

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

**Held on Wednesday 7 April 2010 at 10.00 am in the Lecture Theatre**

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## **Minutes**

<b>Present:</b>	<b>Non-Executive Directors</b>	<b>Executive Directors (including Board members)</b> (‘v’ denotes Voting Executive)
	Mr Chris Creswick (Chair) Dr George Reah Mr Ian Turner Mr Grahame Paine	Mrs Lorene Read (v) Ms Bronwen Bishop (v) Mr Nick Gallegos (v) Mr Rob Little (v) Dr Patricia Woodhead Ms Jules Martin Mrs Alison Kingscott Mrs Chris Bryant
<b>Apologies:</b>	Ms Jude Ferguson, Mrs Sally Calverley, Ms Carolyn Moore	
<b>In Attendance:</b>	Mr Mike Lyall (Community Services Committee/NHS North Somerset), Mr Alan Richardson (Crossroads CIN), Mrs Margaret Blackmore (Crossroads), Claire Leandro (North Somerset Council), Dr Paul Phillips (NHS North Somerset), Mrs Caroline Welch, Mrs Sue Palmer, Mr Ian Bramley, Mrs Carol Collins	

### **Announcement**

It was noted that the General Election had been announced for Thursday 6 May 2010. Mrs Read reminded the Board of the apolitical status of the NHS which must be upheld during the Election Campaign.

### **Welcome and Introductions**

The Chair welcomed new attendees and introductions were made around the table.

**The meeting commenced at 10.05am**

### **393.10      Declarations of Interest**

There were no declarations of interest.

<b>394.10</b>	<b>Minutes and Matters Arising from the Meeting Held on Wednesday 3 March 2010</b>	<b><u>Actions</u></b>
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The minutes were agreed as a correct record, subject to the following amendments:

**Page 3 Minute 380.10 – Report of the Chairman - 2<sup>nd</sup> paragraph to include the following action:**  
*"Action: Chairman to write to the League of Friends."*

**CC**

**Page 4 – Minute 381.10 – Report of the Chief Executive – 7<sup>th</sup> bullet point to read:**  
*"The Trust is **still** on trajectory, etc .....*

**Page 8 Minute 387.10 Committee Reports – Audit and Assurance Committee - 3<sup>rd</sup> bullet point to read:**  
*'The Capital Charges Grade 2 related to the management of the **Fixed Asset Register**'.*

### **Table of Matters Arising**

**Reference Minute 315.09 – Green Travel Plan**  
Main Agenda Item.

**Reference Minute 365.10 – Patient Safety Improvement Programme**

Dr Woodhead agreed to circulate the log-in password for access to the national database to Board members.

**PW**

**Reference Minute 371.10 - Audit Commission Annual Letter**

The Ward Staffing paper has been deferred from April to May/June 2010. The action plan will be produced for the Audit and Assurance Committee.

Concern was raised that items such as this are being carried forward beyond the originally scheduled period, and it was agreed that a schedule of tracked matters arising should be developed, so that when items are carried forward from month to month it is clear and relevant decisions are also clearly logged.

**Action: Schedule to be developed.**

**SP**

**Reference Minute 373.10 - ALE 2009/2010**

Ms Martin reported that work on the Estates Strategy has been developed in accordance with earlier discussions. However, due to operational planning requirements, the final report has been delayed.

**Action: Item to be carried forward.**

**JM**

	<b>Actions</b>
<b>Reference Minute 384.10 – NHS Constitution – Strategic Heath Authority Baseline Assessment</b> Mrs Kingscott confirmed that the assessment had been sent to the SHA with a confirmation letter.	<b>AK</b>
<b>Reference Minute 386.10 – Delivering Single Sex Accommodation</b> In Chief Executive's Verbal Report.	<b>LR</b>
<b>Reference Minute 389.10 – Quality Accounts</b>	
<b>Child Protection Training</b> 90.4% compliance has been achieved and the Trust is progressing forwards to 100%. It was noted that all Board members should have completed Level 1.	<b>All</b>
<b>395.10 Report of the Chair</b>	
The Chair advised the meeting that this and other reports on the agenda would be taken "as read" with any pertinent questions/issues raised as they occur on the agenda.	<b>All</b>
<b>The Report of the Chair was noted.</b>	
<b>396.10 Report of the Chief Executive</b>	
<b>Delivering Single Sex Accommodation Update</b>	
Mrs Read reported that the Trust had declared compliance on Delivering Single Sex Accommodation. An amount of £35k had been utilised from Capital Funding to modify the Day Case Unit.	
The improvement in the past two months has been reflected in the Exit Cards and Patient Surveys. Work will be carried out during April/May to develop a plan on how to reconfigure the wards. A dashboard report will be produced.	<b>CB</b>
<b>Care Quality Commission – Registration Update</b>	
Mrs Read reported that the Care Quality Commission Registration had been accepted without conditions.	
<b>Local Supervising Authority Visit</b>	
A report was received following the visit that the Midwives are providing excellent care to parents and babies.	

