

**Held on Wednesday 4 August 2010 at
10.00am
in the Boardroom**

Minutes

Present:	Non-Executive Directors	Executive Directors (including Board members) (‘v’) denotes Voting Executive)
	Mr Chris Creswick (Chair) Mr Ian Turner Mr Grahame Paine Mrs Sally Calverley	Mrs Lorene Read (v) Mrs Alison Kingscott Ms Bronwen Bishop (v) Mr Nick Gallegos(v) Mrs Chris Bryant Mr Ian Bramley (v) Mr Rob Little (v)
Apologies:	Dr Paul Phillips, Mr Alan Richardson, Mr Mike Lyall, Dr George Reah, Ms Jude Ferguson	
In Attendance:	Mr Stephen Buswell (LINK), Ms Claire Leandro (North Somerset Council) Mrs Sally Moores, Mrs Caroline Welch, Mrs Sue Palmer, Mr Keith Pople and Ms Carolyn Roper (Finnamore)	

The Meeting commenced at 10.03am.

Actions

455.10 Declarations of Interest

There were no declarations of interest.

**456.10 Minutes and Matters Arising from the Meeting held on
Wednesday 7 July 2010**

Mr Paine advised the Board that he had not received a copy of the minutes from the last Board meeting until he arrived this morning. It was confirmed that papers had been sent out over a week previously and other colleagues confirmed that they had received these by e-mail. Mr Creswick advised colleagues to take a few minutes to read the minutes before he took comments.

Actions

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

Page 3 1st bullet point to read:

'It is expected that the Trust will receive an unannounced visit around any areas of concern resulting from the patient survey'.

Page 7 Minute 444.10 Quality Account, 2nd paragraph to read:

'Mrs Kingscott felt that the report would be useful as feedback to staff and will speak with Mrs Welch and Ms Bishop about providing a condensed version for circulation internally. Mrs Read suggested using the new communication notice boards around the Trust, as 25% of staff do not access their e-mail'.

Page 8 Minute 447.10 Finance Report

An action will be added to the Schedule of Tracked Matters Arising for a formal paper to be brought to the Board in September.

SP

2nd paragraph – 'Mrs Ferguson' should read 'Ms Ferguson'.

Mrs Sally Calverley expressed concern that the minutes from the previous meeting did not reflect two discussions which had taken place, one regarding specific concern over the financial situation and one regarding a chart showing completion of appraisals which was going to be prepared to see how far down the organisation they had penetrated.

Mr Creswick apologised and agreed that details of this concern be added to the minutes as an addendum.

Matters Arising from the Meeting held on Wednesday 7 July 2010

Minute Reference 438.10

An action will be added to the Schedule of Tracked Matters that the Data Quality Plan will be brought to the November Board meeting.

SP

Minute Reference 439.10

Mr Little will incorporate his proposals into the September

RL

457.10	<p>Finance Report. Schedule of Tracked Matters Arising</p>	<u>Actions</u>
	The Board noted that the Annual Report on Data Quality was discussed under Matters Arising, as above.	RL
Minute Reference 411.10		
	Mr Bramley advised that he was unsure of the benefit that would be gained from the time and work involved in the collection of data in relation to the third point.	IB
	Further discussion took place and it was agreed that Mr Bramley would look at the NHS Institute tools that identify average costs in relation to length of stay once they were available. It was further agreed that this action would be amended on the Schedule of Tracked Matters to reflect this decision.	SP
	Mr Bramley agreed to provide information on the impact on the length of stay in relation to falls with serious consequences only, since these were limited in number and some analysis would be possible.	IB
	Ms Bishop advised the Board that each Division is already provided with an indication of costs using NPSA figures.	
458.10	Topical Issues	
	White Paper	
	Mrs Read updated the Board in relation to the recently published White Paper, and reminded colleagues of the underpinning philosophy of 'no decision about me without me'.	
	The Trust had received consultation documents on Commissioning, Outcomes, Democratic Legitimacy, Arms Length Body Reviews and the Regulation of Providers.	
	Mr Ian Turner arrived at 10.33am.	
	Mrs Read advised that:	
	<ul style="list-style-type: none"> ▪ PCT's are to be disestablished in due course. The new NHS Commissioning Board will commission maternity services, as well as some other specialist services which is still seen as a high risk nationally from a litigation perspective, as well as some other specialist services. ▪ Many arms length bodies are to be removed, 	

