Minutes of the **Trust Board in Public Meeting** of **Weston Area Health NHS Trust** held on **Tuesday 5 March 2013** at 11.20 am in the Board Room, Weston General Hospital

Present:

Mr Chris Creswick	(CC)	Chairman (V)
Mr Peter Colclough	(PC)	Chief Executive (V)
Ms Jude Ferguson	(JF)	Non Executive Director (V)
Mrs Sheridan Flavin	(SF)	Director of Human Resources
Mr Nick Gallegos	(NG)	Medical Director (V)
Mrs Irene Gray	(IG)	Director of Nursing (V)
Mr Rob Little	(RL)	Director of Finance (V)
Mr Roger Lloyd	(RLL)	Non Executive Director (V)
Mr Nathan Meager	(NM)	Chairman, Patients' Council
Mr Grahame Paine	(GP)	Non Executive Director (V)
Mrs Christine Perry	(CP)	Associate Director of Nursing
Dr George Reah	(GRR)	Non Executive Director (V)
Mr Ian Turner	(IT)	Non Executive Director (V)
Mr Nick Wood	(NW)	Chief Operating Officer (V)
Mr Adrian Rutter	(AR)	Trust Board Secretary

(V) Denotes Voting Director

In Attendance:

Mrs Caroline Welch	(CW)	Head of Communications

819.13 Welcome and Apologies for Absence

CC welcomed Mrs Margaret Blackmore (MB - Patient Representative), Mr Stephen Buswell (SB - North Somerset LINk), Mr Alan Richardson (AR) and Mr Mike Lyall (ML).

CC noted the following apologies for absence:

Dr Patricia Woodhead	Director of Patient Safety
Miss Bronwen Bishop	Director of Strategic Development

Declaration of Board Members' Interest

There were no declarations of interest.

820.13 CONSENT AGENDA - Minutes and Matters Arising following the Meeting held on Tuesday 5 February 2013

CC introduced the topic of 'minutes style', referring to email comments circulated between non-executive directors and the Chief Executive and Trust Secretary before the meeting. The Board had considered a range of issues including how to best foster consensual decisions and how to avoid a misleading picture of anonymised consent, all within the background of NHS governance best-practice. The Board had agreed that future minutes should include honorifics and gender-specific appellations (to individual preference) only in the 'Present' 'In Attendance' and 'Apologies' sections of future minutes, with individuals subsequently referred to by initials only, and to continue with the existing policy of using direct quotes with care and only when such quotes were directly helpful to readers of the minutes.

The Minutes of the meeting held on Tuesday 5 February 2013 were agreed as a correct record subject to agreed pre-advised amendments to items 816.13 and 817.13.

Open Board 816.13 page 5 new paragraph 3 – insert "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."

Open Board 817.13 page 8 paragraph 1 line 7 – after "all that had been achieved" add "in changes to the estate over the past year."

Resolution:

The Minutes of the February Board in Public Meeting were **APPROVED** as a true and accurate record of the meeting subject to the agreed pre-advised amendments to items 816.13 and 817.13.

The Table of Matters Arising from the meeting held on Tuesday 5 February 2013 was reviewed, with the progress and completion data duly updated.

Action:

Ensure the agreed style of minutes is followed in future Trust Board and Committee minutes.

By: AR

Having requested the opportunity to make a statement to the Board, MB welcomed the imminent redesigning of the Outpatients' Department, especially for those attending and working in the cramped Diabetic Clinic. NW noted that building would be started in two to three weeks.

821.13 Chief Executive's Report

PC presented his Chief Executive's Report and suggested that the "Securing the Future" section should become a regular part of the report. He drew the Board's attention to two key elements:

- Work has been set in train to sound-out the level of interest from potential bidders under the Procurement Project, with discussions to be held later in the week;
- Mrs Kathy Headdon has now joined the Project Board as Chair of the Stakeholder and Quality Assurance Group, and would lead a comprehensive programme of involvement gathering a wide range of views through the Stakeholder Quality and Assurance Group, in order to inform the Project Board of concerns and ideas.

PC added that he was delighted to announce that the Trust's End of Life Team (made up of the Palliative Care Team and the Specialist End of Life Care Nurses at the Trust) have been shortlisted for the BMJ Group National Awards, Clinical Leadership Team of the Year and would be attending a ceremony in May in London. The Board were equally delighted to hear the news and sent their congratulations to Dr Julian Abel and his colleagues.

PC then reported that the NHS North Somerset Clinical Commissioning Group (CCG) has now been formally authorised and would be taking up their duties and responsibilities on 1 April this year.

