
**Minutes of the Trust Board in Public Meeting of Weston Area Health NHS Trust held on
Tuesday 2 April 2013 at 11.20 am in the Board Room, Weston General Hospital**

Present:

Mr Chris Creswick	(CC)	Chairman (V)
Mr Nick Wood	(NW)	Chief Executive (V)
Ms Bronwen Bishop	(BB)	Director of Strategic Development
Mrs Margaret Blackmore	(MB)	Vice Chair, Patients' Council
Ms Jude Ferguson	(JF)	Non Executive Director (V)
Mrs Sheridan Flavin	(SF)	Director of Human Resources
Mr Nick Gallegos	(NG)	Medical Director (V)
Mrs Irene Gray	(IG)	
Mr Rob Little	(RL)	Director of Finance (V)
Mr Roger Lloyd	(RLL)	Non Executive Director (V)
Mr Grahame Paine	(GP)	Non Executive Director (V)
Dr George Reah	(GRR)	Non Executive Director (V)
Mr Adrian Rutter	(AR)	Trust Board Secretary

(V) Denotes Voting Director

In Attendance:

Mrs Julie Fisher	(JEF)	Executive Personal Assistant (Minute-Taker)
Mrs Caroline Welch	(CW)	Head of Communications

830.13 WELCOME AND APOLOGIES FOR ABSENCE

CC welcomed Mrs Margaret Blackmore (MB) as Vice Chair of the Patients' Council, Mr Stephen Buswell (SB) as Acting Healthwatch Representative, Mr Alan Richardson (AR), Ms Jayne Jackson (JJ) of Unison, Mr Ian Johnson (IJ) and Mrs Gill Malakooti (GM), Union Representatives and a representative from Smith Kline.

CC noted the following apologies for absence:

Mrs Karen Croker	Director of Operations
Mrs Chris Perry	Director of Nursing
Mr Ian Turner	Non Executive Director
Mrs Delyth Lloyd-Evans	Chair, North Somerset Community Partnership
Mr Nathan Meager	Chair, Patients' Council

CC noted that in Mrs Perry's absence, Mrs Gray was attending to provide a focus on nursing items, having formally retired from her position on 31 March 2013. IG would be maintaining a part-time project-based role in relation to specific work in the Trust.

DECLARATION OF BOARD MEMBERS' INTEREST

There were no declarations of interest.

CONSENT AGENDA

831.13 MINUTES AND MATTERS ARISING FOLLOWING THE MEETING HELD ON TUESDAY 5 MARCH 2013

The Minutes of the meeting held on Tuesday 5 March 2013 were agreed as a correct record subject to the following amendments:

Page 1 / Item 819.13 – Welcome and Apologies for Absence
Mr Alan *Richardson* had been in attendance at the meeting.

Page 4 / Item 822.13 – Francis Report
3rd bullet point – the figure of 190 to be removed from the sentence.

12th bullet point – sentence should read “The Trust Board is formally constituted according to Department of Health regulations but as a local addition the Chair of HMA has consistently been offered a seat in attendance at ‘*Open*’ *Session Trust Board Meetings* – this would again be considered at the Trust Board Seminar next week (19 March)”.

Page 5 / Item 823.13 – Integrated Performance and Assurance Report
There were objections to the naming of this report to include ‘*Assurance*’ and it was therefore agreed to revert back to ‘*Integrated Performance Report*’.

Page 10 / Item 825.13 – Board Assurance Framework
Sentence should read “GRR stated that some of the entries *had clearly not been updated within the BAF*,”

Action should read “*To update outdated entries within the Board Assurance Framework*”.

Resolution:
The Minutes of the March Board in Public Meeting were APPROVED as a true and accurate record of the meeting subject to the agreed amendments.

In reviewing the Table of Matters Arising following the meeting held on Tuesday 5 March 2013, the following points were raised:

772.12 – The Peer Review Initial Report has now been received and a Progress Review of the Dementia Action and Delivery Plan will be presented to the Trust Board Meeting in April 2013.

