
**Minutes of the Trust Board in Public Meeting of Weston Area Health NHS Trust held on
Tuesday 7 May 2013 at 10.00 am in the Board Room, Weston General Hospital**

Present:

Mr Chris Creswick	(CC)	Chairman (V)
Mr Nick Wood	(NW)	Chief Executive (V)
Mrs Margaret Blackmore	(MB)	Vice Chair, Patients' Council
Mrs Karen Croker	(KC)	Director of Operations
Ms Jude Ferguson	(JF)	Non Executive Director (V)
Mrs Sheridan Flavin	(SF)	Director of Human Resources
Mr Nick Gallegos	(NG)	Medical Director (V)
Mr Rob Little	(RL)	Director of Finance (V)
Mr Roger Lloyd	(RLL)	Non Executive Director (V)
Mr Grahame Paine	(GP)	Non Executive Director (V)
Mrs Chris Perry	(CP)	Director of Nursing
Dr George Reah	(GRR)	Non Executive Director (V)
Mr Adrian Rutter	(AR)	Trust Board Secretary

(V) Denotes Voting Director

In Attendance:

Mrs Julie Fisher	(JEF)	Executive Personal Assistant (Minute-Taker)
Mrs Caroline Welch	(CW)	Head of Communications

838.13 WELCOME AND APOLOGIES FOR ABSENCE

CC welcomed Mrs Sally Matravers (SM) as Head of Nursing who will be joining the Trust in June 2013, Mr Stephen Buswell (SB) as Acting Healthwatch Representative, Mr Alan Richardson and Mr Ashish Mandavia, a 3rd Year Medical Student from the University of Bristol who is currently on an 18 week place in Junior Medicine and Surgery here at the Trust.

A welcome was also extended to Mrs Karen Croker attending her first Board Meeting as Director of Operations.

CC noted the following apologies for absence:

Ms Bronwen Bishop	Director of Strategic Development
Mr David Crossley	Chair of the HMAC
Mrs Delyth Lloyd-Evans	Chair, North Somerset Community Partnership
Mr Nathan Meager	Chair, Patients' Council
Mr Ian Turner	Non Executive Director

CC also noted that Mr Roger Lloyd would be joining the meeting a little later.

DECLARATION OF BOARD MEMBERS' INTEREST

JF and GRR declared an interest in Agenda Item 844.13 'Patient Experience Strategy' as Weston College is mentioned.

CONSENT AGENDA

839.13 MINUTES AND MATTERS ARISING FOLLOWING THE MEETING HELD ON TUESDAY 2 APRIL 2013

The Minutes of the meeting held on Tuesday 2 April 2013 were agreed as a correct record subject to the following amendments:

Page 1 / Item 830.13 – Welcome and Apologies for Absence

Mr Alan Richardson had been in attendance at the meeting

Page 3 / Item 832.13 – Board Members' Attendance at Trust Board and Committee Meetings – October 2012 to March 2013

Sentence amended to include the word 'high' in level of attendance at Trust Board and Committee Meetings.

Page 4 / Item 833.13 - Chief Executive's Report

Sentence within the 3rd bullet point amended to read "Staff working with children will be required to undertake an Enhanced CRB check and will not be permitted to commence work prior to employment checks being completed unless in exceptional circumstances *and where not to do so may put patient safety at risk*", *(the decision being approved by an Executive Director)*.

Page 7 / Item 834.13 – Integrated Performance Report (Section 2)

1st paragraph amended to read: *"The Board was disappointed to note that the number of complaints received had increased in February 2013, although this number was lower than at the same time the previous year. GP suggested that as a Board we need to ensure that the monthly report gives a balanced view of complaints and compliments in relation to the detail of reporting and prominence of presentation. CC acknowledged this point and suggested that this also relates to wider issues for the Board to consider as part of a review of the NHS Complaints process.*

Page 8 / Item 834.13 – Integrated Performance Report (Section 3)

3rd paragraph amended to read: “*GP questioned the data for Cancelled Operations shown on the Summary Scorecard which would suggest that the continuing month by month deterioration might reflect that the efficiency improvement work undertaken by Newton is actually having a negative impact on performance. NW advised that the cancellation rate throughout the year is still below the national average and the decline purely an issue relating to bed pressures arising that produce cancellations. GP asked that such commentary / explanation is included in future reporting.*

Page 9 / Item 835.13 – Budgets 2013/14

1st sentence – word should read “*date*” and not data.

Resolution:

The Minutes of the April Board in Public Meeting were **APPROVED** as a true and accurate record of the meeting subject to the agreed amendments.

In reviewing the Table of Matters Arising following the meeting held on Tuesday 5 March 2013, the following update was provided:

Item 834.13 – Detail pertaining to the ‘Five Year Risk Adjusted Mortality Index’ for January 2008 to January 2013 has been prepared and is tabled for the Board’s attention.

840.13

NHS CONSTITUTION – APRIL 2013

CC introduced The NHS Constitution, the key changes and new emphases in which AR had helpfully summarised for the Board’s attention.

CC noted that the Board would need to give consideration to the most appropriate custodian, which had previously been Mrs Alison Kingscott, and NW agreed to consider the requirement.

