

Meeting of the 'Open' Session of the Trust Board

Held on Tuesday 5 April 2011 at 10.00 am
in the Board Room

Minutes

Present:	Non Executive Directors	Executive Directors (including Board Members) (‘v’) denotes Voting Executive
	Mr Grahame Paine (Vice Chair) Mrs Sally Calverley Ms Jude Ferguson Mr Ian Turner	Mrs Lorene Read (v) Ms Bronwen Bishop (v) Mr Ian Bramley (v) Mrs Chris Bryant Mrs Alison Kingscott Mr Rob Little (v)
Apologies:	Mr Chris Creswick, Mr Nick Gallegos, Dr George Reah, Ms Claire Leandro, Mr Mike Lyall, Dr Paul Phillips	
In Attendance:	Mrs Margaret Blackmore (Crossroads), Mr Stephen Buswell (LINKs), Mrs Julie Fisher, Mrs Caroline Welch, Mrs Sue Palmer	

The Meeting commenced at 10.00am.

Actions

561.11 **Declarations of Interest**

There were no declarations of interest.

562.11 **Minutes and Matters Arising from the Meeting held on Tuesday 1 March 2011**

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

Apologies

To include Mr Buswell's apologies, which had been previously tendered.

538.11 – Patient Safety First Update

The SBAR Progress Update Report had not been included formally as an action arising.

549.11 – Clinical Quality Report

Actions

9th Paragraph/2nd Bullet Point starting ‘In response to a query to be amended to read ‘on the agenda for the Clinical Governance Committee’.

555.11 – Audit and Assurance – Approved Minutes of Audit and Assurance Committee Meeting Held on 8 December 2010 and Summary of Meeting Held on 16 February 2011

3rd Bullet Point/1st Sentence to be amended to read ‘It is unclear as to how long *the Audit Commission* will ...’ 2nd Sentence to be amended to read ‘Their value for money conclusion will be based *primarily* on CRES’.

4th Bullet Point – additional sentence to be added ‘*There are however, actions to improve data quality which will be rigorously followed up*’.

5th Bullet Point starting ‘The Trust is ... to be amended to read ‘elements of ALE where a *continued* focus is required’.

553.11 – Performance Report

1st Paragraph/2nd Sentence to be amended to read ‘Mrs Read advised the Board that in *January* last year ...’

Table of Matters Arising

549.11 – Clinical Quality Report

The ‘Draft’ Integrated Governance Strategy had been discussed, with a few amendments made. The agreed Strategy will now be circulated to sub-committees for cascading amongst colleagues. Details would also be formally taken to the next meeting of the Audit and Assurance Committee. Further circulation of the Integrated Governance Report will take place once the next version is available.

AK/IT

549.11 – Patient Safety First Update

Mr Bramley confirmed that the Patient Safety Group would be reconvened with revised Terms of Reference. This issue had also been raised at the Quality and Governance Committee Meeting.

563.11	Schedule of Tracked Matters Arising	<u>Actions</u>
	<p>It was agreed that the Stakeholder Engagement Communication Strategy, and specifically a GP Audit, would be included within the Schedule of Tracked Matters Arising (Item 550.11 refers).</p>	SP
564.11	Topical Issues	
	<p>Mrs Read was delighted to advise the Trust Board of the recent appointment of a Consultant in Child and Adolescent Mental Health Services Psychiatry.</p>	
	<p>Mrs Bryant provided an update to the Trust Board following a recent Peer Review of the WISH Centre and an Annual Medicines and Healthcare Products Regulatory Agency (MHRA) Audit, both of which had been well represented, with very positive feedback being received. Mr Paine, on behalf of the Trust Board, asked that congratulations be passed to those involved, and with details to be included by way of a communication within the organisation.</p>	CB/CW
565.11	Patient Safety Review Action Plan	
	<p>Mr Bramley presented the Patient Safety Review Action Plan, advising that most of the 13 recommendations for areas of improvement, have now been addressed, with work either completed or ongoing, and furthermore with recommendations referenced to the QIPP Programme. Focusing specifically on individual recommendations, Mr Bramley made the following comments:</p>	
	<ul style="list-style-type: none"> • Recommendation R6 – Informal benchmarking has been undertaken, and our trends are very similar to the national average. In terms of numbers of complaints being received (based on trending against last year), these are reducing. 	
	<p>Although both the Complaints and PALS Departments work closely together, PALS incidents are recorded separately. Mrs Calverley asked that future reports are updated to reflect the new Governance Structure.</p>	IB
	<ul style="list-style-type: none"> • Recommendation R10 – A summary of the Patient Safety Focus Groups had been appended to the Board Report. Ms Ferguson asked whether the touch pads needed to help us achieve our Patient Experience work, had ever been ordered, to which Mr Bramley acknowledged confirming that these had not been purchased in view of an issue around their use by Volunteers. 	

