

Held on Tuesday 7 September 2010 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) Mrs Sally Calverley Mr Grahame Paine Dr George Reah	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)

**Apologies:** Mr Ian Turner, Ms Jude Ferguson, Mr Alan Richardson, Ms Claire Leandro

**In Attendance:** Mr Mike Lyall (Community Services Committee/NHS North Somerset), Mrs Margaret Blackmore (Crossroads), Mr Stephen Buswell (LINK), Dr Paul Phillips (NHS North Somerset), Mrs Sally Moores, Mrs Caroline Welch, Mrs Sue Palmer, Mr Chris Born

**The Meeting commenced at 10.05am.**

**Actions**

**455.10 Declarations of Interest**

There were no declarations of interest.

**456.10 Minutes and Matters Arising from the Meeting held on Wednesday 4 August 2010**

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

Mrs Margaret Blackmore advised that she had given apologies for the meeting on Wednesday 4 August.

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**Minute 456.10 Minutes and Matters Arising from the Meeting held on Wednesday 7 July**

**Actions**

1<sup>st</sup> sentence to read:

*‘Mr Payne and other Non Executive Director colleagues advised the Board that they had not received a copy of the minutes from the last Board Meeting until they arrived this morning’.*

**Matters Arising**

**Minute 457.10** - the 1<sup>st</sup> point will be moved to the Schedule of Tracked Matters Arising.

**SP**

**Minute 459.10** - The results of the September audit on noise at night will be brought to the October Board Meeting.

**IB**

Dr Reah raised a query regarding the reporting on annual health checks from the Care Quality Commission. It was noted that a further Board Seminar would be arranged to examine the evidence so that the Board could continue to assure themselves that nothing had been done to compromise the Trust’s registration. Mrs Calverley confirmed that reports would come back to the Board through the Care Quality Governance Committee.

**457.10**

**Schedule of Tracked Matters Arising**

**Service Line Reporting**

Mr Little advised that full Service Line Reporting, which required considerable development, would not be available as part of the standard reporting within the Trust for approximately 12 – 18 months, however he agreed to provide an update report for the October Board.

**RL**

**Business Continuity Plans and Fire Evacuation Drills**

Ms Bishop will discuss with Mrs Bryant who is taking responsibility for these matters, however advised that there were debriefs and documented reports.

Mr Buswell queried why the Patient Safety Report was being taken to the Closed session of the Board. Mr Creswick explained this was purely to review the draft document and agree any actions required in response to its findings. The report would be tabled at the October Open session and presented as an overview at the forthcoming AGM.

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## Matrons' Report

## Actions

The Board noted this matter was covered in the Table of Matters Arising.

It was agreed that a copy of the Data Quality Action Plan notes from the auditors would be forwarded to members of the Audit Committee.

RL

Mrs Blackmore formally thanked Mrs Corrine Gower for her dedication and hard work over the years and welcomed Ms Jane Andrews in her new post. Mrs Read will ensure that these comments are passed on to Mrs Gower.

LR

Mr Creswick advised that he had been asked to read a letter dated 3 August from Mr Alvin Jeffs, known to some in the Trust as a former NED, who had recently spent 10 days on Birnbeck Ward. The letter detailed his grateful thanks for the professionalism of all staff who were involved with him. The Board noted that Sister White and her team have been advised of the letter and thanked. Mr Creswick confirmed that he has written to Mr Jeffs with good wishes for his continued recovery.

458.10

## Topical Issues

### Strategic Direction Update

Mr Creswick advised Board colleagues that the North Somerset Healthcare 2012 Project Team were working hard to pull the plan together. A meeting with the PCT Board had been arranged in a seminar setting for the following week which would address questions of integration and health care in North Somerset and the surrounding catchment areas. It would also address the question of organisational form and whether it would be a financially and clinically sustainable option. The Board noted that initial reactions from the leadership of North Somerset Council were supportive of the concept. Mr Creswick advised that the Trust hoped to convene a single item Board Meeting towards the end of the month to endorse the final plan.