including the NPSA, the HPA, the Appointments Commission and the NHS Institute.	<u>Actions</u>
<ul style="list-style-type: none"> ▪ A circular had been copied to Board colleagues from the Care Quality Commission advising that there would be no further annual health checks. ▪ The Outcomes documentation was complex and extensive and it would be brought to a Board Seminar for further discussion. Responses were not due until October but time may be required together as a Board to discuss and review. ▪ There was an error on page 2 of the update paper on 'The White Paper: Equity and Excellence: Liberating the NHS'. The 5th paragraph mentioned that the Trust would be working on transforming community services, which was not the case, this being a PCT matter. ▪ Feedback from the Stroke Service Review had been received, which showed that the Trust had done very well since last year. The Strategic Health Authority had given extremely positive feedback, and were particularly impressed with the rehabilitation services. A copy of the written report would be circulated to Board colleagues upon receipt. 	LR

Mr Creswick asked the Board to note that the North Somerset 2012 Project was now to be referred to as the North Somerset Healthcare 2012 Project.

Discussion then took place regarding the QIPP agenda and the reduction of beds in the system. The consultation period is now complete and Hutton Ward is being de-commissioned as a medical ward and will be re-commissioned as an orthopaedic ward. There will be no redundancies as staff are being redeployed. Mrs Kingscott advised that staff understood the redeployment process and the Trust were working jointly with NHS North Somerset on the matter.

Mr Buswell asked whether, if the number of beds was being reduced, this would bring a reduction in services or the capacity to provide services. Mrs Read explained that work has been carried out to ascertain whether the changes were sustainable, however confirmation could not be given until the Trust had managed the level of demand through the Winter months. There was no reduction in the level or scope of services provided; the reduction reflected the more productive use of beds.

Mr Gallegos gave some illustrations of capacity figures from CHKS data in relation to best practice and finished consultant episodes.

Actions

Mr Creswick reiterated that colleagues should be clear there was no target for bed reductions. Safe reduction in the length of stay, permitting better use of resources, was clearly the aim.

Ms Leandro asked about community feedback in this regard and Mrs Read advised that a newsletter was being created and that any points that the Council wished to raise could be included.

CW

The Board noted the updates from the Chairman and Chief Executive

459.10 Clinical Quality Report

Mr Creswick advised that the Clinical Quality report was for noting not discussion and thanked Mr Gallegos and Mr Bramley for the extremely informative explanation of Hospital Standardised Mortality Rates given to colleagues in the report.

During further discussion:

- Mr Paine enquired what action was being taken on wards which were not undertaking the required number of falls assessments. Mr Bramley advised all Matrons had 1:1's with the Sisters who performance managed this issue, and was confident that the falls assessments were increasing.
- Mrs Calverly asked whether the Trust would be responding to the 2010 Dr Foster Questionnaire, and Mrs Read confirmed that they would. Mr Creswick commented that the issue of a response after this year would be for discussion at a later date, and thanked Mr Gallegos and colleagues for taking ownership of the matter this year.
- Mr Creswick was encouraged by the decline in falls and the focus in relation to wards, and was interested to know whether there was any correlation between the number of falls by age band and wards. Mr Bramley advised that he had looked at falls by ward but there was no significant difference across the Trust, with a rate of 2 – 6 falls per ward a month being average.
- Mr Bramley confirmed he would investigate when the last noise audit had been carried out by Matrons.

