

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

Held on Tuesday 4 October 2011 at 10.00 am 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 Roger Lloyd Mr Grahame Paine Dr George Reah	Mr Peter Colclough (v) Mr Ian Bramley (v) Mrs Chris Bryant Mr Nick Gallegos (v) Mr Eric Gatling Mr Rob Little (v) Mrs Alison Kingscott Ms Bronwen Bishop (v)

**Apologies:** Mr Ian Turner, Mrs Caroline Welch

**In Attendance:** Mr Stephen Buswell (LINK), Mr Chris Willan, Mr Tom Wright (Weston Mercury), Mrs Catherine Pike

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

### 652.11 Declarations of Interest

There were no declarations of interest.

### 653.11 Minutes and Matters Arising from the Meeting held on Tuesday 6 September 2011

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

#### Page 5, Minute 640.11 – Clinical Quality Report (including Quarterly Patient Experience Report)

Words to be replaced within the fifth paragraph now reading: Mr Buswell noted the comment “improvement in the care and management of patients who present with challenging behaviour would significantly reduce noise at night”, suggesting that this is not the only contributing factor and that it would be helpful clarification to add the words “*and that environmental factors contributing to the problem had been addressed*”.

Mr Bramley acknowledged Mr Buswell's experience of this issue first hand, adding that there is still

work to be undertaken in understanding the management of behaviour and the connections between noise problems, behaviour and the environment.

**Page 9, Minute 644.11 - Performance Report**

Words to be replaced within the fifth paragraph, now reading: Mr Little confirmed that the Quarter 1 Performance Review Meetings have now taken place, following which there is confidence that 95% of *the four hour target* in the Emergency Department will be delivered.

**Page 12, Minute 650.11 – Finance Committee – Terms of Reference**

Words to be replaced within the first paragraph now reading: *After incorporation of the* further amendment below, the Terms of Reference for the Finance Committee were formally approved.

**Matters Arising**

**Minute 643.11 – Annual Complaints Report**

Mrs Kingscott confirmed that work on the focus on attitude of staff to patients in the Trust's induction is ongoing.

**Minute 644.11 – Performance Report – Exercise Diaspora**

Ms Bishop made reference to "Exercise Diaspora", the mass casualty exercise in which the Trust participated. Ms Bishop confirmed that a full report will be presented at the next Board meeting in November.

BB

**Minute 649.11 – Board Committees' Exception Updates**

Mr Creswick confirmed that following discussions the situation is largely unchanged. In terms of Board Committee Chairs, Mr Turner will continue to chair Audit and Assurance Committee, Mr Paine will continue to chair Finance Committee and Ms Ferguson has agreed to continue to chair the Quality and Governance Committee. Mr Lloyd has agreed to join the Audit and Assurance, Remuneration and Quality and Governance Committees, which will reinforce arrangements and ease concerns over quoracy.

Mr Creswick was delighted to announce that the Treasurer of the League of Friends, Mr John Bennett, has agreed to join the Charitable Funds Board, joining the Trust's Directors in their capacity as Corporate Trustee. Mr Bennett is an accountant with very useful skills and experience in relation to the League's work and the wider context of charitable activity. His arrival gives the Trust the opportunity to have an even closer relationship with the League of Friends, building on the work of recent years. Mr Creswick recorded his thanks to the Chair of the League, Mrs Stephen, and Mr Bennett, for their prompt and positive response.

**The Board noted and endorsed the position of Mr Bennett as a member of the Charitable Funds Committee.**

**654.11**

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

**The Board noted the Schedule of Tracked Matters Arising for October 2011, November 2011 and April/May 2012.**

### **Dignity Champions' Update (gowns)**

Mr Bramley provided a brief update on the Dignity Champions issue regarding patient gowns. Mr Bramley confirmed that ladies' gowns had been sourced. The sourcing of female pyjamas is problematic and samples are going to the Dignity Group to review. The pyjamas need to meet certain technical requirements. Mr Buswell advised that a similar trial is being carried out at Bristol and suggested that the Trust contacts them. Mr Bramley confirmed that this had already taken place.

### **Patient Experience Update (Data Sample)**

Mr Bramley provided an update on the work that has been carried out to review the September data, this should now ensure that the Trust has consistent reporting.

**655.11**

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

Mr Colclough advised that a series of internal meetings have been arranged to update staff on next steps for the Trust. A meeting has also been arranged with the Local Authority, Primary Care Trust, Social Enterprise and the Strategic Health Authority together with the key GP clinical commissioning representatives, to ensure top level sign up for the development of an integrated system of health and social care.

Mr Colclough provided an update on the management changes due to take place in the next couple of months. He expressed his thanks to both Mr Gatling and Mrs Bryant for their hard work so far and for what they will do in future months. Mr Colclough also congratulated Mr Bramley on his new post as Deputy Director of Nursing at Royal Devon and Exeter NHS Trust.