IG added that Weston had been judged one of the CHKS's Top 14 hospitals for Dementia Care although we had not won through to the top 3 in the CHKS Awards finals. CC replied that this was a tribute to IG and all her nursing colleagues, and the Board congratulated all involved.

Resolution:

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

822.13 Francis Report – Initial Responses

CC explained that this item was to be the first step by the Board in developing processes and actions as an initial response to the findings of the Francis Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. Discussions would continue in the afternoon seminar and in the full-day Seminar on 19 March and thereafter.

IG added that the full Francis Report was over 6,000 pages and the snapshot prepared for the Board pulled out key areas for a high-level review. She noted that of the 290 recommendations in the Report, many required legal and statutory changes; professionally, she welcomed the Report and advised that the Department of Health would respond by early April at the latest.

CC referred the Board to the eight summary recommendations on page 6 of the snapshot paper and the Board spent some time in detailed discussion.

Key points raised by Board members included:

- The first recommendation of the Francis Report itself is that healthcare entities should formally accept the findings and recommendations of the Report and announce how they intend to respond; this process has begun.
- We will start with a series of seminars to bring together all staff and listen to their suggestions – "share and contribute" is key;
- Successfully adopting all recommendations requires a profound change of culture, measuring all that we do against 'patient safety' – a strategic 'Statement of Intent' from the Board would set out what the Board will do and how it will do it;
- The culture issue is widespread across the whole of the NHS, and acting on IG's eight recommendations would begin to demonstrate a cultural shift;
- All reports, action-plans and papers throughout the Trust should now cross-reference the Francis Report and its principles;
- While the Trust faces major change over the next two years, the Board is determined to be very clear about taking action as quickly as possible over lessons to be learned, and the Board seminar on 19 March would be an opportunity for thoughtful consideration of the Board's own role and behaviour during that time;
- Neither the NHS nor the Trust is starting from 'ground zero' but the Francis Report involves abstract concepts like "culture" and "fundamental values" which are difficult to define and measure;
- The Trust has many opportunities to learn from those closest to patients and to problems, for example from the Junior Doctors and the Severn Deanery;
- The Board welcomed opportunities to work with the Patients' Council especially on events for the general public;
- There is a need to further develop the qualitative data available;
- The Trust could usefully consider having a "Clinical Advisory Committee" similar to HMAC (Hospital Medical Advisory Committee);
- The Trust Board is formally constituted according to Department of Health regulations but as a local addition the Chair of HMAC has consistently been offered a seat in attendance at 'Open' Session Trust Board Meetings – this would again be considered at the Trust Seminar next week (19 March);

- Although the Francis Report set a lot of challenges, Weston was starting from a developing position, including the programme of Executive Walkarounds, monthly and annual **PRIDE** of Weston awards (**P**eople, **R**eputation, **I**nnovation, **D**ignity and **E**xcellence), with some encouraging progress in recent years towards openness and engagement.

SB commented that he fully supported the idea of involving the general public and agreed that the Trust was not starting from zero. He asked about progress with the GP-led Patient Safety Review and IG replied that the results had been taken back to EMG six to nine months ago and all actions have been completed in varying degrees.

CC noted that the Board had expressed no fundamental objections to any of the matters in IG's helpful review of the Report and it was important to now address the key issues. He advised that he had recently received a letter from the Secretary of State for Health setting out his commitment to secure a "safer, more open and compassionate NHS".and had replied stating that the Trust Board had sought to take forward the local lessons of the first inquiry into Mid Staffs and believes that progress is clearly evident in various areas, but is equally conscious of the need for continued improvements, planning a comprehensive and purposeful process to ensure that we respond to the much more detailed findings of the Francis Report.

CC commented that culture can perhaps be viewed as a product of the coming-together of the three elements of resources, systems which govern how they are used, and relationships between groups and individuals with a claim on those resources The Trust needs to balance these influences in such a way as to ensure the culture locally reflects the overall aspirations for the NHS.

CC thanked IG for the work she had presented to the Board.

Action:

Prepare an update for the next Board meeting on the work being done by the Patients' Council on gathering qualitative data.

By: IG/NM

Resolution:

The Trust Board **NOTED** the **Francis Report – Initial Responses** paper and its eight recommendations.

823.13 Integrated Performance Report

Section 1 – Executive Summary

NW introduced the Integrated Performance Report for February 2013 by reminding the Board that the purpose of the Report is to provide monthly assurance of performance, finance and workforce indicators. He noted that the Report is in a continuing state of development, which would be picked up outside the Board meeting, and then took the Board through the main points of the report for January.

NW advised that January is always an extremely difficult month but the Trust had still made progress in improving performance against cancer waiting time targets, and referred to external reports such as the recent HSJ (Health Service Journal) in which a recent article suggested there was no correlation between size and quality. NW added the Trust had continued to deliver against financial targets despite additional weather-related cost pressures and would repay the final instalment of its legacy loan on 15 March. He ended by reporting that the Trust's overall Monitor score was 'amber'.

