

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

Held on Tuesday 6 September 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 Grahame Paine Dr George Reah Mr Ian Turner	Mr Peter Colclough (v) Mr Ian Bramley (v) Mrs Chris Bryant Mr Nick Gallegos (v) Mr Eric Gatling Mr Rob Little (v)
<b>Apologies:</b>	Ms Bronwen Bishop, Mrs Alison Kingscott, Mr Roger Lloyd, Mr Mike Lyall, Mrs Caroline Welch	
<b>In Attendance:</b>	Mrs Margaret Blackmore (Crossroads), Mrs Sue Blackmore, Mr Stephen Buswell (LINK), Mrs Julie Fisher, Mrs Sue Palmer	

**The Meeting commenced at 10.01 am** **Actions**

Mr Creswick welcomed Mr Peter Colclough, appointed as Interim Chief Executive for Weston Area Health NHS Trust from 1 September 2011, to his first Board Meeting.

Mr Creswick wished also to mention that Dr Paul Phillips, a Non Executive Director of NHS North Somerset, had written to indicate that with the ending of his appointment as the Primary Care Trust Cluster comes into being, he will no longer be attending the Trust's meetings on the Primary Care Trust's behalf. A letter has been sent to Dr Phillips thanking him for the contribution which he has made to Board Meetings over recent years and his wider support for the Trust's development.

### 636.11 **Declarations of Interest**

There were no declarations of interest.

637.11	<b>Minutes and Matters Arising from the Meeting held on Tuesday 2 August 2011</b>	<u>Actions</u>
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The minutes were agreed as a correct record subject to the following amendment:

**Page 2, Minute 623.11 – Matters Arising from the Meeting Held on Tuesday 5 July 2011 (Minute 598.11 – Patient Safety Report)**

Word to be replaced within the first paragraph now reading “Mrs Kingscott provided further clarification regarding circulation of Volunteer Voices, advising that under the Data Protection Act, permission would need to be sought *from* every person named ...”

**Matters Arising**

**Minute 626.11 – Clinical Quality Report (to include Dignity Champions’ Annual Report)**

Mr Bramley confirmed that a further update will be reported at the November meeting of the Trust Board. IB/SP

Mr Bramley also advised that a supplier will be meeting with the Dignity and Care Working Group this week to discuss the issue of providing different gowns for female patients. A further update will be provided to the Trust Board in October 2011.

IB/SP

**Minute 633.11 – Board Committees’ Exception Updates (Quality and Governance Committee)**

The Board were advised that Mr Bramley and Mr Colclough would be meeting to discuss the draft report and SUI data to be presented, ahead of the Quality and Governance Committee Meeting. IB/PC

From an assurance perspective, Dr Reah felt that it would be helpful to identify any outstanding specific actions which have arisen previously pertaining to NHS North Somerset that require to be brought to the attention of the newly formed Cluster. Mr Creswick recognised the risks of a changing situation and suggested that Mr Colclough addresses further with the Executive Team.

PC

**638.11 Schedule of Tracked Matters Arising**

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

Mr Creswick once again welcomed Mrs Fisher and a colleague from the Uphill Village Society, advising that Board colleagues would recall the car parking concerns previously raised and the actions taken immediately following the last Trust Board Meeting.

Mrs Fisher addressed the Trust Board, expressing thanks for the efforts made but stating that the situation has not yet changed and making particular reference to the disruption for bus routes and the extra difficulties now caused by school runs resuming after the summer holidays.

Mr Creswick thanked Mrs Fisher, making reference to the problems shown on the Uphill Village Society website and to individual colleagues who had been into the village to see the position for themselves.

Mr Creswick advised that letters had been sent to North Somerset Council and the Avon and Somerset Constabulary, which have been followed up by a recent discussion with Inspector Hughes who has given assurance that the local PC has been briefed on the situation, although she was uncertain as to whether any parking penalty notices had been issued.