822.13 – Progress on the Trust's responses to the findings of the Francis Enquiry will be taken through the Executive Management Group, with a Progress Report to be brought back to the May meeting of the Trust Board. A further Trust Board Seminar is being planned for sometime during May 2013.

832.13 BOARD MEMBERS' ATTENDANCE AT TRUST BOARD AND COMMITTEE MEETINGS – OCTOBER 2012 TO MARCH 2013

Information on Board Members' Attendance at Trust Board and Committee Meetings for the period October 2012 to March 2013 is presented to the Board for information and ahead of publication of the Annual Report. Any inaccuracies with the detail provided should be forwarded to JEF or AR.

CC thanked colleagues for their continued high level of attendance at Trust Board and Committee Meetings.

837.13 QUESTIONS FROM MEMBERS OF THE PUBLIC

The Board agreed that this item be taken at this point in the Agenda.

CC addressed members of the Unions who had attended the meeting to express concerns and queries pertaining to the South West Pay, Terms and Conditions Consortium.

JJ spoke on behalf of colleagues asking that as five other Trusts within the region have now pulled out of the Consortium would Weston Area Health NHS Trust be doing likewise, and would we be making a clear commitment to National Terms and Conditions.

CC advised that the South West Consortium produced its report in December 2012 and made papers available to all Trusts and the public. This work is now complete, the Consortium no longer exists, and the Trust therefore is no longer a member.

CC said that the Board welcomed the recent progress made in national negotiations between NHS Employers and Trade Unions regarding Agenda for Change. CC added that the Trust has always recognised that the NHS is governed by national agreements on terms and conditions and has gone to some lengths to ensure staff understand the Trust's commitment to national pay agreements. Regional pay was never part of the Consortium's brief.

The Board is also aware that other areas of the NHS, not only the South West, have been keen, as we are, to see progress made in the national negotiations to reflect the challenges facing the NHS and the need to ensure that Agenda for Change and other national agreements remain fit for purpose.

CC gave the Board's assurance that the Trust will be taking forward Agenda for Change discussions through the usual local channels, such as the Joint Negotiating and Consultative Committee.

The Board recognises the importance of making the best possible use of our staff resources in the context of the financial challenges facing the NHS nationally and locally and that this had been the focus of the Consortium's research, reflected in the wider national debate. CC said that the Trust's budget for 2013/14 again contains a requirement for substantial cost savings, and discussions with all staff groups on ways in which to make the Trust more efficient will continue in the months to come.

JJ, IJ and GM left the meeting.

QUALITY, PATIENT SAFETY AND PERFORMANCE

833.13 CHIEF EXECUTIVE'S REPORT

NW provided a verbal Chief Executive's Report covering the following points:

- Deb Chatterton a Bank Nurse on ITU has recently been commended for 'Nurse of the Year' at the Nursing Standards Awards for 2013. A letter formally noting this accolade will be sent by NW.
- Work on the Outpatient Refurbishment has now commenced with the £1.2m capital spend due for completion by September 2013.
- Members of the Board are reminded of changes to CRB Checks which came into effect from 1 January 2013. Staff working with children will be required to undertake an Enhanced CRB check and will not be permitted to commence prior to employment checks unless in exceptional circumstances and where not to do so may put patient safety at risk.

CC noted the ongoing success of Sunshine Radio who has recently taken Gold at the National Hospital Radio Awards. A letter formally noting this accolade will be sent by CC.

CC acknowledged the recent letter sent to NHS Chairs by the Rt Hon Jeremy Hunt MP, which draws focus to the Government's publication 'Patients First and Foremost', and the initial response on behalf of the whole health and care system to the report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. A copy of this publication would be circulated to members of the Board.

Action:

The letter recently received from the Rt Hon Jeremy Hunt MP to be circulated to members of the Board.

By Whom:

JEF

Resolution:

The Trust Board **NOTED** the Chief Executive's Report.