Mr Creswick also formally thanked both Mr Gatling who had worked so hard for the implementation of the new CCT and progress in the Emergency Department, noting the impact this work has had through the rest of the Hospital, and Mr Bramley, whose work on Patient Safety has had a major impact on the Trust's position in critical areas of performance.

**656.11 Topical Issues**

Mr Creswick advised that he had recently attended two Annual General Meetings. The first (North Somerset Primary Care Trust), was well attended and in her presentation the Chief Executive of the Bristol Cluster, speaking for the Primary Care Trust, had noted that securing the future of Weston General Hospital was a priority for the Primary Care Trust. The work of Mr Gallegos and colleagues with the GP Commissioners was also noted as having helped to move relationships between primary care and secondary care, Primary Care Trust and Trust, forward. The second was the Great Western Ambulance Service NHS Trust's Annual General Meeting. The Trust have asked for expressions of interest in partnership as they have concluded that they cannot meet Foundation Trust status in spite of all the operational progress they have made in the last 18 months. They have only received one expression of interest to-date, from South West Ambulance Service. Mr Creswick had taken the opportunity to thank Great Western Ambulance Service NHS Trust for its help in improving the Ambulance Turnaround position and during the Urgent Care Centre build.

Mr Creswick made reference to the recent Cancer Day that was held at the Academy. He felt that anyone who attended the event would have been impressed by the range and quality of the contributions. The Trust has clearly made much progress with services and it was felt that this improvement reflected engagement of the Consultant body and the response of the wider community.

657.11

**Clinical Quality Report**

**Actions**

Mr Bramley presented the Clinical Quality Report, highlighting two issues. An Early Warning Trigger Tool (EWTT) with a related set of nursing metrics focused on care has been introduced, designed to identify any need to provide additional support to wards. Discussions took place around the detail of the EWTT and its linked nursing metrics. It was felt that the tools would be helpful in providing a clear picture of how the wards were performing.

Concerns were raised about the use of 'Temporary Staffing' and discussions around the use of temporary staffing, vacancies and the recruitment process took place.

Mr Creswick, whilst encouraged by the EWTT and metrics, raised concerns about whether they will adequately capture concerns around the human dimensions of care. He cited, anonymously, a recent complaint letter that drew attention to a series of alleged incidents that perhaps reflected the current national debate around the culture of care. Mr Bramley confirmed that this focus on care in the widest sense was included in the Matron's role and that if wards show that they are not hitting the indicators this could indicate that care is being compromised.

**It was agreed that an exception report will be provided to the Board on a monthly basis.**

**IB**

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

658.11

**Research and Development Operational Capability Statement**

Mr Gallegos gave a brief update on the Research and Development Operational Capability statement. A stock take of the Trust's capacity and ability to undertake Research and Development has been carried out. R&D attracts funding from NIHR and it also enables patients to go through trials and access treatments that they may otherwise not be able to. It remains viable across the spectrum of research and there is a wide portfolio.

The suggestion of another Research Day was put forward. It was felt that the last event was illuminating. Research activity can be directly beneficial for the patients involved but it also has the virtue of attracting staff in terms of developing their interests and expertise. Ms Ferguson recognised these benefits, but stressed that there is a need to ensure all R&D is aligned with the Trust's priorities and to ensure that the Trust obtains the best possible value.

**The Board noted and ratified the Capability Statement.**

**659.11      Performance Report**

Mr Gatling presented the Performance Report, during which the following points were noted:

- 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 was a number of patients with a shorter length of stay which impacts on the statistics.
- An action plan for ED has been pulled together and a number of the actions have been put in place and have come to fruition. Early indications show that for September the four hour targets hit 96%, for Quarter 2 95.5% and year to-date 94%. This weekend was exceptionally busy across the region, with Great Western Ambulance Service NHS Trust having its busiest day on record. The situation has improved today although it is thought that it will take a few more days for the Trust to get back to normal.
- The unplanned re-attendance rate figures looked encouraging, particularly as they are based on a national yard stick, and they show the Trust has a very low re-attendance rate against the national standard. This should be a reflection of high quality work on first attendance. Work is ongoing on alternative ways of reviewing the small number of patients who do need to come back to ED for review.

Mr Little requested an update from Mr Bramley on the national increase of CDiff that has been detailed in the news recently. Mr Bramley provided an overview of the current position of the Trust and advised that there has been an increase in reported cases recently due to a change in the tests now being used. The tests are now much more sensitive than previously which could be a contributing factor. This is obviously good news for patients, but the Trust needs to be more vigilant and focussed in isolating patients more quickly.

Dr Reah raised concerns around the data quality in relation to pressure ulcers. There was some confusion as to how a patient can have 0.7 of a pressure ulcer.

