

**Minutes of the Trust Board in Public Meeting of Weston Area Health NHS Trust held on
Tuesday 5 February 2013 at 11.20 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 Grahame Paine	Non Executive Director (V)
Dr George Reah	Non Executive Director (V)
Mr Roger Lloyd	Non Executive Director (V)
Mr Ian Turner	Non Executive Director (V)
Mr Nick Gallegos	Medical Director (V)
Mrs Irene Gray	Director of Nursing (V)
Mr Rob Little	Director of Finance (V)
Mr Nick Wood	Chief Operating Officer (V)
Ms Bronwen Bishop	Director of Strategic Development
Mrs Sheridan Flavin	Director of Human Resources
Mr Adrian Rutter	Trust Board Secretary

(V) denotes Voting Director

In Attendance:

Mrs Caroline Welch	Head of Communications
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813.13 WELCOME AND APOLOGIES

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

Dr Patricia Woodhead	Director of Patient Safety
Mr Nathan Meager	Chairman, Patients' Council

Mr Creswick welcomed Mr Stephen Buswell (North Somerset LINK), Mrs Delyth Lloyd-Evans (North Somerset Community Partnership) and Mrs Margaret Blackmore (Patient Representative).

DECLARATION OF BOARD MEMBERS' INTEREST

There were no declarations of interest.

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Minutes and Matters Arising from the Meeting held on Tuesday 8 January 2013

The Minutes of the meeting held on Tuesday 8 January 2013 were agreed as a correct record.

Resolution:

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

The Table of Matters Arising from the meeting held on Tuesday 8 January 2013 was reviewed, with the progress and completion data duly updated.

Mr Colclough presented his Chief Executive's Report for February 2013. He advised on progress establishing the Transition Project Board, noting that the first meeting had now taken place with the next to be later in February, and adding that he would chair the Transition Project Board from April 2013 when he had stepped down from his position as Chief Executive of the Trust.

Mr Colclough explained that the Project Director (Mrs Bronwen Bishop) was consulting widely with staff throughout the Trust and with as many outside groups as practicable to gather a broad range of views on the future of Weston's health services.

Mr Colcough then advised of changes amongst the Trust's partner entities:

- He welcomed the merger between South Western Ambulance Service NHS Foundation Trust (SWASFT) and the former Great Western Ambulance Service NHS Trust (GWAST) since Weston being on the previous border of their areas had sometimes caused operational complications;
- He advised that the appointment of some senior staff from the SHA to the new Trust Development Agency (TDA) gave useful continuity
- He reported that as the Local Area Team is going through major changes and will form a critical part of how the new commissioning system will come together, he and Mr Gallegos (Medical Director) had already begun to make contact with the new staff there.

Mr Creswick commented that, in respect of changes amongst NHS bodies, the Board had noted at its recent seminar the Department of Health

consultation on the proposed new Constitution for the NHS, and while the Board itself did not have a view, he was pleased to see that the Trust had used its website and the Trust-wide WAHT Briefing to encourage all staff to make their personal views known through the consultation.

Mr Colcough advised the Board that, with the Francis Report to be published tomorrow and anticipating a high level of interest, EMG had put together a public statement for staff and stakeholders addressing the probable main themes of the Report. Mr Creswick added that the Board are aware of the main concerns expected to be highlighted in the Report and wished to ensure that Weston's position was properly represented in order to reassure patients, their families, and staff.

Mr Colclough summarised the Francis Report in the question "Are Boards focused on quality and safety?" and commented that while the Trust's Integrated Performance Report discussed at each Board meeting puts Weston in a strong position in terms of openness about key issues, there is still development to be done.

Resolution:

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

816.13 INTEGRATED PERFORMANCE REPORT

Section 1 – Executive Summary

Mr Wood introduced the Integrated Performance Report for January 2013 by drawing the Board's attention to the outline of commissioning intentions set out in the Executive Summary to the Report. He explained that EMG was working on a Business Plan to meet those intentions.

Mr Wood reported that December was the first month of the winter pressures, with a significant increase in patients over 80 years old (the demographic issue faced by the whole of the NHS). Patients now came into hospital only when they were in the most need in terms of the acuity of their condition and might have several other problems, consequently having complex discharge issues which extended their length of stay. He advised that January 2013 was likely to be similar.

Mr Wood concluded by explaining that the Trust had continued to struggle to meet the 62-day wait for first treatment for all cancers, but otherwise was delivering a robust set of performance metrics and would build on plans to improve quality and patient safety in the coming year.

Section 2 - Quality and Patient Safety

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Mrs Gray introduced the Quality and Patient Safety section of the report and noted that there was no change in the CQC rating. She advised that the Serious Incident (SI) outstanding from last year involved a multi-agency investigation and cannot be closed until all separate investigations have been completed. Mrs Gray told the Board that she was waiting for an Audit SW report on CQC Compliance to be published in draft on 11 February. (Mrs Lloyd-Evans advised that the CQC was currently inspecting North Somerset Community Partnership.)