IB

	<ul style="list-style-type: none">▪ Mrs Kingscott confirmed that dementia awareness had been built into the Induction Day and St Monica's Trust were providing a trainer to give a 2/3 day intensive dementia training course. The Trust would reciprocate by providing resuscitation training. There is a Matron lead for dementia and the Trust had excellent links with the Alzheimer's Society who also carried out training for the Trust.	<u>Actions</u>
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The Board noted the report from the Medical Director and the Acting Director of Nursing.

460.10 Dignity Champions' Report

Mr Bramley presented the Dignity Champions' Report and thanked Mrs Jayne Biddiscombe for all her hard work. The Board noted that a dignity video was now shown at induction to raise staff awareness.

In response to a query, Mr Bramley explained 'virtual compliance' in relation to single sex accommodation and Mrs Read reminded Board colleagues of the terms on which they had previously agreed the compliance statement.

Mrs Calverley noted that there had been 12 single sex accommodation breaches over the last 3 months and advised that it was incumbent upon the Board to raise this each month. Mr Bramley noted the comments and explained a root cause analysis was carried out for every breach and that staff worked hard to rectify the situation as soon as possible. Mrs Calverley suggested a personal letter be written to each patient involved in single sex breaches, apologising for the breach of their rights under the NHS Constitution. Mr Bramley will consider this, as patients already receive an informative leaflet. Mrs Bryant reminded colleagues that the most important factor was that the patient was in the correct place for their care requirements.

IB

The Board noted the contents of the Dignity Champion's Report.

461.10 Patient Safety First Update

Mr Bramley presented the Patient Safety First Report, during which it was noted that:

Actions

- Issues still remain unresolved in relation to the management of anticoagulation in the community and the hospital. More work is being undertaken to improve communications and reduce the number of pathways.
- Work is being undertaken to ensure medicines management is fully and effectively covered at the time of a patient's admission.
- Work is being carried out to look at pharmacy resources.

The Board noted the contents of the Patient Safety First Report.

462.10 Care, Quality and Governance Committee – Summary Report of meeting held on 8 July 2010

The Board discussed the Summary report during which it was noted that:

- The neonatal and stroke thrombolysis protocols have been agreed.
- Mrs Corinne Gower, the current PALS Manager is retiring shortly and had done a huge amount of excellent work for the Trust. Mr Creswick recorded his thanks. A new PALS Manager has been appointed.
- There are improved linkages between NHS bodies and local government. The Trust's Complaints Manager works closely with the PCT, Ambulance Trust and local councils. It was noted that it would be helpful if reports made reference to this fact where appropriate.

The Board noted the Summary Report from the meeting of the Care Quality Governance Committee held on 8 July 2010.

463.10 Integrated Governance Annual Report

Ms Bishop presented the Trust Annual Governance Report, during which it was noted that:

- The report, by Ms Bishop and Mr Barry Howarth is much improved from last year; in content and clarity.
- The type of incidents the Trust have asked to be reported have changed and data from this year will

	<u>Actions</u>
▪ Mrs Calverley requested that the number of incidents per 1,000 patients be provided. Mr Bramley to investigate.	IB
▪ ED receives the largest proportion of formal complaints, but has the highest patient numbers. Other Trusts do not analyse figures in the same way so the Trust is unable to benchmark, however their annual reports could be scrutinised upon publication for the incidents per head of patients. Mrs Blackmore, Ms Bishop and Mr Bramley to consider.	BB/IB
▪ Mr Gallegos would like to see complaints in ED by trend.	BB

The Board noted the contents of the Integrated Governance Annual Report.

Board colleagues noted an addendum to the Agenda item, the Good Governance Board Annual Review, which it was felt would provide a good 'reference point check list' for the Board as they work to understand their role in terms of governance and assurance.

The matter will be discussed further at the September Board seminar, after which it is hoped to produce a document to be used for self-assessment purposes next year.