<b>Clinical Negligence Scheme for Trusts (CNST)</b>	<b>Actions</b>
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A two-day visit by the NHS Litigation Authority for assessment of the Clinical Negligence Scheme for Trusts resulted in retaining Level 1. The Trust would aim for Level 2 in the next two years.

**'Draft' Terms of Reference for the Patient Safety Board Review Group**

The 'Draft' Terms of Reference for the Patient Safety Board Review Group had been circulated with the agenda. Mrs Read requested that any comments be forwarded to Mr Paine or herself by the end of the week.

All

The 'Draft' Terms of Reference include provision for representation from a number of local organisations and invitations will be extended once they are finalised.

All

A report will be produced for the Board's consideration at its Open Board Meeting in July 2010.

**The Board endorsed the Terms of Reference of the Patient Safety Board Review Group.**

**The Board noted the verbal report of the Chief Executive.**

**397.10 Patient Safety Project**

Dr Woodhead updated the Board regarding the ongoing improvements in patient safety awareness across the Trust, including:

- An information leaflet will be attached to staff payslips in April 2010.
- A 'Patient Safety Improvement Awareness Day' is taking place on Wednesday 14 April 2010.
- Leadership for Patient Safety – the Executive "walkabouts" have been the cornerstone to the development of a shift of culture towards safety and reliability as the core to patient care.
- It was noted that on page 3 – "HMSR" is the abbreviation for Hospital Standardised Mortality Rate. The HSMR is always in arrears as it is derived from fully coded episodes.

**Actions**

- The lack of access to Dr Foster means the Trust is reliant on the South West Regional Office for the data and if the data is not through the system, the data is not accurate. The lack of access to Dr Foster is a Procurement issue. The Chair asked for a handover plan to be prepared from the existing supplier to Dr Foster once the procurement process had been completed. CB
- Venous Thromboembolism (VTE) Assessment is a major work stream of the Patient Safety Steering Group.
- Medicines Management – Root Cause Analysis is being undertaken on all incidents where anticoagulation parameters are above normal range. A Failure Mode analysis of medication information and communication is included. A key piece of work being undertaken is how to get information to patients about their medication.
- A progress update to the Trust Board will be provided on the work undertaken on a monthly basis. PW

The Chair asked, from an Information Technology perspective, whether the process to track information appropriately is being linked back to the Performance Report. Dr Woodhead explained that in certain aspects it is and that this is currently work in progress.

**The Board noted the report.**

**398.10 Draft Quality Account**

Miss Bishop explained that NHS Trusts are required to publish an Annual Quality Account by 30 April 2010. The Quality Accounts must cover the following:

- A statement of quality from the Chief Executive that the document is accurate;
- Priorities for improvement;
- Review of quality performance.

The priorities for Improvement the Trust has elected to pursue are:

- Patient Experience – improving Medicines Management;

**Actions**

- Patient Safety – reducing the number of falls;
- Service Effectiveness - prevention of VTE;
- Discussion has taken place with the Primary Care Trust to ensure that the areas of patient safety improvement are consistent with their priorities. The approved Quality Account will be passed to the Local Overview and Scrutiny Committee, LINK and the Primary Care Trust. A commentary including comments received following local consultation will be included at the back of the document.
- Section 3 contains a retrospective account of the Trust's position in relation to quality and outlines the measures introduced to improve patient experience.

The following points were noted:

- Section 2.2.1 - abbreviations should be detailed in full the first time they appear;
- Section 2.2.2 – although Research and Audit are beneficial it does not provide a link into what has to be dealt with in relation CQUINs;
- Section 2.2.3 – does not clearly identify why the Trust has selected the three priorities;
- Section 3 should detail how well the Trust has done in relation to the PCT safety and effectiveness measures.

The Board noted that the document was a work in progress and that consultation would take place with local agencies by the end of April 2010.

**The Board approved the first draft and prescribed statement of the Quality Account subject to the correction of the errors and continuity and to receive the final document at the Trust Board meeting in June 2010.**

**Agenda Item  
for June**

**399.10**

**Staff Survey 2009 Outcomes**

Mrs Kingscott explained that the purpose of the report was to provide the Trust Board with a brief overview of the outcomes from the 2009 NHS Staff Survey.

The key points noted were as follows:

**Actions**

- An action plan informed by the 2008 results has been updated and agreed with the Staff Experience Group;
- Further engagement and commitment to the action plan will be achieved through the Staff Experience Group and by linking the action plan to Divisional meetings;
- The term "appraisal" is now more easily recognised throughout the Trust whereas terms such as PDF and NSF may have led to confusion as to whether people had had an appraisal;
- A register of who has had an appraisal is recorded on the Electronic Staff Record.

