

Meeting of the 'Open' Session of the Trust Board

Weston Area Health
NHS Trust



Held on Tuesday 2 August 2011 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) Dr George Reah Mr Ian Turner	Mrs Lorene Read (v) Mrs Chris Bryant Mr Nick Gallegos (v) Mr Eric Gatling Mrs Alison Kingscott Mr Rob Little (v)
Apologies:	Ms Bronwen Bishop, Mr Ian Bramley, Ms Jude Ferguson, Mr Grahame Paine, Ms Claire Leandro, Mr Mike Lyall, Dr Paul Phillips	
In Attendance:	Mrs Margaret Blackmore (Crossroads), Mr Stephen Buswell (LINK), Mrs Julie Fisher, Mrs Sue Palmer, Mrs Caroline Welch	

The Meeting commenced at 10.02 am

Actions

Mr Creswick welcomed members of the public to the August Meeting of the Trust Board – Mr Dennis Passmore, a patient, and his daughter; and Mr Alan Fisher, Mrs Carol Fisher, Mr Mike Baker and Mrs Jean Willis, all local residents and members of the Uphill Village Society.

622.11 Declarations of Interest

There were no declarations of interest.

623.11 Minutes and Matters Arising from the Meeting held on Tuesday 5 July 2011

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

Page 11, Minute 618.11 - CQC Registration Compliance Update', 1st bullet point:

Correct spelling of *Drove Road*.

Minute 598.11 - Patient Safety First Report

Mrs Kingscott provided further clarification regarding circulation of Volunteer Voices, advising that under the Data Protection Act, permission would need to be sought from every person named within Volunteer Voices, before the circular could be more widely distributed electronically. This was accepted as being impractical.

Minute 618.11 – CQC Registration Compliance Update

Mr Gallegos advised that he has written to Doctor Diana Howlett and Dr Trisha Tallis, and is awaiting dates in respect of potential visits to the Barn and Drove Road.

624.11 Schedule of Tracked Matters Arising

The Board noted the Schedule of Tracked Matters Arising for September and November 2011.

625.11 Topical Issues

Mr Creswick invited residents and members of the Uphill Village Society to address the Trust Board, advising that he was aware of their general concern regarding parking and traffic flow in the village and appreciated their attending this morning's meeting.

Speaking on behalf of the Society, Mrs Carol Fisher advised that since the introduction of staff car parking charges the difficult issue of parking within Uphill Village has been compounded. This has resulted in driveways being blocked, cars being parked on pavements and access for bus routes disrupted. She believed that staff feel aggrieved regarding the parking charges and see this as another tax on their salaries, and Mrs Fisher asked the Board what, if anything the Trust was prepared to do to alleviate the parking issues. Mrs Fisher and her colleagues provided photographs that clearly illustrated the difficulties described.

Mr Creswick thanked Mrs Fisher for the clear and helpful description of the problems being experienced. He advised that the introduction of very modest staff parking charges had been a component of the Green Travel Plan, which had been agreed with the Council. The intention was not to raise money for the Trust, but to incentivise staff to either car share, cycle to work or use public transport.

Mr Creswick accepted that the current situation could not continue and stressed the wish of the Trust to be a good neighbour in the village.

The Society members further advised that the Police have been called on numerous occasions but have generally not pursued the issues raised. There is also a real concern that fire engines would not be able to access certain routes should an emergency situation arise.

A number of residents are also experiencing problems with missed refuse collections, as vehicles are unable to reach the less accessible areas, leaving roads and pavements littered with refuse.

Acknowledging the obvious difficulties being experienced, Mr Creswick again thanked the members of the Uphill Village Society for sharing their concerns with the Trust Board. He gave an assurance that the issues raised would be acted upon by the Board in consultation with staff and the appropriate authorities.

The Society thanked the Board for their time, advising that their meetings are held on the fourth Wednesday of every month, and the Chair is Mr Stewart Castle, who with Mrs Fisher would be a point of contact.

Residents and members of the Uphill Village Society left the meeting.

Mr Creswick extended his thanks to Mr Dennis Passmore for attending the meeting, advising that the Trust Board regards patient safety as its top priority, and therefore welcomed the opportunity to hear of his experiences as a recent patient.

Mr Passmore described his inpatient stay following a stroke from the point of his admission on 16 July 2011. He commended all staff with whom he (and his family) had come into contact, including the Emergency Department, Stroke Unit, Physiotherapists and Occupational Therapists. This being his first time in hospital, Mr Passmore said that he felt extremely nervous at first, however his perception soon changed and after a week he was able to walk with a stick. He considered the care and treatment which he had received to be exemplary. In response to questions from Board Members he confirmed that Nurses had talked at length to him about his care package. The Doctors visiting on a daily basis had been rather less communicative. Upon discharge, Mr Passmore was provided with all of his medication and this again had been fully explained to him.

