

**Minutes of the Trust Board in Public Meeting of Weston Area Health NHS Trust held on
Tuesday 4 March 2014 at 10.00 am in the Executive Board Room,
Weston General Hospital**

Present:

Mr Peter Carr	(PC)	Chairman (V)
Mr Nick Wood	(NW)	Chief Executive (V)
Ms Bronwen Bishop	(BB)	Director of Strategic Development (V)
Mrs Margaret Blackmore	(MB)	Vice Chair, Patients' Council
Mrs Sheridan Flavin	(SF)	Director of Human Resources
Mr Nick Gallegos	(NG)	Medical Director (V)
Mr Rob Little	(RL)	Director of Finance (V)
Mr Roger Lloyd	(RLL)	Non Executive Director (V)
Mrs Brigid Musselwhite	(BM)	Non Executive Director (V)
Mrs Chris Perry	(CP)	Director of Nursing (V)
Dr Patricia Woodhead	(PW)	Director for Patient Safety

(V) Denotes Voting Director

In Attendance:

Mrs Jo Robinson	(JR)	Executive Personal Assistant (Minute-Taker)
Mrs Sandy Jackson	(SJ)	HR Manager – Workforce & OD

906.14 WELCOME AND APOLOGIES FOR ABSENCE

PC extended a welcome to Mrs Margaret Blackmore (MB) Vice Chair, Patients Council, Mr Tim Evans (TE) Healthwatch Representative, Mr Alan Richardson (AR), Patient Representative and Jessica Simpson (JS) Finance Graduate (observing).

PC noted the following apologies for absence:

Mrs Gill Hoskins	Associate Director of Governance and Patient Experience
Mrs Bee Martin	Associate Medical Director
Mrs Karen Croker	Director of Operations
Mr Grahame Paine	Non Executive Director (V)
Dr George Reah	Non Executive Director (V)
Mr Ian Turner	Non Executive Director (V)
Mr Nathan Meager	Chair, Patients' Council
Mrs Rebecca Rafiyah Findlay	Head of Communications
Mrs Delyth Lloyd-Evans	Chair of North Somerset Community Partnership

PC informed the members that today's meeting was Dr Patricia Woodhead's last Board Meeting as she retires from the Trust at the end of March 2014. He thanked PW for all her contributions during her time at the hospital.

DECLARATION OF BOARD MEMBERS' INTEREST

There were no declarations of interest.

CONSENT AGENDA

907.14 MINUTES AND MATTERS ARISING FOLLOWING THE MEETING HELD ON TUESDAY 7 JANUARY 2014

The Minutes of the meeting held on Tuesday 7 January 2014 were agreed as a true and accurate record.

Resolution:

The Minutes of the January 2014 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 7 January 2014 was reviewed and updated accordingly.

Before the meeting continued, PC provided Mrs Carole Fisher of the Uphill Village Society an opportunity to address the Board. Mrs Fisher thanked PC and brought to the Board's attention the continued parking issues that the residents of Uphill experience due to Hospital staff parking in the neighbourhood and following the installation of Costa Coffee, the increased litter that the village now suffers and requested that the Hospital should provide additional litter bins around the village to encourage the correct disposal of litter and cigarettes. The village annual litter pick takes place on 26 and 27 April 2014 and Mrs Fisher requested 'volunteers' from the Hospital to participate.

NW thanked Mrs Fisher for her comments and acknowledged that Mrs Fisher has previously attended a Trust Board Meeting in 2013 to address the parking situation which has unfortunately continued. NW explained that after three years of static fees the Board had agreed to increase the parking fees for public parking by 10p an hour and this still compares very favourably to neighbouring Trusts. The money generated from the fees is reinvested into the car parks maintenance and management services.

SF introduced herself as Chair of the Green Travel Group and advised Mrs Fisher that additional parking spaces are being created on site through the removal of temporary buildings, additional cycle sheds are being provided and the Trust does encourage staff to find alternative methods of transport to the hospital but appreciates this is not possible for everyone.

NW added that the Trust does not have the land capacity to create an additional car park; at the front entrance additional disabled parking spaces will be provided and NW agreed to review communications to staff with regards to considerate parking and correct disposal of litter outside the Trust grounds.

Addressing Mrs Fisher's litter comments, NW agreed that additional litter bins should be added throughout the site and advised that regular litter picks do occur around the hospital grounds but agreed to extend the perimeter into the village. SF added that the Green Travel Group is working in conjunction with the local council and their representative Ben Searle is progressing work plans regards parking, bus transportation and fare deals for staff.