Mr Born addressed the meeting and advised that the Project Team were pulling together work done through clinical engagement in the hospital, community and primary care settings. Engagement from clinicians has been steadily increasing. However it was noted that GP's had concerns in certain areas regarding the responsiveness of the potential new organisation to new

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patterns of care, some fearing it might be hospital centred in its thinking. Various means of providing reassurance were under consideration.

## **Actions**

Mrs Read updated the Board on the following matters:

- The Trust had just completed the Dr Foster submission and results would be available around November. Many more people had looked at the submission this year, including clinicians, and she thanked Ms Bishop and Mr Gallegos for leading on the work.
- A review of pathology services had taken place and the Trust had obtained a conditional accreditation for the whole department. An action plan was in place and full accreditation should be achieved by the end of the month. Mrs Bryant advised that the outstanding issues were mostly related to clarification and confirmation of procedure and policy.
- There are national and local resignation schemes related to NHS policy developments and potential workforce re-structuring which the Trust will need to analyse further.
- Board members will be sent details on the new Acuity model which will redesign the way the hospital works by changing the flow of patients through the Trust. Patients would be grouped in wards according to the acuity of their condition, rather than the nature of their illness. This scheme will start on 3 October, prior to the Winter period.
- In response to queries from colleagues, Mrs Bryant explained that the changes would mean enhanced care for patients as they would be managed by their level of acuity and that this was a good quality step forward. Mr Bramley confirmed that the model sat comfortably with clinicians and nurses and it would enable the Trust to cluster skills together more effectively. The Board noted the evidence on quicker diagnosis and better discharge practices.

**CB**

Mr Creswick commented that the Trust must ensure that the evidence base for the acuity model is understood by the public and the Trust should ensure this is communicated in relation to patient experience, since movement of patients within the hospital had been a cause of concern in the past.

Mrs Read updated the Board on the following matters:

- The Trust had engaged a firm to assist with public relations and in understanding internal and external issues. A full progress report and plans would be available later in the year.
- Mrs Read had met with the Editor of the Weston, Worle and Somerset Mercury and had a productive meeting. Mrs Read confirmed that she would take the personal contact forward and arrange to meet on a regular basis.

Mr Creswick was delighted to report on the Diamond Appeal Process and advised that a paper would be going to the Charitable Funds Committee showing that, including anticipated funds, the sum of £213,389 had been raised to date, just short of the amount required to purchase the associated scanner and software required. However, further events in the near future were expected to take the total to the full £220,000.

In the last 2 years there had been an enormous response from the public with donations and the Trust should now think about how best to publicise for public record, and recognise the extraordinary degree of support. Mr Creswick confirmed that he would report the success of the Appeal at the Annual General Meeting.

#### **459.10 Clinical Quality Report**

Mr Bramley presented the report on Clinical Quality, during which the following points were noted:

- The CQUINS contract is not yet agreed. Dr Reah was keen to ensure that there was no repetition of this delay in the next financial year. The Trust is finalising the detail around the measures and needed to confirm that these were measureable within current resources.
- Mr Bramley agreed to provide a report on the CQUIN principles and what was agreed and what was not.
- Dr Reah queried the percentage of falls assessments and pre-op assessments by geriatricians. Mr Gallegos advised that he was dealing with this matter, which needed suitable clinical leadership, and no suitable pathway had yet been identified. This needed to be a collaborative issue between two departments and Mr Gallegos agreed to take the matter forward.

**IB**

**NG**

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- Discussion took place around the report's references to medicines management and length of stay in relation to fractured neck of femur.
  - Mr Little advised that there was real evidence to support a huge improvement in fractured neck of femur figures and best practice within the Trust.
  - Dr Reah welcomed the idea of Executive Directors starting night time leadership walk arounds.

## **Actions**

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

### **460.10 Patient Safety First Update**

Mr Bramley presented the update paper on Patient Safety First and further explained the critical care workstream report, and practices which reduced risks. He confirmed that there is now a much more rigorous and comprehensive evidence base of how care is carried out.

