

Held on Tuesday 7 June 2011 at 10.00am  
in the Boardroom

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## 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	Mrs Lorene Read (v) Mrs Alison Kingscott Ms Bronwen Bishop (v) Mr Nick Gallegos (v) Mr Rob Little (v) Mr Ian Bramley (v) Mr Eric Gatling

**Apologies:** Mrs Chris Bryant, Dr Paul Phillips

**In Attendance:** Mrs Margaret Blackmore (Crossroads), Mr Stephen Buswell (LINK), Mrs Sally Moores, Mrs Caroline Welch, Mrs Sue Palmer

**The Meeting commenced at 10.00 am.**

**Actions**

**593.11 Declarations of Interest**

There were no declarations of interest.

**594.11 Minutes and Matters Arising from the Meeting held on Tuesday 3 May 2011**

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

**Page 1, Minute 581.11 Declarations of Interest to read:**

‘Ms Jude Ferguson and Dr George Reah declared an interest as *Governors* of Weston College’.

**Page 3, Minute 585.11 Clinical Quality Report (including Matron’s Report and Ward Resources), 1<sup>st</sup> paragraph to read:**

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Mr Bramley presented the details of the Inpatient Survey and stated that the Trust were using the *Care Quality Commission's own analysis* for comparison purposes'.

**Page 8, Minute 589.11 – Audit & Assurance Committee – Summary of the Meeting held on 20 April 2011, 1<sup>st</sup> line to read:**

'Dr Reah gave a brief overview of the *Audit* .....

**Table of Matters Arising**

**Quality Account**

The error coding rate is being monitored.

**Nursing Documentation**

Mr Bramley noted that nursing documentation had been re-audited and that compliance had increased from 18% to 91% due to the hard work and management of Matrons and Ward Sisters, together with staff taking ownership of the issue. The Board welcomed the substantive progress made.

**Finance Report**

Discussion was ongoing in relation to the splitting of bank figures between registered and unregistered nurses.

Mr Creswick advised the Board that after discussion it had been agreed that Chairs of Committees would bring only urgent matters from their most recent meetings to Board. Instead of written summaries, verbal updates could be given under the Governance section.

This item to be added to the Board Agenda as a regular item "Verbal Reports from Committee Chairs". Full approved Minutes of Committee Meetings would continue to be tabled in Open Board Meetings in accordance with the Board's calendar.

**SP**

**Topical Issues**

Mr Creswick queried whether Mrs Blackmore had received any further information regarding her comments on the Emergency Department at the previous meeting, and she confirmed that she had not.

**The Board noted the Schedule of Tracked Matters Arising.**

**596.11      Topical Issues**

Mrs Read updated the Board on topical issues during which the following points were noted:

- The Trust had issued a national press release regarding a patient who was being treated for Parkinson's disease. As a consequence of the disease, the patient had a stammer and was concerned about making a speech at his daughter's wedding in August. Mr Mike Richard, the Trust's Head of Speech and Language Therapy had done some research and discovered a £7.50 i-phone app that had the effect of stopping the stammering. The impact on the patient's life had been remarkable and the interest and response very positive.
- Ms Bishop had attended the NHS Futures Forum Listening Event, the outcome of which is awaited.
- Ms Deborah Evans, the new BNSSG Chief Executive had begun appointing Directors to her Board but had not completed the process.
- The Trust has celebrated Nurses Day recently, with displays around the Trust by Nurses on what they have been doing to improve the patient journey. Nurses' feedback had been very encouraging.
- The Trust had received a re-visit from the Deanery, who were favourably impressed with the progress made. There had been many positive comments from the Junior Doctors, and they confirmed that Weston remained a good place to train.
- As a "Patient Story", Mrs Read related details of a family who had complained to the Trust regarding the treatment and care of a family member who had died. They had wanted her to know how they had felt at the time. Much work had since been undertaken with them and there was a positive outcome for the family in terms of changes made on the wards.
- Mr Bramley re-assured the Board that such issues were never ignored and that the Trust always tried to identify the individuals concerned in any alleged lack of care if at all possible.
- Mr Gallegos commented that Consultants were concerned that staffing arrangements no longer provided the opportunity for Sisters to accompany Consultants on ward rounds. The Board noted that

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the Consultant Ward Round used to be seen as a valuable and important event bringing together a multi-disciplinary team where issues would not have gone unchallenged in terms of basic standards of care. Means of re-establishing that shared sense of responsibility for care have to be a priority.