Mrs Fisher requested to receive the Hospital newsletters so these could be shared with the Uphill Village Society.

NW concluded that work continues to improve the onsite parking facilities to elevate the pressure on the surrounding area and thanked Mrs Fisher for her time at the meeting today.

Action:

To arrange for additional litter bins to be erected around the grounds, expand the perimeter of the Trust's regular litter pick and request volunteers to assist during the Uphill Village Society Litter Pick (26 and 27 April 2014).

By Whom:

Nick Wood

QUALITY, PATIENT SAFETY AND PERFORMANCE

908.14 CHIEF EXECUTIVE'S REPORT

In presenting his Chief Executive's Report, NW thanked everyone for their patience during the disruption of the front entrance improvements and over the next few months improvements in traffic flow and signage will be completed.

NW advised of the changes within the Senior Medical Leadership with regard to Mr Gallegos stepping down as Executive Medical Director after five years. Miss Bee Martin has been appointed as the new Executive Medical Director

on an interim basis after her successful tenure as the Trust's Director of Medical Education, and this role has been appointed to Dr Gavin Stoddard. To repeat PC's earlier comments, NW advised that PW would be retiring at the end of March after 23 years at the Trust.

NW congratulated the Endoscopy Unit and Division for their recent JAG Accreditation Award.

New charges will be introduced in the public car parks from 1 April 2014. Additional staff parking spaces have been created by the Quantock Unit and more spaces will be available behind the Emergency Department when some temporary buildings have been removed.

SF added that the Staff Experience Group is currently providing feedback with regard to the parking situation at the Trust which we know is problematic to all staff.

Resolution:

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

909.14 INTEGRATED PERFORMANCE REPORT

Section 1 – Executive Summary

NW introduced the Executive Summary, drawing the Board's attention to the key headlines:

- The Trust achieved the four hour Emergency Department Target for December 2013 and January 2014, this was accomplished in partnership with Health and Social Care organisations in Somerset and North Somerset.
- Improved patient flow has enabled the Trust to continue to achieve all three of the Referral to Treatment Targets and the Stroke Target.
- Work progresses to ensure that the Trust has robust plans to continue to deliver the high quality and range of services within tight financial constraints.

Section 2 - Quality and Patient Safety

CP introduced the Quality and Patient Safety section of the report, with the key headlines as included within the Executive Summary. In addition the following points were noted:

- The matrix within the report provides complete visibility of the staffing plan and staffing gaps are fed back into the daily operations meetings.

- There has been an increase in falls and this has been addressed with senior nursing staff. In addition, pressure tabs have been purchased to alert nursing staff of patient movement.
- 82 staff incidents were reported during December 2013 and January 2014; 27 involved abuse of staff and eight involved patients with dementia or cognitive impairment. Work continues through medical evaluation to pre-empt incidents and management of patient aggression.
- CP advised that RLL will Chair the recently formed 'Patient Experience Group' and this group will implement improvements to enhance the patients' experience during their stay at the Trust.
- CP advised that during January 2014 a significant increase in Grade 2 Pressure Ulcers had been reported.
- NG advised that the Trust's mortality rate has remained stable and within the parameters for an elderly population.

MB noted with concern that there were 21 unexpected deaths due to urinary tract infections. NG responded that this was not unrealistic and nearly half the deaths occurred after discharge from Hospital which raises questions with regard to the community care available. NG clarified that he and PW are reviewing these cases to ensure the Hospital did not contribute to the deaths and the Mortality Group would meet shortly to discuss these concerns. NG agreed that the document requires revising to ensure assurance and clarity. PW advised that this has already occurred for the report submitted to the Quality and Governance Committee. PW added that the CHKS system will provide the Divisions with trends in mortality so these can be investigated.

PW advised that the Trust now reviews 50 consecutive deaths but the urinary tract infections were not 'flagged up' however the area of focus has now been identified and work progresses. Work continues with Community Care Teams to improve the prevention of catheter infections after discharge from Hospital.

NG advised that performance against the VTE Assessment remains poor, 85.7% against the target of 95%, this was in part to a large number of case notes being unavailable to the audit team, almost 20% of the patients admitted.

Section 3 - Operational Performance

In KC's absence highlights from the Integrated Performance Report include:

- The 95% four hour Emergency Department standard was achieved in December 2013 (96.9%) and January 2014 (97.2%);
- All three of the 18 Week Referral to Treatment (RTT) Targets were achieved for December 2013 and January 2014.