Mr Creswick asked Mr Bramley to pass the Board's appreciation to Julia Stroud and colleagues.

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

### **461.10 Care, Quality & Governance Committee – Approved Minutes of Meeting held on 8 July 2010 and Summary of Meeting held on 12 August 2010**

Mrs Calverley advised that the meeting in August went well and that useful discussion had taken place on key matters affecting patients in hospital, and asked colleagues to note the following:

- Risk register – the Committee recognised that a huge amount of work had been done on the risk register but that because of the way the report was produced, the corporate red risks were not necessarily those which the Board would recognise. Mrs Kingscott had now taken over responsibility for risk and would be sending details of a new process to Executive Directors for agreement
- Medicines management – some of key issues from recent SUI's do not appear to have filtered through to the risk register.
- A Clinical Governance Committee has been suggested and it has become evident how this could work and it is seen as a positive step forward.

Mr Creswick expressed this thanks to Mrs Calverley for the progress being made by the Committee.

Mr Bramley presented the Patient Public Involvement Strategy paper, during which the following was noted:

- The recommendations will be developed into an action plan.
- Clarification was given on the date of March 2011, which is the date of the review of the document, and not the start of the procedures within the policy.
- Mr Bramley will be guided by further discussion on the needs of patients and carers.

Mr Creswick confirmed to the Board that the document was meant as a basis for consultation and work will need to be dovetailed with the North Somerset Healthcare 2012 Project work so that people are not confused.

Mr Creswick thanked Mrs Sue Blackmore, and all those who had contributed to the report.

**The Board approved the strategy for consultation with patients and public, subject to the above observations.**

463.10	<b>Research &amp; Development Annual Report</b>
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Mr Gallegos advised that despite being a small Trust, Weston have developed a research portfolio beyond expectation and collaborated effectively with other agencies nationally. The Trust has also involved patients across a wide range of sub specialities.

Mr Creswick expressed thanks to all involved.

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

**11.50am Mrs Blackmore, Mr Lyall, Mr Born and Dr Phillips left the meeting.**

464.10	<b>Finance Report</b>
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Mr Little presented the Finance Report and advised that more information would be added each month as systems and data develop. He welcomed comments from Board colleagues outside the meeting on what information they would, or would not, like to see.

Key points from this months report include:

- The data shown is 3 weeks old.
- Pay expenditure continues to be significantly higher



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than budgeted.

## **Actions**

- In-month overspend on non pay expenditure has reduced from £110k in June to £16k in July.
- The year to date CRES (Cash Releasing Efficiency Savings) achieved is £1404k compared to £1479k planned to July, with a delay of one month to a scheme causing most of the shortfall.
- Most of the CRES savings have been achieved using non-recurrent measures.
- There is increased concern relating to the level of over-performance against the contracts with commissioners.

Dr Reah requested figures be shown each month for recurrent and non recurrent savings to date. After further discussion, Mrs Read suggested that table 1b should be updated as soon as new figures for the month were available and circulated to Board members in advance of the next Board meeting.

**RL**

Dr Reah noted that both elective and inpatient activity was over plan by about the same amount every month, and that he could see no evidence that PCT's or GP's were doing anything to reduce figures. It was agreed that demand management was an issue however the PCT believe the work that they are currently undertaking with the GP's is beginning to take effect.

Mr Buswell commented that he didn't think that the public perceived a difference between the PCT and the Trust and enquired what the end result would be if things carried on getting worse in terms of over-performance and its impact on costs.

Mrs Read advised that the Trust had a statutory duty and a failure would mean a transformation or turnaround team coming into the Trust to get it back on track, or the Trust being acquired by a Foundation Trust organisation.

Mr Little agreed to give an update on the Service Line Reporting behind each service.

**RL**

Mr Paine queried the debtors situation and was advised by Mr Little that the non NHS situation is going well, and the Trust were actively pursuing cases through the Courts as necessary.