Acknowledging the ongoing difficulties being experienced, Mr Creswick advised that reminders and notifications will continue to be circulated to Trust staff. He pointed out that the Trust has no direct powers to address off-site parking, the very modest level of charges on-site, and the availability of spaces. He suggested that it would be useful to meet with members of the Uphill Village Society in a few month's time to review progress in a meeting organised for that purpose, rather than a Trust Board Meeting. This was agreed by Mrs Fisher.

Mr Creswick assured Mrs Fisher that the issue is being taken very seriously, and once again thanked her and her colleague for attending.

### **Mrs Fisher and colleague left the meeting.**

Mr Buswell addressed the Trust Board asking for a view on the future of a "general hospital" following Mr Andrew Lansley's recent comments regarding hospital closures. Mr Creswick said that over many months the Trust has been in close consultation with the South West Strategic Health Authority, Primary Care Trust and the local Council, and more recently with the BNSSG Cluster regarding the future role and sustainability of the Trust and its services.

## Actions

There is a general consensus that there will continue to be a hospital in Weston offering emergency services and a range of other services linked increasingly closely to community and primary services and social care provisions. Work in relation to the Trust's financial situation is still very much work in progress. Mr Colclough added that we need to define the way in which the Hospital reshapes itself and keep the change process to move ahead.

Mr Creswick made reference to the communication recently received from South Western Ambulance Service NHS Foundation Trust, who have expressed an interest in partnering Great Western Ambulance Service NHS Trust since Great Western is no longer pursuing its own independent NHS Foundation Trust application.

Mr Creswick and Mr Gatling had attended the recent Health Overview and Scrutiny Panel Meeting, at which a joint Progress Report on Reablement and Improving Discharge from Hospital had been very well received. Ms Jeanette George had also provided a verbal update on the current position of NHS North Somerset.

Mr Creswick drew attention to the Trust's Annual General Meeting to be held on Monday 19 September 2011, listing the confirmed attendees to-date.

Mr Little made reference to the Counter Fraud Briefing for NHS Employees on the Bribery Act, which came into force on 1 July 2011 and reforms criminal law to provide a new scheme of bribery offences. Details had been circulated to all staff on 2 September 2011.

### **640.11 Clinical Quality Report (including Quarterly Patient Experience Report)**

Mr Bramley presented the Clinical Quality Report, highlighting two key issues.

### **Care Quality Commission Visits**

Three recent assessments have recently been undertaken by the Care Quality Commission, the latest of which was a planned review of Children's Services at Drove Road, for which formal feedback is awaited.

## Actions

The Hospital had received an unannounced visit and subsequent planned visit to review the three outcomes where moderate concerns had been raised in January 2011. Significant improvements in the clinical documentation and the recording of consent decisions had been noted, following which the Trust has now received formal notification of compliancy with all 16 outcomes.

Mr Creswick asked that, on behalf of the Trust Board, a note of thanks is passed to all staff involved, recognising the major effort made to establish these essential practices.

### **Quarterly Patient Experience Report**

Mr Bramley apologised for the limited sample of data included within his report, advising that work is very much ongoing and further detail would be provided at the October Trust Board Meeting.

**IB/SP**

Concern was raised in relation to the graph for Pain Management which would indicate that more patients appear to be experiencing pain. Mr Bramley advised that a Working Group has been tasked to develop an auditable improvement plan to be in place by the end of September.

Mr Turner questioned the inclusion of Graphs 16 and 17, which Mr Bramley acknowledged, advising that all questions are facilitated by Trust Volunteers. They can be asked at any point during a patients stay. In relation to these two particular questions, Mr Bramley felt that it was the wrong time to be asking patients to comment and this information should not be captured within the survey. He would feed this back into the process.

The Trust Board were encouraged by the high level of satisfaction received in relation to Same Sex Accommodation and Nutrition.

