

**Held on Tuesday 3 May 2011 at 10.00am  
in the Boardroom**

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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 Grahame Paine Dr George Reah 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) Mr Eric Gatling
<b>Apologies:</b>	Dr Paul Phillips, Mr Ian Turner, Mrs Margaret Blackmore	
<b>In Attendance:</b>	Mr Mike Lyall (Community Services Committee/NHS North Somerset), Mr Stephen Buswell (LINK), Ms Claire Leandro (North Somerset Council) Mrs June Stephen, Mrs Sally Moores, Mrs Caroline Welch, Mrs Sue Palmer	

**The Meeting commenced at 1000.**

**Actions**

Mr Creswick welcomed the new Director of Emergency Services, Mr Eric Gatling.

**581.11      Declarations of Interest**

Ms Jude Ferguson and Dr George Reah declared an interest as Non-Executive Directors of Weston College.

**582.11      Minutes and Matters Arising from the Meeting held on  
Tuesday 5 April 2011**

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

**Page 12 – first bold paragraph to read:**

‘The Trust Board noted the verbal update provided in relation to the *Operational Business Plan*’.

**(2<sup>nd</sup> paragraph, 6<sup>th</sup> line) to read:**

...’Mr Paine expressed caution regarding the timelines detailed...’.

**3<sup>rd</sup> paragraph 4<sup>th</sup> line to read:**

... £4k has now been awarded by North Somerset Council to support funding for secured bicycle sheds’.

### **Matters Arising**

#### **Minute 571.11**

The Board noted that the Capital Plan (including DDA Compliance) was ‘work in progress’ with Mr Little.

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

Noted.

#### **584.11 Topical Issues**

Mrs Read updated the Board on topical issues during which the following points were noted:

- NHS Futures were running a road show in the South West, which was part of the re-consultation process around the reform agenda.
- The Trust was still in the contracting process with PCT’s.
- The move to the new ED was ‘near perfect’ and thanks were passed to Mrs Bryant, Mrs Kingscott and their teams for the smooth transition.
- There was no further news on the cluster appointments.

Mrs Blackmore registered a concern regarding the staffing levels in the new ED where she believed staffing issues had contributed to patients waiting over 5 hours.

Mrs Read acknowledged that there had been a one day operational problem and she requested specific details of those patients to whom Mrs Blackmore was referring so that problems could be investigated further.

**The Board noted the verbal update from the Chief Executive.**

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585.11	<b>Clinical Quality Report (including Matrons' Report and Ward Resources)</b>	<b><u>Actions</u></b>
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Mr Bramley presented the details of the Inpatient Survey and stated that the Trust were using RCN Best Practice for comparison purposes.

Discussion took place regarding the report and Mr Bramley agreed to circulate data on how the Trust had scored last year against this year, to highlight areas of improvement and enable initiatives to be prioritised.

**IB**

Mr Lyall advised the Board that he had heard a rumour that the Intensive Care facility was closing down and that patients would be sent on to Bristol after admittance. Mrs Read stated that this was not true and Mr Creswick suggested that a brief mention was made in WAHT Brief for the sake of clarity.

**CW**

Mr Paine raised a query regarding the skill mix of staff. Detailed discussion took place regarding the 60:40 ratio during which the following points were noted:

- The ratio had been established at 60:40 across the Trust as a whole, with acute wards being over 60:40 and non acute wards slightly less.
- The report showed that acute areas were adequately staffed. However other areas such as Steepholm and Kewstoke, required remedial action.
- The report did not analyse agency nursing skills however the Trust tried to ensure that all wards had an adequate mix of established nurses.
- The Trust is successfully recruiting into areas where there were vacancies.
- The Board noted that actions such as bringing in additional nursing care by way of healthcare assistants lowered the skill ratio figure, although of benefit to patients.
- It was agreed that other indicators should be analysed as well as the skill mix, such as complaints and falls, in assessing the overall safety of care.
- Mr Creswick requested a ward by ward list showing the staffing skill mix and the assessed overall acuity of patients.

**IB**

Mr Gallegos acknowledged that some colleagues felt that the nursing density was not as required due to issues such as no nurses being available to go on ward rounds and the subsequent communication breakdown. Mr Bramley confirmed that he was reporting back to the Clinical Governance Committee on this issue.