834.13

INTEGRATED PERFORMANCE REPORT

Section 1 – Executive Summary

CC, in picking up on the earlier comment pertaining to the addition of 'Assurance' within the title of 'Integrated Performance Report', asked that this is discussed further in the 'After Board Seminar' this afternoon, as this topic specifically links to the Francis Report. It was also agreed that a Review Meeting involving Non Executive Director colleagues and specific Executive Directors and Managers, concerned with the content, production and presentation of the Integrated Performance Report should be convened to look at the content and format, but that no further changes would be made until an agreed version could be produced.

Action:

A Review Meeting of the Integrated Performance Report to be convened to look at the content and format of future reporting.

By Whom:

CC

NW introduced the Integrated Performance Report for March 2013 which continues to highlight the continued rise in admissions and unrelenting pressures which is also being felt nationally due to unseasonal cold weather.

NW drew attention to the Monitor Scorecard which, despite the continued activity levels within the Trust, maintains 'green' Monitor scores for all indicators except for two significant areas of pressure around Clostridium Difficile and A&E Waiting Times.

The Trust is continuing to maintain focus to ensure that the financial plan for 2012/13 is delivered and work is continuing to prepare for the next financial

year 2013/14, ensuring that the Trust has robust plans to continue to deliver the high quality and range of services within tight financial arrangements.

Section 2 - Quality and Patient Safety

IG introduced the Quality and Patient Safety section of the report, with the key headlines as included within the Executive Summary.

Pressure Ulcers continue to account for a large proportion of incidents, with a total of 87 pressure ulcers reported in February, of which 59 were community acquired and 28 were hospital acquired. The Trust has seen a decrease in the number of hospital acquired Grade 2 pressure ulcers, with 15 reported in February 2013. The highest reporting wards were Berrow and Cheddar Wards with four incidents reported on each ward. There were three Grade 3 pressure ulcers reported, one on Harptree West and two on the Waterside Unit, which are currently being investigated as Serious Incidents.

IG explained that a number of actions are being undertaken to reduce the incident of hospital acquired pressure ulcers. These include a specific training session for Theatre and Recovery staff to ensure that appropriate pressure relieving actions are taken at all points in the patient pathway. IG recognised the Board's concerns about this continuing problem, to which a great deal of nursing effort was being directed.

IG added that the recently published Francis Report identifies the need for openness and candour where patients are involved in a safety related incident, and confirmed that the Trust is now monitoring whether patient's next of kin have been informed when a patient has been involved in an incident, which should be the procedure.

The largest category of reported staff incidents was "accidents which may result in personal injury" which totalled nine, with reported incidents of abuse totalling eight.

In reviewing the Lessons Learnt and Actions Taken from Serious Incidents closed in February 2013, IG added:

- Vulnerable Child detained in the Emergency Department – this was not as a direct result of action by the Trust, but by an external organisation.
- Closure of the Maternity Unit for one night due to staff shortages – IG confirmed that no mothers or babies had suffered as a result of the Maternity Unit closure.

IG was pleased to note a significant reduction in the number of patient falls in February 2013 compared to the previous month, from 44 falls in January to 28 falls in February 2013. There was also a 50% decrease in the number of patients sustaining more than one fall.

The Board was disappointed to note that the number of complaints received had increased in February 2013, although this number was lower than at the same time the previous year. GP suggested that as a Board we need to ensure that the monthly report gives a balanced view of complaints and compliments in relation to the detail of reporting and presentation. CC acknowledged this point and suggested that this also relates to wider issues for the Board to consider as part of a review of the NHS Complaints process.

MB asked whether there was anything available on the Trust's website to direct patients/members of the public to the complaints process. CW confirmed that a link is included within the Patient Advice and Liaison Service section of the website.

IG confirmed that the Patient Experience Strategy would be presented to the Trust Board in May 2013.

NG drew the Board's attention to the Mortality Data which illustrates the crude mortality data for the period March 2012 to February 2013. NG confirmed that the Trust's performance is well within the boundaries to be expected and just better than the average index for our peer group which is predominantly drawn from Trusts within the South West.

