

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

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

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## **Minutes**

<b>Present:</b>	<b>Non-Executive Directors</b>	<b>Executive Directors (including Board members) (‘v’ denotes Voting Executive)</b>
	Mr Chris Creswick (Chair) Ms Jude Ferguson Mr Grahame Paine Dr George Reah Mr Ian Turner Mrs Sally Calverley	Mrs Lorene Read (v) Mrs Alison Kingscott Ms Bronwen Bishop (v) Mr Nick Gallegos (v) Mr Rob Little (v) Mrs Chris Bryant Mr Ian Bramley (v)
<b>Apologies:</b>	Ms Claire Leandro, Dr Tricia Woodhead	
<b>In Attendance:</b>	Mr Mike Lyall (Community Services Committee/NHS North Somerset), Mrs Margaret Blackmore (Crossroads), Mr Stephen Buswell (LINK), Dr Paul Phillips (NHS North Somerset), Mr Alan Richards (Crossroads), Mrs Sally Moores, Mrs Caroline Welch, Mrs Sue Palmer, Mr Neil Cowley (Strategic Health Authority)	

**The Meeting commenced at 10.05am.** **Actions**

### **437.10 Declarations of Interest**

There were no declarations of interest.

### **438.10 Minutes and Matters Arising from the Meetings held on Wednesday 2 June 2010 and Wednesday 9 June 2010**

#### **Minutes from the Meeting of the 'Open' Session of the Trust Board held on Wednesday 2 June 2010**

The minutes were agreed as a correct record.

#### **Minutes from the Meeting of the 'Open' Session of the Trust Board held on Wednesday 9 June 2010**

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

**Page 2 – penultimate paragraph** – an action is required for the Data Quality Plan to be brought to the Board at a future date. Mrs Read has nominated Mr Little as Lead Director in this regard.

Actions  
RL

**Table of Matters Arising from the Meeting held on 2 June 2010**

**Minute 424.10** – If no answer is forthcoming from the PCT in relation to the query raised regarding the variations between planned and actual income in certain specialities, Dr Paul Phillips offered to discuss the matter with PCT colleagues.

**439.10 Schedule of Tracked Matters Arising**

Mr Little updated the Board on the Procurement Plan and confirmed that the current contract ran to December 2010. A paper will be brought to the September Board with proposals. Mr Little stressed that he needed to gain assurance that the data supplier was suitable for the Trust and could ensure continuity of information.

RL

**10.25am Mrs Sally Calverley arrived.**

**440.10 Topical Issues**

Mrs Read welcomed Mr Little as substantive Director of Finance and IM&T, and updated the Board on various issues during which it was noted that:

- The recent budget re-emphasised the need for public services to pursue all possible economies.
- A revised operating framework has been published which seeks to change the target culture, but does not abandon it.
- The A&E waiting time target has been reduced from 98% to 95%. The Trust's contract with the PCT is still 98% therefore the Trust is committed through contractual arrangements.
- The 18 week RTT has been removed.
- The Trust will not slacken its own targets as this could impact upon quality.
- Pathology have been visited by a team from Clinical Pathology Accreditation. Much progress has been made since their last visit 4 years ago,
- The Trust has received a visit from Health & Safety in relation to falls.
- The regular meeting with the Regional Director for the Care Quality Commission regarding registration

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| has also taken place.  |                |
| ▪ It is expected that the Trust will receive an unannounced visit around an area of concern resulting from the patient survey.   |                |
| ▪ The Trust is hopeful of securing the services of an Assistant Director of IM&T, to be in post within the next couple of months which will assist in the demanding IT development work ahead. |                |

Mr Creswick reported on:

- The Chairs and Chief Executives Meeting recently held at the Strategic Health Authority, which had focussed on the possible changes facing the NHS.
- The LINK annual meeting, which had been half AGM and half workshop, well attended and interesting.
- The League of Friends AGM, where Sue King, Consultant Radiologist, had received a cheque for £50k for the Diamond Appeal. The Board formally recorded their appreciation in this regard.