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 environmental factors contributing to the problem had been addressed. Mr Bramley acknowledged Mr Buswell's experience of this issue at 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.

## Actions

Mr Creswick commended Mr Bramley and colleagues for the progress made, suggesting that we are now at a level where we can be reasonably confident of in terms of those areas to be monitored and the independence of the way the survey is administered. Mr Colclough concurred adding that the data provided is good and certainly puts Weston on a par with other Trusts in his experience.

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

**641.11**

### **Patient Safety Review Action Plan**

Mr Bramley presented the Patient Safety Review Action Plan, asking that reference to Appendix A, as shown on Page 8, be removed.

The Board noted a number of positive outcomes included within the report. It was agreed that Mr Bramley, Mrs Sue Blackmore and Mr Paine would meet separately to decide on an objective summary to be taken forward. This would be returned to the Trust Board in November 2011.

**IB/(SB)/  
GP/SP**

Drawing attention to Recommendation R12, the Board were advised that a piece of software due to be in place following the LC01 upgrade is proving challenging in terms of the production of discharge letters. Mr Little added that BT are seeking to correct this issue which is dependent on a maintenance release in October 2011.

Further points raised during the course of discussion included:

- Recommendation R10 – Ms Ferguson requested that the findings of the second Staff Patient Safety Survey are reviewed by the Quality and Governance Committee in November 2011.
- Recommendation R3 would suggest that very little progress has been made in terms of Pharmacy reconfiguration. The Board noted a piece of work which Ms Bishop is leading, along with the confirmation of a new Chair for the Drugs and Therapeutics Committee which is expected shortly. This will enable progress to be made. Mr Creswick noted that the actions identified do need to be completed and the work taken forward, allowing Mr Bramley and Mr Paine to refresh, renew and redefine the work in a changing environment. It was agreed that there should be a further report to the Trust Board in November/December 2011.

**IB/JF**

**IB/GP/SP**

## Actions

**The Board noted the Patient Safety Review Action Plan Update.**

**642.11      Equality Delivery System Action Plan**

Mr Bramley presented a paper which updates the Board on progress to-date with the implementation of the Equality Delivery System.

The first stage of the implementation is to engage with local representatives to undertake a collaborative self-assessment of the Trust's performance against each of the 18 outcomes. Once consensus is reached regarding this initial assessment, the Trust is required to produce an Action Plan by April 2012 which details its improvement goals.

**The Board noted and endorsed the Equality Delivery System Action Plan, requesting that the Action Plan is brought to the March 2012 Trust Board Meeting for review.**

IB/SP

**643.11      Annual Complaints Report**

Mrs Sue Blackmore was welcomed to the meeting to present the Annual Complaints Report alongside Mr Bramley.

Thanks were passed to Mrs Blackmore for preparing such a comprehensive report, within which reference was drawn to the rise in complaints, which seems to be a general trend currently within the South West and not specific to this Trust. Acknowledging that the Trust had received a total of 182 formal complaints which represents 0.15% in relation to the number of patients treated, Mrs Blackmore confirmed that this figure compares favourably with other local Trusts.

Mr Creswick asked that the Annual Complaints Report be taken as read.

Mrs Blackmore provided a general overview in terms of the Complaints Team. Following the department's move to the front of the Hospital the service is more easily accessible for both patients and visitors.

Mrs Blackmore presented results of the Complaint Customer Satisfaction Survey for June, advising of a further report due at the end of this month. Mr Creswick requested a breakdown of the details verbally provided ahead of the Trust's Annual General Meeting.

SB

## Actions

Discussion turned to the 'Top 10 Categories for Complaints' shown on Page 4 of the report, and in particular the reference to 'attitude'. Mrs Blackmore confirmed the context as being 'how as individuals we respond to patients'. Mr Creswick felt it would be useful to include a focus on this area within the Trust's Induction, suggesting that a simple "smile/thank you" goes a long way and in many instances is a key part of a patient's journey.

