

**Minutes of the Trust Board in Public Meeting of Weston Area Health NHS Trust held on
Tuesday 6th March 2012 in the Lecture Theatre, 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)
Mr Ian Turner	Non Executive Director (V)
Ms Bronwen Bishop	Director of Strategic Development (V)
Mrs Chris Bryant	Director of Service Design
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
Dr Tricia Woodhead	Director of Quality & Patient Safety
Mrs Andrea Hunt	Trust Board Secretary (Minutes)

(V) denotes Voting Director

In Attendance:

Mr Stephen Buswell	LINK
Mrs Caroline Welch	Head of Communications

713.12 WELCOME AND APOLOGIES

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

Dr George Reah	Non Executive Director
Delyth Lloyd-Evans	Chair, North Somerset Community Partnership

Mr Creswick welcomed Mrs Hunt, recently appointed as Interim Trust Board Secretary for Weston Area Health NHS Trust, to her first meeting.

714.12

DECLARATION OF BOARD MEMBERS' INTEREST

Mrs Ferguson declared an interest in Weston College for whom she is the Chair of the Corporation, Member of the Finance Committee and Member of the Remuneration Committee. There were no other declarations of interest from Trust Board Members.

715.12

CONSENT AGENDA

Minutes and Matters Arising from the Meeting held on Tuesday 6th March 2012

There were no amendments proposed to the Minutes of the March 2012 meeting.

Resolution:

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

Mr Stephen Buswell asked when the Board would receive a copy of the final report on the Peer Review of Dementia Care held on 28th November 2011. Mrs Irene Gray, Director of Nursing, confirmed that the report would be presented to the next meeting of the Governance Committee and that a copy of the report would be shared with all Board Members.

Action:

Final report on the Peer Review of Dementia Care to be circulated to Board Members.

By:

Director of Nursing

716.12

CHIEF EXECUTIVE'S REPORT

Mr Colclough provided a verbal update on the Integrated Care Programme and a summary of the activity that took place at the away day held on Monday 5th March 2012. The focus of the away day was on the issues around clinical configuration, financial balance and organisational form. Mr Colclough confirmed that good progress was made on the day and all parties are working collaboratively towards agreement on a plan covering health and social care provision in North Somerset.

Mr Grahame Paine asked what the governance process will be around the reconfiguration of services. In response, Mr Colclough explained that there will ideally be a single line of management supported by co-located teams to achieve local integration in the community. The Programme Board will produce a high level document at the end of March 2012 which will be presented to all Boards. A more formal governance arrangement will need to be developed for the ongoing development of the overall process, with representatives from each partner organisation coming together to take plans forward.

Mr Chris Creswick reminded Board Members that the financial envelope for North Somerset & Sedgemoor Community remain to be determined. Focus is needed for change but consideration must be given to financial sustainability in the shaping of plans. In particular, Mr Creswick confirmed that the Board need to consider the following two key points:

- The overall strategy including potential reconfiguration of services and the arrangements for the teams working in the community will determine the financial outcomes and sustainability of a new system.
- Governance matters including professional advice and patient quality and safety remain of paramount importance to the Board of Weston Area NHS Trust.

Ms Jude Ferguson asked for details of the timetable for the future plans. Mr Colclough confirmed that a report and timetable for 2012/13 and beyond will be reported at the April Trust Board meeting.

Action:

Integrated Care Programme – Report and Timetable to be discussed at the April Trust Board Meeting

By:

Chief Executive

Resolution:

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

717.12

INTEGRATED PERFORMANCE REPORT

Mr Creswick introduced the Integrated Performance Report to the Board and explained to Board Members that the report is being presented to the Trust Board in its new format for the first time to give specific details on progress against a series of high level performance indicators across the four key areas

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of quality and safety, operational performance, financial performance and workforce indicators.

Mr Creswick noted that the Board has previously received individual reporting on finance, operational performance and clinical quality. By combining these elements in an Integrated Performance Report we are now seeking both to set out the Trust's performance against key national and local targets and to establish how they are related to each other in the day to day performance of the Trust.