Noting the Board's concerns in relation to the deterioration in the index over the last five months, CC requested further analysis by way a chart showing the Trust's comparison over the last five years.

Action:

Further analysis by way of a chart showing the Trust's comparison over the last five years.

By Whom:

NG

NG noted that data within the NHS Safety Thermometer highlights that the Trust has performed better than average against a significant number of its peers with regard to the number of patients now subject to risk assessments and the number of patients treated prophylactically for Venous Thromboembolism.

Section 3 - Operational Performance

NW presented the Operational Performance section, reporting:

- Seven of the eight national cancer targets were met by the Trust in January 2013.

- The stroke target of 80% of patients spending 90% of their time on the Stroke Unit was not achieved in February. Actions are being taken to improve performance.
- The Trust continues to achieve all of the 18 week referral to treatment targets in February, with the 90% target having now been achieved for the 32 consecutive months.

GP questioned the data for Cancelled Operations shown on the Summary Scorecard which would suggest that the continuing month by month deterioration might reflect that the efficiency improvement work undertaken by Newton is actually having a negative impact on performance. NW advised that the cancellation rate throughout the year is still below the national average and the decline purely an issue relating to bed pressures arising that produce cancellations. GP asked that such commentary / explanation is included in future reporting.

GRR noted inconsistencies within the ED Clinical Quality Indicators for February 2013

Section 4 Human Resources

SF introduced the Human Resources section of the report, with the key headlines as included within the Executive Summary.

SF was disappointed to report that the Trust's sickness rate remains high at 4.32%, however improvements have been made across the Emergency Care, Planned Care and Facilities and Estates Divisions. The top three reasons for sickness continue to be Stress / Anxiety / Depression, Musculoskeletal and Gastrointestinal, however there are still a large proportion of sickness absence reasons not being recorded and members of the HR Team are training Managers to ensure they understand the need to record sickness reasons.

SF provided the Board with an update in terms of the MARS Scheme which closed on 1 March 2013 – 44 applications have been received, 11 have been accepted, with the final figure yet to be confirmed. SF added that no 'front line' staff have been accepted through this process.

Section 5 Finance Report

RL presented the Finance Report for Month 11, noting that the Trust is reporting a year to-date surplus of £2,018k before impairments, which is in line with the Plan. Overall income is £2,651k above plan at the end of

February 2013, with overall expenditure over plan at £2,572k at the end of Month 11.

The adjusted run rate for expenditure has improved in February 2013 by £273k when compared with the January level - £7.476m for January and £7.202m for February 2013.

The three Clinical Divisions and the Estates and Facilities Division have been set year end expenditure control totals and stretch totals. These have been incentivised with an agreed capital allocation for each target if achieved. RL recognised that these are challenging totals to be delivered given the current expenditure run rates.

The forecasts against control targets at Month 11 have seen some improvements in the Clinical Services, Emergency and Planned Care Divisions. There is potential for the control total to be achieved by Clinical Services Division whilst the Planned Care and Estates and Facilities Divisions are likely to be close to the control total.

As at 28 February 2013, RL reported that £1,879k of capital expenditure has been spent with expenditure during the month of £441k being spent on schemes. RL added that the Strategic Health Authority has now confirmed the £2m strategic allowance will be received.

The Board extended its appreciation to RL and the Team in terms of the achievement reached. Congratulations were also offered by MB on behalf of the Patients Council.

Resolution:

The Trust Board **NOTED** the Integrated Performance Report.

835.13

BUDGETS 2013/14

In presenting the a proposal of the Budgets for the financial year 2013/14, RL explained that the Budget Briefing Session could not take place prior to the Board Meeting as no convenient date could be found in the limited time available. Information had however been circulated to Board colleagues.

RL said the Budgets for 2013/14 have been prepared in line with NHS guidance and with the principles and processes agreed by the Trust Executive Management Team and in accordance with the framework agreed by the Trust Board.