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

Mrs Margaret Blackmore asked the Board for reassurance regarding patient and public involvement, which she felt had slipped back over recent months. This had been particularly noticeable at a Physical and Sensory Impairment Group meeting she had attended when no-one from the Trust had attended, despite being expected, and had not sent apologies.

Mr Bramley expressed regret and confirmed that he would take this issue away to investigate the situation. He also advised that he had recently started to review and reinvigorate patient involvement. Mrs Sue Blackmore, Complaints Manager, has written a draft paper on how to involve patients and the public, and on the types of involvement, from "information giving" to "decision making". Work is currently underway across the Trust to understand how patients and the public could be involved and how this involvement could be made more visible.

IB

Mrs Calverley commented that a number of Trusts start their Board Meetings with patient stories. Mr Creswick confirmed he was happy to look at this if Board members were happy with longer Board meetings. Mr Bramley confirmed he would look at this suggestion as part of the work that he was undertaking.

IB

Mr Creswick advised that he had recently spoken to the Chairman of a disabled group working in Somerset, but now extending their activity into North Somerset, called COMPASS. He felt it would be beneficial if the Trust spoke with them about disabled patients needs and commented that patient transport appeared to be an issue.

**Actions**

IB

Mr Paine was concerned that the Board had received a PPI Strategy twice and yet it appeared that the strategy was not apparent to the public. Mr Bramley advised that the work in hand included a critical review of the PPI strategy, visibility and public confidence.

Mr Alan Richardson noted that an issue which had been brought up in a previous Board meeting was not a tracked matter. In April the buses had been cut back to two an hour and the Trust had agreed to follow this up. Mr Creswick confirmed that the Board had endorsed this comment and it had been taken to the Health & Wellbeing Group, run by North Somerset Council. Mr Creswick agreed to take the matter further at Health and Wellbeing and report back to the Board, however commented that the Trust had no powers over the timings and provision of the buses.

CC

Mr Mike Lyall commented that every paper produced at Board had implications regarding patient, public and staff involvement on the front sheet. He suggested that the "patients and public" categories should be separated from "staff". Mrs Read agreed and advised that the Trust would take every opportunity to tie this in with the work that Mr Bramley was undertaking.

LR/IB

#### **441.10 Clinical Quality Report**

Mr Gallegos presented the new Clinical Quality Report, which was an amalgamation of the Medical Director's report and the Director of Nursing's report. He explained that he wanted it to be responsive to the issues that the Board need to be aware of but asked whether there were any the Board would wish to have reported regularly. Comments were received as follows:

- Mrs Kingscott requested that medicines management be included as it is one of the top indicators for the year.
- Dr Reah requested assurance that there was an ongoing data validation process, and further discussion took place regarding definitions.

IB

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| ▪ Mrs Ferguson suggested the Trust find some indicators, with Department of Health guidance, that were not too complex. |                |

Mr Paine commented that the performance report still did not measure how many patients have a falls assessment. Mr Bramley advised that a lot of work was being done on falls assessments and this will be in the CQUINS report once the measures have been agreed with the PCT.

Mr Paine asked that Mr Bramley pass on the appreciation of the Board regarding the falls reduction.

IB

**The Board noted the report.**

#### **442.10 Patient Safety Update**

Mr Bramley presented the Patient Safety Update.

Mr Paine queried the responsibilities of the Executive sponsors mentioned on page 3. Mr Bramley advised that they were twofold – to monitor what was going on in the workstream and to 'unlock' situations where no progress was being made.

Mrs Calverley asked what was the most common cause of death of patients. Mr Gallegos explained that:

- This was very difficult to ascertain and would mean going through the death certificates. He felt the majority of people had cardio-vascular disease, but an audit would be required to give any greater accuracy.
- Hospital Standardised Mortality Rate (HSMR) was subject to wide interpretation and was affected by end of life care strategy.
- HSMR was also affected by those who die in hospital who could die at home.
- The Patient Safety First Campaign had provided a number of different measures to further ensure that patients were not dying unnecessarily.

