
**Minutes of the Trust Board in Public Meeting of Weston Area Health NHS Trust held on
Tuesday 6 November 2012 at 11.00 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)
Mrs Sheridan Flavin	Director of Human Resources
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)
Mrs Andrea Hunt	Associate Director of Governance and Assurance

(V) denotes Voting Director

In Attendance:

Mrs Julie Fisher	Executive Personal Assistant (Minute-Taker)
Professor John Underwood	Deputy Chief Executive, Freshwater UK

788.12 WELCOME AND APOLOGIES

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

Ms Bronwen Bishop	Director of Strategic Development
Mr Ian Turner	Non Executive Director
Dr Patricia Woodhead	Director of Patient Safety

Mr Creswick welcomed Mr Nathan Meager, as the recently elected Chairman of the Patients' Council.

A welcome was also extended to Mr Stephen Buswell, Mrs Delyth Lloyd-Evans and Ms Gail Johnson.

DECLARATION OF BOARD MEMBERS' INTEREST

789.12 CONSENT AGENDA

Minutes and Matters Arising from the Meeting held on Tuesday 2 October 2012

Resolution:

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

The Table of Matters Arising following the meeting held on Tuesday 2 October 2012 had been reviewed with the progress and completion data duly updated.

790.12 NON EXECUTIVE DIRECTOR PORTFOLIOS

Mr Creswick introduced a paper which sets out the current position of the Trust's Non Executive Director Portfolios, noting that Mr Paine should be formally recorded as the Vice Chair.

Mr Creswick said that he was grateful to Non Executive Directors for their ongoing commitment to the Committees of which they are members.

Action:

Mr Paine to be formally recorded as the Vice Chair.

By Whom:

Associate Director of Governance and Assurance

Resolution:

The Trust Board **NOTED** the Non Executive Director Portfolios.

791.12 TERMS OF REFERENCE – PATIENTS' COUNCIL

The Board were asked to note the Terms of Reference for the Patients' Council, which will be reviewed annually by the Council and the Board.

Resolution:

The Trust Board **NOTED** the Terms of Reference for the Patients Council.

The Chief Executive's Report was tabled, with Mr Colclough explaining that the content of this report relates to issues which have only been finalised within the last few days.

In presenting his report, Mr Colclough asked the Board to note the position outlined and to approve the Trust's active engagement with the NHS Trust Development Authority to agree the process that will be used to establish future management arrangements for the organisation.

Mr Creswick noted the long-standing involvement of the Board in the process to-date, referring to a decision taken by the Board in August 2010 that this Trust on its own would not be able to meet Monitor's requirements to become a Foundation Trust.

Mr Colclough tabled copies of the Media Statement and Chief Executive's Letter to staff, both of which are to be circulated immediately following the Board Meeting. The Media Statement provides more detail and stresses the continuing involvement and commitment of the wider health and care community to the development of integrated care for our local population. Mrs Lloyd-Evans echoed this statement, confirming the continuing support of the North Somerset Community Partnership, and advising that as Chair she would be issuing a media statement to that effect later today.

Addressing the Board, Mr Buswell asked how long the process is expected to take and whether there are likely to be any changes to the Trust's existing services. Mr Colclough responded by confirming the deadline of March 2014 which links in with the requirements of Monitor. In respect of the Trust's Service Portfolio, Mr Colclough advised that existing services would remain unchanged, albeit with two caveats – the continued focus on patient safety and any changes relating to it; and any action required in order to respond to the North Somerset Clinical Commissioning Group's intentions in the coming year.

Following further questions, Mr Creswick referred to the Trust's historic debt which dates back to the years prior to 2006/2007. The debt had always meant that the Trust could not pass the Monitor tests associated with becoming a Foundation Trust in its own right. Mr Creswick added that although the Trust will have cleared that debt by March 2013 it remains unable to make a return going forward and therefore our position in relation to Monitor's tests does not change.

Mr Lloyd said that although the situation is disappointing it needs to be seen as an opportunity to bring about changes which will inevitably provide better patient care.

Looking ahead, Mr Creswick said that the Trust will continue to engage with our local care providers - North Somerset Council, North Somerset Community Partnership and the North Somerset Clinical Commissioning Group – to co-ordinate activities and deliver more integrated services. The Trust will also be wishing to establish very quickly a way in which we will engage constructively with other organisations, for example the Patients' Council and Healthwatch. Mr Creswick reiterated that the Board remains fully committed to the development of integrated care services for our local population.

In concluding his Chief Executive's Report, Mr Colclough provided an update in respect of the appointment of Ms Jane Barrie OBE DL as the Chair of the South West Local Education and Training Board. Ms Barrie is currently Chair of NHS Somerset and was formerly Chair of the Dorset and Somerset Strategic Health Authority and the Learning and Skills Council for Somerset.

Resolution:

The Trust Board **NOTED** the position outlined within the Chief Executive's Report and **APPROVED** the Trust's active engagement with the NHS Trust Development Authority to agree the process that will be used to establish future management arrangements for the organisation.

793.12 INTEGRATED PERFORMANCE REPORT

Mr Creswick drew attention to the helpful and extensive Glossary which accompanies this month's Integrated Performance Report, noting that this will not be circulated on a routine basis. When amendments warrant revision, a new version will be made available.

Section 1 – Executive Summary

Mr Wood introduced the Integrated Performance Report for October 2012, which continues to show a very consistent level of performance within the first half of the year, with the Trust delivering against the Monitor Scorecard.

Aside from the detail included within the Executive Summary, Mr Wood added that the Trust has continued to deliver on all of the Patient Access targets.

Section 2 - Quality and Patient Safety

Mrs Gray introduced the Quality and Patient Safety section of the report, the key headlines for which are included within the Executive Summary.

Mrs Gray reported on three hospital acquired cases of Clostridium Difficile in September, which following initial investigation have been concluded as related to antibiotic prescribing. Mrs Gray advised that all reported cases will continue to be monitored and action taken as appropriate.

The Board were pleased to note that of the 90 patients who participated in the In Patient Survey during September, 97% would recommend the Hospital to family and friends, which is an improvement on the previous month. Mrs Gray added that the Patients' Council will be holding a seminar at the start of their meeting this Thursday, 8 November 2012, focusing on the 'Patient Experience: Measuring and Improving the Patient Experience'.

There were four Serious Incidents reported in September 2012, as detailed within the report. Mrs Gray added that there has been a demonstrable improvement in the number of incidents reported on Harptree East and West Wards following the recent recruitment of additional nursing staff.

The pressure ulcer improvement plan continues to be implemented across the Trust, with the number of Grade 2 and Grade 3 pressure ulcers having reduced considerably.

The Board will recall that Mrs Gray had agreed to bring back a report following the "Safe Slipper Trial" which has recently concluded on Cheddar Ward. A full analysis is currently being undertaken; however Mrs Gray confirmed that early indication shows that the choice of slipper would not have made any positive difference. The trial will however continue and be rolled out to all wards.

Mrs Gray reported on the number of complaints relating to Berrow Ward, which have remained high for the second consecutive month. Work remains ongoing to ensure that appropriate actions are being taken to resolve and learn from these complaints. Mrs Gray confirmed that there is no particular theme associated with the complaints. Mrs Gray also referred to the number of letters and thank you cards which had been received during September.

Mrs Gray drew the Board's attention to the increasing number of cases of Norovirus within the local community, which has created heightened awareness across the Trust. No outbreaks have been confirmed at the present time.

Mr Gallegos advised that the Trust continues to perform well against the Risk Adjusted Mortality Index, with mortality remaining below the national average given the age and co morbidities of the patients treated.

Mrs Gray provided an introduction to the NHS Safety Thermometer, which is included as a briefing paper within the Integrated Performance Report. Mrs Gray added that although it is a national requirement to submit data, the Safety Thermometer will also be used as a local improvement tool for measuring, monitoring and analysing patients and the delivery of safe and

harm free care, and will be reviewed by the Nursing and Midwifery Committee and monitored on a monthly basis as part of the Performance Assurance Framework Reviews.

The Board's attention was drawn to Figure 2 which provides an example of the data being collected, with Mrs Gray adding that she would be happy to provide any further details to the Board, as required.

A number of questions and comments were raised in relation to the appropriateness and value of this piece of work, which Mr Colclough acknowledged by adding that the Trust is actively trying to create a culture of increased patient safety.

Section 3 - Operational Performance

In presenting the Operational Performance for the Trust, Mr Wood drew the Board's attention to the 4 Hour Emergency Department target which has been achieved for the sixth consecutive month due to the ongoing improvements which are being made in regard to patient flow. The Trust continues to see an above planned level of attendance, although there was a slight dip during September.

Mr Wood reported on the concerns recently raised in the national press regarding the level of discharges across NHS Acute Trusts between 11.00 pm and 6.00 am. To ensure the 'Discharge and Transfer Policy' is being followed, the Trust is now reporting on the number of and reasons for discharges during this time, with three reported discharges confirmed for September. Mr Wood advised that on two occasions the patients had self-discharged and one patient had been transferred to another Trust for urgent specialist surgery not provided at this Trust.

Although Referral to Treatment (RTT) has improved, the Trust did not achieve the incomplete pathway target in September, which was as a result of a lack of validation resource due to the turnover of key staff.

The Trust continues to work with the Ambulance Service in looking at new ways of working to improve the handover process in the Emergency Department and also to reduce the batching of ambulances. The introduction of a Nurse within the Emergency Department to facilitate the effective handover of patients is one area which has been adopted by other Trusts. A business case for additional funding to support this has now been produced for the Primary Care Trust Urgent Care Programme Board.

Dr Reah noted the reduction in Choose and Book performance for September 2012 and asked when we could expect to see General Practices only using this facility when referring patients. Mr Wood acknowledged that work remains ongoing with the Primary Care Trust however it is unlikely that a resolution will be reached within the near future.

In response to a question raised by Mr Creswick in relation to the delays in 18 Weeks, Mr Wood confirmed that the 40 patients are spread widely across the specialties and are not particular to one area.

Referring back to ambulance delays, Mr Meager asked as to what percentage of patients would fall within the 'less than 15 minutes' and 'no more than 45 minutes' timeline. Mr Wood confirmed that on an average daily basis there would be no more than one patient waiting 'more than 45 minutes' and between two or three patients waiting 'for between 15 and 45 minutes'. Mr Wood stressed that patient safety is not compromised and remains a priority, with care provided at all times.

Mr Paine noted that the stroke target had been achieved for the third consecutive month, but questioned the degree of variability around this and whether this potentially remains an area for improvement. Mr Wood acknowledged Mr Paine's comment, advising that the introduction of the 'Hot Bed' has seen a significant improvement in our performance.

Finance Report

Mr Little presented the Finance Report for Month 6, with the key headlines as shown within the report.

- The financial position at Month 6 is that the Trust is reporting a year to-date surplus of £775k, which is in line with the plan;
- Overall, income is £784k above plan at the end of September 2012;
- Overall, expenditure is £783k over plan at the end of Month 6.

Mr Little added that the overall Primary Care Trust income is £59k above plan for the six months to September 2012, with other sources of income having generated £725k more than plan. Fluctuating activity pressures in attendances within the Emergency Department continue, leading to higher admissions than Commissioners have planned for.

The Board noted that the Trust's Service Improvement Programme (SIP) had delivered £439k in September against a target of £375k, although a percentage of these savings were one-off items. In addition, Mr Little confirmed that the total SIP savings and non recurrent savings has achieved £460k in September and a £85k overachievement for the month. There is a year to-date shortfall of £291k against the target for the first six months of £2,250k.

Mr Little drew the Board's attention to Appendix D 'Monitor Financial Measures as at 30 September 2012' and in particular the Financial Risk Rating of 3 which has been applied.

Mr Little was pleased to report that the Run Rate graph as shown on Page 34 is now moving in the right direction, showing an improvement in September by £91k when compared with the August level.

In concluding, Mr Little reviewed the overall activity and income for the six months ending 30 September 2012 and the over and underperforming specialties as outlined within the report.

Human Resources

Mrs Flavin introduced the Human Resources section of the report, with the key headlines as shown.

Focusing on Training Compliance, Mrs Flavin provided reassurance to the Board in terms of the work which is being undertaken to identified outstanding areas of training, with sessions being tailored to meet the demand for specific content.

In terms of Bank and Agency spend; Mrs Gray advised that a Working Group will now be meeting on a bi-monthly basis with its remit to focus on the remuneration and recruitment of Bank and Agency staff.

Resolution:

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

794.12 OUTLINE OF BUDGET SETTING PROCESS AND PRINCIPLES FOR 2013/2014

Mr Little introduced a paper which outlines the process and principles for setting the 2013/2014 budgets as agreed by the Executive Management Group.

The Board were asked to note that staff establishments will be recosted for 2013/2014 based on payroll information as at September 2012, and where posts are vacant they will be costed at the bottom of the scale together with employers on-costs.

Resolution:

The Trust Board **NOTED** the Budget Setting Process and Principles for 2013/2014.

795.12 CORPORATE RISK REGISTER

Mrs Gray presented a report which provides information for the Board regarding the progress and movement with the Corporate Risk Register.

Mrs Gray advised that updates to the Corporate Risk Register are provided to the Risk Management Committee, which has recently met for the second time. Work is progressing in terms of how this data is being reported and Mrs Gray provided assurance to the Board that this is now moving in the right direction.

Mr Paine felt that it would be helpful to have inclusion of the Risk Matrix, as reported in the past.

Action:

Inclusion of the Risk Matrix within future reports to the Board.

By Whom:

Director of Nursing

Mr Creswick drew reference to CORP 13 and asked as to the likelihood of the risk score changing. Mr Gallegos appraised the Board as to the actions taken to-date, linking in with any likely changes to ambulance pathways. Mr Colclough referred back to earlier discussion, noting that work remains ongoing and we are hopeful of an improvement.

Resolution:

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

796.12 BOARD ASSURANCE FRAMEWORK

Mrs Hunt presented the updated Board Assurance Framework for 2012/2013, following review by the Executive Management Group and the Risk Management Committee.

Guidance has been included within this report which identifies how the Board Assurance Framework is structured around the strategic objectives of the Trust.

Mrs Hunt added that work is ongoing to improve the quality and reporting with the document, linking with the Corporate Risk Register, and this will be evident as the Risk Management Committee matures. Both the Board Assurance Framework and Corporate Risk Register will also continue to be reported and scrutinised in full by the Audit and Assurance Committee.

The Board noted the detail provided and agreed for a further review at the Board Meeting to be held in March 2013 and thereafter on a six monthly basis.

Action:

A further review of the Board Assurance Framework is to be taken to the Board Meeting in March 2013 and thereafter on a six monthly basis.

By Whom:

Associate Director of Governance and Assurance

Resolution:

The Trust Board **RECEIVED** the Board Assurance Framework for 2012/2013.

797.12 ANY OTHER BUSINESS

There was no further business for discussion.

798.12 DATE OF NEXT TRUST BOARD MEETING:

Tuesday 4 December 2012 at 11.00 am in the Board Room

The **Trust Board in Public Meeting** closed at 12.40 pm