	<u>Actions</u>
This had been coupled with a delay in respect of IT resourcing. Mr Bramley agreed to revisit this issue.	IB

- Recommendation R13 – An IT solution should be in place by the middle of April 2011.

Mrs Read asked that consideration be given to moving SUI Reporting into the 'Open' Session of the Trust Board, as we should have sufficient and robust processes in place and thus enabling us to feel confident to do so. This was acknowledged, with Mr Bramley advising that as our reported numbers are so small, we could potentially run the risk of linking specific details back to patients. Mrs Read asked that the Quality and Governance Committee discuss this issue further, with a recommendation to be made to the Trust Board. This was agreed by Mrs Calverley as Chair of the Committee, who also asked that advice from Mrs Palmer is sought.

IB/SC/SP

Mr Paine eluded to Recommendation R8 and the reference to 'ensure that benchmarking activity on care of vulnerable adults is established and reported', asking how as a Trust we can demonstrate that we are doing the right thing. Mr Bramley responded with three key points:

- As part of the Quality and Governance structure, discussion has taken place in respect of a Safeguarding Committee, which would include Vulnerable Adults.
- A great deal of work has been undertaken in relation to learning disabilities, with mention made to the Review undertaken by the South West Strategic Health Authority last year, for which good progress was reported.
- The Trust is also regularly monitored by the Safeguarding Board.

Mrs Read commented that we do need to be mindful of how the term 'benchmarking' is used. Mr Bramley felt that we do comply, although accepted that further work is required, with agreement to raise further at the inaugural meeting of the Safeguarding Committee, which is likely to be at the end of June.

IB

Mr Paine drew reference to Recommendation R4 and the request to 'review the methodology employed by Directors in their Executive Walkabouts'. Mr Bramley explained that the methodology has recently been reviewed with the introduction of a different reporting template.

Actions

The current timetable is also under review, along with the restructuring of leadership around Patient Safety at Executive level, which will integrate all the various aspects of Patient Safety, including the leadership walkarounds.

Mrs Calverley mentioned a recent Non Executive Director training event which she had attended, and which would concur that this Trust does complete a high number of leadership walkarounds compared with other organisations. The Board recognised the need to progress the scheduling of walkarounds in view of recent apologies/cancellations.

The Board noted the content of the Patient Safety Review Action Plan, thanking Mr Bramley for his input.

566.11

Care Quality Commission Registration Report

Mrs Kingscott presented the Care Quality Commission Registration Report which provides feedback following the visit by the Care Quality Commission in January 2011. The Trust was assessed against sixteen outcomes (applicable to us) and the report identifies improvement actions required in three of them. An Action Plan has been produced which Mr Bramley is leading on. The Trust has confirmed compliance by June 2011 with the Care Quality Commission.

Mr Paine commented on Outcome 21 'People's personal records, including medical records, should be accurate and kept safe and confidential', which has been discussed at a previous Trust Board Meeting, and asked whether we are confident on improvements being made. Mr Bramley acknowledged that our nursing documentation has improved, which has been further enhanced by Documentation Champions. An audit will shortly be repeated, which is expected to show a significant increase in the number of nursing documents which now contain care plans.