Mr Buswell commented that the mortality rate statistics for May were not reported on the Trust dashboard. Mrs Bryant explained that there was always a time delay as the figures are a month in arrears. It was agreed that there should be an asterisk and note to denote this on the report.

Mr Bramley advised that work was being undertaken on reducing avoidable deaths in hospital and that this centred around the care of the critically ill, failure to rescue, VTE and care in the operating theatres. The work being undertaken was based on international evidence and the workstreams were internationally benchmarked.

**Actions**

Dr Reah requested sight of the baseline data from September 2009, and was advised that this was available on the IHI website. Mr Turner requested that the IHI website be demonstrated at a Board seminar session. Mr Creswick and Mrs Palmer will look at whether this can be scheduled in.

CC/SP

**The Board noted the report.**

**443.10**

**Joint Response to OSC Discharge Planning Report**

Mr Creswick explained that Agenda Item 8 was purely for noting, as it had been presented at the Health Overview and Scrutiny Committee.

Mr Paine commented that from his work with the Patient Safety Review, he had noted that discharge was the most important aspect for GP's, and they are pleased with the current work.

The Board noted that the Trust had come a long way in improving the situation, but that there was still further work to be done. Mrs Read suggested using the GP Newsletter to feed back details of the work that is being undertaken.

Mr Turner queried the lack of information on the dashboard in lines 52 and 53 in relation to discharge. Mrs Bryant explained that this was a huge piece of work which involved all clinicians but that work was underway to try and resolve the issue.

Detailed discussion took place regarding the technical issues involved, and the Board appreciated the amount of work that had been undertaken over the last 9 months in providing substantial and credible information. Mrs Bryant confirmed that the previous data in the dashboard was provided by someone having to count individual discharge letters.

Mr Gallegos encouraged the Board to look behind the figures to appreciate the key issue which was the inability to harness IT technology. The Trust was unable to e-mail discharge or admission details to GP's.

There are technical reasons for the lack of data, but they need to be overcome. Actions

Mr Buswell quoted a local GP who had advised, at a Patient Safety Group Meeting, that he did not know when approximately 70% of his patients were admitted to hospital. GP's would welcome electronic discharge details, however the PCT required new software to introduce this. Dr Phillips said that if the Trust could send electronic details, he would be happy to approach PCT colleagues.

**The Board noted the contents of the report, which detailed the collaborative efforts of the local health economy to improve discharge planning processes from hospital.**

**444.10 Quality Account**

Ms Bishop presented the Final Quality Account, which now included positive comments from partners. Minor amendments had been made to the provisional information and the data has been uploaded onto NHS Choices and the Trust website.

Mrs Kingscott felt that the report would be useful as feedback to staff and will speak with Mrs Welch and Ms Bishop about providing a condensed version for circulation internally. Mrs Read suggested using the new communication noticeboards around the Trust, as 25% of staff had no e-mail access.

AK/CW/BB

Mr Creswick thanked Ms Bishop for the considerable amount of work involved in finalising the submission.

**The Board noted the final Quality Account.**

**445.10 Integrated Governance Annual Report (including Complaints)**

This item was withdrawn and will be on the August agenda.

SP

**446.10 Proposal for High Level Performance Indicators**

Ian Bramley presented the paper on Proposals for High Level Performance Indicators. It is the intention to create five high level performance indicators to give a balanced and accessible view of Trust performance to staff and patients.

Mrs Bryant, Mr Bramley and the Associate Director of HR, Ms Amy Hanson had been working on the project, and the five proposed indicators were:

- Safety
- Patient Experience
- Workforce Health
- Performance
- Finance

**Actions**

The Board noted that these indicators were not a substitute for the performance report but indicators for patients and staff which will change as the operating framework changes. Mrs Kingscott confirmed that HR were testing out the indicators with the staff experience group.

