
**Minutes of the Trust Board in Public Meeting of Weston Area Health NHS Trust held on
Tuesday 6 May 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 Karen Croker	(KC)	Director of Operations
Mrs Sheridan Flavin	(SF)	Director of Human Resources
Mr Rob Little	(RL)	Director of Finance (V)
Miss Bee Martin	(AGM)	Executive Medical Director (V)
Mrs Brigid Musselwhite	(BM)	Non Executive Director (V)
Mr Grahame Paine	(GP)	Non Executive Director (V)
Mrs Chris Perry	(CP)	Director of Nursing (V)
Dr George Reah	(GRR)	Non Executive Director (V)
Mr Ian Turner	(IT)	Non Executive Director (V)
Mrs Gill Hoskins	(GH)	Associate Director of Governance and Patient Experience
Mr Nathan Meager	(NM)	Chair, Patients' Council

(V) Denotes Voting Director

In Attendance:

Mrs Julie Fisher	(JEF)	Executive Personal Assistant (Minute-Taker)
Mrs Rebecca Rafiyah Findlay	(RRF)	Head of Communications

915.14 WELCOME AND APOLOGIES FOR ABSENCE

PC extended a welcome to Mr Nathan Meager (NM), Chair of The Patients' Council, Mr Tim Evans (TE), Healthwatch Representative, Mr Neil Harrison, Account Director with BT and Mr Simon McCreary of Cerner. PC also welcomed Miss Bee Martin to the Trust Board in her role as Executive Medical Director.

The following apologies for absence were noted:

Mr Alan Richardson	Patient Representative
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DECLARATION OF BOARD MEMBERS' INTEREST

There were no declarations of interest.

CONSENT AGENDA

916.14 MINUTES AND MATTERS ARISING FOLLOWING THE MEETING HELD ON TUESDAY 4 MARCH 2014

The Minutes of the meeting held on Tuesday 4 March 2014 were agreed as a true and accurate record.

Resolution:

The Minutes of the March 2014 Board in Public Meeting were **APPROVED** as a true and accurate record of the meeting.

In reviewing the Table of Matters Arising following the meeting held on Tuesday 4 March 2014 the following update was provided.

Minute Reference 903.14 – Paediatric Services Review

Review ongoing with an update on the Paediatric Services Action Plan to be provided at the July meeting of the Trust Board.

Minute Reference 907.14 – Minutes and Matters Arising Following the Meeting Held on Tuesday 7 January 2014 (Litter Bins)

Additional thanks were passed to BB and CP who had participated in the Annual Uphill Village 'Litter Pick'.

Minute Reference 914.14 – Any Other Business (Bus Services)

SF acknowledged a response from the local Council advising that any comments in relation to bus services should be logged directly with First Bus.

QUALITY, PATIENT SAFETY AND PERFORMANCE

917.14 CHIEF EXECUTIVE'S REPORT

In presenting his Chief Executive's Report, NW felt it was worth reflecting on the visit by Dr Daniel Poulter, Under Secretary of State for Health on Friday 11 April 2014. The visit had proved extremely positive and Dr Poulter had been impressed by the enthusiasm of all staff working in a "great small hospital".

Sunshine Radio, recent winners of the 'Best Speech Package' at the National Hospital Radio Awards held on Saturday 29 March 2014, had also run an 'on the spot' interview with the Dr Poulter during his visit.

NW drew reference to the paper included within his report which outlines the Trust's approach to develop and deliver a two year 'Quality Improvement Programme'. The Business Plan Delivery Steering Group who will be meeting monthly to oversee performance against the agreed Business Plan objectives, met for the first time on Thursday 1 May 2014. The key aim of this programme is to deliver the Trust's vision of *'putting patients at the heart of what we do and be the local healthcare provider of choice by delivering the right care in the right place at the right time and with the right care team'*.

As we enter a new financial year, NW wanted to record his personal thanks to the Executive Team for their exceptional work over the last year in delivering many improvements including significant increases in the quality of safety of care, much improved performance standards and a stabilising of the financial position. This was also endorsed by the Chairman and Non Executive Directors.