AK

**The Board noted the Annual Complaints Report, thanking Mrs Blackmore for the detail provided.**

### **644.11 Performance Report**

Mr Gatling provided a brief update in terms of Exercise Diaspora, which is taking place across the South West today with participation by the South West Strategic Health Authority, Acute Trusts, Primary Care Trusts and the Health Protection Agency. Mr Creswick felt it would be useful for relevant lessons learnt from today's exercise to be brought to a future meeting of the Trust Board.

BB/EG/SP

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

- Mr Turner noted with concern the problems of breaches of the 4 Hour Maximum Wait in the Emergency Department, asking if there was anything further which we should be doing in order to achieve and maintain 97% for the remainder of the year. Mr Gatling acknowledged the concern shared by the Board, providing an update on the actions taken, including the support being provided by the Emergency Care Intensive Support Team. He believed progress was being made to resolve the problems.
- The Trust is now starting to see an improvement in Length of Stay, with Mrs Deb Thompson leading the Action Plan and working closely with the Primary Care Trust and wider local health and care community. Reference was drawn to the workshop held on Monday 5 September 2011 linking together the community-wide strategy and work programme.
- Mr Gatling provided an overview of the A&E Clinical Quality Indicators for the period April to July 2011, which feature for the first time within this month's report. Concerns had been raised at a previous Board Meeting pertaining to the accuracy of data, which Mr Gatling confirmed as now being more robust in terms of quantity, with review ongoing in respect of quality.

## Actions

- Mr Gatling acknowledged that there is still more work to do in terms of patient flow within the Emergency Department, added to which we are currently reviewing both medical and nursing rotas in line with volume and demand.
- Mr Creswick noted the perception that the Trust now had a new facility provided at great expense, yet producing a down-turn in patient service and worsening ambulance delays. He reiterated the importance of showing a positive correlation between investment and improvement.
- Discussion focused on the average number of attendances within the Emergency Department each month and the staffing needed to reflect this. Mr Little added that staffing figures have been strengthened, with the footprint of the Emergency Department having doubled in size.
- Mr Paine welcomed the positive performance figures illustrated within the report, and in particular with Stroke Care.
- Dr Reah expressed concern in relation to Statutory Mandatory Training and Completed Appraisals, both of which have remained static with no sign of an increase in recent figures. Mrs Bryant confirmed that the HR Advisors are now working within the Divisions with plans in place to address any training issues.
- 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.

**The Board noted the Performance Report.**

### **645.11**

### **Finance Report**

Mr Little presented the Finance Report for Month 4 (April to July 2012), with the Trust reporting a year to-date surplus of £1,550k and a positive variance to plan of £223k.

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

- Reference was drawn to the income position which is assumed on CQUINS, with £1 million of CQUINS money available to the Trust.

## Actions

- There was an over-performance against the NHS Somerset contract plan of £242k primarily relating to Orthopaedic work, with the expectation that payment for this work will be received.
- Other Primary Care Trusts are over-performing against the contract financial plan by £151k, primarily due to critical care usage.
- Data quality issues, as reported in last month's report, remain under review and are likely to impact on the current activity and forecasts. Mr Little confirmed that discussions remain ongoing with the Primary Care Trust, although this is expected to change in respect of the new Cluster arrangements. In terms of SUS data our performance is good in comparison to other local Trusts.
- The use of agency and bank nursing to cover vacancies and the one to one nursing of patients remains a significant financial issue and has placed pressure on the nursing establishment. Mr Bramley provided a brief update to the Board in respect of the number of patients presenting with challenging behaviour and on recent trends on falls data, which appears to show a reduction in falls since the introduction of the protocol.
- Mrs Bryant provided an update in terms of vacancies within the Trust, confirming that all outstanding positions have now been filled. Mr Creswick was disappointed to note the time delay in completing this process which has contributed to the current situation. Mr Bramley advised that the Trust is now looking at its temporary staffing and seeking to create a Nurse Pool which will give greater control and flexibility as to where staff work to reflect changing needs.
- The Trust's QIPP Savings Programme delivered £206k in July, with Mr Little drawing the Board's attention to the range of projects which have now started to show signs of delivery.
- Mr Little highlighted the 'Trust Expenditure Run Rate Against Budget (Including QIPP)' as detailed within Table 1e, which has shown a decline over the last two months and identifies the scale of challenge. Mr Creswick thanked Mr Little for the detail provided within this particular table and for its inclusion within the Finance Report.

