

**Held on Tuesday 7 February 2012 at
10.00 am in the Lecture Theatre**

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 Ian Turner	Mr Peter Colclough (v) Ms Bronwen Bishop (v) Mrs Chris Bryant Mr Nick Gallegos (v) Mrs Irene Gray (v) Mrs Alison Kingscott Mr Rob Little (v) Mr Nick Wood

Apologies: Dr Tricia Woodhead, Mrs Margaret Blackmore

In Attendance: Mr Stephen Buswell (LINK), Mrs Julie Fisher, Mrs Caroline Welch

The Meeting commenced at 10.08 am

Actions

Mr Creswick welcomed Mrs Gray, recently appointed as Interim Director of Nursing for Weston Area Health NHS Trust, to her first Board Meeting.

Mr Creswick noted that Mr Paine would be leaving the Board Meeting at 11.30 am as he was representing the Trust at the NHS Confederation Regional Meeting to be held in Bristol that afternoon.

704.12 Declarations of Interest

There were no declarations of interest.

705.12 Consent Agenda

**Minutes and Matters Arising from the Meeting held on
Tuesday 10 January 2012**

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

Actions

695.12 – Chief Executive’s Report – Spelling correction on Page 3/2nd Paragraph, which should read “Mr Paine welcomed regular updates in terms of the *Integrated* ...”

697.12 – Clinical Quality Report to Include CQC Registration Compliance Update – Page 4/Final Paragraph/3rd Sentence, which should read “Mr Colclough added that this is one of the areas where the South West is performing less well, although interestingly *Great Western Hospitals NHS Foundation Trust* is currently ...”

Page 5/2nd Paragraph, which should read “Ending on a positive note, Dr Reah was pleased to note that the falls *target* has been achieved for the last *six* months”.

699.12 – Finance Report – 3rd Paragraph/3rd Sentence, which should read “There is now confidence that we will deliver the *revised budget* plan this year, *but still face a shortfall against the target QIPP savings*”.

Page 7/2nd Paragraph, which should read “Mr Creswick hoped that we can move towards a situation *where the QIPP process is fully integrated with the normal budgetary plans and can be directed and governed by the Finance Committee*, the next meeting of which is confirmed for 17 January 2012. He added that it is commendable that we *do now understand where we are and there is a degree of confidence in moving forward*”.

701.12 – Quarterly Top Risks Review – 4th Paragraph, which should read “Mrs Stroud provided the Board with an update in terms of the action taken against CORP 08. *Progress had been made on Trust-wide tools and systems designed to achieve more effective patient monitoring and clinical ownership at ward level. Further work, as detailed in the paper, is awaited from external sources and will be progressed with relevant nursing and clinical leads.*

702.12 – Board Committees’ Exception Updates (Audit and Assurance Committee) – 1st Bullet Point, which should read “Estates Maintenance (rated ‘red’) and ...”

Quality and Governance Committee Meeting – 3rd and 4th Sentences, which should read “Mr Creswick reiterated the need to ensure that momentum is not lost, recognising the difficulties that changes in responsibility, people and arrangements have *created*. He thanked Ms Ferguson for *taking* the Chair after Mrs Calverley’s resignation”.

The Consent Agenda was formally approved.

706.12

Chief Executive's Report

Actions

Mr Colclough gave a verbal update, focusing on two key points.

Integration Project – An enormous amount of work is ongoing within the individual workstreams, and we are now approaching a critical stage which may require some difficult judgements, some of which are likely to be the focus of this evening's Integrated Care Programme Steering Board Meeting. Mr Colclough noted the Integrated Care Programme Away Day which is to be held on Monday 5 March 2012 to include Steering Board Members and Workstream Leads that will seek to resolve any outstanding questions. The key objectives for discussion are likely to be around clinical configuration, financial balance and organisational form. A further update, following the Away Day, would be provided at the Trust Board Meeting on Tuesday 6 March 2012.

PC

Review of Annual Operating Plan 2012/2013 – The Trust is now in active discussions with the Strategic Health Authority and NHS Bristol, North Somerset and South Gloucestershire in relation to its financial position going into 2012/2013, with a further meeting to be held in Bristol tomorrow, Wednesday 8 February 2012.

Mr Little provided brief feedback in relation to the process which has taken place, and which has been more structured and streamlined than in previous years. Further detail would be provided at the Trust Board Meeting on Tuesday 6 March 2012. Mr Colclough added that, although work is still in progress, the discussions held to-date do rest on a commitment to continue to support the Trust over the next twelve months

RL

707.12

Topical Issues

Mr Creswick made reference to the In Common Meeting with NHS Bristol, North Somerset and South Gloucestershire which he had attended on Wednesday 25 January 2012, which had proved illuminating in terms of the progress made by the Primary Care Trust Cluster and the challenges faced by various organisations across the area.