Earlier discussions have taken place involving Board Members. There is a shared wish for an Integrated Performance Report which will allow the Trust Board to receive consistent and comparative performance data which shows benchmarking and trends. Mr Creswick acknowledged that the report presented at this month's Board meeting is the first draft of the new format. The presentation and content will continue to be developed with the help of all members of the Board and further enhanced over time. The Board will wish to continue to obtain assurance from robust reporting.

Mr Creswick confirmed that time is required at Board meetings to focus on the Trust's strategic issues and that, increasingly, operational matters will be dealt with through the committees that support the Trust Board. The committees will report to the Trust Board on an exceptional basis.

Executive Summary

Mr Colclough informed the Board that the main aim of the Integrated Performance Report is to provide linkages between the four domains: quality & safety, operational performance, financial performance and workforce and further work is being undertaken to determine how the IPR and its exception reporting will fit with the Board Committee structure which is currently being reviewed by the Trust Board Secretary. An integrated Executive Summary will be developed for next month's Board meeting linking the domains and setting them in context.

Quality & Patient Safety

Mrs Gray, Director of Nursing introduced the Quality & Patient Safety section of the report and reported that a lack of consistent data is causing some challenges and is a matter for concern. More robust data is required for monitoring and reporting and to triangulate key outcomes and learning.

Mrs Gray provided an overview of the key messages with regard to Quality & Patient Safety:

- **Patient Related Incidents** – The most reported type of incident this month related to pressure sores. There were 46 pressure sores

reported of which 30 were community acquired and 16 were hospital acquired. Mrs Gray identified concerns with regard to the number of external pressure sores coming through to the Trust and the number of level 3 and 4 pressure ulcers being reported within the Trust. Mrs Gray advised that a root cause analysis is being undertaken on the incidence of pressure ulcers in the Trust. The second most reported type of incident was falls which totalled 32.

Mrs Gray acknowledged that further work is required around the reporting and management of falls.

- **Non Patient Related Incidents** – The highest category of incidents involved accidents to staff of which there were 16. None of these incidents resulted in serious harm to the staff concerned.
- **Serious Untoward Incidents 2011** - The detailed report shows the top five factors from the SUIs investigated in 2011. Documentation and communication feature as a root cause in most investigations but further work is required to drill down further into the issues identified. Mrs Gray referred Board Members to the key lessons learnt from SUI investigations as being:
 - Improving the orientation process for bank and agency staff;
 - Revision of training for staff in the assessment of patients for pressure ulcers;
 - Film marking in x ray to be revised;
 - Medication charts to be assessed daily by the Dr responsible for each patient to ensure prescriptions are correct and up to date.
- **Clinical Outcomes** – Readmission within 30 days have decreased from 153 in November to 124 in December. The Trust continues to perform well with VTE risk assessment compliance, achieving 95.6% in December 2011.
- **Infection Control** – The Trust continues to have good results in the prevention and management of infection. The Trust has had no cases of hospital attributed MRSA for 15 months. There have been a total of 19 cases of clostridium difficile up until 31st January 2012 against a target of 16, therefore exceeding the agreed targeted reduction. This remains a challenge for the Trust and prevention work is ongoing. The Governance Committee will receive regular reports on infection control from the Infection Control Committee. Mrs Gray also confirmed that although the Trust is currently free of Norovirus, it is extremely prevalent in the community, including schools. As a precaution, the Trust has re-introduced visiting restrictions to the wards.

- **Commissioning for Quality and Innovation (CQUINs) 2011/12 –** Mrs Gray referred to the 2011/12 CQUINs report and informed the Board that the performance against the targets is unhealthy. Mrs Gray is working with the teams to provide a more complete and accurate picture which will be provided at the next Trust Board meeting.
- **Nursing Metrics – Early Warning Trigger** – Mrs Gray presented the Early Warning Trigger tool which identifies the potential for deteriorating standards in the quality of care delivered by a team in a defined area, usually a Ward or Clinical Team. Mrs Gray confirmed that Uphill is now closed and an action plan has been agreed with staff to deal with the red risks highlighted in Harptree. Mr Colclough confirmed that the Board needs to be sighted on the results from the tool which is a helpful indicator to describe the most important conditions necessary for a well functioning team. The tool provides an early warning, pre-empting more serious concerns and enables action to be taken before things go wrong, e.g. at ward level. Mr Wood confirmed that further work is currently being undertaken to review patient flow post the winter period.