The Trust scored in the bottom 20% of Trusts for:

- Work pressure felt by staff;
- Fairness and effectiveness of incident reporting procedures;
- Physical violence from patients/relatives in the last 12 months;
- Witnessing potentially harmful errors or incidents in the last month.

It was noted that incident reporting procedures have now been considerably improved. Violence and Aggression may be heightened due to the referral process to a mental health setting not being as facilitative as it should be.

It was agreed that the Board should receive assurance every six months that these key areas are being addressed through the Staff Experience Group and the action plan.

AK

**The Trust Board noted the Staff Survey 2009 Outcomes Report.**

**400.10 Revised Terms of Reference for the Care, Quality and Governance Committee**

The Chair of the Committee has changed from being the Chief Executive to a Non-Executive Director. It was noted that the membership of the Committee appears heavy at 18 and the quorum high in relation to 3 Executive Directors and 3 Consultants.

## **Actions**

The remit of the Committee is extremely broad.

It was reported that the Committee is evolving in its remit to become more strategic and that will be reflected in future agenda management.

Ms Kingscott observed that Employment Policies had in the past been submitted directly to the Trust Board and asked for clarification on whether these policies require to go through the Care, Quality and Governance Committee.

The Chair requested that any observations should be directed through Ms Bishop in order that they can be discussed with the new Committee Chair.

### **The Board noted the Revised Terms of Reference.**

#### **401.10 Finance**

##### **Finance Report**

Mr Little explained that the purpose of this report was to update the Trust Board on the financial position of the Trust for Month 11.

The key points were:

- The overall level of expenditure in Month 11 reduced on the amount reported in Month 10. Whilst non-pay expenditure dropped by £311k to £1,606k, £123k of this was due to not being required to pay Rates or CNST contributions in the last 2 months of the financial year. Pay has decreased by £253k to £4,985k. Whilst these levels of expenditure are a significant improvement on Month 10, they must continue to reduce in Month 12 for the Trust to achieve the plan.
- Overall the Trust is on plan after 11 months with a considerable amount of non-recurrent measures to support the additional expenditure.

The main areas of concern are:

- i) Whilst Medical Staffing agency locum expenditure in Month 11 had decreased by £109k to £121k, there was concern at the increased Locum expenditure in the Pathology Division which is likely to increase further in March (Month 12).

**Actions**

- ii) A £50k reduction in expenditure on Nursing bank, agency and overtime in the month which has resulted in a year to end overspend on Nursing staff of £272k.
- iii) An overspend on non-pay of £2,043k, which includes a non-achievement of CRES to date of £699k.

The following actions are required to deliver the planned surplus:

- i) Additional forecast income of £1.45m from NHS North Somerset (Primary Care Trust);
- ii) Capitalisation of £450k expenditure charged to revenue for major capital projects;
- iii) Technical and corporate savings of £500k;
- iv) The Trust reduced operational expenditure by £242k in Month 11; this was mainly due to a significant reduction in Medical agency, Nurse bank and agency and increased financial controls on non-pay. Operational expenditure will need to continue to fall in March for the Trust to achieve plan.
- v) The enhanced financial controls put in place in December 2009 and will remain in place.

**2010/11 Budget and Capital Plan**

Mr Little explained that the Trust has taken an impairment into the Income and Expenditure account of £1,736k, following agreement with the Strategic Health Authority and External Auditors. This relates to the cost of the original NPfIT Project which had been previously charged to capital;

All NHS organisations are undertaking a review of their asset value through the move to Modern Equivalent Asset Valuation (MEA). The Trust completed this review in conjunction with the District Valuer in January 2010 and this has resulted in an impairment of £752k;

The technical deficit after both of the above impairments is therefore £40k, though the Operating Surplus remains at the original £2,448k.

## **Operational Planning Update**

## **Actions**

Mr Little explained that for 2010/11 the Trust had a new Acute Services contract which was being reviewed by all departments. The contract should be concluded with the Primary Care Trust in the next few days.

**The Board noted the Finance Report Capital Plan and Operational Planning update and approved the budget.**

**402.10**

## **Performance Report**

Mrs Bryant explained that the Performance Report detailed the Trust's performance against key national and local priorities and a range of internal quality performance metrics. The preferred data set has been identified for this new style report. The collection and collation of data in some areas is problematic due to a lack of suitable and appropriate software systems, in particular Operating Theatre utilisation. However, manual collection systems continue to improve to ensure that the most appropriate information is available to govern the organisation safely and effectively.

Where performance deviates from expected levels, an account is provided in the Exception Report; this is designed to help the Divisions and Corporate functions to identify the necessary corrective actions to improve performance in terms of quality, efficiency and productivity. The Exception Report focuses on those areas that require specific focus and attention.