Resolution:

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

918.14 INTEGRATED PERFORMANCE REPORT

Section 1 – Executive Summary

NW introduced the Executive Summary, drawing the Board's attention to the key headlines as included within the report.

- Quarter 4 ended with the Trust achieving 11 of the 13 Monitor Compliance Framework Targets, including consistent performance in relation to the Emergency Department and Referral to Treatment Times (RTT). The two areas where performance has not been achieved and where we would have wished are in respect of the 62 day Cancer Standard and the incidence of Clostridium difficile.
- Cancer performance is subject to an improvement plan to ensure we address the necessary issues, both internally and by working with our neighbouring tertiary centres to bring performance to a consistently high standard over the coming months. Early predicted performance for April signals some improvement.
- The positive impacts of work being undertaken to improve patient flow has also enabled Rowan Ward to be relocated back to the main Hospital building with 20 beds closing on 26 March 2014.

NW advised that Patient Safety remains the top priority for the Trust, with performance in Falls and Pressure Ulcers remaining the highest priority for the Director of Nursing and her Team who have detailed plans in place to

address the areas where performance has deteriorated over the last two months.

NW was pleased to report that the Trust had submitted its 2013/14 Accounts to the Department of Health and External Auditors on 23 April 2014. The Accounts show that the Trust delivered a year end deficit of £4,683k, an improvement of £267k from the financial plan.

Section 2 - Quality and Patient Safety

CP introduced the Quality and Patient Safety section of the report, paying particular focus to the Patient Story from the Child and Adolescent Mental Health Service (CAMHS), which is the first inclusion of a detailed patient complaint/incident story and relates to care of a paediatric patient in the community and demonstrates changes that have been made to support an improved experience for children and their parents/carers.

GRR welcomed the level of detail provided and requested a six monthly report on the evidence of actions taken, and furthermore proposed a separate link for reporting included within the Trust's website. CP acknowledged the work of The Patient's Council to present Patient Stories at Trust Board Seminars.

Action:

Request for a six monthly report on the evidence of actions taken as part of the Patient's Story to be provided to the Trust Board.

By Whom:

Director of Nursing

CP provided the Board with an update in respect of Nurse staffing numbers which showed a small rise in March 2014 as planned and as part of the bed reconfigurations and closure of beds on Rowan Ward. CP advised that nurse sickness was higher than the Trust's average across February and March 2014, with both short and long term sickness being appropriately managed within the Divisions. The planning of annual leave is being addressed with Ward Sisters and the Nursing Resource Council, who will monitor compliance to planned leave profiles as an ongoing priority.

GP drew attention to the Bank and Agency Spend on Page 69 of the report and with the £1.7m in investment in Nurse staffing. In responding, NW advised that the Trust was never going to be in a position to pay for all of the investment, referencing the Spanish Nurses who commenced on the wards in August and September 2013 following their period of induction, and issues of annual leave and sickness throughout February and March 2014 as outlined by CP and as detailed within the table on Page 13.

RL acknowledged that pay expenditure is higher than budgeted with an overspend of £57k at the end of March, although this is an improvement of

£153k on the February 2014 position. The main staff category overspent at the end of March was Nursing which was over by £506k.

CP outlined the four requirements for publishing of nurse staffing which are to be in place by the end of June 2014 as required by NHS England and Monitor. CP advised that confirmation has been provided to NHS England that the first three are in place and the fourth will be in place within the required timescale.

In reviewing Section 2.4 'Incident Reporting', CP noted the following key points:

- A total of 219 pressure sores were reported in February and March 2014 (total number of community and hospital acquired), accounting for 29% of all patient incidents. CP advised that there will be a relaunch and refresh of the Pressure Ulcer Prevention Strategy in May 2014 to refocus activity, with a Peer Review of the Trust's pressure ulcer prevention and management by Somerset Health Community scheduled for 2 June 2014.

CP was pleased to announce that two wards have received no reported Pressure Ulcers during March and April 2014, and they will be formally recognised at the Nurses Day Celebration on 14 May 2014.