**The Board noted the Clinical Quality Report.****Patient Safety First Report**

Mr Bramley explained that a campaign had been running for two years with Ms Angela Lovell as the Project Manager, with many successes reported to the Board and with all current workstreams making progress. Ms Lovell's secondment was now at an end and the Trust would be asking Matrons to take over the day to day lead for patient safety and to integrate the work into all areas across the Trust. Matron Burch would be putting together an overview document on how this would be managed and governed.

The Board noted that the Trust were not withdrawing from the SHA Project, simply reformatting their approach.

In response to a query regarding patient safety meetings, Mr Bramley confirmed that these would be restarted as soon as the new arrangements were finalised.

**The Board noted the verbal report on the Patient Safety First Programme from the Director of Nursing.****Doctor Revalidation**

Mr Gallegos gave a brief update on the Doctor Revalidation process during which the following points were noted:

- The process was slow moving with a potential roll out of late 2012 onwards.
- The Trust is in the process of putting in place the required quality assurance processes to support the system. If the Trust has quality assured appraisals then it will be 90% of the way through the requirements.
- A pilot study has shown the original template to be burdensome and it has been adjusted.

**The Board noted the update on Doctors Revalidation from the Medical Director.****Quality Account**

Mr Bramley presented the report on the draft Quality Account, during which the following points were noted:

- The report had been to the Quality Governance Committee and was a first draft for consultation.

<ul style="list-style-type: none"> <li>▪ The Board are asked to approve the statement at the front of the report and the 5 priorities for 2011/12 listed in 2.1</li> <li>▪ The data in the report will be complete by the time the report is published.</li> </ul>	<b><u>Actions</u></b>
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RL

Ms Ferguson commented that a lot of work had been done on getting the coding accurate and she was surprised at the clinical coding error rates listed under 2.2.8 and asked that they be checked.

Mr Little explained that the text for clinical coding error rate was prescribed and could not be embellished but will look at the wording and results to see whether a line or two of explanation may be required to clarify that they were coding errors and not clinical errors.

**The Board approved the five priorities. It was agreed that comments and concerns on the statement and report would be fed back to Mr Bramley by the end of next week.**

### **Nursing Documentation Update**

Mr Bramley gave an update on nursing documentation, during which the following points were noted:

- Work is being carried out to comply with the Care Quality Commission requirements.
- Documents are being reviewed and refreshed to direct staff to care plans and will be appearing on the wards in the next week or so.
- An audit carried out a few weeks ago showed assessments up from 78% to 90%.
- Care planning was rated at 18% and the Trust had promised 90% by the end of June. However certain wards were scoring 100% and 80% and Mr Bramley was confident of significant progress.
- Ward Sisters have been asked to produce compliance action plans with milestones and they have been issued with forms on how to call staff to account for documentation lapses.
- Matron Parsons is working individually with Ward Sisters to ensure the target is reached by the end of June.

IB

Mr Bramley agreed to update the Board further in June.

**The Board noted the verbal report on Nursing Documentation from the Director of Nursing.**

**Mr Lyall and Mrs Steven left the meeting.**

Mr Little presented the Finance Report during which the following points were noted:

- The Trust had delivered the revised figures and key targets at the year end.
- Figures for the full 12 months will be brought to Board in due course.
- All figures were subject to final audit.
- The recruitment market for consultants remained challenging. However it was expected to ease as current trainees came through in about 24 months.
- The relevant budget has been increased to take a more realistic view of the staffing position however the cost of delivery will not change.
- Winter pressures accounted for the agency nursing costs increasing.
- Further nurses were being recruited to Bank, however it was noted that many nurses would not join Bank when they could go via agency for better remuneration.
- The Trust was looking to manage annual leave differently for nurses and other initiatives were being considered which it was hoped would have a favourable impact on staffing levels and costs.

Dr Reah queried whether the Trust was too dependant upon Bank and should have a greater establishment. Mrs Kingscott commented that it would be useful to see the bank figures split out between registered and unregistered. It was agreed that Finance and HR would discuss the matter further.

RL/AK

In response to a further query from Dr Reah, Mr Little agreed to circulate a copy of the debtors report to those Board members on the Audit Committee.

RL

The Board noted the better management of overall capacity of the hospital.

Mr Creswick thanked Mr Little for the outturn achieved, considering the recent difficult months, and the Board passed their thanks on to the operational teams for their hard work.

