

**Held on Tuesday 7 December 2010 at
10.00 am in the Board Room**

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 Mr Ian Turner	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: Ms Jude Ferguson, Dr Paul Phillips, Mrs S Palmer

In Attendance: Mr Stephen Buswell (LINK), Mrs Sally Moores, Mrs Caroline Welch

The Meeting commenced at 10.00am.

Actions

504.10 Declarations of Interest

There were no declarations of interest.

**505.10 Minutes and Matters Arising from the Meeting held on
Tuesday 2 November 2010**

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

It was agreed that an action would be added for Mrs Bryant against the first paragraph of page 5 in relation to bringing a 'Productive Operating Theatre Workshop' to a Trust Board Seminar early in the New Year.

CB/SP

Page 10 Minute Number 500.10 to read:

'Mr Turner presented the Minutes of the Audit & Assurance Committee Meeting held on 11 August 2010 and apologised for not providing a *written* summary of the meeting held on 13 October 2010, *but gave a verbal update*.

Matters Arising

All matters had been actioned.

506.10 Schedule of Tracked Matters Arising

It was agreed that:

- The Theatre Productivity Workshop would be added to the Schedule of Tracked Matters. SP
- The items in relation to the Care Quality Commission were not appropriate for the Schedule of Tracked Matters, and should be removed. SP

(Mr Paine arrived at 10.10am)

507.10 Topical Issues

Mrs Read updated the Board in relation to the following matters:

- A letter had been submitted to the Secretary of State regarding Foundation Trust status.
- A conference call had been held with Sir Ian Carruthers and a meeting is to be arranged for w/c 20 December with Lesli Boswell, KPMG, GP's and Consultants to discuss the options for going forward. The discussion with GP's was an important factor in relation to future options.

(Mrs Calverley arrived at 10.15am)

- The latest Dr Foster report was published on 29 November and the Trust were in a very good position. Dr Foster had not publicised the report as heavily as last year, however Mrs Read would ensure that the good news was cascaded within the organisation and the local press. Some positive press coverage had already been received.
- The Public Health White Paper had been issued.

Mrs Read then read a 'Patient's Story' which illustrated the progress that had been made in the care of patients with a learning disability in the last twelve months.

Mr Bramley praised Matron Parsons for the excellent work that had been carried out in this area.

Mrs Bryant left the meeting at 10.30am.

Public Relations Update

Actions

Mrs Kingscott and Mrs Welch provided the Board with a progress report on stakeholder engagement following meetings with staff focus groups and key local communicators, during which the following was noted:

- Ongoing work would be shared and a focus would be kept on the project.
- The next piece of work would be a Partnership Audit.
- Mrs Welch, the Trust's Communication Champion, was thanked for her work on the project.
- The work needed to extend to voluntary organisations.
- An update on the project should be given at the February Board meeting.

AK/CW

Mrs Bryant returned to the meeting at 10.40am.

In relation to a query raised by Dr Reah, Mrs Welch provided an update on the provision of a new Trust website. The original initiative that the Trust had been pursuing had not come to fruition and Mrs Welch was collaborating with Mrs Tanya Beale, Associate Director of IM&T, on a paper for the Executive Team.

A paper would be brought to the February Board meeting with an update.

CW

Mrs Calverley queried Trust communications regarding governance related incidents and immediate learning points and Mr Bramley commented on the Governance Department's weekly communication letter. However he conceded that this system had not yet been evaluated for effectiveness. Mrs Kingscott agreed to look at putting the information on to the Staff Information Points.

AK

The Board noted the recent progress made on Stakeholder Engagement.

508.10 Clinical Quality Report (to include Learning from Incidents)

Mr Gallegos presented the Clinical Quality Report which highlighted progress made in the areas of:

- Length of stay, re-admissions and mortality
- Statutory Mandatory Training
- VTE Assessment Compliance
- Learning from Serious Incidents

Actions

The Board noted that the length of stay within the Trust had been reduced from 3.3 days to 3.1, and the Trust's mortality rate continued to perform favourably on both CHKS and Dr Foster.

A campaign would be launched to further improve the rate of VTE assessments.

Mr Bramley reported on the positive change in the fall numbers. The Board noted that on page 4 of the report the last line of the paragraph entitled 'Regional SUI Picture' should read '**without** being blamed'.

The Board noted the contents of the report.