- The number of patient falls had increased to 54 in February and to 58 in March 2014 which was due to an increase in the number of patients who had repeat falls with six patients falling more than once in February and nine in March.
- There had been one reported incident where same sex accommodation was breached which had affected five patients on the Medical Assessment Unit. The breach had lasted for two hours only and was supported by the patient's clinical need. The position had been explained to patients and relatives by senior nursing staff at the time, and a root cause analysis is currently underway.

GRR noted an increase in the number of complaints received to 38 in March 2014. NW advised that a high number of complaints were received in March across a wide number of areas with no specific theme identified. However, the Emergency Department and Medical Assessment Unit continue to receive the highest number of complaints. The Board acknowledged the work of the two Heads of Nursing in approaching investigators whose complaints have exceeded the target.

AGM presented performance against the VTE target which shows that the Trust has achieved 100% compliance of inpatients receiving a VTE Risk Assessment according to NICE Guidance in 2014/15. In order to maintain this key priority a number of actions have been taken, to include:

- The commissioning of a new database to enable prospective auditing and presenting the Trust's Senior Management Team with real time data and the ability to review trends, providing them the evidence to challenge and secure further improvement.
- The implementation of the new drug chart with the VTE Assessment included, making it easier for Doctors to complete the required paperwork on admission and throughout the patients stay.
- The importance of the completion of VTE Risk Assessment is highlighted at the Junior Doctors Forum and during awareness sessions held with the Chief Pharmacist.

Section 3 - Operational Performance

KC presented an update on Operational Performance with key headlines as reported within the Executive Summary:

- The Emergency Department four hour target was achieved in February and March 2014 and for Quarter 4 in total.
- The Trust has successfully delivered an average length of stay below the target for eight consecutive months. In February this increased slightly to 2.8, reducing back down to 2.6 in March 2014 and significantly below performance for the same months in the previous two financial years.

Action:

Request for an update on the Cancer Recovery Plan to be provided at the August Trust Board Seminar.

By Whom:

Director of Operations / (Cancer Services Manager)

- In February the Trust achieved seven of the eight national Cancer targets which is a significant improvement on January 2014. The Trust's Cancer Services Manager has produced an Action Plan with the aim of improving performance by May 2014. GP welcomed an update on the Cancer Recovery Plan at the August Trust Board Seminar.
- The Referral to Treatment (RTT) targets were noted, as detailed within Pages 56 to 61 of the report.
- The Trust did not achieve the 96% national target for Choose and Book slot availability in February and March 2014. Plans are in place to increase capacity where necessary to ensure capacity meets demand and the Trust is also working closely with provider Trusts of the visiting services of Neurology, ENT and Ophthalmology to ensure that the Trust receives the capacity required.

NM welcomed an update on Theatre capacity and avoidance of cancelled operations, to which KC was pleased to respond advising that a total of six operations had been cancelled in March 2014 as a result of non availability of specialist ITU beds and theatre equipment. The Trust has now put in place a 'lockdown' of booking theatre lists the week before operating enabling Theatre staff to ensure that equipment is ready on the day. Weekly planning meetings by specialty are also now in place to avoid such issues through improved communication and planning. NW added that the Theatre Improvement Programme is part of the work being undertaken by OR International, an update on which will be returned to a future Trust Board Seminar.

Action:

Request for an update on the Theatre Improvement Programme, as part of the work being undertaken by OR International, to be returned to a future Trust Board Seminar.

By Whom:

Chief Executive / Director of Operations

GRR sought clarity in respect of the number of Care UK patients having waited longer than four hours during February and March 2014 as shown within the ED Clinical Quality Indicators. KC advised that the contract with Care UK ceases on 30 June 2014, at which time all ED attendees will be seen through the Urgent Care Centre. Patients are not expected to see any difference in the level of service provided.

Section 4 - Human Resources

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

SF was pleased to report that the appraisal rate increased to 83.34% in February and again to 87.43% in March 2014, which at a yearend position exceeds the Trust's target of 85%. The Board acknowledged the Trust's achievement in reaching this target.

SF drew the Board's attention to the reported sickness over the past two months which has decreased to 4.34% in February and 4.18% in March 2014. For the year 2013/14 the cumulative sickness was 3.71% compared to 3.76% in the year 2012/13, showing a slight improvement.