Mrs Read asked Mr Passmore's daughter for her observations as a family member closely involved with her father's care in the Hospital. Other than finding it initially difficult to locate the Emergency Department, she said that she concurred with her father in terms of the care provided to him, adding that staff kept her fully apprised of his treatment at all times.

Mrs Blackmore said that she was pleased to learn that Mr Passmore felt he had been treated with dignity, which the Hospital has taken very seriously.

Mr Creswick, on behalf of the Board, expressed everybody's very best wishes to Mr Passmore for his continued recovery, suggesting that any further comments which he may wish to make in the future as his recovery continues would be welcome. Thanks were expressed to both Mr Passmore and his daughter for taking the time to attend the meeting.

Mr Passmore and his daughter left the meeting.

Mrs Read drew reference to the recent Chair appointments to the Cluster Strategic Health Authorities, with Dr Geoff Harris confirmed as the Chair for NHS South of England, covering the South West, South Central and South East Coast. Chief Executive appointments are expected shortly. In addition, further Primary Care Trust Cluster appointments at and below Director level are now starting to filter through.

Mr Creswick noted that arrangements are now in hand for Mr Peter Colclough to join the Trust on Monday 5 September 2011 as Interim Chief Executive. This would be Mrs Read's last Board Meeting and the Board would wish to express their thanks for all her efforts in due course.

Mr Creswick advised that work is continuing urgently with colleagues within the local health and social care community on the strategic developments agreed with the Strategic Health Authority.

Dr Reah drew reference to the Patient Safety Briefing Paper on "Executive Leadership Walkarounds" which had been circulated as an action following last month's Trust Board Meeting. Dr Reah suggested that the wording of the second bullet point should read "To *maintain* patient safety as an Executive priority by spending protected time promoting a safety culture within Weston Area Health NHS Trust", which he considered to be an important difference that should be taken on board. It was agreed that the paper would be amended and circulated to the Trust Board.

JF

The Board noted the verbal updates from the Chairman and Chief Executive.

626.11 Clinical Quality Report (to include Dignity Champions' Annual Report)

In Mr Bramley's absence, Mr Creswick asked that the Clinical Quality Report be taken as read.

Mr Gallegos felt this to be an interesting and positive report, the themes of which had been reflected within the patient's story heard this morning.

During the course of discussion the following points were raised:

- Mr Buswell queried membership of the Dignity and Care Working Group, which was confirmed.
- Mr Turner was encouraged to learn that work to enhance the dignity of the patient environment within the Discharge Lounge and other out patient areas was being extended.
- Mrs Kingscott confirmed that the Trust is currently undertaking a Bullying and Harassment Survey with staff, the analysis from which will be returned to a future meeting of the Trust Board.
- Mrs Blackmore commented that the issue of providing different gowns for female patients has been ongoing now for several years. This point was noted but the issue was again being addressed by the Dignity and Care Working Group.
- Mrs Kingscott advised that Voluntary Services, led by Mrs Sue Tarpey, are introducing 'memory boxes' and befriending services for patients suffering with dementia, with further details to be circulated more widely in due course.
- Mr Buswell noted that Patient Safety had not been specifically included within this month's Trust Board Agenda and asked whether this was a permanent move. Mr Creswick noted that Agenda Items 6 through to 8 all fall under the heading of Care, Quality and Safety, and further more patient safety as a theme is embedded within all Board considerations. He hoped this gave sufficient emphasis.

AK/SP

IB

The Board noted the Clinical Quality Report.

In Mr Bramley's absence, Mr Creswick asked that the Quality Account be taken as read.

The Board considered the Quality Account to be very clear and well presented, recognising both where the Trust has made considerable progress and areas of outstanding work.

Dr Reah asked that various references to the "Emergency Department" and "Urgent Care Centre" be changed where appropriate to achieve one consistent terminology. It was pointed out that since the document has already been audited, no changes are possible this year but the point was accepted for future reference.

Dr Reah questioned the 'Access to Genito-Urinary Medicine (WISH Clinic) within 48 Hours' which has remained constant at 100%, although the Performance Report does not reflect this. Mrs Bryant clarified the detail included within the Performance Report.

It was agreed that Mr Bramley and Mrs Welch would liaise further in respect of publication on the Trust's website and within NHS Choices. Copies would also be made available at the Trust's Annual General Meeting in September 2011.