Patient Safety First Update

Mr Bramley presented the update paper on Patient Safety First, which detailed the findings of a review visit from the South West Quality and Safety Programme, during which the following points were noted:

- The Trust had made considerable progress over the past year and received a very positive report.
- The Strategic Health Authority (who hosted the review) clearly recognised the interest that the Board and Executive Team had in patient safety.
- Additional work would be undertaken in relation to medicines management.
- Weston was now one of the highest reporting Trusts in the South West Region.
- In the South West Regional Group (Acute Trusts) Weston were near the front in most of the work streams.
- The Trust's work on critical care has been held up as exemplary.
- There is further work to do as medical engagement and Executive sponsorship for all work streams could still be strengthened.

The Board noted the contents of the paper.

Update on Surgical Rota Issues

Mr Gallegos provided the Board with a verbal update on the issues surrounding surgical rotas, during which the following points were noted:

Actions

- The number of surgical trainees is to be cut by the Deanery. The Trust currently has seven surgical trainees but will lose 3 in August 2011 and possibly a further 2 in August 2012 which would bring the number down to 2.
- It is felt that the Trust would be unable to run a surgical rota with only 2 trainees.
- There is an opportunity to re-design the rota system, but this would depend upon the clinical service model and organisational structure so no definite decision can yet be made. However, surgeons will be meeting to discuss the issue.
- For recruitment purposes the Trust would need to make a decision at the beginning of the financial year. It is not anticipated that there will be a problem recruiting for a year or two but thereafter the reduction in trainees will have filtered through.

Further discussion took place regarding patient care and it was noted that there is no immediate hazard to patients.

The Board noted the update from the Medical Director.

509.10

Patient Experience Update (including Exit Card Report)

Mr Bramley updated the Board on Patient Experience feedback and the subsequent actions taking place, during which the following points were noted:

- The lay membership of the Patient Experience Group is to be strengthened.
- Key areas of work are being undertaken as a result of the National Patient Experience Survey.
- Exit cards are now issued to all patients shortly before discharge and between 27% and 85% of patients complete the cards.
- The catering department are carrying out regular surveys.
- Noise at night appears to remain an issue and Mrs Read asked that the causes of noise at night be investigated further. Reports appeared to suggest that a significant contributory factor was patients with dementia but she was cautious about labelling confused patients as the main cause of noise at night.
- It was agreed that an update on Patient Experience would in future come to the Board on a quarterly basis.

IB

IB

	The Board noted the contents of the report.	<u>Actions</u>
510.10	Care, Quality & Governance Committee	
	Minutes of Meeting held on 14 October 2010	
	Mrs Calverley updated the Board on governance issues during which the following points were noted:	
	<ul style="list-style-type: none"> ▪ The October meeting of the Care, Quality & Governance Committee had been productive, however the November meeting had been cancelled due to absences. ▪ The first meeting of the new Clinical Governance Committee had taken place. ▪ Attention was drawn to representation on the Child Protection Committee. With two Dr's currently away it would be a challenge to provide sufficient cover until April. 	
	Discussion took place on identification of risk in committees and how this is passed through to the risk register and subsequently mitigated. The Board noted that the newly formed Clinical Governance Committee would address such issues and report up to the Care Quality Governance Committee. It was expected that the new structure would produce solutions to red risks in a timely manner.	
	Proposed Terms of Reference for Finance Committee	
	Mr Creswick noted that colleagues had seen various drafts of the Terms of Reference for the Finance Committee and discussion took place upon the final draft presented to Board. Amendments were discussed and changes agreed and an updated version will be circulated to all Board members.	RL
	The Board were also advised that Mr Paine had offered to chair the Committee and his offer had been accepted, subject to the Board's endorsement.	
	The Board agreed the Terms of Reference subject to the amendments discussed, and endorsed Mr Paine as Chair of the Committee.	
511.10	Finance Report	
	Mr Little presented the Finance Report to Month 7 (October 2010) and it was noted that all members of the Board had expressed concerns for some months regarding the risk around the savings plans.	

Actions

Discussion took place during which the following points were noted:

- The KPMG work had provided a financial baseline in which all parties could have confidence and this position was helpful in terms of strategic planning.
- The figures provided by KPMG had endorsed and expanded upon the figures that Mr Little had previously provided to the Board.
- The Strategic Health Authority had a good understanding of the Trust's position and were being kept informed of progress and concerns.