## **The Board noted the Finance Report.**

646.11

## Budget/QIPP 2011/2012 Update

## Actions

Mr Little presented a report on the Budget/QIPP 2011/2012 which updates the Trust Board on the year to-date budgetary performance against the 2011/2012 Budgets and provides further detail on the progress of the Trust's QIPP Programme.

Mr Creswick suggested that the Board may wish to return to this paper in more detail during the 'Closed' Session to permit extended discussion.

Mr Little advised that there has been steady progress with the overall QIPP Programme and Project Leads have started to deliver several of the schemes including some of the high impact opportunities. However, a likely risk assessment of the value of schemes that will successfully be delivered this year is in the region of £4 million which would mean a shortfall of £2 million against the plan. That is recognised to be unsatisfactory and requires urgent focus.

Reference was drawn to the 'Next Steps', which show encouraging signs in terms of Divisions and Departments managing within budget. Strong leadership by the Executive Team over the next few weeks will focus on the regular assessment of capacity and capability to deliver key projects for the Trust.

**The Board noted the 2011/2012 Budget/QIPP Update suggesting that this would be discussed further at the 'Closed' Session.**

647.11

## Green Travel Plan – Action Plan Update

In Mrs Kingscott's absence, Mr Creswick asked that the Green Travel Plan Update be taken as read.

In light of the Uphill parking issues, Mrs Margaret Blackmore asked whether the Trust would reconsider the car parking charges now imposed to staff. Mr Creswick responded that although the charges to individuals are minimal the savings for the Trust are quite substantial. Dr Reah felt it would be useful to have data detailing the number of staff who have signed up to the Green Travel Plan, including those who are now cycling to and from work.

Mr Paine noted the overarching issue of public transport, which remains a challenge. Mr Creswick confirmed that this issue has been raised and the option for a park and ride service has been raised with the local authority.

**The Board noted the actions and progress made on the Green Travel Plan at Weston Area Health NHS Trust.**

**648.11 Strategic Development Update**

Mr Creswick advised that the Board would return to this point during the 'Closed' Session Meeting.

**649.11 Board Committees' Exception Updates**

There were no Board Committee Exception Updates to note, with the dates of the next Committee Meetings confirmed.

- Quality and Governance Committee Meeting to be held on Thursday 8 September 2011
- Quality and Governance Seminar to be held on Friday 21 October 2011
- Audit and Assurance Committee Meeting to be held on Wednesday 28 September 2011
- Finance Committee Meeting to be held on Wednesday 19 October 2011

In light of Mr Roger Lloyd's recent appointment, Mr Creswick suggested that other Non Executive Director colleagues may wish to give consideration as to the committees on which they currently sit, with a view to sharing areas of special interest and contributions. Mr Creswick would discuss with individuals separately.

CC

**650.11 Finance Committee – Terms of Reference**

After incorporation of the further amendment below, the Terms of Reference for the Finance Committee were formally approved.

**Point 6.2 – Investment Policy, Management and Reporting**

Second paragraph to read 'Note: The Committee would not duplicate any matters ...'

**651.11 Any Other Business**

Mr Creswick drew the Board's attention to the paper entitled 'Pathology Review Update Briefing for Acute Trust Boards' which had been circulated for information.

**Actions**

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 4 October 2011 at 10.00 am in the Board Room**