Section 2 - Quality and Patient Safety

IG introduced the Quality and Patient Safety section of the report by referring to the CQC (the Trust's main regulator) and the action plans in hand in response to the latest inspection. She advised that the CQC had been invited to re-visit to carry out a further assessment.

Turning to Incident Reporting, IG told the Board that staff were encouraged to report all Patient Incidents and this month there were increases in Pressure Ulcers and Falls. She gave details of each of the seven Serious Incidents (SIs) reported for the month and explained that she was very concerned regarding the numbers of pressure ulcers now being seen, with corrective action including forty-four new pressure mattresses having been purchased and root cause analyses of all pressure ulcers being carried out.

IG noted that, while serious, the three reportable Hepatitis C incidents had not resulted in danger to patients or staff. IG also noted that the closure of admissions to the Maternity Unit for one night is something that does become necessary from time to time, and confirmed that no patients or mothers-to-be had needed to be diverted to other providers.

IG referred to the pressure ulcers graph on page 19 of the IPAR and drew the Board's attention to the training and awareness actions taken in response to the increasing trajectory of the incidences of Grade 2 Ulcers.

Turning to the 'Falls per 1,000 days' data on page 20 of the IPAR, IG noted that the increased incidences included four patients who had sustained more than one fall and again referred to the corrective actions explained in the report. She commented that a report would shortly be available showing whether patients who had fallen had been previously assessed as at risk of falls.

IG moved on to the 'patient feedback' section of the report, advising that patients who had made complaints were invited to come to the Hospital and discuss their concerns before the Trust made a formal response to the complaint. She reported that analysis had shown a number of complaints were linked to staff attitudes. PC observed that many complaints were due to operations having had to be cancelled, and NW added this was often caused by seasonal pressures. In reply to questions from GP, IG answered first that wherever possible appointments were cancelled the day before they were due but occasionally it was unavoidable to cancel on the day of the operation (if, for example, beds were unexpectedly unavailable post-Theatre). Everyone at the Trust recognised that this is incredibly distressing for patients and their families. She then explained that patients' views are collected from a variety of methods including a Patient Council seminar last week, Twitter, and Talkback for staff. IG observed that an increasing number of complaints were being sent directly to the Chief Executive or the Director of Nursing. Then in response to questions from RLL she went on to explain that communications about patients' experiences were classified as either 'complaints' – which included 'concerns', a term generally meaning patients wanted to talk about their experience rather than raise a formal complaint – or 'compliments'. IG also noted that PALS is a service all about providing advice and help to patients and therefore it received a range of contacts..CC commented that PALS is a rich seam of learning from queries and complaints and we needed to ensure we always responded well. IG noted that with the Patients' Council now in place this would be a significant focus and a channel for wider engagement. IT suggested that 'compliments' could usefully be analysed in the same way as 'complaints'.

IG then explained that the graph on page 24 of the IPAR was in response to requests from the previous month to provide a more detailed analysis of whole-hospital data showing Kewstoke and Steepholm Wards.

NM asked about the discrepancy shown in column 3 of the table regarding the percentage of patients who felt that their doctors talked to them about their care; IG explained that the story it told reflected the speciality, the size of the unit and the acuity of the patients. CC observed the question perhaps had two aspects – were you asked, and were you in a position to understand?

IG moved on to the Friends and Family Test detailed on page 28 of the IPAR and explained that the results cannot be published until May. RL noted the

Friends and Family response rate was poor and wondered how it could be improved.

NG drew the Board's attention to the mortality data on pages 30 and 31 of the report, noting that Weston's mortality data was within the expected bandwidth for risk-adjusted mortality. He explained that the dataset in this and future reports was now the "Summary Hospital Mortality Indicator" (SHMI) taking accounts of deaths outside the hospital within 30 days of any admission to hospital, and was as used in the national NHS Quality Dashboard. The Board noted that the SHMI figure had deteriorated since October, although a seasonal variation was to be expected. GRR noted that Weston's AVLOS shown in the chart on page 31 was generally around half a day greater than the peer-group and NG explained that the figures were not risk-adjusted and so were not directly comparable.

IG turned to the section of the IPAR detailing outbreaks of hospital apportioned *C.difficile* cases and explained that, in response to the total of 16 cases to the end of January, the Action Plan had been revised and IV antibiotic administration was being audited. CP added that after a very detailed look at each case, it was apparent that this was a general increase and not an outbreak.