The Board noted that the 90 day debtors figure stood at £70k previously and is now £130k. Options were discussed as to whether to write off some of the figure as bad debts and pursue the remainder (after seeking professional advice). It was agreed that this matter would

**IT**



**465.10 The Board noted the contents of the report.  
Performance Report**

Mrs Bryant presented the Performance Report during which it was noted that:

- The report now included flags for NHS Constitution indicators.
- The wording 'Ambulance Delays' will be changed to 'No Ambulance Delays'. **CB**
- Mrs Kingscott will provide future information by divisional compliance/by subject in the form of an HR Board report. **AK**
- Mrs Kingscott confirmed that a chart detailing the information requested on appraisals by Mrs Calverley had been sent out by e-mail, but will re-send to Board colleagues. **AK**
- Mrs Kingscott assured the Board that appraisal compliance would be 85% by December 2010.
- Mr Bramley will arrange for a simple letter of apology and explanation to be sent to all patients who are subject to a single sex breach the day after the event, however it was noted that this action would not be retrospective. **IB**
- The Board noted that the only breaches were in EAU and the emergency assessment area and that there was some ambiguity around whether these were actual breaches or clinical exceptions. Mr Little has written to the PCT regarding this issue and negotiations are taking place regarding a deed of variation.
- Mr Bramley stressed that any patients in a mixed sex ward are treated with absolute dignity at all times, and the decision to mix sexes is never undertaken lightly, and only with Executive Director approval.
- The Board formally recognised that the average length of stay figure had reduced to 2.9 days in July, which reflected the hard work being undertaken by staff to achieve targets.
- It was agreed that any information on the Performance Report which was no longer a target and of no use to the Trust, could be removed. **CB**

**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.**

466.10	Procurement Plan (Health Performance Data)	Actions
	<p>Mr Little updated the Board on the contract with CHKS who supply benchmarking data, and confirmed that much of the Trust's work referred to these figures. The contract expires on 31 December with no roll-over and Mr Little was in the process of analysing the pros and cons of alternative suppliers. The new Associate Director of IM&amp;T would be picking this matter up. Mr Little agreed to provide a verbal proposal at the Closed session of the October Board Meeting.</p> <p><b>The Board noted the update.</b></p>	RL
467.10	<p><b>Audit &amp; Assurance Committee – Approved Minutes of Meeting held on 7 June 2010 and Summary of Meeting held on 11 August 2010</b></p> <p>The Minutes were accepted and the meeting noted.</p>	
468.10	<p><b>Quarterly Top Risks Review and Operational Priorities</b></p> <p>Ms Bishop gave the Board a verbal update on risks and operational priorities, during which it was noted that:</p> <ul style="list-style-type: none"> <li>▪ Work had been undertaken around the divisional risk register and the process of drawing out risks to the corporate risk register.</li> <li>▪ The Trust has started to extend work beyond Divisions to address concerns raised at previous Board meetings, however there were still concerns around individuals identifying risks and scoring appropriately.</li> <li>▪ A key issue around one of the top risks, the single mains water supply, as a threat to resilience had been substantially reduced.</li> </ul> <p><b>The Board noted the update.</b></p>	
469.10	<p><b>NHSLA/CNST Risk management Standards Report</b></p> <p>Ms Bishop presented the paper on the position in relation to NHSLA/CNST compliance during which it was noted that:</p> <ul style="list-style-type: none"> <li>▪ The Trust have decided to apply for Level 1 Assessment with the CNST Team in January 2011 for the Maternity Department.</li> <li>▪ The Board noted that Level 1 related to policies and procedures.</li> </ul>	

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- Processes were being streamlined with policies being signed off by committees, and the Board acknowledged that protocols and implementation of policies did not require committee approval.

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

**13.22pm Ms Ferguson arrived at the meeting.**

**470.10 Register of Sealed Documents**

There have been no sealed documents since the previous report to the Board on 4 August 2010.

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

**471.10 Any Other Business**

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

**The Meeting concluded at 13.25pm.**

**DATE OF NEXT MEETING**

**Tuesday 5 October 2010 at 10.00am in the Boardroom**