

**Held on Tuesday 11 January 2011 at 10.00am  
in the Boardroom**

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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	Mr Ian Bramley Mrs Alison Kingscott Ms Bronwen Bishop (v) Mr Nick Gallegos (v) Mr Rob Little (v) Mrs Chris Bryant

**Apologies:** Mrs Lorene Read, Dr Paul Phillips

**In Attendance:** Mr Mike Lyall (Community Services Committee/NHS North Somerset), Mr Alan Richardson (Crossroads), Mr Stephen Buswell (LINK), Mrs Sally Moores, Mrs Caroline Welch, Mrs Sue Palmer, Mr Jonathan Cook, Ms Khalia Lancaster-Thomas

**The Meeting commenced at 10.01am.**

**Actions**

The Board congratulated Dr Paul Phillips, Chief Executive of Weston College and a Non Executive Director of NHS North Somerset, on his award of the OBE in the New Year's Honours.

**518.11      Declarations of Interest**

There were no declarations of interest.

**519.11      Minutes and Matters Arising from the Meeting held on Tuesday 7 December 2010**

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

**Page 6 Minute 510.10 - paragraph under 3<sup>rd</sup> bullet point to read:**

'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 closely monitor red risks to ensure solutions were produced in a timely manner.*'

**Actions**

**Page 7 Minute 511.10 – 2<sup>nd</sup> paragraph under bullets points to read:**

'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 *some* double counting .....

**Page 7 Minute 512.10 – 3<sup>rd</sup> bullet point to read:**

'The Trust had achieved 100% on fractured neck of femur operations *within 2 days.*'

**Matters Arising**

**Minute 507.10 – Public Relations Update**

Mrs Kingscott agreed to extract the salient points from the weekly Governance Department bulletin and assess which information could helpfully and properly be circulated to the staff information points. Item to go on to tracked matters.

**AK**

**SP**

**Minute 509.10 – Patient Experience Update**

Mr Bramley advised that the Patient Experience Group had met the previous day to discuss noise at night and that both Matrons and Ward Sisters were very aware of the issue. A comprehensive summary of the problem will be included within the March Patient Experience Report. It was acknowledged that the situation appeared to be worsening and must be addressed. Mr Bramley will arrange for Matrons to attend a Board Meeting linked with Patient Experience.

**IB**

Mr Bramley also advised that the Trust were developing a more sophisticated set of questions to be used in the Patient Experience Survey, and which would come into effect from April.

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<b>520.11</b>	<b>Schedule of Tracked Matters Arising</b>	<b><u>Actions</u></b>
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Details were noted accordingly.

<b>521.11</b>	<b>Topical Issues</b>
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The Board wished to thank all Trust staff who had worked during the period of severe winter weather and over Christmas and New Year. The Board was aware of the pressures the Trust has been working under during this time and expressed gratitude to all staff. It was noted that a letter of thanks had been written by a member of the public to the Estates team, staff and volunteers who had helped clear the Trust's paths and walkways in the period of heavy snow.

Mr Creswick updated the Board on the Chairs and Chief Executives' Meeting that both he and Mr Little had attended recently at South West House in Taunton. It was apparent that some organisations were already declaring difficulties on finance and performance but overall the South West was holding to its budget surplus forecast.

Weston Area Health NHS Trust was recognised as a Trust facing considerable challenges. There was concern expressed about the 18 weeks and 4 hour targets in some specialisms and locations, however the overall message was that the South West region was doing considerably better than many parts of the national system.

The ongoing process of transition in the NHS and the flexibility of transition arrangements had been discussed at some length. It was recognised that a few Trusts had little prospect of becoming Foundation Trusts under current arrangements, and it was understood from those discussions that the Secretary of State would be responding to Mr Creswick's letter in due course.

As Acting Chief Executive, Mr Little gave the Board an update during which the following points were noted:

- The Operating Framework Guidance came out on 15 December and this was also highlighted at the Chairman and Chief Executives meeting.
- There is no doubt that 2011/12 will be a demanding year with the transition to new systems.
- The themes for 2011/2012 are mainly in relation to improving quality and outcomes, QIPP and accountability will be a significant leadership challenge.
- The overall change to the tariff is a 1.5% reduction and details are shown on the DoH website.

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| <ul style="list-style-type: none"> <li>▪ NHS North Somerset has seen a 4.9% increase in its allocation against a 3% average, reflecting its previous distance from target allocation..</li> <li>▪ QIPP Planning was stressed and the Trust needs to be very realistic about savings to be achieved in the coming year(s).</li> </ul> | <b><u>Actions</u></b> |
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**The Board noted the update from the Acting Chief Executive.**

**522.11 Clinical Quality Report**

Mr Gallegos introduced the Clinical Quality Report and further explained the requirement under The Medical Profession (Responsible Officers) Regulations 2010 whereby the Trust was required to nominate a Responsible Officer and furnish the Strategic Health Authority with this information by 14 January 2011.