RL advised that the contract income is still under negotiation with the North Somerset Clinical Commissioning Group with a current gap of £1.3m, mainly related to Non PBR services and local tariff. The Trust will be operating on a

fully variable Payment by Results contract in 2013/14 which presents opportunities and risks regarding the income for the year.

The major risks and opportunities to the Plan were reviewed with RL defining the penalties and fines which will reduce income and is highlighted as a key risk.

CC made reference to the letter recently received from Anthony Farnsworth, Director for the BNSSSG Area Team (a copy of which was tabled to Members of the Board), with whom PC, RL and colleagues have been closely engaged. In the letter Anthony confirms the awareness of the position in the National Commissioning Board (NCB) Regional Team and the NHS Trust Development Authority (NTDA). The deficit position is “both understood and accepted within the NCB and NTDA”.

RL drew the Board’s attention to two key issues:

- The aim will be to minimise the deficit where possible whilst continuing to maintain high quality and safe patient services.
- Ongoing viability of services and associated costs. This process will be taken through the Finance Committee and then to the Trust Board.

In concluding CC read two paragraphs taken from Anthony Farnsworth’s letter, which he felt were important for the Board and the Trust, and would appear to ease any immediate concerns regarding approval of a deficit budget.

“I understand that the NTDA has committed to support the Trust in securing sufficient working capital to make good the cash shortfall generated by the I&E position over the next two financial years. Whilst appreciating that this is a technical financial solution, I feel it is still important to make sure that this is communicated to staff and suppliers in order to maintain a high level of confidence in the system.

On a non-technical level I would like to reinforce that the usual negative connotations attached to the setting of a deficit budget do not apply to your Board’s handling of your responsibilities. On the contrary, your organisation has done much to recover and stabilise the underlying position. It would be quite unwarranted to attach negative connotations to either any professional or corporate aspects of this situation”.

The Board approved the deficit budget for 2013/14 recognising that within the next two months we will be looking to conclude income negotiations with the Clinical Commissioning Group and, with the final expected agreement on the cash position, will ensure that the Trust is in a viable financial position for the whole year.

Resolution:

The Trust Board **APPROVED** the Budgets for the financial year 2013/14.

SB left the meeting at 1.15 pm.

836.13 NURSE STAFFING REVIEW

IG presented a paper which provides a review of the current Nurse Staffing numbers across Trust wards and makes recommendations for improvements to nurse staffing during 2013/14. The recommendations support the Trust Board in meeting its responsibilities to address the recommendations made in the Francis Enquiry.

IG added that this paper is not in response to the Francis Report as work had been started prior to that Report reflecting pre-existing concerns in the Trust and the costs and consequences of increased use of agency staffing.

The costs of the individual elements of the Nurse Staffing Review were discussed. IG advised that the indicative increase in costs will be substantially greater if agency nurses are required to meet the increase in staffing. For this reason increases agreed will be funded at permanent staff costs and wards will be held to account for delivery of their budget. RL added that the costs identified should fall within the budgets which have now been set.

CC on behalf of the Board noted the recommendations and welcomed a further review of patient acuity and dependency during June 2013 which would be reported back to the Board, together with progress on implementation of the staffing changes.

Action:

A further review of patient acuity and dependency to be undertaken in June 2013, which will be reported to the Board, together with progress on implementation of the staffing changes.

By Whom:

CP

Resolution:

The Trust Board:

- **NOTED** the robust methodology used to internally review nurse staffing levels on wards across the Trust and made recommendations for nurse staffing in 2013/14;

- **ENDORSED** the recommended changes to nurse staffing in 2013/14.
- **NOTED** the financial implications of the recommended changes;
- **NOTED** the implementation plan.

ANY OTHER BUSINESS

837.13 QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no other items of business.

DATE OF NEXT TRUST BOARD MEETING:

Tuesday 7 May 2013 at 10.00 am in the Board Room

The **Trust Board in Public Meeting** closed at 1.35 pm