

**Minutes of the Trust Board in Public Meeting of Weston Area Health NHS Trust held on
Tuesday 4 September 2012 at 11.00 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)
Mr Ian Turner	Non Executive Director (V)
Mr Nick Gallegos	Medical Director (V)
Mrs Irene Gray	Director of Nursing (V)
Mrs Alison Kingscott	Director of Human Resources
Mr Rob Little	Director of Finance (V)
Mr Nick Wood	Chief Operating Officer (V)
Dr Patricia Woodhead	Director of Patient Safety
Mrs Andrea Hunt	Associate Director of Governance and Assurance

(V) denotes Voting Director

In Attendance:

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

772.12 WELCOME AND APOLOGIES

There were no apologies to note. (It has been agreed that Dr Paul Phillips, in his capacity as a Non Executive Director representing the Bristol Primary Care Trust Cluster, will attend only when invited to do so as a matter of a specific nature).

Mr Creswick welcomed Mr Buswell to the meeting.

DECLARATION OF BOARD MEMBERS' INTEREST

There were no declarations of interest.

773.12 CONSENT AGENDA

Minutes and Matters Arising from the Meeting held on Tuesday 7 August 2012

Resolution:

The Minutes of the August 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 7 August 2012 had been reviewed with the progress and completion data duly updated.

774.12 CHIEF EXECUTIVE'S REPORT

Mr Colclough presented his Chief Executive's Report providing an update on the Development of an Academic Health Science Network for the West of England and initial feedback following the recent Ofsted Inspection, the full details of which are included within Mrs Gray's report.

In addition Mr Colclough appraised the Board of the new Local Area Teams which will come into being alongside the Primary Care Trusts and Clinical Commissioning Groups from 1 October 2012. Mr Colclough also advised that the current Bristol, North Somerset and South Gloucestershire area will be expanding to include Somerset, which will come into effect from the beginning of October 2012.

Resolution:

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

775.12 INTEGRATED PERFORMANCE REPORT

Section 1 – Executive Summary

Mr Wood introduced the Integrated Performance Report for August 2012, focusing on the continued increase in activity which intensified during July. Despite the rise in demand the Teams have continued to deliver the planned activity and achieve the four hour target, although this has come at some cost.

Mr Wood drew the Board's attention to the Monitor Scorecard, which shows a favourable position, and noted the progress made in relation to "maximum time of 18 weeks from point of referral to treatment in aggregate – patients on incomplete pathway" which is not an indicator usually reported within the Integrated Performance Report.

The Trust continues to make progress around Quality and Safety, and is now in the process of reviewing the Winter Plans for last year, with the aim of ensuring our plan for this winter is more robust. Mr Wood stressed the importance of a much more proactive phase of planning, noting the Open Forum Meeting to be held this afternoon.

Acknowledging the Board's concern in respect of the activity pressures and the current expenditure run rate, Mr Colclough advised that these issues will be taken up with the Commissioners at the next Contract Review Meeting, as we cannot deliver the plan within the resources previously agreed.

Section 2 - Quality and Patient Safety

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

Mrs Gray reported following an unannounced Inspection by the Care Quality Commission which was carried out on 20 August 2012 as part of the National Programme of Nutrition and Dignity Inspections. A formal report is awaited, however informal feedback given by the Inspection Team focused on the excellent experience and "air of calm" on Cheddar Ward, and the excellent communication between staff and patients on Berrow Ward. The Team were also encouraged by the Volunteer Meal Assistant on Uphill Ward. There were several areas for further focus, which included the staffing levels and skill mix on Harptree East Ward and non compliance on certain infection control requirements, all of which are now being addressed.

Mrs Gray advised that there were 249 patient related incidents in July with the largest category of reported incidents being implementation of care. The category totalled 75, of which 59 were attributed to pressures ulcers, with 38 being community acquired and 21 hospital acquired. The 59 compares with the previous month's total of 45. There were 25 staff related incidents reported in July 2012.

Mrs Gray drew the Board's attention to the four Serious Untoward Incidents which had been reported in July 2012 relating to:

- Grade 3 Pressure Ulcer
- Safeguarding incident
- Medication related incident
- Compliance issue related to recruitment

Mr Creswick noted the two items previously discussed during the Closed Session Board Meeting, which had been found not to be Serious Untoward Incidents.

Mrs Gray was pleased to report that there has been a demonstrable reduction in the number of Pressure Ulcers reported as a direct result of the work being led by Mrs Perry. A trend graph will be included within future reports to the Board.

Inpatient falls data remains fairly static with no significant harm sustained during July 2012.