After discussion the Board were in full agreement that the recommendation noted in the Clinical Quality Report be adopted and the Executive Medical Director was nominated as the Trust's Responsible Officer, with the details to be provided to the SHA as required.

**LR/NG**

The Board noted that there had been no incidences of falls causing severe harm since August, however it did appear that the falls figures reflected seasonality and admissions.

Mr Lyall queried how patients views would be considered in the evaluation of a doctor's fitness to practice, and Mr Gallegos explained the three year questionnaire process.

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

**523.11 Patient Safety First Report**

Mr Bramley presented the Patient Safety First Report and provided an overview of the Medicines Management Workstream, during which the following points were noted:

- The workstream has been ongoing for 6 months.
- A lot of work is being carried out at ward level to address the problem of missed doses and each Ward Sister has a plan for their ward. This work will be re-audited in January/February.
- Verbal prescribing only takes place in very limited circumstances and only under strict guidelines.
- Significant improvements have been made in relation to anticoagulants however there is still further work to do.

	<u>Actions</u>
▪ Mrs Welch will brief the GP's regarding the improvements in the anticoagulant pathways, and Mr Gallegos and Mrs Welch will meet to discuss the GP communication.	CW
Mrs Bryant advised the Board that a positive framework had been developed with GP's at the Urgent Care Network meetings and that the GP's may participate in an event with the Trust to share information on what resources and services are available in the community.	NG/CW
Further discussion took place regarding various issues in the report and it was suggested it would be beneficial to include this topic in a future seminar	IB
Mr Paine congratulated Mr Bramley on the medicines management work that had been undertaken	
<b>The Board noted the contents of the Patient Safety First Report.</b>	
<b>Patient Safety Review Action Plan</b>	
Mr Bramley presented the Patient Safety Review Action Plan, during which the following points were noted:	
▪ Recommendation 2 - Mr Bramley will ask Mrs Lovell to provide a summary of the report to the Strategic Health Authority.	IB
▪ Recommendation 3 – an update will be provided in March	
▪ Recommendation 4 - patient safety walkarounds are continuing; however there is concern in relation to progress on the subsequent action plans.	
▪ Recommendation 5 – Progress in this recommendation has been good.	
▪ Recommendation 6 – the benchmarking reports obtained are 6 months out of date however demonstrate the Trust sit 'in the middle'. This information could be included within the Information Governance Report and be provided in the April GP Update report.	AK
	CW

**The Board noted the contents of the Patient Safety Review Action Plan.**

## 525.11 Corporate Risk Register – December 2010

Mrs Kingscott introduced the report on the Corporate Risk Register

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## Actions

Mr Turner advised that risks mentioned previously have been discussed at Executive Team meetings and are being processed and monitored in the IT Dept under the LC01 project, and will not therefore be included on the Corporate Risk Register.

Ms Ferguson congratulated Mrs Kingscott and Mr Prosser on all the work undertaken on the Corporate Risk Register and asked that Mrs Kingscott pass on the Board's appreciation to Mr Prosser.

**IB**

Dr Reah requested an update on CORP 05 and Mrs Bryant advised that work was being undertaken however due to considerable pressure in the hospital at the current time, progress was slightly delayed.

Mr Bramley agreed to provide a paragraph update on the business case regarding privacy and dignity for the February Board Meeting.

**The Board noted the contents of the Corporate Risk Register.**

**526.11**

**Care, Quality and Governance Committee – Approved Minutes of Meeting held on 14 October 2010 and Summary of Meeting held on 9 December 2010**

Mrs Calverly highlighted that further work is had been done in relation to medication incidents and discussions have taken place regarding the Care Quality Governance Committee.

Mr Creswick advised that there would be discussion time in the Trust Board Seminar for finalising the new arrangements which would supersede the Care Quality Governance Committee, and also for concentrating on lessons learned from the unannounced visit by the Care Quality Commission last week.

**The Board noted the contents of the Minutes of the Meeting held on 14 October 2010 and the Summary of the Meeting held on 9 December 2010.**

**527.11**

**Finance Report**

Mr Cook introduced the Finance Paper and advised that Dr Reah had raised a number of queries which had resulted in the reissuing of a small number of papers, however none contained significant substantive changes.

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The key points noted were:

**Actions**

- In month 8 the Trust expenditure was £511k in excess of that budgeted.
- Income YTD is ahead of plan by £1,555k whilst there is an overspend against expenditure budgets of £1,394k.
- There is significant risk regarding achievement of the planned surplus at the year end.

Mr Cook advised the Board that NHS North Somerset had agreed to fund £600k towards over-performance.

Discussion then took place regarding the replacement of medical staff and how the process could be improved to avoid locum costs.