Mr Creswick commented that these discussions demonstrate an example of the benefits that an integrated performance report can bring by highlighting safety issues that are linked to operational logistics and how they are being dealt with by the Executive Management Team.

Mr Wood confirmed that patient flow remains an area of challenge for the Trust. As a matter of urgency, a review of bed and ward management is being undertaken and a review of the winter plan will be undertaken by the end of March.

Mr Paine questioned the reasons why re-attendance rates have come down. Mr Wood advised that the rates need to be examined in more detail and will report back to the Board with an explanation.

Action:

Analysis of re-attendance rates to be presented to Trust Board

By:

Chief Operating Officer

Mr Paine also questioned whether more work is required in the area of infection control and whether we, as a Trust, could be better. Mrs Gray confirmed that improvement is required and four key targets have been set for Nursing and Midwifery. A progress report on this will be presented to the May Trust Board.

Action:

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Progress report on the Nursing and Midwifery Strategy to be presented to Trust Board in May.

By:

Director of Nursing

Dr Woodhead observed that the Trust must recognise that everyone in the organisation is responsible for infection control and it is incumbent on every member of staff to take personal responsibility to minimise the risk of infections within the hospital environment.

Ms Ferguson added that lots of education around Norovirus is required, particularly as there are cases in local schools which could be brought into the hospital.

Mortality Rates

Mr Gallegos, Medical Director provided a summary of the mortality rates for 2011/12 and confirmed that the Trust's Mortality Index for all measures is as expected. Mr Gallegos acknowledged that the Board needs to determine the level of assurance required on Mortality Rates and confirmed that the performance data included in the Integrated Performance Report will be developed based on this assurance requirement.

Mr Buswell noted that the question that may be considered most relevant by members of the Public, namely whether more people are dying in Weston than expected. He observed that from the data provided in the report, it would appear that the Trust is performing better than expected.

Summary Scorecard

Mr Buswell referred to the summary scorecard in the Integrated Performance Report and asked for greater clarification on what the scorecard is actually stating. Further assurance on the Trust's performance is required which would be assisted by a traffic light reporting system.

Mr Wood agreed that further work is required on the IPR which will be developed to include more trend analysis, actions required and explanations on results for clarification and information.

Dr Woodhead agreed that better analysis can be provided on outcomes and then appropriate decisions can be made.

Operational Performance

Mr Wood, Chief Operating Officer introduced the Operational Performance section of the report and provided an overview of the key messages with regard to Operational Performance:

- **Emergency Department** – The challenge of delivering the Clinical Indicators within the Emergency Department remains. Overall levels of performance have not improved in January. Significant work has

been carried out with regards to rapid turnaround models for “see and treat” patients which has stabilised the performance in ED. Overall delivery of the 4hr wait target has not been achieved whilst it has improved from 90% plus last year.

- **Access** – RTT performance remains stable and is achieving across the majority of performance targets. A plan of delivery for the reduction in waiting times for Urology and Gynaecology is now in place which will further improve performance against access targets in the coming three months.
- **Stroke** – The Trust saw a maintained performance of 80% of patients spending 90% of their stay on the Stroke Unit.
- **Discharge** – The ED conversion rate is a key focus for the Trust and is being considered as a potential CQIN measure. The operational team will be focusing on driving improvement on Length of Stay. The Board acknowledged that the ED conversion rate is an important rate for the Trust’s performance. Mr Wood also recognised that a patient flow score card needs to be developed and included in the integrated performance report.

Action:

Patient flow score card to be developed and included in the Integrated Performance Report

By:

Chief Operating Officer

- **Theatre Utilisation** - Theatre utilisation has slipped in January and needs to be looked at in further detail by the Division as a priority.