## **Actions**

- Mr Bramley and Mr Gatling were working on reviewing the skill mix on Harptree and aimed to strengthen the mix with more Senior Nurses and decision makers. Key issues were noted as organisation of care and leadership.
- Executive colleagues continued to carry out patient safety walkarounds.

Mr Creswick advised that he had attended an 'Adapting to Climate Change Conference' run by Sustainability South West at the end of May. Papers from the conference, which gave a perspective both on the physical challenges to NHS estates and the health implications for the ageing population of a warming and more variable climate, had been passed to Mrs Kingscott for information and possible follow-up.

**The Board noted the verbal updates from the Chairman and Chief Executive.**

### **597.11 Clinical Quality Report**

Mr Gallegos presented the Clinical Quality Report, during which the following points were noted:

- There was a growing trend throughout the NHS to measure and audit many aspects of clinical care.
- Information from these audits will be used as future benchmarks for services within organisations, as well as being used for commissioning decisions.
- The paper explains the issues in relation to audits which underpin the monthly performance reports.

Some detailed discussion took place regarding the Glasgow Coma Scale v Mews scores and the impact on patient care.

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

### **598.11 Patient Safety First Report**

Mr Bramley presented the Patient Safety First report, which had been produced in response to ten questions that the Strategic Health Authority had suggested may be used to provide assurance to the Board regarding the

During discussion the following points were noted:

- The programme had strong clinical leadership throughout and all projects had a nominated Clinical Lead.
- Safety and quality were being monitored and an early warning system was in place.
- The link between the acuity of a ward and the staffing was being looked at in greater detail.
- The Board noted that the QIPP Confirm and Challenge meetings included detailed risk assessments on all projects, and the impact of QIPP changes on patient care had been included.
- Mr Bramley agreed to provide a short paper on lay membership of groups throughout the hospital (anonymised).
- Exit cards have recently been modified to capture patient comments in greater detail.
- Mrs Kingscott agreed to send a copy of 'Volunteer Voices' to Dr Reah.
- The Patient Safety Staff Survey was open for a further two weeks, with results expected in August/September, as these were being analysed externally.

**IB**

**AK**

Mrs Welch left the meeting.

**The Board noted the Patient Safety Report.**

**599.11 Summary of the Quality & Governance Committee Meeting on Thursday 12 May 2011**

In light of the previous decision noted in Minute 594.11, this would be the last summary received by the Board.

Mr Creswick advised that he had written to thank Mrs Sally Calverley formally for her work on the Care Quality Governance Committee and the progress made. Thanks were also passed to Ms Ferguson for agreeing to chair the Committee for the time being.

**The Board noted the Summary of the Quality & Governance Committee meeting.**

**600.11 Finance Report**

Mr Little presented the Finance Report for Month 1 of the new financial year, during which the following points were noted:

- A positive start has been made in Month 1, with income and expenditure overall balanced.
- More narrative has been added to explain some of the tables in the report.
- Due to the revision of some contract detail with Commissioners, the budgets had been slightly revised and detail was shown in Table 1.
- The planned savings for the QIPP Programme should read £6,071k (not £6,017 as shown).
- This years reserve for staff is double last year, which it was agreed had been too low.
- The Board appreciated that norovirus had caused intense pressure on the Trust and an April spend of £60k was due to bed capacity issues.
- £150k had been due in the QIPP Programme for Month 1 and £54k had been delivered.
- Private patient income was down in April. It was believed that the Bank Holidays and annual leave contributed to patients not attending during this period.
- Despite a reduction on the ED Contract from Commissioners, ED attendances have continued to rise, up 23.8% in month 1. It is believed that Easter and the Bank Holidays contributed to the increase, however further work is being undertaken by Mr Gatling with the PCT regarding data capture of the numbers.
- The non elective admissions drive the bed base and length of stay. Initiatives are in place with the PCT to provide alternatives to admission and accelerate earlier discharges
- The Board noted that attendances needed to drop if they were to be in line with QIPP plans.
- Uphill Ward had closed on 13 May, which had been open for winter pressures.