Mrs Gray advised that the continued embedding of improved complaint handling processes within Divisions has supported an improvement in the complaint response time for the third consecutive month, with 92% of complaints responded to within the required timescale. Mr Buswell questioned the monitoring and review of complaints, which Mrs Gray explained as a process undertaken by herself and Mr Wood following investigation, prior to sign off by the Chief Executive.

Ms Ferguson noted the 100% satisfaction for the Exit Survey, which should be welcomed by the Board. Mrs Gray added that the percentage previously reported against the Local Patient Survey was incorrect and this has now been confirmed at 77%.

Mr Gallegos confirmed that the Trust's mortality rates are shown as per last month as the data had not been published in time to include within this month's Integrated Performance Report. However, Mr Gallegos has since been able to review the Trust's position and can confirm that for the period August 2011 to July 2012 the graph remains the same and mortality within the Trust continues to lie within the expected limits given the population of patients admitted to the Hospital.

Section 3 - Operational Performance

In presenting the Operational Performance for the Trust, Mr Wood was pleased to report that in July 2012 the Trust achieved the Stroke target of 80%, which was as a result of an action plan put in place after not achieving the national target in June. The Trust has continued to achieve the Cancer targets in month.

Mr Wood reported the Emergency Department performance at 96.84% year to-date, with the four hour target having now been achieved for the first five months and the Trust on schedule to achieve the target for the first two quarters. Mr Wood confirmed that work is ongoing in respect of the ED Clinical Quality Indicators.

RTT performance remains on track and the backlog of patients waiting over 18 weeks has remained static. The Trust has plans to further reduce this backlog by 25% by the end of the year.

Mr Little drew reference to the increase in the average length of stay to 2.9 days in July, suggesting that more understanding and detail is required to support this increase.

Mr Gallegos provided the Board with some comparable data, noting that last year there were 234 beds opened within the Trust with an average length of stay of 13.4 days, compared to 259 beds and an average length of stay of 13.8 days as reported in August of this year. In addition, this year the Top Ten patients have occupied 45% of beds days compared to 38% last year.

Mr Creswick recognised the importance of considering these issues in detail and welcomed a separate and more detailed report focusing on unplanned bed capacity.

Action:

A separate and more detailed report focusing on unplanned bed capacity to be presented to the October meeting of the Trust Board.

By:

Chief Operating Officer

Mr Creswick requested consistency in the reporting of the “flat line target”, which is shown as 3,999 per month in the dashboard and varies elsewhere, eg 7.1. Mr Little and Mr Wood agreed to check and confirm the correct figure for future reporting.

Action:

The “Flat line target” to be confirmed to the Board to ensure consistency in reporting.

By:

Director of Finance / Chief Operating Officer

Finance Report

Mr Little presented the Finance Report for Month 4, with the key headlines as shown within the report.

- The financial position at Month 4 is that the Trust is reporting a year to-date surplus of £212k, which is in line with the plan;
- Overall expenditure is £229k over plan at the end of Month 4;
- The pay and non pay overspends have been offset by the use of an additional £269k or reserves in month, the total for the year is now £641k;
- The Trust’s Service Improvement Programme (SIP) delivered £152k in July against a target of £375k. In total the SIP savings and non recurrent savings have achieved £255k in July and a £120k underachievement in total.

Mr Little drew the Board's attention to the table on Page 31 which shows the overall activity and income for the four months ending 31 July 2012, and in particular highlighting the volume variance of 3.8% for Elective Day Cases and 7.5% for Emergency Department Attendances.

Mr Little provided an update in respect of the Trust's savings target which presents a significant risk given the recurrent shortfall to the delivery of the financial plans for the year and a consequent impact in the following year. Mr Little advised that the plans have been reviewed with each of the Clinical Divisions and the Estates and Facilities Team in order to have a clear understanding on the lack of delivery, and to ensure that mitigating actions are put in place to address these shortfalls.

Mr Turner noted the Trust's actual expenditure run rate which has worsened significantly in July by £236k. Mr Wood confirmed the major factor for the rise is the cost of providing additional beds to manage the higher than expected demands for unplanned care. The slow start in reporting on the work with Newton Europe has also impacted on the increase.

Mr Paine commented with concern on the position, noting that the Trust has been similarly challenged for the last three years and risks failure to deliver against plans.

Human Resources

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

Concern was raised in respect of the position for statutory mandatory training which has seen a decrease in July to 70.93%. Mrs Kingscott advised that Managers are being provided with details of individual non-compliance records on an ongoing basis and HR staff are continuing to work with the Divisions to support the planning of statutory mandatory training. Mrs Kingscott also confirmed that a Training Compliance Report will also be presented to the Quality and Governance Committee meeting this week.