Further discussion took place regarding the indicators. Mr Paine proposed that the report should run for 6 months and then be reviewed. Ms Ferguson endorsed this suggestion. Mr Buswell agreed to take the prototype on trial and will get feedback from his colleagues.

**The Board agreed that Mr Bramley would take this matter forward and would report back to the Board at the end of year, including feedback from Mrs Kingscott.**

**447.10 Finance Report**

Mr Little presented the key points from the Finance Report.

Detailed discussion took place regarding savings, both recurrent and non recurrent. Dr Reah expressed concern over the delivery of the CRES savings and requested a formal paper at the September Board setting out the areas of savings with the relevant dates. Mr Creswick suggested the detail might be incorporated into the Finance Report.

Mrs Ferguson agreed that, as a Board member, she still could not see a year end picture and it was not clear how the savings would be achieved and by when.

Mr Paine commented that there was still £900k of CRES to be identified and queried the date when this would be finalised. Mr Little advised that there was no firm date however people were working very hard on the matter to complete it as soon as possible.

Mrs Read advised that if the focus were simply to 'cut and burn' then 6m of savings could be delivered tomorrow,

however the Trust needed to deliver for future sustainability and viability, which was a priority. **Actions**

Mr Creswick advised Board members that their concerns were understood, and that colleagues understood the consequences of the failure to deliver.

Mr Gallegos provided an example of difficulties experienced around medical staffing with three high profile

members of staff needing to be replaced. There will be a gap between those leaving and new colleagues arriving, probably 3 months. It will be very difficult to recruit in certain areas and staff may have to be recruited through agency. A microbiologist may cost £20k for a week and a small Trust such as Weston had no capacity to accommodate such costs.

Mrs Read shared with colleagues the enormous amount of work being carried out daily to try and fill posts. Mr Gallegos advised that the Trust was looking at alternative ways of working, and were trying to re-engineer internal working to achieve greater capability and lower costs. Mr Little advised that:

- There was great determination and drive within the Trust in relation to savings
- Most budgets were being maintained
- There was increased focus on overspend in a few areas
- External organisations have the responsibility for preventing people attending ED, a major cost pressure point

**The Board noted the contents of the report.**

#### **448.10**

#### **Performance Report**

Mrs Bryant presented the Performance Report and highlighted in particular, the additional data provided on the front sheet at the suggestion of colleagues, to draw attention to 6 specific indicators.

Mrs Bryant further updated the Board during which time it was noted that:

- Significant progress has been made in many areas, in particular the 4 hour wait in ED.
- Ambulance waits continue to improve.
- The Trust currently has validation issues with some outside agencies.
- The Emergency Division is proud that it has now

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| achieved an average 8.5 minute ambulance turnaround.  | CB             |
| ▪ There is a real appetite to strive to improve and a sense of pride in the organisation which comes across strongly in performance meetings.             | CB             |
| ▪ There are still issues about recording data appropriately in certain areas.   | CB             |
| ▪ Appraisals are being taken seriously within the organisation and there should be a rapid improvement in reporting in a relatively short period of time. | CB             |

Mr Gallegos referred to line 7 on the Performance Report and commented that he had not seen an increase in the number of referrals. The service was matched to the volume of referrals and he could not see why the YTD figures had dropped. Mrs Bryant will investigate the figures further.

CB

Mrs Calverley queried whether same sex accommodation was under control. Mrs Bryant advised that there was an excellent reporting system in place and that staff were striving every day to achieve improvements.

Mr Gallegos commented on the endoscopy figures and advised that there had been no significant change of practice, but a change of conversion rate from Consultants within the Trust. The Trust also now ran a screening programme because it was now an accredited screening provider.

Mr Creswick thanked Mrs Bryant for her efforts and the improvements reported and commended the ambulance waits improvement, which he asked Mrs Welch to publicise.