Mrs Gray referred the Board to the Pressure Ulcers section of the report on page 15 and explained that a review of the increased incidences of Grade 2 pressure ulcers was in hand. Mrs Gray cross-referenced this to the NHS Safety Thermometer graph on page 16 and distributed a set of 'funnel graphs' which showed Weston's performance was in line with other Trusts. The Board then discussed data in the set of graphs, noting that recorded 'falls' included patients admitted to hospital because of falls as well as patients who had fallen while in hospital and work was in hand to see if it were possible to extrapolate in-hospital falls data only. Mr Turner commented that he was reassured by hearing of the attention being paid to all this data.

Mrs Gray then turned to the 'complaints' section of the report and advised that close analysis had shown there were no obvious trends or related themes. She referred the Board to page 21 of the report which set out the learning from December's complaints and went on to note the compliments on the following pages. Mrs Gray added that the 'Friends and Family' pilot survey was disappointing, with a very low response rate and relatively high numbers of responders who would not recommend the Hospital. This required careful consideration and a purposeful response.

Mrs Gray moved on to page 27 of the report and explained that investigations had shown that, with the possible exception of antibiotic usage, there was no common theme to the four cases of *Clostridium difficile* reported in December and advised that Mr Gallegos has reinforced Hospital policy in this area. She noted that Weston had maintained a very low level of norovirus incidents during the winter and congratulated everyone concerned. She concluded by stating that the NHS Safety Thermometer on pages 29 and 30 showed that Weston continued to do well with VTE (Venous Thromboembolism) risk assessments.

Mr Gallegos drew the Board's attention to the mortality data on pages 25 to 27 of the report, noting that mortality data first indicated the underlying failures at Mid-Staffordshire¹ and that Weston was within the expected bandwidth for risk-adjusted mortality. The Board spent some time in discussing the figures and, while accepting some of the data-sets were too small to provide meaningful trend analysis, recognised that the data showed that the Board

¹ The Mid Staffordshire NHS Foundation Trust Public Inquiry - Chaired by Robert Francis QC

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could be assured the Trust was practicing within currently accepted peer-group tolerances.

Mr Creswick queried whether the data suggested that primary and community health services were now looking after patients very well up to the point when they had become extremely ill, at which point they were inevitably being admitted to hospital; Mr Gallegos replied that was the empirical understanding but there was currently no evidence in support. He also mentioned that even when data was within expected limits there could still be inherent variations and trends between (for instance) different specialisms or days of the week.

Mr Lloyd commented that the Quality and Governance Committee would be looking closely at End of Life Care.

Mr Paine noted that he had not been on a 'Leadership Walkaround' since September 2012 and Mr Lloyd added that he had not been on a Leadership Walkaround since November 2012. Mrs Gray responded by advising that the issue was currently under review.

Mr Buswell asked for clarification of the "single approach to managing non-elective care in North Somerset" in paragraph 4 of the Report. Mr Wood explained that this meant the Trust was talking with all providers in North Somerset to ensure that people received the right care in the right place, which may be in hospital, at home, or elsewhere.

Section 3 - Operational Performance

Mr Wood presented the Operational Performance report for the Trust, noting the continuing difficulties in meeting the 4-hour target for treating A&E patients. These were frequently caused by beds not being available for admissions from A&E onto wards. He referred the Board to the data shown on pages 38 and 39 of the report, which supported the view that the increasing age of inpatients correlated with a greater number of inpatients staying in hospital for ten days or more and therefore reducing hospital capacity. Mr Wood added that A&E activity was 'spiking' later in the day and at weekends, suggesting that external out-of-hours services are referring their patients to Weston's A&E at those times.

Mr Creswick commented that the figures seemed helpful but did not directly connect age and length of stay. Dr Reah observed the graphs showed a significant downward trend from June/July to September, and Mr Wood explained that was the normal seasonal dip, with total admissions increasing year-on-year and patients aged over 80 having significant additional needs – in short, the hospital was fuller for longer.

Mr Colclough noted that the demography of the local community was being shown in the pattern of admissions, and while it was important for the Trust to

plan to meet the changes, the increase in demand is unsustainable without an integrated service approach to local health needs.

In response to a question from Ms Ferguson, Mr Wood advised that there was a reduction in the number of GP and ambulance referrals but an increase in the number of self-referrals. Mr Lloyd then asked if elderly patients were being treated in the hospital or simply being 'looked after' here; Mr Wood explained that medical interventions varied, and we needed to improve the utilisation of the Ambulatory Care Centre (ACC).

Mr Creswick reflected that the Trust needed to create resilience in its capacity, building on Mr Wood's analysis of changing patient need and demographics. Mr Wood agreed that capacity is an element, but added that demand management also has to be with the community.

Mr Paine asked for the Executive Directors' view of Theatre efficiency following the Newton Europe initiative. Mr Wood replied that the review had demonstrated that there was an issue with Job Planning, not performance, and there have been improvements in throughput. He added that the Finance Committee would see a full report at their next meeting. Mr Paine said that with so many Theatre indicators on page 10 bright red, the public would not want to come here; Mr Wood explained that the 'red' scores were measuring productivity, not outcome, and showed late starts and under-utilisation. Mr Creswick agreed that we must ensure performance reports explain the full picture to general readers.