Mrs Kingscott drew the Board's attention to the appraisal rate which has remained above target at 85.40% in July 2012. Although the improvement shows the positive steps which have been taken, Mrs Kingscott advised that progress should not stop there and this remains a focus at the monthly Performance Meetings.

Resolution:

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

776.12

SAFEGUARDING REPORT / ACTION PLAN FOLLOWING THE CARE QUALITY COMMISSION / OFSTED INSPECTION HELD IN JULY 2012 - UPDATE

Mrs Gray presented a report detailing the outcome of the recent Ofsted/Care Quality Commission Safeguarding Children Inspection and the comprehensive Action Plan developed to identify the immediate issues for action. The report, having been previously circulated to the Board, was felt to be well balanced and positive.

Mrs Gray advised that the delivery and evidence of actions taken has been assessed by the Trust's Safeguarding Committee and will be reported to the Quality and Governance Committee. Further assessment is provided by way of an evidence file and one to one meetings.

Mrs Gray advised that she would continue to appraise the Board as further instruction is received from the Care Quality Commission.

Action:

An update report is to be provided to the Trust Board as further instruction is received from the Care Quality Commission.

By:

Director of Nursing

Mr Creswick thanked Mrs Gray and the Team, along with Dr Reah, for the update provided in giving assurance to the Board.

Resolution:

The Trust Board **NOTED** the Safeguarding Report/Action Plan following the Care Quality Commission/Ofsted Inspection held in July 2012, and the actions taken to remedy the non compliance.

777.12

PROGRESS REVIEW OF THE DEMENTIA ACTION AND DELIVERY PLAN

Mrs Gray presented a paper updating the Board on progress against the Action Plan following the Dementia Review held in December 2011.

Mrs Gray extended her appreciation to Matron Debra Parsons who continues to lead on this vital piece of work.

Mrs Gray drew attention to a recent snapshot audit which suggested that 557 patients admitted during 2011 (excluding daycare) had a dementia, totalling 4%. Noting this seemed to be an extremely small percentage Mr Creswick welcomed a quality check against this figure.

Action:

Quality check of the number of patients admitted during 2011 with a dementia to be undertaken.

By:

Director of Nursing

Mrs Gray advised that progress will continue and reviews will be monitored through the Nursing and Midwifery Committee and linked with the future work of the Quality Mark for Elder-Friendly Hospital Wards.

Dr Reah questioned the percentage of inpatients found to have a care plan, which would appear to be low. This was acknowledged by Mrs Gray, who confirmed this to be a training issue which is now being progressed.

Mrs Kingscott asked for an update in respect of promotion of the Trust's Delirium Protocol with Junior Doctors, which Mr Gallegos confirmed would now be discussed at a future Junior Doctors Forum, taking into account the new house.

In concluding, Mr Creswick found the progress very encouraging and welcomed a further update at the Trust Board Meeting in January 2013. He also asked that the Board's appreciation be passed to Matron Parsons.

Action:

Further update to be provided at the Trust Board Meeting in January 2013.

By:

Director of Nursing

Resolution:

The Trust Board **NOTED** the Progress Review of the Dementia Action and Delivery Plan and welcomed a further update at the January 2013 meeting of the Trust Board.

778.12 ANY OTHER BUSINESS

Integrated Care Programme

Mr Buswell requested an update on the Integrated Care Programme, which Mr Colclough was happy to provide. The meeting with Sir Ian Carruthers and

the North Somerset partner organisations did not take place on Friday 31 August 2012, and is now expected to be rescheduled for sometime later this month.

Mr Creswick noted the recent communication received from Ms Georgie Bigg, Chair of North Somerset LINK, inviting a representative from the Trust to the LINK Committee Meeting to be held on 13 September 2012. Although we would not be able to provide a formal presentation at this time, Mr Creswick had agreed that a representative would attend to provide a brief update in terms of the Integrated Care Programme.

Patients' Council

Mrs Gray provided the Board with an update in respect of the Patients' Council, the interviews for which have now concluded with 17 members appointed. The first meeting of the Council will be held on 12 September 2012 during which the Chairman will be elected. Once elected this individual will hold a non-voting seat on the Weston Area Health NHS Trust Board.

Non Executive Director Committee Membership and Lead Roles

Mr Creswick drew reference to the paper detailing Non Executive Director Committee Membership and Lead Roles which had been circulated by Mrs Hunt, suggesting that this is now reviewed independently and returned to the Trust Board at a future date.

Action:

Non Executive Director Committee Membership and Lead Roles to be reviewed independently and returned to the Trust Board at a future date.

By:

Associate Director of Governance and Assurance

779.12

DATE OF NEXT TRUST BOARD MEETING:

Tuesday 2 October 2012 at 11.00 am in the Board Room

The Trust Board in Public Meeting closed at 12.30 pm