It was suggested that a review of the process take place and is reported back to the Board, with the possibility of additional sums being built into the budget to cover the Royal College's involvement and inbuilt and seemingly unavoidable delays in the processes.

AK

Mr Paine queried the assurance of £4.1 million pounds of risk rated plans, stating that may plans were red risked or amber.

Mr Little stated that he was confident that the Trust would deliver £4 million pounds of savings against the original CRES of £6m. The Finance Department had analysed each individual scheme, which if performed as currently expected, would deliver £3.8 million and new schemes should deliver £200k. He recognised the recurrent/non recurrent issue and the challenge for 2011/2012.

Mr Turner re-iterated the Board's serious concerns in relation to reaching a satisfactory year end position.

**The Board noted the contents of the Finance Report.**

**12.30pm Mr Lyall left the meeting.**

**528.11**

**Performance Report**

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

- Endoscopy – the backlog of diagnostic tests were being cleared. It was noted that the Trust have had a significant spike of referrals and activity. A lot of service re-design to create capacity has taken place and numbers are reducing.

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| <ul style="list-style-type: none"> <li>▪ Discussions have taken place with NHS North Somerset and NHS Somerset to see if they could help to clear the backlog by taking direct access patients away.</li> <li>▪ Pressures are being faced in cancer waiting times however the figures are looking better for December as work has been focussed in this area.</li> </ul> | <u><b>Actions</b></u> |
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The Trust is currently under extreme pressure in relation to non-elective admissions, which shows no sign of abating, and is opening additional capacity to cope.

Conference calls have been taking place across the South West at a high level. Patients have been arriving acutely ill and there is also a lot of staff sickness.

The Board noted that staff have risen to the challenge and the Trust was proud that patients were being looked after appropriately.

Discussion took place on resilience, particularly in ED and the issue of adjusting to ensure systems were flexible enough to cope with seasonal fluctuations.

Mrs Bryant advised that a winter plan had been put in place some months ago and that the past week was traditionally pressured so elective inpatient activity had been intentionally reduced.

**CB**

The Board noted that an analysis of one month's ED activity had shown a significant peak in activity on a Sunday as the services required were not available in the community, or patients did not know how to access them. The Trust is only able to do so much and is reliant upon primary care to assist. Mrs Bryant will circulate a copy of the ED graph to all Board members.

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

**529.11      Operational Planning Update**

Mr Little advised that negotiations had begun with NHS North Somerset and NHS Somerset in relation to the new financial year and a contract must be in place by the end of February. A lot of work is taking place within the Trust in preparation and although progress has been made, there are still issues to be resolved.

Dr Reah commented that the quality of data had improved and therefore activity data going into the contract should reflect real trends.

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		<u>Actions</u>
	<b>The Board noted the update on the Operational Planning Process.</b>	
<b>530.11</b>	<b>Annual Review of Medium and Long Term Efficiency Plans</b>	

Mr Creswick advised that this agenda item would be carried forward until the Trust had had discussions with the Strategic Health Authority and their Lead Commissioner.

RL

<b>531.11</b>	<b>Audit &amp; Assurance – Approved Minutes of the Audit &amp; Assurance Committee Meeting held on 13 October 2010 and Summary of the Audit and Assurance Committee Meeting held on 8 December 2010</b>
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There were no questions in relation to the Minutes of the Meeting held on 13 October 2010 and Mr Turner therefore gave a brief update on the Summary of the Meeting held on 8 December 2010, during which the following points were noted:

- It was noted that the Trust had directed Internal Audit to the areas where it had concerns.
- The Information Department review was red and will need to be monitored. Many action points had come out of the review, there were no major items but many small issues regarding some fundamental controls within the department.
- A new Associate Director of IM&T had recently been appointed.
- Mr Little commented that most of the actions had already been noted and he was confident that they would be on track by the end of the financial year.
- The CRES Savings Audit was red, which was not a surprise, reflecting original risk identified.
- The Discharge Audit was amber. A good job was being done but there is still further work to be done, but nothing as large as the Information Department.

The Board noted that the revised Standing Financial Instructions and Standing Orders will be coming to the Board for approval.

Mr Turner updated colleagues on an appeal that was currently under way regarding the provisional assessment that the Trust had received for its Counter Fraud rating. It appeared that other Trusts who were doing the same type of work, had been rated at a higher level.

**The Board noted the update on the Audit and Assurance Committee.**

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<b>532.11</b>	<b>Register of Sealed Documents</b>	<b><u>Actions</u></b>
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There had been no sealed documents since the previous report to the Board on 7 December 2010.

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

<b>533.11</b>	<b>Any Other Business</b>
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Mr Creswick moved a motion to exclude the public from the 'Closed' session and this was approved.

**The Meeting concluded at 1315 pm.**

**DATE OF NEXT MEETING**

**Tuesday 1 February 2011 at 10.00am in the Boardroom**

Signed:.....  
Mr C Creswick – Chairman

Dated.....