Mr Bramley to update the R8 Action Log to ensure that it fully reflects the work being undertaken with regard to care of vulnerable adults.

IB

Mr Buswell questioned the wording of the bullet points (as detailed on Page 1 of the Providers Report). Mr Bramley confirmed that patients ability to consent based on their capability will be assessed on each occasion care is to be delivered.

The Trust Board noted the Care Quality Commission Registration Report and Action Plan.

567.11 2010 Staff Survey Results

Mrs Kingscott presented a report on 2010 Staff Survey Results.

The report recognises the areas in which performance has improved since the 2009 results. As in previous years this year's survey has been analysed and incorporated into an action plan designed to target improvements on those areas identified as a concern by our staff. The action plan will be continually monitored through the Staff Experience Group and through Action Plan Review Meetings with each of the Assigned Leads.

One area of noted concern is attendance at training sessions, and in particular Statutory Mandatory Training, where staff are pulled from attending at short notice in order to provide cover within their areas of work. Discussion ensued, accepting that we do need to have mechanisms in place to ensure that staff can (and do) attend training, with a suggestion for certain training to be provided within the work area. Mrs Kingscott made reference to E-Learning, which has been used more by staff this year, although accepting that this facility currently does not include clinical training.

Reference was drawn to the percentage of staff reporting experience of violence from patients and/or relatives in the last 12 months. Mrs Bryant advised that our figures often reflect issues relating to patients experiencing confusion whilst in hospital. This was generally accepted, although Mr Buswell stressed the importance to be mindful of these patients needs.

Mr Bramley advised the Board of training which had been undertaken earlier in the year for our night staff, and additionally with the ongoing support with our Security Team.

Bullying and harassment from staff was noted as an equal concern, and which does remain consistently high. Mrs Kingscott advised that a survey is to be rerun through the Health and Wellbeing Experience Groups, in order to validate and understand this problem. Mrs Read expressed the need for this to be handled sensitively and in so doing understanding the definition of bullying and harassment, as individuals have different perceptions.

		<u>Actions</u>
	Mrs Kingscott further advised that a number of mechanisms are currently in place to address this issue, with reference made to the Trust Policies, Harassment Advisors and the Employee Assistance Service, both of which offer confidential advice.	
	It was acknowledged that take up for these services is low, accepting that a relaunch may prove valuable.	AK
	Mr Paine was disappointed to note that the Trust is performing in the bottom 20% of all Trusts relating to the reporting of errors, near misses or witness incidents, and questioned what the top Trusts are doing differently to us. Mrs Kingscott acknowledged this disappointment, for which the Governance Team are investigating further. Mr Paine asked that Mr Prosser be invited to attend and provide a further update to the April meeting of the Audit and Assurance Committee, which was acknowledged.	AK(LP)
	The Trust Board noted the 2010 Staff Survey Results, paying thanks to both Mrs Kingscott and Ms Hanson. Furthermore the Board welcomed a further update on the outcome of this survey in due course.	AK
568.11	Equality Delivery System	
	Mr Bramley presented a paper on the Equality Delivery System, which is an initiative from the Department of Health and is referenced within the Operating Framework.	
	Mr Bramley alluded to the key headings within the report, which does focus on many of our Care Quality Commission outcomes, and with mention made to the work undertaken by the Trust's Equality and Diversity Group. Discussion followed, focusing on inclusion of this framework as part of a monitoring process, to be reviewed either by the Trust Board or a sub-committee of. It was agreed that an action plan would be produced, to be monitored locally, with review to the Trust Board.	
	The Trust Board noted and agreed to adopt the Equality and Delivery System, with further review in September 2011.	IB
569.11	Finance Report	
	Mr Little presented the Finance Report to Month 11 (April 2010 to February 2011), highlighting the following key points:	

Actions

- The Trust has delivered the highest level of savings, resulting in a non-pay underspend, before CRES under-achievement, of £7k in February.
- Both Medical Agency expenditure and Nursing Agency expenditure have increased in month, with an increase in activity for both day cases and ED attendances. The remainder of activity in volume terms, remains broadly flat.
- The forecast for the year of a £2.11m forecast surplus, after taking into account the budgetary pressures for the year, is still likely to be achieved.