Mr Bramley advised that the data is showing movement in pressure ulcers. Some years ago the Trust had to deal with a lot of serious pressure ulcers but with the continued work of recent years the Trust now sees mainly Grade 1 pressure ulcers. Work continues to reduce the risk and better preventative measures have been put in place. Discussions took place around the prevalence of patients who come into hospital with pre-existing pressure ulcers. Mr Bramley confirmed that the plan is still to see a month on month reduction in hospital acquired pressure ulcers.

**The Board noted the Performance Report.**

**660.11 Finance Report**

Mr Little provided the Finance Report for Month 5 (April to August 2011), with the Trust reporting a year to date surplus of £1,781k.

During the course of discussion, the following points were noted:

- Pay expenditure overall was higher than budgeted with an overspend of £186k in August. Bed pressures and capacity issues have resulted in unplanned beds being open, with a cost of £104k in nurse staffing.
- Non-pay expenditure is disappointing, with £232k in excess of budgets for the month of August, driven by drugs, blood and clinical supplies, particularly in Theatres.
- Fixed asset impairment – next month's figures will include new values for the assets of the new builds. There will be significant impairment and a change to our expenditure, this will mean the Trust will go from a surplus to a deficit, Mr Little advised that the details will be taken to the Finance Committee on 19 October 2011 for information.
- The Trust's QIPP Savings Programme delivered £236k in August, increasing the savings in the first five months to £647k. Currently there is a potential gap of £2m, but mitigation plans are being pulled together to overcome the gap. There are a number of schemes that are due to make significant savings during the latter part of the year.

**The Board noted the Finance Report.**

**Audit and Assurance Committee**

- IT had a high number of action points and have made considerable progress in dealing with them. The team have managed to reduce the action points from approximately 100 down to 30-40 points.
- Kevin Henderson from the Audit Commission has moved after several years dealing with the Trust and we have a new Account Manager. This will only be a temporary post as the Audit Commission will be going out to tender for our work in a year's time.
- Mr Little advised that there is now a Health Informatics Strategy for the next three years. Collaboration with partners is underway in order to understand how systems will be replaced. There is a need to understand where the Trust is and where the Trust needs to be. This will be brought back via the Committee in due course.

RL/IT

**Quality and Governance Committee**

- Making progress on the inherited actions.
- A number of new committees are being set up, Chairs have been agreed and meeting attendance is generally improving.
- There was a request that the Board approve Terms of Reference for all committees that report in to the Quality and Governance Committee.
- Key discussions were around Physician's Assistants and their ability to supply medication, further work is being carried out looking at this issue.
- Ms Ferguson advised that some time was needed to review the Manchester Patient Safety Framework and that all Non-Executive Directors will be invited to attend a forthcoming seminar-style meeting.
- Ms Ferguson highlighted that Ms Bishop and her team had done a really good piece of work on outcomes and the integration into patient safety walkarounds. The results are starting to come through and we are moving forward with a really strong and positive framework.

Mr Creswick expressed his thanks to Audit and Assurance and Quality and Governance for the clarity around where they are and what is needed. A great deal of progress has clearly been made.

Mr Creswick asked that the two reports of earlier Committee Meetings be taken as read.

**662.11 CQC Compliance Update**

Ms Bishop presented the CQC Compliance Update. During the course of discussion the following points were noted:

- Following the visit from the Care Quality Commission to Drove Road, the report on each service confirms compliance against each of the assessed standards with no concerns identified.
- To strengthen the compliance assurance process Ms Bishop has introduced an in-house observational assessment/verification process. The initial implementation is on a pilot basis and responses are already being received.

Mr Creswick thanked Ms Bishop and the team for their hard work and hoped that the current standard would be sustained.

**The Board noted the CQC Compliance Update.**

**663.11 Corporate Red Risk Register – August**

Ms Bishop presented the Corporate Risk Register Report for August, during which the following points were noted:

- Mr Gallegos reported that Dr Srivastava has agreed to chair the Drugs and Therapeutics Committee.
- Discussions took place around the corporate risk register, its framework and the linking of the two, which will continue to develop.

Mr Creswick drew attention to the work that had been done and was encouraged by how far the Trust has moved with the risk register in the last couple of years.

**The Board noted the Corporate Red Risk Register for August.**

664.11	<b>Register of Seals – Quarterly Report and Annual Review</b>	<u>Actions</u>
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There have been no sealed documents since the previous report to Board on 5 July 2011.

There has been one sealed document between 1 October since the previous report to Board on 5 July 2011 in relation to Costain Limited for the Emergency Department Phase 4 Contract.

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

665.11	<b>Any Other Business</b>
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Dr Reah raised concerns around the Board meeting dates for next year. There are issues around the dates in June due to the additional bank holiday, this will affect both the June Board meeting and the Audit and Assurance Committee Meeting. Mr Creswick assured the Board that he would pick this issue up with Mrs Fisher on her return from leave.

CC

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

**The Meeting concluded at 12.57 pm**

**DATE OF NEXT MEETING**

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