed the decision taken by the Remuneration and Terms of Service Committee.**

### **497.10**

#### **Finance Report**

Mr Little presented the Finance Report and noted the key points as follows:

- The Trust position for month 6 is that expenditure is £474k in excess of budget.
- The year to date position is that income is ahead of plan by £1,453k, whilst there is an over-spend against expenditure budgets of £1,324k.
- There is a risk of not achieving the planned surplus at year end as expenditure is currently overspending against budget and the commissioners have not agreed to fund the current level of contract over-performance which to month 6 is £1,114k.
- An impairment of £479k has been charged in month 6 following a recent valuation of the newly built Imaging Facility. This had led to the technical planned surplus of the Trust reducing from £3607k to £3110k.

Dr Reah queried the over-performance issue in relation to North Somerset PCT. Mr Little advised that he has asked the PCT whether a payment could be received for the over-performance with activity adjusted later in the year to compensate, but no response has been forthcoming. The Board noted that Somerset PCT had accepted the Trusts data.

The Board noted that the QIPP challenge will mean that judgments will be made on the competence of the Trust and if returns are based on disputed information then this should be made explicit. The NS Healthcare 2012 Project should enable to Trust to break the figures down further and the over-spend will be analysed and better understood in relation to activity.

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## Actions

Mr Paine expressed concern that the Trust had already exceeded the likely worst case scenario and stated that he could not believe the figures on that basis.

Mr Little explained that the figures still held for the year end position since specific decisions have yet to be taken which will impact on costs and produce benefits for the year end position, although he recognised the urgency and the scale of the challenge.

Dr Reah also expressed concern at the likely forecast and felt that the Trust should be more realistic and declare a revised outcome position.

Mrs Read advised that the Executive Team were discussing the year end position on Thursday and would share the information with the Board at a later date.

**Mr Buswell left the meeting at 12.55pm.**

The Board recognised that the previously recognised £2m risk was becoming a probability and therefore processes to reduce and mitigate should be taken as soon as possible.

Mrs Read and Mr Little will take the concerns forward and report back to the Board in December.

**LR/RL**

**The Board noted the contents of the Finance Report.**

### **498.10      Performance Report**

Mrs Bryant presented the Performance Report during which it was noted that:

- Correspondence had taken place between Dr Reah and Mrs Bryant in relation to the Glossary and further improvement on clarity and presentation.
- September had not been a good month and the Hospital had been under pressure.
- Some additional capacity had been opened however this had now been closed and it was hoped that the new measures put in place would keep the capacity closed since it was clearly undesirable to open and close beds.
- Diagnostic waits had been difficult due to the refurbishment process. Despite the fact that the work had been planned, there had still been a lack of capacity, however there was a plan in place to rectify the situation.

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	<u>Actions</u>
	<ul style="list-style-type: none"><li>▪ The Trust were working with the PCT to re-direct certain Choose and Book patients, where they were happy for this to happen.</li><li>▪ Mrs Bryant advised that a Notice under Contract had been served in relation to Stroke TIA. The Trust has responded and will get data to the PCT as requested. Mrs Bryant advised that the reporting system had not been as robust as had hoped, but the position had been identified and addressed.</li></ul>

**The Board noted the Performance Report.**

**499.10 Data Quality Report**

Mr Little presented the Data Quality Report and advised that the report had been produced by the Associate Director of IM&T, Tanya Beale. It also provided an update on IM&T which was very positive, however it was noted that there was still a lot of work to do.

Mr Turner advised that there would be a review of IM&T at the Audit & Assurance Committee on 8 December 2010 if anyone would like to attend.

**The Board noted the Data Quality Report.**

**500.10 Audit & Assurance**

Mr Turner presented the Minutes of the Audit & Assurance Committee Meeting held on 11 August 2010 and apologised for not providing a Summary of the Meeting held on 13 October 2010.

The Board noted the huge amount of ground that had been covered in the meeting and expressed thanks for the clarity of the minutes.

The Board noted the key points from the meetings as follows:

- Avon Audit Consortium is now merging and will become Audit South West. The procedures will be changing slightly but the organisation will still have the same personnel.
- The Audit Commission is one of the arms-length bodies that has been identified for closure by the Coalition's review. Statutorily the Trust needs to use them until the March 2011 year end.

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## Actions

- The organisation will still be capable of doing an external audit and it may be that they will exist until March 2012, however there is some doubt about this date.

### **2009/2010 Annual Audit Letter**

Ian Turner presented the Annual Audit Letter which summarised the key points from their audit, all of which have been reported to the Board previously.

The Board noted the current and future challenges noted on Page 3.

### **Assurance Framework**

Mr Little advised that a copy of the Assurance Framework had gone to the Audit & Assurance Committee and the typographical and shading issues had now been resolved. The comments from the Audit & Assurance Committee had been reviewed and the Executive Team had also reviewed twice. A copy of the Framework would be sent to all Board members.

### **501.10 Annual Accountable Officer's Report on Controlled Drugs**

Mr Bramley presented the Annual Accountable Officer's Report on Controlled Drugs during which the following points were noted:

- The Trust has excellent reactive processes around the management of controlled drugs.
- It is clear however that a more proactive process is required to ensure the safe management of controlled drugs.
- There is guidance available for the Accountable Officer and work will now take place to put in systems to better monitor the use of controlled drugs.

**The Board noted the report of the Annual Accountable Officer on Controlled Drugs.**

### **502.10 Register of Sealed Documents**

There has been one sealed document since the previous report to Board on 5 October 2010 in relation to Costain Limited for the Emergency Department Phase 4 Contract.

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Actions

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

**503.10 Any Other Business**

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

**The Meeting concluded at 13.40pm.**

**DATE OF NEXT MEETING**

**Tuesday 7 December at 10.00am in the Boardroom**

**DRAFT**