**The Board noted and discussed the contents of the report which detailed the Trust's performance against key national and local priorities and a range of internal quality performance metrics.**

#### **449.10      Operational Planning Update – Revised NHS Operating Framework**

Mrs Bryant and Mr Little presented papers on the Revised NHS Operating Framework and Activity and Capacity Update.

Discussion took place regarding variances in activity. Mr Creswick advised that it was part of the dialogue with the PCT regarding commissioning.

Mr Gallegos confirmed that discussions were taking place with the PCT on various scenarios, in particular, how we sustain services whilst replacing the elective service into a more cost effective setting whilst maintaining quality.

**Actions**

**The Board noted the contents of the report.**

**Integrated Urgent Care Project Update**

Mrs Kingscott advised that progress was in line with plans and that the Trust had been putting out regular bulletins on Sunshine Radio and had apologised for any noise.

**The Board noted the update.**

**450.10 Audit & Assurance Committee – minutes of meeting held on 14 April 2010 and summary of meeting held on 7 June 2010**

Mr Turner updated the Board on the Audit and Assurance Committee Meetings from 14 April and 7 June.

He advised that data quality still needed work but that all involved were committed to improvement.

Mrs Bryant advised that a real emphasis had been placed on data quality in Divisions. A data quality dashboard had been developed so that issues and training needs could be identified. She confirmed that when failures persisted, disciplinary action would be taken.

**The Board noted the minutes and summary of the meetings.**

**451.10 CQC Registration Monitoring Process**

Ms Bishop presented an update on the CQC Registration process during which it was noted that:

- The process has been updated after discussion with clinical colleagues.
- Divisions are meeting regularly through Ms Bishop and Mrs Bryant.
- Evidence will be seen 3 times a year, the first time will be at the Board seminar in July.

Mrs Read requested that only exceptions be brought to the Seminar. Mr Creswick and Mrs Read agreed to discuss further how to manage the reporting system.

CC/LR

**Actions**

**The Board approved the proposed evidence collation and Trust Board assurance process arrangements.**

**452.10      Annual Review – Circulation**

Mrs Welch presented details of the Annual Review 2009/2010, during which it was noted that:

- Mrs Welch is in discussion with a new designer from the Mercury and is seeking a more 'modern' design.
- Mrs Welch confirmed that a principal attraction of the Mercury as supplier lay in its circulation capabilities extending across most of the Trust's catchment area.
- The Trust has a legal obligation to publish the document and has tried to achieve value for money. Costs have been compared with those of other Trusts and it is clear that the Trust's cost is considerably lower than many others.
- The Annual Review will be circulated with both the priced and free copies of the paper and will cover 70% of the households in the area.

**The Board noted the progress on the production of the Annual Review.**

**453.10      Register of Sealed Documents**

There have been no documents sealed since the last report to Board on 2 June 2010.

Mrs Read advised the Board that it had been noted at a recent sealing that the name on the Trust's seal did not correspond with the name that is uses in contracts.

Advice has been taken and it is not considered material that the seal is different however it does need to be recognised for future contracts.

**The Board received and noted the report on the Register of Sealed Documents, together with the comments from the Chief Executive.**

454.10 **Any Other Business** **Actions**

Mr Mike Lyall advised that he had recently attended a Steering Group Meeting for the new build project, where he was treated most courteously. He was very impressed with the group.

Mrs Blackmore offered her congratulations to the Trust on their continuing excellent infection control rates. She asked that the team involved be congratulated. **IB**

Mr Lyall requested support from Board members in relation to ongoing issues concerning deprivation in Weston Central. Mr Creswick advised that whilst the Board were sympathetic, it was first and foremost an issue for the Primary Care Trust and the wider Health and Wellbeing Partnership, however colleagues would bear his comments in mind and support where possible.

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

**The Meeting concluded at 13.20pm.**

**DATE OF NEXT MEETING**

**Wednesday 4 August 2010 at 10.00am in the Board Room**