The Board expressed their appreciation for the review of theatre utilisation and recognised the logic for removing one theatre pending any opportunity to utilise it fully. Mr Wood confirmed that it is a key objective to optimise use of all existing resources.

Mr Paine requested comparative and benchmarking data on theatre utilisation to which Mr Wood confirmed that there are benchmarking reports that are provided by the Strategic Health Authority (SHA) and that these will be made available in a meaningful format for future Trust board meetings on a quarterly basis.

Action:

Benchmarking and comparative data on Theatre Utilisation to be provided to the Trust Board on a quarterly basis

By:

Chief Operating Officer

Financial Performance

Mr Little, Director of Finance, presented the Finance report for Month 10 (April 2011 to January 2012) with the headlines as presented within the report.

Mr Little confirmed that the financial position is in line with the plan for the year to date and forecast outturn. The financial pressures on expenditure and savings plans continue, however, the overall plans in place should enable delivery of the plans for revenue, capital and cash.

Mr Little drew the Board's attention to the £5,178k impairment loss relating to the new Integrated Urgent Care Centre (IUCC) and confirmed that the key focus is to continue to improve the expenditure run rate for the remainder of the year and to maximise the recurrent savings in readiness for the next financial year.

Mr Little also drew the Board's attention to section 4.7 of the report which is a new section for this month onwards and informs the Board of the financial risk rating for the Trust as if it was operating as a Foundation Trust. The detail is included in Appendix D of the report and at the end of January, the financial risk rating score is a 2. A rating of 5 reflects the lowest level of financial risk and a rating of 1 the greatest.

Mr Turner noted that he liked the format and content of the report but would also like more information on QIPP and details on bank and agency nurses. Mr Little confirmed that these items will be included as part of the development and improvement of the IPR.

Mr Colclough drew the Board's attention to the graph on page 41 of the report (Trust expenditure run rate against budget) and highlighted this as a critical graph showing the Trust's performance. The improving run rate, as reported, needs to be maintained.

Mr Paine was disappointed to read that the QIPP Savings Programme has not been achieved. Mr Wood agreed that the QIPP projects need to be operationally achievable and the current projects appear to fall into one of three categories:

- Ideas which were not fully worked through to achieve deliverable changes;
- Plans which have real improvements but have longer timelines; and
- Plans which have yet to be delivered.

Mr Wood confirmed that the Board will be presented with a complete picture of the QIPP plans for next year at the Board Seminar Meeting scheduled for 20th March 2012.

Action:

Detailed QIPP plans to be presented at the March Board Seminar

By:

Chief Executive

Ms Ferguson agreed that the Board needs to focus on QIPP plans for the 2012/13 financial year.

Mr Little concluded that the run rate for expenditure has improved in January by £42k when compared with the December level.

Human Resources

Mrs Kingscott, Director of HR, introduced the Human Resources section of the report and introduced the key performance indicators that the Trust report on a monthly basis. The year to date has seen the organisation undertaking a series of organisational change and restructuring exercises in a bid to create a leaner and more efficient workforce. The overall workforce WTE has decreased by 30 WTE to date. Mrs Kingscott recognised that the performance table included in section 5.1 requires further work with regard to the labelling and guidance will be provided on its interpretation in future reports.

Mrs Kingscott reported that the appraisal rate has increased to 80% and concerted support is being provided through divisional action plans to increase compliance. Efforts to increase training compliance have already resulted in a rise during January 2012 to 81.13% and bookings indicate that this upward trend will continue in the next few months. The Trust has however seen a steady rise of stress / anxiety absence reporting during this period and cumulative sickness rates show a slight increase on the previous year at 3.78%.

Mrs Kingscott confirmed that the results from the staff survey will be summarised and presented at the next Trust Board meeting.