Mr Turner commended Mr Little and the Team for their work. Discussion focused on the increase in Nurse Agency and Bank Costs and the management of this.

Mrs Bryant acknowledged the detail within Table 1b, which will now start to show signs of improvement with the closure of some of the additional capacity. Mrs Bryant commented on plans to consider different types of contracts for staff, in order to retain and strengthen our workforce. Mr Bramley added that we would also be embarking on an analysis of our agency usage.

Similar discussion was raised in relation to Medical Agency staff, for which Mrs Bryant commented on the challenges faced by this Trust in recruiting to Consultant posts, and in particular to a Consultant Grade in Emergency Care. It is hoped that our new Urgent Care Centre will now prove to be an exciting opportunity for recruitment.

Mr Paine raised a query in relation to the Tracker of Performance for CRES Schemes Over £15k (as detailed on Page 18), and the 'Reduction of Operating Lists x 3 Weeks', which has been given a 'Red' rating. Mr Little advised that this saving will be delivered as Theatres will have reduced activity for three individual weeks.

Mrs Bryant added that the times have been managed not to compromise patient care, and during these times staff will also elect to take annual leave, eg half term.

Reference was drawn to the Analysis of Aged Debt as at 28 February 2011 which has increased over the last month. Mr Little provided further detail to the Trust Board, accepting that there remains room for improvement.

In concluding, Mr Turner felt it useful to remind the Trust Board of the timetable in relation to the Annual Accounts:

Actions

- Draft Accounts will be sent to the Department of Health on 21 April 2011;
- The Annual Accounts will be presented at the Audit and Assurance Committee Meeting to be held on Monday 6 June 2011;
- The Annual Accounts will be approved at the Trust Board Meeting to be held on Tuesday 7 June 2011.

Mr Turner, as Chair of the Audit and Assurance Committee, welcomed any Executive or Non Executive Directors to join the Audit and Assurance Committee Meeting on Monday 6 June 2011, if they so wished. It was noted that the Chief Executive would also need to be present.

The Trust Board noted the content of the Finance Report.

570.11 Budget 2011/2012

Mr Little presented the 2011/2012 Budget, which is the result of significant work and engagement with the Divisions. Mr Little talked through the process which has been followed, resulting in a QIPP Savings Programme of £6,017k. The key major risks to the Plan were noted, with detail in relation to income levels from the Primary Care Trust to be worked through.

Reference was drawn to the various tables outlined within the paper, and in addition Mr Little tabled graphs pertaining to the Day Case Unit, Elective In Patients and Emergency Department and Out Patient Attendances, apologising that details had not be included within the report.

Mr Paine commented on the helpfulness of the Budget Session held for Non Executive Directors on Friday 25 March 2011.

Focus moved to our Contract Activity. In order for the Trust to meet its targets for 2011/2012, we must finalise and sign the standard NHS Acute Contract with our Host Commissioner and Associate Commissioners. Although there is obviously still a lot of work to be achieved, concentration remains on the successful delivery of the savings.

The Trust Board noted and approved the 2011/2012 Revenue, Capital and Cash Budgets.

571.11	Capital Plan (including DDA Compliance)	<u>Actions</u>
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Mr Little provided an update on the plans for the year ended 31 March 2011, which shows a significant investment in a number of areas, leading to much improved facilities and equipment for the benefit of patients and staff.

The Capital Plan for 2011/2012 is summarised within Mr Little's report, which gives some flexibility to allow for facilitation of change within the current NHS climate. Mr Little advised that a bid has recently been made to the Department of Health for additional funding, with further details to be shared with the Trust Board in due course.