- The Trust experienced variable performance against two of the eight Cancer Targets with the 62 Day Target not achieved across both months. A robust action plan has been developed to ensure achievement by April 2014.

The Trust continues with daily Performance Meetings to review patients flow in order to facilitate continuous learning and improvement, engaging teams to better understand the art of accurate prediction and early intervention. Daily conference calls with the Health and Social Care partners in North Somerset continue aimed at fully utilising all available resources.

Section 4 - Human Resources

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

- Temporary staffing costs in December 2013 was 12.7% and 11.2% in January 2014, this includes staffing posts funded through winter funding as shown in the graph on page 64.
- Sickness has increased to 4.32% in December 2013 and 4.39% in January 2014, however still lower than national average. The Estates Department has the lowest sickness rate within the Trust.
- The appraisal rate decreased in December 2013 and increased in January 2014 to 83.21%
- The training compliance rate has decreased in December 2013 and January 2014 from 82% in November 2013.

SF was pleased to advise that the appraisal rate increased in January 2014 to 83.21% which demonstrates a continued improvement and is now within 2% of the Trust's target of 85%. Much of this improvement has been achieved by the Divisions and their work continues.

Recent flu vaccination data show that the Trust has achieved a 60.20% compared to the national target of 75%; however this is a considerable improvement on last year's vaccination campaign.

CP advised that the national vaccination data has not been received and RL added that the final financial implications of not achieving the vaccination target is unknown, however would expect some leniency due to performance activity. Disappointed nursing figures for staff receiving the flu vaccination, CP highlight that some minority groups refused the vaccination due to public perception of inoculations abroad.

NW clarified to RLL that planning for next winter has already commenced using the learning from this year.

SF advised that Sandy Jackson and her Team have worked extremely hard to successfully bid for 36 members of staff from across a range of disciplines to undertake an apprenticeship qualification in their relevant area of work. The Trust is working in partnership with Weston College who will deliver the apprenticeship programmes.

The Clinical Excellence Awards scheme continues, 15 Consultants have applied and the final allocation decision will be agreed on 26 March 2014.

Section 5 - Finance Report

RL presented the Finance Report for Month 10, with the Trust reporting a year to-date deficit of £3,552k which is in line with the plan. The Trust's plan for the year is a deficit budget of £4.95m.

- RL advised that revenue from patient activity is £1,883k above plan for January 2014. Other sources of income have generated £547k more than plan.
- Overall expenditure including depreciation is £1,883k ahead of plan at the end of Month 10. Pay and Non Pay expenditure is £4,844k above plan for the 10 months; this is offset by the use of £2,950k of reserves. The Trust Savings Plan (SIP) has a year to-date underachievement of £2,764k against the target of £3,639k. However £567k under spend has been identified as non recurrent savings reducing the underachievement to £2,197k.
- The current under-delivery forecast is £2.292m; this requires validation during February and March.

RL clarified that unused Winter Funds will be returned to North Somerset Clinical Commissioning Group. The Finance Team have experienced issues with regard to NHS invoicing and therefore will not hit the target but a renewed effort will continue as of 1 April 2014.

Resolution:

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

910.14

PAEDIATRIC SERVICES REVIEW/STRATEGY

NG advised that following the review by the Royal College of Paediatrics and Child Health last year, three reports were produced detailing the recommendations designed to enhance the quality and safety of Paediatric Services. In response to these reports, two groups have been established; an Implementation Group and a Steering Group. NG also advised that North

Somerset Clinical Commissioning Group will be reviewing the Paediatric Services across the region.

The Steering Group will participate in the merging of Paediatric Services within the community. NW advised that the proposed merger would be unlikely to occur before 2016, adding that the Terms of Reference will require an Emergency Department Consultant to participate, especially as it was the Emergency Department that have previously raised paediatric issues. CP advised that the local Safeguarding Board are concerned at this merger and CP agreed to update them accordingly after today's discussion.

Resolution:

The Trust Board **NOTED** the update provided in respect of the workings of the Paediatric Steering Group.

911.14 2013 NHS STAFF SURVEY

Sandy Jackson (SJ) joined the meeting to discuss the high level findings report following the 2013 Staff Survey.

SJ advised that 49% of staff responded compared to 53% last year.