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

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

<ul style="list-style-type: none"> <li>▪ As this was the last report of the year the format had changed slightly to reflect the annual figures and highlight the good work that had taken place within the Trust.</li> <li>▪ It was acknowledged that there were ongoing issues within the A&amp;E department regarding performance and the recent bowel screening awareness campaign was causing increases in the two week wait as endoscopy were at capacity.</li> <li>▪ The Board noted that some patients chose not to attend in the allotted timeframe despite being given an appointment within target times.</li> <li>▪ Mrs Ferguson singled out the achievements from infection control as 'outstanding'.</li> <li>▪ It was agreed that a future Board Seminar would include the discharge process and medicines management.</li> </ul>	<b><u>Actions</u></b>
	<b>CC/SP</b>

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

**588.11 Annual Workforce Report**

Mrs Kingscott presented the Annual Workforce Report, during which the following points were noted:

- The increase in staff turnover, which was greater than the national average, was due to a number of fixed term contracts ending. Mrs Kingscott advised that the Trust had no concerns in any particular area in relation to staff turnover.
- Statutory Mandatory training compliance had increased. Mrs Kingscott confirmed that the annual target would be increased from 85% to 95% this year.
- Work was currently being undertaken on a system of 'training passport' which could be used across all NHS organisations.
- Recent feedback from a staff survey had indicated staff were aware of the information available but felt it could be better communicated.
- Workforce and QIPP discussions were being undertaken with the PCT and Ms Bishop was engaged with North Somerset Council looking at potential outcomes.

**The Board noted the Annual Workforce Report.**

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589.11	<b>Audit &amp; Assurance Committee – Summary of the Meeting held on 20 April 2011</b>	<b><u>Actions</u></b>
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Dr Reah gave a brief overview of the Audit and Assurance Committee which was held on 20 April 2011, during which the following points were noted:

- The Corporate Risk Register had been discussed with Mr Dave Thomas, and it was intended to look at the IT Department next.
- Useful conversations had taken place in relation to governance and controls with Mrs Kingscott.
- Only 63% of the Trust had completed the safeguarding adults training at the time of a recent audit.
- The Audit Committee had carried out a self assessment questionnaire. Dr Reah agreed to forward a copy to Mrs Read.
- An invitation was extended to all members of the Trust Board who wished to attend the next Audit and Assurance Committee Meeting when the final year end accounts would be considered in detail.

**GR**

Further discussion took place regarding the appropriateness of minutes and summaries from the various Trust Committees coming to Trust Board. Mr Creswick and Mrs Read will discuss the issue further and brief the Board at a future date.

**CC/LR**

**The Board noted the Summary of the Audit and Assurance Committee held on 20 April 2011.**

590.11	<b>Integrated Governance Strategy</b>
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Ms Bishop presented the paper on the Integrated Governance Strategy, during which the following points were noted:

- The first draft of the Strategy had been to the Quality and Governance Committee in March and again in April and the Committee were happy that the document captured the key strategic objectives and priorities for the future.
- Following presentation to the Audit and Assurance Committee, changes had been made to the appendix and the Board were now asked to ratify the document.
- Once approved, the Strategy would be shared with the committees within the internal governance structure ensuring staff were aware of how to deliver against Trust strategy.

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<u>Actions</u>	
<ul style="list-style-type: none"> <li>▪ Mrs Kingscott agreed to look at the word 'Integrated' in the title of the Governance Team as it was felt that 'Integrated Governance' was a national term with specific implications, not necessarily accurately reflecting Trust arrangements. It was suggested that the name of the internal team change if this was an issue.</li> <li>▪ The Board noted the comments from Ms Leandro regarding Learning Disabilities work, which reflected a need for a shared approach to issues of joint working and joint governance.</li> </ul>	AK

**591.11      Register of Sealed Documents**

There have been no sealed documents since the previous report to the Board on 5 April 2011.

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

**592.11      Any Other Business**

Mr Creswick thanked departing Non-Executive Director Mrs Sally Calverley for her service and wished her well for the future.

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

**The Meeting concluded at 1300.**

**DATE OF NEXT MEETING**

**Tuesday 7 June 2011 at 10.00am in the Boardroom**

Signed.....  
Mr C Creswick – Chairman

Dated.....