RL

The Trust Board noted progress on the Capital Plan for 2010/2011 and agreed the budget for the 2011/2012 Plan.

572.11	Finance Committee – Terms of Reference
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Mr Little apologised for the lateness in circulating a paper to Approve the Terms of Reference of the New Finance Committee, as a Formal Sub-Committee of the Trust Board.

Three changes were duly noted:

- Membership of the Committee has been changed to comprise of at least three Non Executive Directors and three Executive Directors;
- The Committee shall meet at least four times a year;
- A sentence has been included within 'Authority' which reads 'The Committee is authorised by the Board to investigate any activity *and make recommendations to the Trust Board...*'

Mr Little confirmed that the first meeting of the new Committee would be held on Wednesday 20 April 2011 commencing at 10.30 am in the Board Room, and prior to the Audit and Assurance Committee Meeting. The thrust of this first meeting will be to review the QIPP Plan.

The Trust Board approved and formally accepted the Terms of Reference of the Finance Committee.

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

Actions

- Mr Paine was reassured to note the performance within the Trust over the past month, paying thanks to the Team.
- The Trust achieved a year end position of 95% against the 4 Hour Maximum Wait in A&E.
- Ambulance Delays remain of concern, although this appears to be a general issue within the region. Despite the ongoing pressures, the Trust was able to achieve the target, which demonstrates the improvements made to our internal procedures and systems.
- Mrs Bryant explained the problems being faced by emergency demand, drawing reference to a recent visit to the Bath Royal United Hospital to look at how their emergency flow is managed. Work is now underway with other external partners to build upon what has been learnt from the Bath visit, and to address and improve the management of our resources.
- Norovirus remains very active across the local health economy which has impacted on capacity within the Trust.
- The increase in 'Hospital Acquired Pressure Ulcer Prevalence' in February was noted with concern. Mr Bramley explained the steps being taken to address and investigate these incidents.

The Trust Board noted the contents of the Performance Report, thanking Mrs Bryant for the detail provided.

574.11

Operational Business Plan 2011/2012

Ms Bishop provided a verbal update in respect of the Operational Business Plan for 2011/2012, the strategy for which is predicated on four key areas of focus:

- Improving performance to best in class wherever possible and appropriate so ensuring the highest standards of care for patients and high levels of productivity and efficiency.
- Delivering financial turnaround by aligning capacity with demand, rigorous cost control and exploiting opportunities to increase market share where it is appropriate and cost effective to do so.
- Developing the reputation of Trust services and the organisation, with a particular focus on building positive and productive partnerships with emergency commissioners and those organisations where improved efficiency, effectiveness, economy, resilience and clinical service sustainability will result from partnership working.

Actions

- Managing the required change processes to ensure delivery of agreed objectives.

In addition, the plan simplifies wording of existing strategic objectives to ensure absolute clarity of intent and ensures that corporate objectives are aligned with national objectives for the NHS.

The Trust Board noted the verbal update provided in relation to the Capital Business Plan for 2011/2012.

575.11 Integrated Urgent Care Update

Mrs Bryant provided a verbal update in respect of the new Integrated Urgent Care Centre, during which the following points were noted:

- Plans for the recent remain on track.
- There have been considerable discussions with our partners around the model of care for the 'front of house', best using the resources available. As a result of these discussions, a Clinical Navigator (Registered Nurse) will now be available to stream patients to the most appropriate care setting, thus ensuring that patients are seen and directed quickly.
- Mrs Bryant explained the work of the Collaborative Care Team, whose remit is to ensure that only appropriate patients are treated, and that those patients are then discharged in a supportive way and back in to a suitable care setting.
- Referencing back to the Collaborative Care Team, Mrs Blackmore expressed her concern that there has been no formal discharge policy, resulting in elderly patients being discharged at inappropriate times. Mrs Bryant noted this concern, agreeing to take forward as an action.

CB

In concluding, Mr Paine advised that members of the Trust Board would be visiting the new Urgent Care Centre after the end of the Board Meeting.