Section 3 - Operational Performance

NW presented the Operational Performance report for the Trust, noting that Theatre performance was not good and there was a need to understand the detail of the causes. He added that the report this month included extra information about the source of ED referrals on pages 43 to 45 (obtained from the local Ambulance service - GWAST) and advised that the Trust had again met its 18-week 'referral to treatment' (RTT) target.

GP commented that the rise in referrals from GP practices shown on page 45 was marked; NW replied that this had been raised with the CCG and the SHA, but it was for the commissioners to resolve and not Weston.

RLL referred to the chart of Ambulance Service referrals on page 44 of the IPAR and asked if we could map the catchment areas of other hospitals to compare the numbers of patients taken to each. NW replied that patients on the borders of catchment areas should be taken to the hospital of least pressure, and that one geographical driver for referrals was the acuity mix of patients looked after by each GP practice. CC reflected that the challenge was to identify what could be done – was Weston the provider of first- or last-resort for GPs?

NM asked if, since January is always a bad month, can anything be done or does it just have to be accepted? NW explained that a number of things had been done, but CC added that Weston does not appear to have sufficient resilience for the winter months. The problem is moving faster than our solutions, and clearly capacity and the nature and mix of patients needed to

be radically re-considered in next year's model. NW emphasised that, regardless of the changes in the next two years, we will be taking action to resolve this problem.

Section 4 Human Resources

SF introduced the Human Resources section of the report, noting that recruitment was a priority. She reported that Nursing Assistant vacancies would soon be filled and Bank staff had been invited to express interest in vacancies.

SF referred to the national NHS Staff Survey published last week and, with a mixed bag of responses for Weston, she was more concerned than pleased with the result, adding that a range of initiatives were in hand to improve the staff experience including briefings to staff, "You speak, we listen" sessions, and a Health and Wellbeing Event in March.

SB asked how the programme of recruitment matched the MARS programme. SF explained that the two were separate; MARS provided an opportunity to review the structure of the organisation and identify opportunities for efficiency improvement, and IG added that MARS does not apply to staff whose jobs we do not wish to lose or whom we cannot replace. CC commented that recent Press reports omitted to explain that the scheme was 'mutual' and aims to allow the Trust to reshape and restructure to meet changing needs. NM observed that the local Press had said it applied to all 1,700 staff, and SF noted that whilst it was a national scheme offered equally, only some 12 jobs had been involved on the last occasion.

Section 5 Finance Report

RL presented the Finance Report for Month 10, noting that the Trust is again still on track to deliver the planned surplus, and explained that the impairment loss referred to on page 55 of the IPAR would not affect the Trust's financial performance as measured according to Department of Health guidance.

RL added that January was a poor month with activity up and ED under significant pressure.

GP asked about the full-year trajectory for capital spending and RL replied that this was on track and would be discussed in more detail at the next Finance Committee meeting.

CC observed that it was remarkable how RL and the Finance team kept track of competing pressures and expressed thanks for keeping all under such careful scrutiny.

GRR commented that this was the best SIP performance for four to five years, in terms of recurrent savings actually achieved.

Resolution:

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

824.13 Corporate Risk Register

IG explained that this was presented for the Board to be aware of, as Risk Registers are reviewed in depth by the Risk Management Committee which in turn reports to the Quality and Governance Committee. She explained that the new format now showed "anticipated" risks, the score when all planned actions had been completed. IT commented that he was happy with the revised registers but concerned at the regularity of updating.

GP observed that it impossible to reduce all risks to zero, which was accepted as a basis for future thinking and reporting.

Resolution:

The Trust Board **NOTED** the Corporate Risk Register.

825.13 Board Assurance Framework

GRR stated that some of the entries had clearly not been updated within the Board Assurance Framework; SF commented that the present format was not able to clearly show when entries had been reviewed and the result was it had been decided no change was necessary.

Resolution:

The Trust Board **DEFERRED** receiving the Board Assurance Framework update.

Action:

To update outdated entries within the Board Assurance Framework.

By: AR

Action:

Represent the Board Assurance Framework following update through the agreed process.

By: AR

ANY OTHER BUSINESS

826.13 Questions from Members of the Public

There were no questions from members of the public.

NM commented that when he had arrived at the Hospital, builders were milling around the entrance, making it difficult for patients and families to enter or leave. NW and CC confirmed this would be addressed immediately.

CC observed that this was PC's last Board meeting as Chief Executive and IG's last as Director of Nursing. He noted that both had made a huge difference to the Trust and he was conscious of the progress they had brought, which itself was the biggest tribute to their contribution. The Board thanked them both.

There were no other items of business.

DATE OF NEXT TRUST BOARD MEETING

Tuesday 2 April 2013 at 11.00 am in the Board Room

The **Trust Board in Public Meeting** closed at 1.30 pm