Mr Creswick extended his thanks to Mrs Welch and colleagues who had represented the Trust at the 'Your North Somerset Event' held at the Winter Gardens on Sunday 22 January 2012.

708.12

Clinical Quality Report

Actions

Mr Gallegos presented an Executive Summary of the Clinical Quality Report, with the full report available on the Trust's public website. He added that more detailed data would be included within next month's report, with the Trust now having secured a new contract with CHKS.

Mr Gallegos talked through the Clinical Outcomes, a number of which are now beginning to produce dividends, and in particular noting the Summary Hospital Level Mortality Index (SHMI) whereby the Trust is now banded 'as expected' compared to the previous period of 'lower than expected'. Mr Creswick suggested that the Board Report may need to present rather more detailed information or explanation, expressing concern that information could be taken out of context if presented by a simple number. He thanked Mr Gallegos and Dr Reah for their work to-date regarding the data and how it might be presented at future meetings of the Trust Board. Ms Ferguson added that she would be keen to learn how the Trust is performing, benchmarked against other Trusts.

Mr Creswick questioned whether the 'red' areas shown as 'partially compliant' and 'non compliant' on the Trust's position statement on NICE Guidance might also be taken out of context to imply a risk to patients. In response, Mr Gallegos advised that guidelines are guidelines and whilst we have to have a good argument for adopting a different approach, it was sometimes very sensible to do so. He would however take on board Mr Creswick's comment.

Mr Buswell acknowledged the decrease in average Length of Stay, which Mr Gallegos confirmed as a decrease in the overall trend, attributed to the work of Mr Wood and his Team. Mr Turner asked what is 'best in class' in terms of Length of Stay, which Mr Colclough confirmed to be an average of 2.1.

Mr Buswell asked whether the Trust had received feedback following the Peer Review of Dementia Care held on 28 November 2011. Mr Gallegos confirmed that the final report had recently been received and had proved to be generally favourable, although there are one or two issues requiring further work. The full report would be brought to the March Meeting of the Trust Board.

NG

Ms Ferguson was concerned to note an upward trend in

relation to pressure ulcers and falls. Mr Gallegos confirmed that out of the 39 reported falls last month, none had resulted in serious harm.

Actions

Mr Creswick thanked Mr Gallegos and noted that Mr Colclough and others in the Executive Team, including Mrs Gray and Dr Woodhead, will be reviewing the structure and process of Quality and Governance in liaison with Mr Lloyd and Non Executive Director colleagues over the coming weeks.

The Board noted the Clinical Quality Report.

709.12

Performance Report

In presenting the Performance Report, Mr Wood advised that some indicators had now been removed, based on comments at last month's Board Meeting. In relation to TIA Stroke Care, he added that this quarter's data has not been captured due to transfer to a new system of data collection. This would however be included within next month's Integrated Performance Report.

Mr Wood highlighted the key points included within his report:

- The whole of the third quarter saw the Trust deliver over 80% of patients spending 90% of their stay within the Stroke Unit. However, this figure did fall in December as a result of bed closures due to Norovirus.
- The Trust has achieved 100% of patients receiving their operation for fractured neck of femur within two days for the whole of Quarter 3.
- The 4 Hour Maximum Wait in A&E fell to 94% in December due to over 50% of beds being closed for the period leading up to Christmas. The period post New Year was extremely challenging with levels of attendance and admittance significantly higher than the prediction. This level has also continued into the New Year. Mr Wood added that delivery of this target remains very challenging, although work is ongoing in relation to the re-streaming of patients.
- The Trust continues to perform well against the 18 Week Referral to Treatment indicators. A significant amount of long waiters continue to be moved through the system to ensure continued compliance.

- Other levels of activity remain broadly stable.

Actions

The Board were pleased to learn that the Trust has now reached an agreement with Social Services in securing six transitional beds within the community. Beds have been accessed as of this week, and significant progress is already being seen.

Mr Paine noted a significant rise in relation to Item 13 (Provider Cancellation of Elective Care Operation for Non-Clinical Reasons Either Before or After Patient Admission), which Mr Wood confirmed was caused in totality by the closure of beds for a period in December when a number of operations had to be cancelled. This was deemed necessary in terms of safety.

Mr Wood confirmed that the MRSA Screening of Non Elective Patients at 85% in December was as a result of two patients taken out of a sample of 20. The figure does not reflect the total number of patients. Mr Creswick again noted the wrong impression which this can give to members of the public. Mr Gallegos drew attention to the 100% screening of Elective Patients.

Dr Reah noted that the percentage of discharge letters issued to patients GPs within 24 hours of discharge had not improved, which Mr Wood acknowledged as an area where further work is required. Mr Colclough commented on the improvement in flow of medical patients, a significant move in the right direction, aligned with the integration work.