Section 4 Human Resources

Mrs Flavin introduced the Human Resources section of the report, noting that the December metrics were disappointing and correcting the Executive Summary of page 44 which should have stated that the appraisal rate is now below the Trust target of 85%.

She reported that the biggest challenge was recruitment, especially the current lengthy "time to hire" and the ambitious target of reducing that to six to eight weeks. Mrs Flavin advised that although attendance at the recent recruitment Open Day had been low, the 80% conversion rate was pleasing. She added that work with UWE and student placements was continuing and the 'pipeline' for recruitment had been set up, but with turnover at 11% it was difficult to get ahead of the Trust's needs.

(Mrs Lloyd-Evans left the meeting at 12.40pm)

Ms Ferguson asked about the Trust's policy in balancing the roles of qualified nurses and other staff. Mrs Gray replied that she had just completed a dependency review using a national tool, and had for instance identified that Ward Sisters in the Planned Care Division are supernumerary to

establishment while those in the Emergency Division are not. The Board discussed the matter in some detail, considering roles such as Registered Nurses, Ward Clerks, Health Care Assistants and Physician Assistants. Mr Gallegos observed that the National Quality Dashboard included 'numbers of qualified nurses per bed' and Mrs Gray advised that the figure would be included in the Integrated Performance Report for the new year (April 2013).

Section 5 Finance Report

Mr Little presented the Finance Report for Month 9, noting that the Trust is still on track to deliver the planned surplus. He added that the £550k winter monies bid had not yet been approved, and it did seem that the local BNSSG PCT Cluster may have received less than expected, so the Weston bid may not be approved in full.

Mr Little advised that shortfalls in savings from this year would impact the following year. He noted that the run rate shown on page 52 had declined, which is good, and explained that the 'overperforming' specialities shown on page 53 of the report represented uncontracted activity.

Mr Little moved on to the Capital section of the report and advised that the Trust had agreed with the SHA not to bid for Exceptional PDC (Public Dividend Capital) since that would not disadvantage the Trust. He summed-up the overall report by saying that the Trust would deliver its plan for this year, that it was not achieving recurrent savings, and that both cash and capital were on plan.

Mr Turner commented that it was now time to turn to next year; Mr Colcough observed that a concern in putting together next year's contract is the disappearance of the SHA.

Dr Reah asked if capital underspends would be carried forward at the end of the year, to avoid a 'use it or lose it' culture, and observed that there would be benefits to planning a smoother profile of capital build and spend next year. Mr Wood replied that had been part of the plan for this year, and Mr Little commented that many NHS bodies properly planned the bulk of their capital spend for towards the end of each year. Mr Creswick noted that the Finance Committee was best-placed to monitor the wisdom of all the Trust's spending, and the Board agreed the Annual Review should include information for the public on all this.

Resolution:

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

817.13 Estates Strategy - Update

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The Board discussed the differing expectations of an 'Estates Strategy', which could range from a very specific and detailed document to a headline illustration of intentions. Mr Turner noted that from an audit perspective the Board can satisfy itself on what is appropriate, and auditors can then assess if that is sufficient in their view. Mr Creswick commented that the Transition Project will identify much of the detail of future requirements outside the Trust's control.

Mr Wood highlighted the progress in delivering the Estates Strategy first presented to the Board in April 2011 and updated throughout 2012. He reported that patient care and DDA (disability access) had been the priority, agreeing with Mr Creswick that after conspicuous progress in improving estates facilities, the remaining inefficient peripheral buildings, the Nursery, the Academy building and the staff residences could restrict the flexibility of site usage for potential procurement-project bidders. The Board agreed to share with the Uphill Village Society whatever information was available on likely future plans for Weston's site, in a spirit of neighbourliness. Mr Paine thanked Mr Wood for all that had been achieved in changes to the estate over the past year, and Dr Reah added that he was delighted with what had been delivered which was a good base for thinking ahead to the future bed-base and associated services.

Resolution:

The Trust Board **NOTED** the Estates Strategy update.

Action:

Arrange to meet with representatives of the Uphill Village Society to share information of likely future plans for the Hospital site.

By:

Mr Creswick.

818.13

ANY OTHER BUSINESS

Attendees took the opportunity to ask:

- If **patients aged over 80 who lived on their own** could be identified - Mr Wood explained that they were asked on arrival but the information was not collated further.
- If it were patients or carers who filled in the **Friends and Family test** – Mrs Gray reported that the national scheme required the survey to be given to patients.

- If **prospective users of A&E** could see information on the Trust website to help them find more appropriate help and support – Mr Wood replied that this was in development.

There were no other items of business.

DATE OF NEXT TRUST BOARD MEETING:

Tuesday 5 March 2013 at 11.00 am in the Board Room

The **Trust Board in Public Meeting** closed at 1.15 pm

Signed:

Mr C Creswick, Chairman

Dated: