
**Minutes of the Trust Board in Public Meeting of Weston Area Health NHS Trust held on
Tuesday 6 August 2013 at 10.00 am in the 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
Mrs Margaret Blackmore	(MB)	Vice Chair, Patients' Council
Mrs Karen Croker	(KC)	Director of Operations
Mrs Sheridan Flavin	(SF)	Director of Human Resources
Mr Nick Gallegos	(NG)	Medical Director
Mrs Gill Hoskins	(GH)	Associate Director of Governance and Patient Experience
Mr Rob Little	(RL)	Director of Finance (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)
Dr Patricia Woodhead	(PW)	Director of Patient Safety

(V) Denotes Voting Director

In Attendance:

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

868.13 WELCOME AND APOLOGIES FOR ABSENCE

PC welcomed the Board to his first meeting since taking over as Chair of the Trust on 1 August 2013.

A welcome was also extended to Mr David Crossley (DC), Chair of the Hospital Medical Advisory Committee, Mrs Delyth Lloyd-Evans (DLE), Chair of North Somerset Community Partnership, Mrs Margaret Blackmore (MB), Vice Chair of the Patients' Council, Mr Stephen Buswell (SB), Healthwatch Representative, Mr Alan Richardson (AR), as Patient Representative, and Mr Robert Heyfron, member of the public.

PC noted the following apologies for absence:

Mr Roger Lloyd	Non Executive Director
Mr Nathan Meager	Chair, Patients' Council

DECLARATION OF BOARD MEMBERS' INTEREST

There were no declarations of interest.

CONSENT AGENDA

869.13 MINUTES AND MATTERS ARISING FOLLOWING THE MEETING HELD ON TUESDAY 9 JULY 2013

The Minutes of the meeting held on Tuesday 9 July 2013 were agreed as a true and accurate record subject to the following amendment:

Page 4 / Item 865.13 – Integrated Performance Report

Section 2 – Quality and Patient Safety

Second paragraph / second sentence to read “CP welcomed further discussion in relation to the Monitor Scorecard which does not give a clear picture on a monthly basis and *incorrectly* suggests that the Trust was in breach of authorisation against this indicator.

Resolution:

The Minutes of the July 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 9 July 2013, the following update was provided:

Item 840.13 – NHS Constitution (April 2013)

GH was confirmed as the Executive Lead for the NHS Constitution.

Item 858.13 – Integrated Performance Report

Section 4 – Human Resources

An external media story post appointment of the Spanish Nurses is in hand, with further progress on the overseas recruitment campaign to be reported to the Board over the coming months.

MINUTES FOLLOWING THE EXTRAORDINARY MEETING HELD ON WEDNESDAY 5 JUNE 2013

The Minutes of the extraordinary meeting held on Wednesday 5 June 2013 were agreed as a true and accurate record.

Resolution:

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

QUALITY, PATIENT SAFETY AND PERFORMANCE

870.13 CHIEF EXECUTIVE'S REPORT

Care Quality Commission

In presenting his Chief Executive's Report NW reflected on the significant amount of positive media attention resulting from the recent Care Quality Commission's report.

NW drew attention to the recent Keogh Review of which 14 Trusts were highlighted as having a higher than average mortality rate. NW added that the review clearly identified a number of key common themes across these organisations which could apply to any NHS organisation and we clearly need to recognise that some or all of these themes could apply to this Trust. We therefore need to be clear in our decisions to act to ensure the services we provide meet the expectation of the public.

Overseas Recruitment Programme

Into week four of their orientation programme, the first cohort of Registered Nurses who joined the Trust from Spain on 15 July 2013 are now working on the wards under close supervision by their mentors. The second cohort joins the Trust on 12 August 2013.

In acknowledging the success of the Overseas Recruitment Programme, SB questioned the appointment of a Consultant in Elderly Care. NG provided an update which links with an ongoing piece of work with the Clinical Commissioning Group looking at a shared community post.

Director of Patient Safety

PW was welcomed back to the Board as Director of Patient Safety for an initial period of eight months. NW reiterated the importance to put Patient Safety and Quality improvements at the top of the agenda, with particular focus on Junior and Middle Grade Doctors.

Resolution:

The Trust Board NOTED the Chief Executive's Report.
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Section 1 – Executive Summary

As a result of the increased focus on patient flow and for the first time in nine months, the Trust achieved the national standard wherein 95% of all patients attending the Emergency Department spent no more than four hours in the department. The Trust also achieved all of the national referral to treatment and cancer targets. The number of patient falls had also greatly reduced in June with only 3.54 falls per 1,000 bed days against a target of 4.07.

Section 2 - Quality and Patient Safety

CP introduced the Quality and Patient Safety section of the report, with the key headlines as included within the Executive Summary.

- There were no cases of Hospital attributed Clostridium Difficile reported in June 2013, demonstrating achievement below the target maximum outturn of one per month. There was however one Hospital attributed MRSA bacteraemia reported in June 2013, with the last previous case reported in September 2010.
- The percentage of mothers initiating breastfeeding in hospital was 95% in June, which is the highest it has been since we began measuring this figure in 2009.
- The number of Serious Incidents reported in June 2013 was three – one Grade Three Pressure Ulcer, one adverse media attention and one delayed diagnosis.
- There were 25 reported Hospital acquired Pressure Ulcers in June 2013, which is a significant improvement compared to 32 in May and 33 in April 2013.
- A total of 612 completed Patient Feedback Exit Questionnaires were received in June 2013 out of 1,121 discharges. CP added that all wards are now participating in the Exit Questionnaire and the overall response rate is significantly improving.

The Board was disappointed to learn that the Trust had scored 50 out of a possible 100 for the Friends and Family Test, which is a significant decline when compared to performance in April 2013 of 73. CP added that when comparing the Trust's Friends and Family Test response rate and net promoter score with the average scores for NHS acute services across England data would suggest that overall our response rate is comparable to the national average, however continuous improvements in service delivery

and patient experience are necessary to improve our net promoter performance.

NG drew the Board's attention to the latest Summary Hospital Mortality Index for the period January to December 2012 which places the Trust at 1.03, a figure well within the range expected given the population of patients treated, and an improvement on the 1.06 recorded for the same period in 2011.

Reporting on Venous Thrombo-embolism (VTE), NG advised that the number of patients who received VTE prophylaxis remains greater than expected as does the number of risk assessments per 1,000 patients, as referred to within Figures 15 and 16 of the Integrated Performance Report.

DC commented in relation to the Trust's compliance with the VTE Risk Assessment, advising that the information presented referred to a spot audit, and although correct does not reflect the overall picture of 79% compliance against an expected 95%. There followed a brief discussion of the work of the VTE Committee that had taken place to address this.

Section 3 - Operational Performance

KC presented the Operational Performance section, reporting that in June the average Length of Stay (LOS) in the Trust reduced marginally to 3.1 days, however Trust performance continues to be in excess of the target of 2.9 days. The percentage of patients with a length of stay in excess of ten days has decreased further to 13.81% in June 2013, however remains above the same period last year.

KC advised that areas requiring further focus include:

- Stroke Target – Following a detailed evaluation last month by the Emergency and Urgent Care Division a number of key actions have been identified to improve performance of the stroke target.
- Readmissions – The discharge process as part of the Patient Flow Transformation Project is now under review and a work stream has been developed to review the current processes and procedures and instigate the necessary changes to meet the target readmission rate of less than 5%.
- The Trust continues to work with the Clinical Commissioning Group Lead for Choose and Book to identify where GP surgeries are not using the system and to review how the Trust can ensure that it is setup optimally for the GPs.

MB had observed that patients are not always being offered Weston as an option for Choose and Book by GP surgeries. This was acknowledged by KC who agreed to investigate further outside of this meeting.

Action:

To investigate why patients are not always being offered Weston as an option for Choose and Book by GP surgeries.

By:

KC

SB questioned whether the significant achievement of the 95% four hour Emergency Department standard was sustainable, in view that this target had not been met by the Trust since September 2012. KC acknowledged this comment, advising that the Trust is spending considerable time in putting in place a robust Winter Plan. NW added that, with exception of the first two weeks in April 2013, the Trust had routinely achieved the target of 95%.

Section 4 - Human Resources

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

SF confirmed that the second cohort of Spanish Nurses joins the Trust on Monday 12 August 2013.

SF provided a further update in relation to the RCN Job Fair held in Manchester on 3 and 4 July 2013. Expressions of interest had been received for circa 100 Nurses, a number of who will qualify in February 2014. The next stage of the process is to write to all inviting them to attend the Trust for an informal visit. The next RCN Job Fair is planned for 11 and 12 September 2013 in London.

Both Statutory/Mandatory Training and Appraisal compliance continue to fall short of the target, with Divisions committed to give their trajectory plans by 16 August 2013.

The Staff Engagement Survey will be presented at the Executive Management Group Meeting this Thursday, 8 August 2013, and shared with the Board thereafter.

Action:

Staff Engagement Survey to be presented at the Executive Management Group Meeting on Thursday 8 August 2013 and shared with the Board thereafter.

By:

SF

SF drew reference to two key questions asked, which members of the Board will recall was previously grouped under one single question:

- Would you recommend Weston General Hospital to your friends and family as a place to work?

65% of respondents would recommend the Trust as a place to work, with 33% of respondents saying that would not recommend the Trust as a place to work.

- Would you recommend Weston General Hospital to your friends and family as a place to receive treatment?

31% of respondents would recommend the Hospital as a place to receive treatment, with 62% of respondents advising that they would recommend some services.

In response to a question asking as to when the Trust would expect to see an impact following recruitment of the overseas nurses, SF advised that November 2013 would be at the point where our spend would be under control and we should not have such a lean on bank and agency. CP added that we would never expect to have a zero balance on bank and agency in view of sickness, however advised that there is a commitment to reduce agency spend to a minimum with effect from 1 November 2013.

