

**Minutes of the Trust Board in Public Meeting of Weston Area Health NHS Trust held on
Tuesday 3 July 2012 at 11.15 am in the Board Room, Weston General Hospital**

Present:

Mr Chris Creswick	Chairman (V)
Mr Peter Colclough	Chief Executive (V)
Ms Jude Ferguson	Non Executive Director (V)
Mr Roger Lloyd	Non Executive Director (V)
Mr Grahame Paine	Non Executive Director (V)
Dr George Reah	Non Executive Director (V)
Mrs Alison Kingscott	Director of Human Resources
Mr Rob Little	Director of Finance (V)
Mr Nick Wood	Chief Operating Officer (V)
Mrs Andrea Hunt	Trust Board Secretary

(V) denotes Voting Director

In Attendance:

Mrs Julie Fisher	Executive Personal Assistant (Minute-Taker)
Mrs Chris Perry	Associate Director of Nursing
Mrs Caroline Welch	Head of Communications

758.12 WELCOME AND APOLOGIES

Mr Creswick, Chairman, noted the following apologies for absence:

Mr Nick Gallegos	Medical Director (V)
Mrs Irene Gray	Director of Nursing (V)
Mrs Delyth Lloyd-Evans	Chair, North Somerset Community Partnership
Dr Paul Phillips	Principal, Weston College
Mr Ian Turner	Non Executive Director (V)
Dr Patricia Woodhead	Director of Quality and Patient Safety

Mr Creswick welcomed Mrs Perry, who would be deputising for Mrs Gray. Mr Buswell, Mrs Blackmore and Mr Richardson were also welcomed by the Chairman.

DECLARATION OF BOARD MEMBERS' INTEREST

There were no declarations of interest.

759.12 CONSENT AGENDA

Minutes and Matters Arising from the Meeting held on Tuesday 12 June 2012

Resolution:

The Minutes of the June Board in Public Meeting were **APPROVED** as a true and accurate record of the meeting.

The Table of Matters Arising following the meeting held on Tuesday 12 June 2012 had been reviewed with the progress and completion data duly updated.

760.12 CHIEF EXECUTIVE'S REPORT

In presenting a verbal update to the Board, Mr Colclough confirmed that the Integrated Care Programme has delivered its commitment to send the Integrated Business Plan and Long Term Financial Model to the South of England Strategic Health Authority by the end of June. We are now awaiting a response from the Strategic Health Authority, following which we will be in a position to inform the Board further.

Mr Creswick noted that he had attended a meeting with the Senior Community Link South Group organised by North Somerset Council on 20 June 2012, at which he had been asked to talk about the work of the Integrated Care Programme. Mr Creswick said that the audience appeared very interested and in general terms supportive of the plans set out and the basis of the case for integration.

Resolution:

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

761.12 INTEGRATED PERFORMANCE REPORT

Section 1 – Executive Summary

Mr Wood introduced the Integrated Performance Report for June 2012. Prior to reporting on the individual sections of the report Mr Wood drew the Board's attention to the Monitor Scorecard as detailed on Page 5, which shows that

for the second consecutive month the Trust has delivered against all indicators, with the exception of Clostridium Difficile.

Mr Wood added that the performance for ED is particularly pleasing, with the Trust having achieved 97.2% for the first quarter placing us second in the South West and fourth in the South, and one of few Trusts to have consistently achieved this target this year. The number of Long Waiters is also now on a downward trajectory.

Mr Wood advised that he would bring more detail of the performance for each Division to the August Trust Board Meeting, by way of inclusion within the Integrated Performance Report.

Action:

Detail of the performance for each Division to be included within the Integrated Performance Report presented to the August Trust Board Meeting.

By:

Chief Operating Officer

Mr Colclough said that inclusion of the Monitor Scorecard within the Integrated Performance Report is a key change as it is a requirement for Foundation Trusts. Demonstrating that we have made this change allows us to progress discussions around an Integrated Care Organisation. Mr Colclough extended his appreciation of the work of Mr Wood and his team.

Section 2 - Quality and Patient Safety

Mrs Perry introduced the Quality and Patient Safety section of the report.