It was agreed that further discussion on financial issues would take place at the Finance Committee Meeting in July, by which time the April, May and June figures would be available for discussion.

Mrs Welch returned to the meeting.

**The Board noted the contents of the Finance Report and formally approved the change to the Budget.**

## **601.11 Service Line Reporting**

Mr Little presented the quarterly update, during which the following points were noted:

- The preparatory work for the 2010/2011 reference costs was underway.
- The national collection timetable requires work to be complete by 4 July.
- Information for this year was much more detailed, but there was still room for improvement.
- A new member of staff would be joining the Finance Team shortly assisting this work.
- It was anticipated that it would take 12 – 18 months to see where profit/loss was being made.
- It was suggested that it would be at least 12 months before the Trust could make reliable decisions based upon service line reporting figures.

## **Actions**

**The Board noted the update on Service Line Reporting.**

### **602.11 Performance Report**

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

- Only 16 areas were underachieving out of 119 indicators, and the exception report provided additional detail.
- A whole new range of quality indicators (including clinical) were introduced by the Department of Health in shadow form on 1 April. They will go live in Q2 and Mr Gatling agreed to bring a briefing paper to the July Board Meeting regarding the shadow performance monitoring.
- The National Emergency Care Intensive Support Team had been invited into the Trust to review the changes and processes in place. They will be looking at both the Trust and NHS North Somerset, and their recommendations were expected to follow within two weeks of their visit.
- Mr Gatling agreed to discuss with Dr Reah, outside the meeting, the source of the targets on the Performance Dashboard.
- It was agreed that the Trust would provide an annual Performance Dashboard to be published on the Trust website which would give the picture for a full year.
- Mrs Blackmore commented that the Trust had 'done brilliantly' on improving infection control and suggested that details of this should be sent to the media, as this was an area in which the public took a great interest.

**EG**

**EG/GR**

**EG/CW**

**The Board noted the contents of the Performance**

	Report.	Actions
603.11	<p><b>To Receive the Annual Report and Accounts 2010/2011</b></p> <p>Mr Creswick advised that the Annual Report and Accounts for 2010/2011 had been discussed with colleagues and auditors yesterday at the Audit and Assurance Committee.</p> <p>Since then, some typing errors have been corrected but no changes made to the substance of the report and the Audit and Assurance Committee had recommended that the Board approve the Annual Accounts and Report.</p> <p>The Board requested that thanks were passed to the Finance Team for the hard work undertaken in producing the accounts and associated paperwork.</p> <p>The Board noted that the revised plan for last year had been delivered with a surplus which had enabled the Trust to make the repayment to the Department of Health on year 3 of the 5 year loan payment programme.</p> <p>Auditors were happy except for a qualification in respect of financial resilience. They did not believe that the Trust had had effective plans in place to achieve its savings target for 2010/2011, given the in-year changes to the target, and believed also that a financial risk still remained for the 2011/2012 year. The wording of the qualification was still being agreed.</p> <p><b>The Board approved the Annual Report and Accounts for 2010/2011, subject to Mr Little's confirmation of the wording of the Auditor's qualification regarding financial resilience.</b></p>	RL
604.11	<p><b>Top Risks Review</b></p> <p>Ms Bishop advised that the Corporate Risk Register had been discussed at the Audit and Assurance Committee yesterday.</p> <p><b>The Board noted the Corporate Risk Register.</b></p>	
605.11	<p><b>Assurance Framework</b></p> <p>Mr Little presented the paper on the Assurance Framework, during which the following was noted:</p> <ul style="list-style-type: none"> <li>• The Assurance Framework had been aligned with the Trust Operational Business Plan. Risks had</li> </ul>	



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been reviewed and reassessed as part of the process.

- One red risk has been added which was 'Failure to deliver the QIPP Programme'.

**Actions**

**The Board noted the details of the Assurance Framework.**

**606.11 Register of Sealed Documents**

There have been no sealed documents since the previous report to the Board on 3 May 2011.

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

**607.11 Any Other Business**

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

**The Meeting concluded at 1.05pm.**

**DATE OF NEXT MEETING**

**Tuesday 5 July 2011 at 10.00am in the Boardroom**

Signed.....  
Mr C Creswick – Chairman

Dated.....