Action:

Staff survey results to be summarised and presented to the Trust Board

By:

Director of Human Resources

Resolution:

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

718.12

QUARTERLY PATIENTS EXPERIENCE REPORT

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Mrs Gray presented the quarterly patient experience report and confirmed that the Trust is committed to the delivery of high quality, effective and safe healthcare. The report summarised the work currently being undertaken in Weston Area NHS Trust to understand patients' experiences and highlighted the following key messages:

- **Patient Experience Group** – The Patient Experience Group is chaired by the Director of Nursing and provides a forum for patient representatives and staff to work together to understand and improve the experiences that patients have. The Director of Nursing advised that she will be working with the group to review and strengthen the contribution of service users to the day to day developments of the Trust.
- **National Patient Experience Surveys** - Mrs Gray confirmed that the inpatient survey results will be available for Board Members at the April Board meeting and confirmed that the report will be presented to the Governance Committee in March. Mrs Gray drew the Board's attention to the data analysis results in section 4.2 of the report and confirmed that there remains room for improvement in reducing the noise patients are subject to at night and in effective communication with patients to ensure they are aware of what is going to happen next and who they can talk to if they have worries or fears.
- The national outpatient survey was published on the CQC website on February 14th 2012 and has received positive media coverage. The survey results are a reflection of the work the Trust has undertaken in the past two years, whilst providing opportunity for targeted improvement.
- The outcome of these surveys will serve to inform patient experience action plans to be delivered by the Divisions and monitored by the Quality and Outcomes Committee.

Action:

Inpatient survey results to be made available for Board members at the April Board meeting and to present to the Quality & Governance Committee in March 2012.

By:

Director of Nursing

Mr Creswick welcomed the positive progress made to date and particularly the actions being taken to strengthen the contributions of service users.

Mr Paine requested that the Trust should place greater focus on improving communications with patients and Mr Creswick suggested that the Executive

Directors might prepare an action plan of proactive and locally designed initiatives to improve quality and outcomes of patient care and enable standards to be sustained noting that this might lie within the scope of the revised Quality and Outcomes Committee.

Action:

Action plan of proactive and locally designed initiatives to improve patient care to be developed and presented to Quality & Governance Committee for review, monitoring and assurance.

By:

Director of Nursing & Director of Quality & Patient Safety

Resolution:

The Trust Board **RECEIVED** the Quarterly Patients Experience Report and **NOTED** the recommendations.

719.12

BOARD COMMITTEES' EXCEPTION UPDATES

Audit and Assurance Committee

Mr Turner confirmed that a meeting of the Audit & Assurance Committee was held on Wednesday 15th February 2012 and followed the usual agenda. The Committee reviewed the Board Assurance Framework and Risk Register in detail and an internal audit report on Estates was presented highlighting a number of actions for management to address. The counter fraud report highlighted an increasing trend in referrals and action is ongoing.

Mr Little informed the Board that the Trust will be appointing new External Auditors for the 2012/13 financial year as the Audit Commission will cease to exist as an organisation at the end of this year.

Quality and Governance Committee

Mr Lloyd has recently taken up the appointment of Chairman of the Quality & Governance Committee and is working with the Director of Nursing, Trust Board Secretary and Head of Quality & Patient Safety to review the name, constitution and terms of reference of the Quality & Governance Committee.

Where appropriate, the Committee and its sub-structure and reporting arrangements will be updated to reflect the requirements from the National Quality Board Quality Governance model. Particular focus will be to cover the three dimensions of quality: clinical effectiveness and outcomes, patient safety and compliance and the patient and staff experience. It is recognised that the current level of reporting and assurance around quality and governance requires further development and improvement.

Mr Colclough confirmed that the newly appointed Trust Board Secretary is in the process of reviewing the Board Governance and Assurance arrangements and Trust Board Committee structure and a paper will be presented at the April Trust Board meeting.

Action:

Corporate Governance Framework – Report to be presented at the April Trust Board Meeting

By:

Trust Board Secretary

Resolution:

The Trust Board **NOTED** the verbal updates provided by the Chairs of the Audit & Assurance Committee and the Governance Committee.

720.12 ANY OTHER BUSINESS

There was no other business declared.

721.12 CONFIDENTIAL BUSINESS

The Trust Board resolved that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

722.12 DATE OF NEXT TRUST BOARD MEETING:

Tuesday 3 April 2012 at 10.00 am in the Board Room

The **Trust Board in Public Meeting** closed at 12.50 pm.