Mrs Perry advised that the number of serious incidents had increased in May due to there being three Category 4 pressure ulcers reported. In providing assurance to the Board, Mrs Perry confirmed that the high impact plan for pressure ulcers will launch on 20 July 2012 with the increased focus expected to lead to a reduction in Category 2, 3 and 4 pressure ulcers.

New procedures introduced in the Emergency and Urgent Care Division for complaints handling have contributed to an improvement in complaints being completed within set timescales. The Director of Nursing is working closely with the Matron and Sisters on Harptree Ward to monitor care in response to an apparent increase in complaints and incidents in this area.

Mrs Perry reported that the Trust is over trajectory in terms of Clostridium Difficile, with two hospital attributed cases confirmed in May. A key focus of the programme for Clostridium Difficile reduction is antibiotic prescribing including review and reissue of antibiotic prescribing policies and increased audits.

Mr Creswick was pleased to note that the Trust continues to perform well against Inpatient Falls data, with May seeing a further drop in the number of inpatient falls recorded.

The Trust's continued involvement in the Patient Safety First Campaign was questioned. Mrs Perry confirmed that the campaign is still very much ongoing and the Trust continues to contribute. The Patient Safety Walkarounds are a visible feature of the campaign. Mr Creswick noted that he had shared with Mrs Gray a concern about the risk of diluting the impact of "Patient Safety First" if too many named initiatives were given prominence at the same time. He understood that Mrs Gray was minded to review that issue and ensure that a coherent approach to the key messages was agreed.

Ms Ferguson was disappointed to note the Trust's performance against the "overall experience" indicators as detailed within the Summary Scorecard, which Mrs Perry acknowledged, agreeing to provide feedback separately and recognising that the low figure seems at odds with others derived from the local Patient Survey.

Speaking from experience, Mrs Blackmore advised that the Dignity and Care Team do find it difficult to put the responses from patients into context, suggesting that the line of questions should be more focused. Mr Creswick suggested this might be a challenge for Mrs Gray and colleagues, making reference to the forthcoming Patients Council Seminar.

Action:

Feedback to be provided in respect of the local Patient Experience indicators as detailed within the Summary Scorecard.

By:

Associate Director of Nursing

Section 3 - Operational Performance

In presenting the Operational Performance for the Trust, Mr Wood drew the Board's attention to the ED Clinical Quality Indicators for May 2012 as shown on Page 22, and in particular the number of unplanned reattendances which demonstrates the difficulty the Trust still has around patient flow and delivery of the 95% target for those admitted. Mr Wood highlighted that the total time spent in the Emergency Department has reduced considerably with 97.8% of patients staying less than four hours.

Ms Ferguson noted the continued improvement for weekend discharges and reduction in Average Length of Stay, recording her congratulations to the Trust.

Mr Paine referred to the ambulance handover delays and asked whether the Trust was collaborating strongly enough with the local Ambulance Trusts. Mr Colclough confirmed that both the Great Western Ambulance Service NHS

Trust and South Western Ambulance Service NHS Trust have been involved in our work with the Integrated Care Programme thus far. Mr Wood added that in relation to peers in the South West the Trust is recognised as one of only few Trusts attempting a 'zero tolerance' approach to handover delays.

Referring back to the ED Clinical Quality Indicators, Dr Reah asked if there was a significant number of attendees that leave the department after triage but before being treated. Mr Wood agreed to provide further details.

Action:

To provide further details in respect of the number of attendances that leave the Emergency Department after triage but before being treated.

By:

Chief Operating Officer

Mr Creswick suggested that the Board would wish to pass on congratulations to the Emergency Department on the dramatically improving performance, which was duly acknowledged.

Finance Report

Mr Little presented the Finance Report for Month 2, with the key headlines as shown within the report.

- The Trust is reporting a year to-date surplus of £327k which is in line with the plan;
- Overall income is £44k below plan at the end of May;
- Overall expenditure is £44k over plan at the end of May;
- Pay and non pay expenditure is £150k above plan at the end of May;
- The Trust's Service Improvement Programme (SIP) delivered £260k in May against a target of £375k.

Mr Little drew the Board's attention to the Trust's 'Expenditure Against Run Rate' graph on Page 30, which has been rebased to neutralise the affect on both expenditure and budgets of variations in monthly NICE funded drugs expenditure, which have no overall impact on the financial position.