The Board noted the Quality Account.

Safeguarding Annual Report

In Mr Bramley's absence, Mr Creswick asked that the Safeguarding Annual Report be taken as read.

Mrs Read advised of a key gap in terms of a Named Doctor for Children's Services. This risk is mitigated until a solution is found.

Dr Reah advised that the Quality and Governance Committee had recently approved the Terms of Reference for the Safeguarding Committee.

Mr Turner drew reference to the Safeguarding Adults Review which had been undertaken by the Primary Care Trust and North Somerset Council back in June. A recommendation was made for Mr Bramley to bring back the outcome of this Review to a future meeting of the Trust Board.

IB/SP

Members of the Trust Board noted the Safeguarding Annual Report.

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

- Good performance is being maintained in a number of areas, although the failure to meet the A&E standard remains a focus for significant concern;
- The Trust is actively working to reduce Length of Stay through a high profile programme of events and workshops. Mr Gallegos reiterated the need for clinical leadership to reduce Length of Stay for medical admissions to between 5 and 6 days, as opposed to the current 8 to 10 days, making reference to the lessons to be drawn from Whipps Cross Hospital, which following a relentless drive to reduce Length of Stay, is now maintaining Top 10 status.
- Mr Gatling referred to the ongoing work on discharge, which links very closely to Length of Stay and forms part of a package of measures to achieve. Mrs Bryant advised that there is the ability to capture the Estimated Date of Discharge on the Millennium System. This is a mandatory requirement and the Trust has been adhering to it for some time. The Estimated Date of Discharge assists the MDT to proactively plan for discharge.

However, although we collect this information it is not fully owned by each and every member of the MDT and we need to do some work to improve engagement and ownership.

- Mr Little noted the positive performance figures illustrated within the report, and in particular access to CQUINS funding, which has an added impetus and is an opportunity and key issue for this Trust.
- Mr Gatling advised on the 3 areas of support which have now been agreed with the Emergency Care Intensive Support Team – development of the Urgent Care Strategy and Work Programme, enhancing the Front Door and Minors Flow, and understanding the Broad System Flow during the day. An Action Plan is now being developed which will be performance managed within the organisation.
- The Board were pleased to learn of the improvement to 'Stroke Care – Stroke patients to Spend 90% of their stay on a Stroke Unit', which is now being tracked on a day by day basis.

- Mr Gatling referred back to the Table of Matters Arising, suggesting that we continue to monitor discharge letters on a quarterly basis, and once changes have been made, revert to monthly reporting. This was agreed to be sensible.
- The sample size for MRSA Screening of Non-Elective Patients was confirmed at 20 patients, with the Board noting the progress which has been made on this particular measure. Mrs Bryant advised that nationally there is some debate about this indicator and as a result it may change in the future. However, as a Trust we would continue to monitor internally as a performance measure.

The Board noted the Performance Report.

630.11 Finance Report

Mr Little presented the Finance Report for Month 3 (April to June 2011), highlighting the 4 key headlines.

Reference was drawn to a recent meeting of the Finance Committee, at which the Strategic Financial Plan and QIPP Top Schemes had been discussed in detail. The risks in delivering the QIPP Programme were highlighted, with the run-rate position confirmed as £800,000. Intensive effort by the 2 major operational Divisions and all other Divisions within the Trust to deliver the full value of the projects in 2011/2012 is required in order to close the gap.

During the course of discussion, the following points were noted:

- Pay expenditure overall is lower than budgeted with an underspend of £29k in June.
- Medical staffing budgets are underspent by £25k in month, and bed capacity pressures have continued at a reduce rate in June resulting in fewer unfunded beds being open.
- Non pay expenditure has increased significantly in Month 3.
- Private patient income in Month 3 is £15k above the £90k planned, although there is still a year to-date shortfall against plan of £26k.
- Pressures remain within the Emergency Department, as detailed within Table 1a.

Actions

- A series of review meetings have been held with Project Leads to test the robustness of the project plans that underpin delivery. These project plan reviews have now been completed and signed off, as detailed within the table on Page 7. Noting the forecast savings of £3,630.04k for 2011/2012, Dr Reah requested the equivalent to be applied to next year's plans. Mr Little to confirm separately.
- Mr Little drew the Board's attention to the 'Monitor Financial Measures' as shown on Page 26, advising that the liquidity area is an area for much focus.
- Mr Turner noted with concern the 'QIPP Planned Savings and Actual Achievement by Month 2011/2012' as shown on Page 22, which clearly demonstrates graphically what the challenge is and the risk that savings targets will not be achieved.