Mr Turner re-iterated his serious concern at achieving the year end position and noted that money has been released from reserves to achieve the present position. The Board noted that Table 1e of the Finance Report provided figures to the end of the year.

It was noted that much of the cost position was now driven by attendances to ED over which the Trust has no control, and which had just hit 50,000 for the rolling 12 months. The PCT do not recognise this figure and suggest double counting with the GP led Health Centre. It was recognised that ongoing discussion with the PCT on this matter was key to resolution.

Further discussion took place on activity and capacity, the Winter Plan and the Acuity Model.

The Board noted the contents of the report.

512.10

Performance Report

Mrs Bryant presented the Performance Report during which the following points were noted:

- October had been a challenging month. The Acuity Model had opened on 3 October and was now bedding down.
- The run up to Winter was seeing increases in activity and increased length of stay within the organisation.
- The Trust had achieved 100% on fractured neck of femur.
- The falls situation within the Trust was much improved.
- The Trust was continuing to hold the 4 hour target in A&E.
- A key issue of concern was the 2 week cancer wait. This had never previously been an issue and an

	<u>Actions</u>
investigation was being carried out.	
▪ The problems with delayed transfer of care with NHS Somerset had now been dealt with and the situation is expected to improve.	
▪ The diagnostic wait for endoscopy patients is giving the Trust cause for considerable concern. A lot of analysis has been done and there has been a massive increase in referrals. An action plan has been developed with clinicians in response to a Performance Notice.	
▪ Data on TIA will be available from January, and should also be available retrospectively.	

The Board noted the contents of the report.

Fire Evacuation Drills and Business Continuity Plan Update

Mrs Bryant presented the paper on Fire Evacuation Drills and Business Continuity Update.

Dr Reah thanked Mrs Bryant for the detailed information and looked forward to receiving further details over coming months.

The Board noted that from February 2011 the Trust would have the services of a Trust Fire Advisor on site 2 days a week to provide training, in line with the Fire Remedial Action Plan.

The Board noted the contents of the report.

513.10

Winter Plan

Mrs Bryant presented the paper on the Winter Plan during which the following points were noted:

- All NHS Acute hospitals are required to produce a Winter Plan to mitigate the risks associated with winter pressures.
- The Trust presented the plan to the PCT and Strategic Health Authority in September. No amendments have been requested.
- The Winter Plan was amended slightly in November to include the Acuity Model.

The Board noted the contents of the Winter Plan.

Review of Major Incident and Pandemic Plans

Actions

Mrs Bryant presented the paper on the review of the Major Incident and Pandemic Plans.

The Board noted that both Plans had been reviewed and where appropriate updated to reflect changes in either national or local guidance and to signal changes in the hospital environment.

514.10 Quarterly Top Risks Review

The Board were advised that this Agenda item would be carried forward to January.

AK

The Corporate Risk Register would be presented to both the Audit & Assurance Committee and the Care Quality Governance Committee.

The Board noted the contents of the Corporate Risk Register for November 2010.

515.10 Audit & Assurance

Minutes of the Audit & Assurance Committee Meeting held on 13 October 2010

The Minutes of the Audit & Assurance Committee Meeting held on 13 October 2010 were withdrawn. The Board were advised that these were not yet ratified by the Audit & Assurance Committee.

Mr Turner gave a verbal report of the main points of that meeting.

516.10 Register of Sealed Documents

There have been no sealed documents since the previous report to the Board on 2 November 2010.

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

517.10 Any Other Business

Mr Creswick updated the Board on recent correspondence with Ms Penny Bennett, the Regional Appointments Commissioner. He had been advised that under Appointment Commissioner's Code, the Chair of the Audit Committee could not also hold the position of Vice Chair of

the Board. Mr Turner had acted effectively and helpfully in both positions for the last three years and the matter had never previously been raised.

Actions

Following discussion with Non Executive colleagues and Mrs Read, Mr Creswick confirmed that Mr Turner had agreed to continue as Chair of the Audit Committee and Mr Paine was proposed as Vice Chair of the Board. All voting members agreed and the Board endorsed the appointment of Mr Paine as Vice Chair of the Board.

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

The Meeting concluded at 1.25pm

DATE OF NEXT MEETING

Tuesday 11 January 2010 at 10.00am in the Boardroom

Signed.....
Mr C Creswick – Chairman

Dated.....