In terms of activity and income, Mr Little confirmed that overall Primary Care Trust income is £128k below plan at the end of May, and income related to the NHS Somerset contract is £149k under recovered which is a similar figure compared to the end of May 2011.

Mr Wood advised that one of the key improvements identified by Newton Europe in improving the efficiency and effectiveness of our Theatre timetable

is the need to start and finish any Theatre session on time. A trial will commence next week with the first procedure to start at 8.30 am for a morning session and 1.30 pm for an afternoon session.

Mr Paine asked for clarity in terms of the Capital Programme and in particular whether there was an opportunity to “spend to save”. Mr Little advised that the Capital Programme for this year is over-committed and subsequently priorities are now being reviewed. He confirmed there are no real concerns at this time and would update further through the Finance Committee.

Human Resources

Mrs Kingscott introduced the Human Resources section of the report, with the key headlines as shown within the report.

- The bank, agency and locum usage for May has decreased to 6.85% as a percentage of the total pay bill.
- Whilst there has been a downward trend in bank, agency and locum usage in recent months, the weekly workforce information is indicating that there will be a significant increase in bank and agency spend in June due to increased additional unfunded capacity.

Mrs Kingscott confirmed that the appraisal rate has decreased to 78.20% for the rolling year to-date, and training compliance has increased and is up to 76.80%; an increase of almost 10% from last month. Noting the Board’s concern on both issues Mrs Kingscott advised that plans are in place with Divisions to increase the appraisal rate and to ensure this is maintained throughout the year. In addition this has also recently been discussed at the Performance Assurance Framework Meetings. Similar focused attention is being given to training compliance.

A revised graph showing the May figure for Bank and Agency Spend (Page 40 of the Integrated Performance Report) was tabled, with Mr Colclough drawing the Board’s attention to the data provided which does demonstrate a reduction in Bank and Agency spend compared to the previous month.

In discussion the Board recognised both the financial and quality of care aspects of the use of agency staff in particular. Mr Creswick requested that a detailed report is prepared and reported to the August Trust Board Meeting, focusing on the Strategy for Deployment of a Temporary Workforce.

Action:

A detailed report is to be prepared and reported to the August Trust Board Meeting, focusing on the Strategy for Deployment of a Temporary Workforce.

By:

Not wishing to lose sight of the positive aspects of the report, Mr Creswick commented on:

- The cumulative figure for sickness at 3.29% which is below the Trust's target of 3.5%.
- The Trust has recently renewed its contract for the Employee Assistance Programme provided by the Positive People Company. Dr Reah asked that as funding for this valuable service had been provided by Charitable Funds, a note of this should be included on the Trust's website. This was agreed.

Action:

'With thanks to funding from Charitable Funds' to be included on the Trust's website in relation to the Employee Assistance Programme.

By:

Head of Communications

Finally, Mr Creswick reiterated his thanks to Executive colleagues, Dr Reah and Mr Paine for their work on developing the format and content of the Integrated Performance Report.

Resolution:

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

762.12 BOARD COMMITTEES' EXCEPTION REPORTS

There were no Board Committees' Exception Reports to note.

763.12 ANY OTHER BUSINESS

Clevedon Hospital

In light of the new Clevedon Hospital development, Mrs Blackmore asked what effect this would have on the Trust should potential funding be withdrawn. Mr Colclough responded, advising that the new development in Clevedon would have a beneficial effect in relation to Weston activity. He noted that the Trust remains wholly supportive.

Discharges

Noting the Trust's achievement against the target percentage of weekend discharges, Mr Richardson asked whether the focus had dropped in recent months. Mr Wood advised that discharge planning remains very much a key focus for the Trust, although currently emphasis is towards more timely discharges throughout the day.

Board Dates

Mr Creswick drew the Board's attention to Mrs Hunt's e-mail of 2 July 2012, confirming that in view of the current workload and potential developments that the Trust is facing, a decision has been taken to continue with our existing dates for Trust Board Meetings, ie the first Tuesday of the month, until further notice.

764.12

DATE OF NEXT TRUST BOARD MEETING:

Tuesday 7 August 2012 at 11.00 am in the Board Room

The **Trust Board in Public Meeting** closed at 12.40 pm