The Trust Board noted the verbal update provided by Mrs Bryant in relation to the Integrated Urgent Care Centre.

576.11 Estates Strategy

Mrs Kingscott presented a summary document of the Estates Strategy, which has been previously discussed and commented upon.

Actions

The document captures the essence of the Estates Strategy, whilst clearly identifying the vision for the estate and the drivers for change, as well as the operational estate plans for the next five years. Mrs Kingscott added that the document does align with the QIPP Programme, and includes an indicative footprint of our existing estate.

Mr Paine asked members of the Trust Board to note the summary document, recognising the long journey which the Estates Strategy had taken thus far. Members of the Board found the document to be extremely helpful.

Discussion ensued with Ms Ferguson welcoming the opportunity to see business plans behind each aspect of the summary, although not wishing to be presented with a larger document. This was acknowledged.

With the Trust Board noting the contents of the summary, Mrs Read proposed a move for formal approval of the Estates Strategy Summary Plan, which was agreed. In addition, the Board wished to thank both Mrs Kingscott and Ms Bishop for the work undertaken by them.

577.11 Green Travel Action Plan – Update

Mrs Kingscott presented the Green Travel Action Plan which serves to update the Board on progress made on Green Travel initiatives within the Trust. Outputs from the Action Plan have also been shared with the Senior Transport Policy Officer at North Somerset Council, who has expressed support.

Mrs Calverley drew reference to a previous question raised at a Trust Board Meeting pertaining to the level of buses routed to the Hospital, for which Mrs Kingscott confirmed that detail relating to public transport, both to and from the site, has been included within the plan. Mr Paine raised caution to the timelines detailed, suggesting that these would need to be readjusted in light of the progress being made.

AK

Ms Ferguson asked for an update following an application made to the Charitable Funds Board for funding to improve bicycle facilities. Mrs Kingscott confirmed that funding of £4k has now been agreed for secured bicycle sheds.

The Trust Board noted the actions and progress made on Green Travel at Weston Area Health NHS Trust, and welcomed a further update in 6 months. Thanks were passed to Mrs Kingscott.

AK/SP

578.11	Audit and Assurance Committee – Revised Terms of Reference	<u>Actions</u>
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Mr Turner presented the revised Terms of Reference for the Audit and Assurance Committee, asking that these are now formally approved by the Trust Board.

A previous comment had been raised in relation to quoracy, which should be in line with the Finance Committee. This was, however, felt to be difficult to achieve and the quorum has been set at two members.

The Trust Board approved the Revised Terms of Reference for the Audit and Assurance Committee.

579.11 Register of Sealed Documents

There have been no sealed documents since the previous report to the Trust Board on 1 March 2011.

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

Mr Creswick joined the meeting at 12.10 pm.

580.11 Any Other Business

Memory Clinic

Mr Buswell had heard that the Memory Clinic will in future be run by the Avon and Wiltshire Mental Health Partnership NHS Trust, and asked for clarification of this. Mrs Bryant responded that the service will cease being provided by the Trust, however in terms of location, discussions remain ongoing. NHS North Somerset have decided to commission the service elsewhere.

Renal Unit

On behalf of patients of the Renal Unit, Mrs Blackmore raised a concern relating to the temperature of the building which is the result of doors and windows being left open. Mrs Blackmore acknowledged that the Unit is not run by this Trust, however requested some advice on how this could be addressed. Mr Bramley agreed to take this issue forward, and would report back to the Trust Board at the May meeting.

IB

Hospital Clinic Receptionist Named Apprentice of the Year	<u>Actions</u>
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Mr Turner was delighted to read that a Receptionist working in the WISH Centre here at the Trust, has recently been named South West Apprentice of the Year at an NHS Awards Ceremony in Taunton. The Trust Board were equally pleased to note this achievement.

The Meeting concluded at 12.35 pm

DATE OF NEXT MEETING

Tuesday 3 May 2011 at 10.00 am in the Board Room

Signed.....
Mr C Creswick – Chairman

Dated.....