Section 5 - Finance Report

RL presented the Finance Report for Month 3, with the Trust reporting a year to-date deficit of £814k which is in line with the plan. The Trust's plan and forecast for the year is a deficit budget of £4.95m.

Overall income is £731k above plan at the end of June 2013 and expenditure £731k over plan at the end of Month 3.

RL advised that within the Trust's planned cash flow for 2013/14 it forecast to receive a new working capital loan of £4,950k in June 2013. However as the new national guidance on cash funding is still to be published the Trust did not receive this in June. In the interim the Trust has agreed a Temporary Borrowing Limit of up to £2,950k until 1 October 2013. This will then be replaced with a permanent solution once agreed with the NHS Trust Development Authority. RL added that in July 2013 the Trust has drawn down £1,100k against the Temporary Borrowing Limit to cover its day to day commitments.

Resolution:

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

872.13 FALLS STRATEGY AND FRAMEWORK 2013-15

Matron Debra Parsons (DP) was welcomed to the meeting to present the Falls Strategy and Framework for 2013-15.

CP provided an introduction to the Strategy, advising that the effectiveness of the prevention measures will be assessed via evaluation of outcomes for service users ensuring a robust Falls Service is provided.

DP drew the Board's attention to the key performance indicators which would suggest that 100% of patients will have an up-to-date Falls Risk Assessment in place during their stay and any areas of risk identified in the assessment actioned and documented. The Trust is currently recording 98% compliance against a recording of 57% in 2010/11.

PC on behalf of the Board thanked DP for attending the Board Meeting, noting the extensive progress which has been made.

Resolution:

The Trust Board **NOTED** the Falls Strategy and Framework 2013-15

873.13 END OF LIFE CARE STRATEGY AND RESPONSE TO THE LIVERPOOL CARE PATHWAY REVIEW

Dr Julian Abel (JA) was welcomed to the meeting to present the End of Life Care Strategy and Response to the Liverpool Care Pathway Review.

NW provided an introduction to the current Strategy for Improving End of Life Care, following which JA talked the Board through the Successes and Limitations and Second Phase of the Quality end of Life Care for All (QELCA) Project.

Recommendations from the Palliative Care Team to the Liverpool Care Pathway Review are detailed within the report. JA added that implementation of the Strategy is seen as part of the increasing interest in patient safety and quality, and the plan is to roll out a programme using continuous quality improvement methodology.

JA drew the Board's attention to the 'Guidance for Developing an Individualised End of Life Care Plan' confirming that this specific checklist is intended for death within the Hospital.

In concluding JA said that implementation of the Strategy for the Trust will allow us to meet the objectives in a measurable way and with evidence of how we are doing this. Acceptance of the Strategy will demonstrate that we are participating with the broader initiatives in End of Life Care within the context of the BNSSG cluster

PC on behalf of the Board thanked JA for attending the Board Meeting, noting the significant progress made by the End of Life Care Teams in developing a Strategy which best meets the personal needs of all patients on the End of Life Care Pathways. PC said that a further update on progress would be welcomed by the Board in due course.

Resolution:

The Trust Board **NOTED** the End of Life Care Strategy and Response from the Palliative Care Team to the recent Review into the Liverpool Care Pathway.

874.13

BOARD ASSURANCE FRAMEWORK – QUARTER 1

BB presented the Board Assurance Framework for Quarter 1, which advises the Board of the range of controls and assurances that are currently in place for the financial year 2013/14 and of progress made to-date in reducing gaps in control or assurance.

GR noted his concern in relation to the detail provided and requested further discussion outside of the Board Meeting.

Action:

Discussion in relation to the Board Assurance Framework to take place outside of the Board Meeting.

By:

Associate Director of Governance and Patient Experience

Resolution:

The Trust Board **NOTED** the Board Assurance Framework for Quarter 1.

875.13

MONITOR LICENSING ARRANGEMENTS AND THE NEW NHS TRUST DEVELOPMENT AUTHORITY (NTDA) ACCOUNTABILITY TRUST MONITORING FRAMEWORK

BB presented a paper which advises the Board of the monthly monitoring requirements of the Trust by the NHS Trust Development Authority (NTDA) and highlights the link between the reporting regime and the introduction of the Monitor Licensing requirements for NHS Trusts from next April 2014.

The Board will recall that the previous Chair had asked for the Board to be kept appraised in respect of the returns made to the NTDA to-date.

Resolution:

The Trust Board **NOTED** the Board statements and licence compliance requirements as identified in the NHS Trust Development Authority Accountability Framework and the two returns submitted to-date.

ANY OTHER BUSINESS

876.13 QUESTIONS FROM MEMBERS OF THE PUBLIC

Outpatient Redevelopment

AR wished to thank the Board for the prompt action taken in regard to providing clear extra provision for wheelchair access as part of the Outpatient redevelopment work.

There were no other items of business.

DATE OF NEXT TRUST BOARD MEETING:

Tuesday 3 September 2013 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 11.20 am.