RL

Dr Reah felt it would be useful to include an extra line within the chart showing a reprofile of what we have achieved and what is still required, recognising that some schemes will not deliver immediately.

RL

Mr Gatling confirmed that, within the Emergency Division, there is between £1 - £1.5m at risk, predicated on activity, which although it is reducing, is not reducing to the extent required. The value of reprofiling was agreed.

- The Board noted with disappointment the 'Nurse Bank and Agency Costs' as detailed on Page 15, the increase in which is a result of the requirement for 1:1 nursing. Mrs Bryant advised on a number of measures which have been taken to address this issue. Mr Little added that the use of Bank and Agency follows the same trend as per the previous 2 years.

In concluding, Mr Creswick thanked Mr Little for the detail provided, suggesting that while the Board is now better informed it is clearly concerned at the risk of failure to deliver the savings targets and would wish to see all possible steps taken to make the operational changes required by agreed project plans.

The Board noted the Finance Report.

Encouraged by the South West Strategic Health Authority and SPfIT to bring an update to the Board's attention, Mr Little reported on progress to the Cerner Millennium LC1 Upgrade Project, within which a number of benefits are identified.

During discussion the following points were noted:

- The overall programme would expect to deliver a number of benefits, with particular focus on the Top 5.
- In response to questions, Mr Little advised that Order Comms is not proceeding at present, with some re-evaluation required. This has been included within the list of priorities to be taken forward along with the amount for investment.
- Mr Gallegos added that he would also wish to extend the review of priorities to Medicines Management, drawing reference to the recent work undertaken at the University Hospitals Bristol NHS Foundation Trust.

The Board noted the contents of the progress report and benefits of the Cerner Millennium LC1 Upgrade, and requested that a further update is provided to the Board in April/May 2012, once the Benefits Review has been undertaken.

RL/SP

Strategic Development Update

Mr Creswick drew reference to the recent Trust Board Seminar which is leading to further work with the local health and social care community. Colleagues are now engaged in preparing detail for a meeting to be held on Thursday 18 August 2011, prior to a further meeting with the South West Strategic Health Authority in early September 2011.

Board Committees' Exception Updates

Audit and Assurance Committee

The Board noted that there had been no recent meeting of the Audit and Assurance Committee, with the next meeting scheduled for Wednesday 28 September 2011.

Quality and Governance Committee

Dr Reah provided the Board with an update following the Quality and Governance Committee Meeting held on Wednesday 13 July 2011.

Actions

- The Committee had suggested that SUI Reports should be taken to meetings of the 'Open' Session Trust Board. A sample of real data has been requested, for review and prior to a formal recommendation being made. Mr Creswick requested that advice should also be sought from Mrs Palmer and other Trusts regarding the governance issues involved, especially around the maintenance of patient confidentiality. **BB/SP/GR**
- The Committee's Annual Work Plan had been revised and agreed.
- The Restraint Policy had been agreed subject to a quality impact assessment being undertaken.
- The Terms of Reference for the Safeguarding Committee (Adults and Children) had been approved.
- The Committee noted that the PCA Outcomes for children had been completed to a very high standard.

Finance Committee

The Finance Committee Meeting held on Tuesday 19 July 2011 had formally approved the Strategic Capital Five Year Plan and Annual Plan.

Remuneration and Terms of Service Committee

Mr Creswick advised of a Remuneration and Terms of Service Committee held on Tuesday 19 July 2011, with no report to note at this time.

634.11 Annual Review of Register of Interests

Mrs Kingscott presented the Annual Review of Register of Interests, noting that:

- Ms Moore had previously been on secondment with the *South West Strategic Health Authority* and not North Somerset, as indicated. An end date for her secondment should also be included. **AK**
- The entry under 'Hospitality/Gifts' against Ms Ferguson should read *'Weston College which has contact with Weston Area Health NHS Trust'*. **AK**

The Board noted the Register of Interests for the Board and Senior Management Team Members.

Mr Creswick asked that minutes should note that this was Mrs Read's last 'Open' Session Trust Board Meeting, and that the Board wished to record their thanks to her for the contribution which she has made over the last four years. Mr Creswick cast minds back to Mrs Read's first Board Meeting, and the enormous credit which she must take for the changes made during the time she has been Chief Executive, in particular with the quality of information presented, the contributions of colleagues she has encouraged and the shared ownership of challenges now accepted. The Board extended their best wishes to Mrs Read for the future.

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

The Meeting concluded at 12.50 pm

DATE OF NEXT MEETING

Tuesday 6 September 2011 at 10.00 am in the Board Room