## **Tissue Viability**

Mrs Read reported that a re-audit of hospital acquired pressure ulcers was carried out in February and March 2010 which identified a significant improvement on the January figures. Grade 2 – 4 results for March were 4% compared with 7% in September 2009. Rapid Improvement Events have been held. Monitoring is taking place nationally, but Grade 1 pressure ulcers will not be included in the benchmarking. This will be a CQUIN measure for 2011/12. A dashboard report will be provided for the May Board meeting.

In respect of Statutory Mandatory Training, Mrs Kingscott will provide a report to the next Board meeting confirming the uptake rate.

**AK**

**The Board noted the Performance Report.**

**403.10      Emergency Department Update      Actions**

Ms Martin explained that the purpose of this report was to update the Trust Board on the current position for the Emergency Department development, and highlighted the areas for decisions/risks.

Key points were noted as follows:

- The programme remains on schedule and there are no outstanding areas of decision/risk;
- The Decant Programme is underway;
- A further Gateway Review (Gate 3) of the investment decision, took place on 24 and 25 March 2010;
- A successful Public Meeting was held at Weston Town Hall on 4 February 2010.

**The Board received and noted the Emergency Department Update Report.**

**12.30 pm**      Ms Leandro left the meeting.

**404.10      Green Travel Plan**

Ms Martin explained that the purpose of the Green Travel Plan (GTP) is to reduce staff and patients/visitors' dependence on travel by private car to and from Weston General Hospital. The GTP addresses staff, patient and visitor travel to Trust sites/facilities and the use of fleet vehicles.

The key benefits to be achieved by implementing the GTP include:

- Improving people's health;
- Improve staff retention and welfare;
- Reduce the impact of Trust transport and travel on the environment;
- Improve the local transport infrastructure;
- Make a positive impact on the Trust's image in the Community;

<u>Actions</u>
➤ Improve patient services; ➤ Meet Planning and policy requirements.

The GTP has been developed at this time as it is a planning condition for the ongoing developments on site and in particular needs to be in place to satisfy a planning condition of the MRI/CT Suite.

Mr Lyall raised a concern regarding affordable travel for patients/families on low incomes. Since the bus timetable had changed, one service to Weston had been curtailed meaning that it is no longer possible for patients to the North of Weston to get to the hospital using one bus. If patients are unwell and cannot afford a taxi, it is more likely that they will dial 999 for an ambulance.

The Chair thanked Mr Lyall for raising this issue.

Since the final report has only been seen by the Board the day before the meeting, it was agreed that some time would be need to digest and comment on the content.

It was noted that the GTP will link to other plans, recommendations and actions, prioritise and submit and propose an action plan for approval to the Board, which will be asked to:

- Endorse the GTP;
- Approve the creation of a GTP Co-ordinator role, which would either need to be funded or included within an existing role;
- Approve the creation of a GTP Steering Group, (initially this will be populated by the existing GTP Project Group membership. Terms of Reference for the Steering Group will be submitted to the Trust Board for approval).

**The Board acknowledged receipt of the report and noted the salient points.**

#### **405.10 Register of Sealed Documents**

There were no Sealed Documents to note.

**406.10 Any Other Business**

**Actions**

**Patient Environment Assessment Team (PEAT) Inspection**

Mrs Blackmore reported that a concern raised to Ms Ferguson following the PEAT inspection regarding the Churchill Unit had been appreciated and addressed.

**Bus Travel**

Mr Davidson raised a concern regarding the change to the bus timetable to the hospital from outside Tesco in the town rescheduled to a half-hour service and raised the following questions:

- a) Is there any plan to enhance the bus shelter?
- b) Was the Green Committee consulted regarding the changes?

The Chair felt this was an opportunity for Partnership working and he would raise this at the Health and Wellbeing Committee, with colleagues from North Somerset Council and the Primary Care Trust. He requested that Mr Davidson put his concerns in writing.

**Action: Mr Davidson to write to the Board Secretary outlining his concerns.**

**Crossroads Information Leaflets**

Mr Davidson passed on the thanks from Crossroads for the distribution of the information leaflets to the wards.

**The Board noted the comments made by Mrs Blackmore and Mr Davidson.**

**'Sparkle Like a Diamond Day'**

Ms Kingscott reported that the 'Sparkle Like a Diamond Day' had raised £2,700 and taking into account the cakes and badges sold, the final figure is £3,000.

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

**Action: Mr Davidson to write to the Board Secretary outlining his concerns.**

**The meeting concluded at 12.45 pm.**

**DATE OF NEXT MEETING**

**Wednesday 5 May 2010 at 10.00 am in the Boardroom.**

Signed: .....  
(Chair)

Dated: .....