The Board confirmed they were happy to take the matter forward on this basis.

464.10 Finance Report

12.05 Ms Claire Leandro left the meeting.

Mr Rob Little presented the Finance Report and explained the key points, during which it was noted that:

- For the 3rd month in a row the Trust has continued to deliver on CRES.
- There is still concern in relation to payment due from PCTs in relation to over-performance.
- There have been intensive budgetary and CRES discussions with all Divisions throughout the month. Action plans are in place but probably do not go far enough.
- A Workshop had been held yesterday with Divisions and Management which had resulted in innovative ideas which would be considered further at a second Workshop to be held next week.

<ul style="list-style-type: none"> ▪ Whilst commissioners are not indicating that they will pay for over-performance, the Trust will continue to bill upon actual performance. ▪ Mr Little has been in conversation with commissioners for 2 months striving to obtain agreement on a joint plan for the year to deliver within activity. ▪ Mr Little confirmed that the activity figures were robust ▪ Mr Paine was uncomfortable that the Trust was on track to meet CRES savings, as at month 3 there was still no recurrent CRES. ▪ In response to a query from Mr Turner, Mr Little confirmed that both the Strategic Health Authority and the PCT were aware of the financial risks in relation to CRES. 	<u>Actions</u>
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Mr Creswick suggested that the Board returned to the issue in the Closed session.

Mr Paine requested that the Trust retain regular communications with both the Strategic Health Authority and the PCT on the matter.

The Board noted the contents of the Finance Report.

Proposal for Finance Committee

Mr Creswick suggested that the Board agree to take the proposal forward in principle, with the detail to be agreed at a future date.

The Board agreed to accept the paper as it stood and carry it forward as something to explore in the context of the wider strategy of the governance review.

465.10 Performance Report

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

- The large majority of the matrix is now populated with data.
- Mr Turner thanked Mrs Bryant for obtaining the discharge data.
- The Trust were examining the shortfalls in the discharge process in relation to discharge letters and a workaround to enable details to be sent the same day to GP's.

<ul style="list-style-type: none"> ▪ It is not currently a priority in the Cerner Millennium program to get discharge summaries into an e-mailable format, however a technician is coming to see Mr Gallegos to discuss whether this facility can be introduced since it would clearly be in line with GPs' expectations of improvement. ▪ Appraisal actions plans are in place and there is a great focus on moving this forward. ▪ HR staff are supporting the Divisions and Mrs Kingscott hoped for an 85% compliance rate by the end of December 2010. ▪ Mrs Kingscott is discussing appraisal compliance with larger Trusts who have a 90% compliance rate to see whether there were ways to improve the Trusts compliance figures. ▪ Work was currently underway to improve the stroke figures, however the Board noted that patients were not compromised by spending time on EAU as they were still looked after by a Stroke Nurse ▪ Mr Creswick suggested that the Board started to monitor issues which could lead to a breach of the NHS Constitution and Mrs Kingscott and Mrs Bryant will discuss colour coding the Performance Report so that these issues were easily identifiable. 	<u>Actions</u>
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AK/CB

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.

466.10

Annual Review of Register of Interests

Mrs Kingscott presented the Annual Review of Register of Interests and noted that the Associate Directors had been omitted.

The Board noted the Register of Interests for the Board and Senior Management Team Members.

467.10

Register of Sealed Documents

There have been no sealed documents since the previous report to the Board on 7 July 2010.

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

Mrs Read advised colleagues in relation to two important documents which she suggested they read:

- Letter from Strategic Health Authority – Report of the Airedale Inquiry
- NHS Bristol – Pathology Review – Briefing for Acute Trust Boards

Interested colleagues should request copies from Mrs Sue Palmer.

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

The Meeting concluded at 13.07pm.

DATE OF NEXT MEETING

Tuesday 7 September 2010 at 10.00am in the Boardroom

Signed.....
Mr C Creswick - Chairman

Dated.....