The initial analysis of the Survey results appear to show an encouraging upward trend with a 50% increase in findings now falling in the above average or highest categories and no areas show a downward trend. However, Key Finding 24 still falls in the poorest performing category, although all the questions that combine to make up Key Finding 24 have all shown a significant increase from 2012.

Further analysis will be carried out to understand the worst performing scores and identify the appropriate actions the Trust will need to take to improve the scores next year, and SJ confirmed that the Action Plan used last year will continue to be progressed going forward.

MB congratulated the HR Team on the great improvements that have been achieved, although disappointing that only 50% of responders would recommend the Hospital to their family.

NW advised that lessons learnt from previous Surveys have already been put into the Action Plan for implementation to achieve better results in 2014. In response to a query from PC, NW advised that the Survey information was in the public domain but to-date no media interest has been expressed.

BB enquired how we obtain the thoughts of the 50% that did not respond to the Survey. NW acknowledged that there is a distrust of the Staff Survey within the NHS, so obtaining their thoughts would be very difficult. RLL added that increasing the level of responders would not necessarily improve the results.

RLL enquired to the success of NW's 'Breakfast Briefs'. NW advised that there is a regular audience of 50-100 members of staff at these sessions who are not afraid to ask difficult questions/raise issues. Hopefully the improved Survey results reflect on the improved communications with staff, although there is much more work to do. NW and RRF are progressing this and will continue to adapt the engagement programme.

Resolution:

The Trust Board **NOTED** the initial high level findings from the 2013 Staff Survey and the recommendations being proposed.

912.14

STAFF FRIENDS AND FAMILY TEST

Sandy Jackson (SJ) advised that from 1 April 2014 all NHS Trusts in England will be required to implement the Friends and Family Test (FFT) which will occur on a quarterly basis. The FFT will only contain two questions.

Sandy is working with the Staff Experience Group to achieve an Action Plan which would ensure all staff groups received the FFT. SF added that a quarterly survey is too much and staff will become survey 'fatigued'. The delay in receiving the NHS England survey guide lines is due hopefully to the changes being made following comments forwarded to NHS England via regional HR Directors meetings.

NW thanked SJ for the reports provided to the Board.

Resolution:

The Trust Board **NOTED** the update provided in respect of the Staff Friends and Family Test.

913.14

BOARD ASSURANCE FRAMEWORK

GH briefed the Board on the 18 key objectives that have been identified for this coming year. The key objectives will focus on the Trust priorities. The Framework defines the principle risks that threaten the achievement of these objectives for the year and map out the intended controls and potential sources of assurance. The updates discussed at the recent Audit and Assurance Committee (12 February 2014) will now be progressed.

CORPORATE RISK REGISTER

GH advised the Board of the entries and movements of the Corporate Risk Register since it was last reviewed in February 2014. The risk spread and

movement has been limited during the past five weeks. A number of risks have been redefined, actions have been updated and two new risks have been added to the Register:

- Lack of Business Continuity Policy and Plan
- Attainment of Clostridium difficile target.

No further comments were received for GH.

Resolution:

The Trust Board **NOTED** and **RECEIVED** the most recent versions of the Board Assurance Framework and Corporate Risk Register.

ANY OTHER BUSINESS

914.14 QUESTIONS FROM MEMBERS OF THE PUBLIC

Red Cross Services

AR wished to advise that he was unaware of the Red Cross Service that has been assisting patients return home after discharge from Hospital. He learnt of this service when his elderly neighbour recently returned home late at night escorted by a member of the Red Cross.

The Red Cross had ensured the patient was safe and secure in his home before leaving, and the patient was very pleased with the extra service provided.

Ward Restrictions

AR advised that during visiting times 6.00 until 7.00 pm there are no bus services available to the Hospital due to bus operators recently changing their routes. SF agreed to speak with Ben Searle at the local Council.

Action:

To discuss with the local Council the lack of bus services after 6.00 pm to the Hospital and surrounding area.

By Whom:

Sheridan Flavin

Patient Stories

MB expressed her disappointment that the patient stories have not been included in the Integrated Performance Report. CP responded that the patient's family would not grant consent in time for the story to be included, however patient stories will continue.

ITU Report

MB enquired if the report on ITU attendance had been received. NW advised that the Trust had received the draft report and responded accordingly.

DATE OF NEXT TRUST BOARD MEETING:

Tuesday 6 May 2014 at 10.00 am in the Board Room

PC moved a motion to exclude the public from the 'Open' Session and this was approved.

The **Trust Board in Public Meeting** closed at 11.45 am.