The Board was reminded of the concerns raised at the January Meeting of the Trust Board relating to the below target indicators for Statutory/Mandatory Training and Appraisal Compliance. Mrs Kingscott advised that staff were sent a letter with their January payslips, detailing the individual's current training record and, as an incentive, offering staff who are 100% compliant with both corporate Statutory/Mandatory Training and have had their Appraisal within the last 12 months (up to and including 31 March 2012) the opportunity to be placed in a draw. The five drawn out of the 'virtual hat' will be awarded an extra week's annual leave for 2012/2013.

Mrs Kingscott added that following this communication there

has been an increase in staff attending the statutory training and there is a growing confidence that the compliance rate will increase over the next few weeks. It was also noted that in future the 'people' statistics will feature separately within the Integrated Performance Report, which was welcomed, since there were clearly a number of issues to resolve regarding targets, or performance, or both, in this area.

Actions

Discussion followed in relation to the action taken, which some members of the Board felt to be inappropriate, with a preferred approach being to incentivise staff by offering additional career advice and professional progression. Mr Creswick noted the concerns raised, advising that much fuller discussion is required, and suggesting that this be picked up within the 'Closed' Session Meeting or on another occasion.

In concluding Mr Creswick suggested that the Board should not lose sight of the fact that the Trust is continuing to meet the vast majority of its key clinical and access targets.

The Board noted the Performance Report.

710.12

Finance Report

Mr Little presented the Finance Report for Month 9 (April to December 2011), with the headlines as presented within the report.

Mr Little drew the Board's attention to the forecast income and expenditure position as shown within Table 1, which should enable delivery of the agreed plan for the year.

The Board were pleased to note Mr Little's confidence that the Capital Expenditure Plan for the year will be reached, as shown within Table 2. Mr Little advised on a number of projects which are now starting to deliver benefits, in addition to the two ward refurbishments. Dr Reah noted that the Trust is expected to spend £100k less on ward refurbishment than previously intended, which Mr Little confirmed would change. Mr Creswick, on behalf of the Board, recognised the work which has been undertaken by many colleagues to achieve the Capital Plan.

Reviewing the Tracker of Performance of QIPP Schemes as detailed within Table 3a, Dr Reah was surprised to read that there are two projects graded 'green', but which have not achieved any savings. Mr Little acknowledged this point, suggesting that the data has not been accurately reviewed, and would subsequently be adjusted.

RL

Mr Turner was disappointed to read that medical agency expenditure in month has increased from £142k in November to £182k in December, and questioned the reasoning for this. Mr Gallegos suggested that there are no surprises and it is simply the way the detail is presented, and not quite as black as it would appear.

Actions

Mr Creswick drew attention to the shift in the relationship over the past year or more and asked what measures can be put in place to reduce nurse agency and increase the nurse bank, accepting that this is not a decision which can be taken here and now, but requesting that this is readdressed as a priority. Dr Reah added that this also links with vacancies and to what extent we should have an establishment that allows a percentage for staff leaving. Mrs Gray acknowledged this comment, confirming that there is a percentage built in to the pay bill, although this will vary from Trust to Trust. Furthermore, she accepted that further work is required to understand the issues. Mr Little advised that there are a range of issues to which do link with unfunded beds, which remain the driving force behind nursing labour overspends. He noted that the current planning process for 2012/2013 would include consideration of the points raised.

In concluding, Mr Creswick referred back to the year to-date savings shown in the report. Mr Little confirmed the information, adding that it was important for the Board to recognise that we are on track against in year forecasts and this is a very reasonable outcome for the Trust.

711.12

Board Committees' Exception Updates

Audit and Assurance Committee

The next meeting of the Audit and Assurance Committee is scheduled for Wednesday 15 February 2012.

Remuneration and Terms of Service Committee

No report as such, although Mr Creswick confirmed that contractual arrangements for Mr Colclough are still in place and will continue until the end of August 2012. Discussion is ongoing in terms of reappointment after that date.

Quality and Governance Committee

The next meeting of the Quality and Governance Committee is Tuesday 27 March 2012, although work is ongoing.

712.12 Any Other Business

Torbay Care Trust Integration Seminar and Open Day to be Held on Friday 10 February 2012

Mr Colclough drew the Board's attention to the Torbay Care Trust Integration Seminar and Open Day which is taking place at the Livermead Cliff Hotel in Torquay this Friday, 10 February 2012.

Actions

A number of colleagues from within the Trust and local health community will be attending, with final details to be confirmed by way of e-mail today.

Non Executive Director Reappointments

Mr Creswick wished to formally record his great pleasure in respect of the reappointments of Dr Reah and Mr Paine, who will both be serving their second term as Non Executive Directors of the Trust.

Mr Creswick added that he was also in correspondence with the Appointments Commission regarding his own position.

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

The Meeting concluded at 12.05 pm

DATE OF NEXT MEETING

Tuesday 6 March 2012 at 10.00 am in the Lecture Theatre