Statutory/Mandatory training compliance has remained consistent, with the rate moving to 81.95% in February and 81.65% in March 2014. The DNA rates during this period were 28.1% in February and 21.9% in March 2014.

SF advised that the HR Team continue to work with the Divisions, paying particular focus and targeting staff who DNA on a regular basis, have been out of date with their training for 12 months or more or have never undertaken training.

Section 5 - Finance Report

RL presented the Finance Report for Month 12, with the Trust reporting a year to-date deficit of £4,683k which is an improvement of £267k from the plan. Other key points as detailed within the Executive Summary include:

- Revenue from patient activity is £951k above plan for the 12 months to March 2014. Other sources of income have generated £754k more than plan.
- The Trust's Service Improvement Programme (SIP) delivered £162k in March against a target of £430k. £405k of non recurrent savings was also made in month making total savings of £567k in March 2014.

GRR acknowledged his support to the process in place for preparation of the Reference Costs as shown on Page 89 of the report.

Resolution:

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

919.14 NATIONAL INPATIENT SURVEY

CP presented a report which provides the Trust Board with the results of the 2013 National Inpatient Survey undertaken by The Picker Institute on behalf of the Trust and the actions taken or planned to improve patient experience.

CP advised that the survey is part of a series of annual surveys required by the Care Quality Commission for all NHS Acute Trusts in England. The survey is based on a sample of consecutively discharged in patients who attended the Trust in June, July or August 2013. In comparison with other Trusts, in 2012 Weston Area Health NHS Trust scored worse than average on 40 questions, however in 2013 this figure improved and we scored worse than average on 24 questions, with the score having improved further on 17 of these questions.

The Board's attention was drawn to the Actions Taken/Planned on Page 6 of the report, which will continue to be monitored through the Action Plan, in addition to Ward Wednesday discussion and representation by the Nursing Team at the Clinical Advisory Group.

Resolution:

The Trust Board **NOTED** the results of the National Inpatient Survey and the actions being taken.

920.14 **2013 NHS STAFF SURVEY – ACTION PLAN**

Sandy Jackson (SJ) was welcomed to the meeting to present the 2013 NHS Staff Survey Action Plan following presentation of the results to the Trust Board in March 2013.

SJ explained how the Action Plan was devised and how progress will be monitored. All identified actions have now been 'RAG' rated, a number of which are either rated 'Amber' or 'Green'.

SF drew the Board's attention to Staff Pledge 3 'To Provide Support and Opportunities for Staff to Maintain Their Health, Well-Being and Safety' which remains very high profile for the Trust.

NW noted a lack of inclusion to KF24 'Staff Recommendation as a Place to Work or Receive Treatment' and requested a level of confidence that this is the 'lead motivator' and 50% of staff recommending the Trust is not acceptable. This was acknowledged.

Resolution:

The Trust Board **NOTED** and **APPROVED** the 2013 NHS Staff Survey Action Plan.

921.14 **FRIENDS AND FAMILY TEST FOR STAFF – UPDATE REPORT**

Sandy Jackson (SJ) drew the Board's attention to the March meeting where the Trust Board were advised of the requirement to implement the Friends and Family Test (FFT) for NHS Staff from 1 April 2014, based on draft guidance issued by NHS England.

This Update Report now informs the Board on how the Staff Friends and Family Test will be implemented at Weston Area Health NHS Trust, with a third of staff to be surveyed in each of Quarters 1 (May 2014), 2 (August 2014) and 4 (February 2015).

SJ advised that the Implementation Plan, as outlined on Page 2 of the report, will be reviewed following completion of Quarter 1 and prior to commencement of Quarter 2. The Board acknowledged the need for a positive line of communication within the Trust.

PC thanked SJ for the reports provided to the Board.

Resolution:

The Trust Board **NOTED** the Update Report for the Friends and Family Test for Staff and the Implementation Plan for the Trust.

ANY OTHER BUSINESS

922.14 QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no further items for discussion.

DATE OF NEXT TRUST BOARD MEETING:

Tuesday 1 July 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.