Action:

To consider NHS Constitution custodian.

By Whom:

NW

CC referred to IG’s paper on the Patient Experience Strategy which the Board would be receiving under Agenda Item 844.13, and noted the challenge faced by NW and the Executive Team in getting the message of that Strategy and the issues reflected in the new Constitution across to staff which requires a major cultural shift for the Trust as a whole. CP added that the Nursing Strategy, to be reviewed this month, also feeds into the NHS Constitution.

CP noted that the existing Cover Sheet used for the Trust Board and reporting Committees would need to be revised to include 'NHS Values' under the 'Corporate Impact Assessment' Section.

Action:

Board and Committee Cover Sheet to be revised to include 'NHS Values' under the 'Corporate Impact Assessment' Section.

By Whom:

JEF

Resolution:

The Trust Board **NOTED** the seven guiding Principles set out in Part II of the April 2013 NHS Constitution.

RLL joined the meeting at 10.25 am

QUALITY, PATIENT SAFETY AND PERFORMANCE

841.13 CHIEF EXECUTIVE'S REPORT

NW presented his Chief Executive's Report and in addition covered the following points:

- The contract with North Somerset Clinical Commissioning Group was signed last week and RL has produced a paper for discussion during the 'Closed' Session.
- For the ninth consecutive year the Trust has been named in a list of the UK's 40 Top Hospitals. The 40 are compiled from a total field of 174 hospitals by CHKS (Comparative Health Knowledge Systems) – the UK's leading independent provider of healthcare intelligence.
- The Healthy Futures Programme Pledge "*Better Health and Social Care Services, Better Communities*" is to be further discussed at the BNSSG Healthy Futures Programme Board Meeting on Wednesday 22 May 2013, with all Trusts being asked to confirm how the Pledge is being promoted within their organisation.
- Feedback from staff following the Trust-wide Francis Seminar held on Thursday 25 April 2013 has proved very positive, with a number of cultural issues having been raised in relation to patient experience, patient safety and staffing. Additional seminars are planned for specific staff groups including Nurses and Junior Doctors which will provide us with an opportunity to raise the 'Duty of Candour' with our staff.

Resolution:

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

842.13 RESPONSE TO THE FRANCIS ENQUIRY – BRIEFING PAPER AND RECOMMENDATIONS

NW provided the Board with a brief on the key issues and recommendations from the Department of Health response to the Francis Report, with three broad themes emerging:

- Culture
- Transparency and Openness
- Leadership

NW added that developing actions which focus on Culture, Transparency, Openness and Leadership should be adopted by the Board and forms the basis to our overall response to this report and other evidence which is becoming available.

Resolution:

The Trust Board **NOTED** the actions as recommended within the report.

843.13 INTEGRATED PERFORMANCE REPORT

CC advised the Board of a recent meeting held with some of the Executive and Non Executive Directors to review the content, production and presentation of the Integrated Performance Report. This work is now in hand with David Craig to produce a condensed version working on an 'exception' basis. It is hoped that the first draft will be available for the Board's review shortly.

Section 1 – Executive Summary

NW introduced the Integrated Performance Report for April 2013 which marks the end of the financial year and reflects the Trust's performance for the full year.

NW advised that activity through the Emergency Department is significantly higher than last year and this has resulted in severe pressure within the Hospital. The Trust has seen bed occupancy levels above 90% for three of the last four quarters and daily bed occupancy on the funded bed base has been running above 100% consistently since October 2012 causing significant problems with patient flow and resulting delays in both admissions and 'see and treat' patients in the Emergency Department. The Trust has also seen an increase in incidents and falls, with the level of complaints also rising over recent weeks.

On a more positive note, the Trust continues to deliver cancer care pathways in line with national indicators. Waiting times for elective procedures has continued to remain within the target range and although the Trust has seen an increase in cancelled procedures due to the ongoing pressures, we remain well within tolerance levels for waiting times.

NW added that the Trust finished the year with the expected surplus of £2.25m and as a result made the final payment of the long-term Department of Health loan.

NW advised that over the last two weeks the Trust has seen a significant improvement in performance. A number of meetings have been held and the NHS Trust Development Authority continues to work with the Trust, recognising that these are local issues to be resolved with the Local Area Team and Clinical Commissioning Group.

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.

CP was pleased to report that the number of pressure ulcers per 1,000 bed days reduced in March from 3.84 to 3.5. The Trust continues to strive to improve performance with a number of initiatives being undertaken, including the purchase of 50 Repose pressure relieving cushions and mattresses.

The overnight closure of the Maternity Unit was as a result of staff shortages and was implemented in accordance with the Patient Safety Policy. CP confirmed that no mothers or babies had suffered as a result of the Maternity Unit closure.

The Trust Board was disappointed to learn that the incidence of falls increased in March 2013, which was partly attributed to five patients sustaining a total of 12 falls. CP advised that the ward reconfiguration will support an improvement in falls prevention. Further details would be reported to the Trust Board in August 2013.

Action:

Progress update on falls prevention to be provided to the August meeting of the Trust Board.

By Whom:

CP

In reviewing the complaints analysis, CP advised that the Lead Consultant in the Emergency Department had undertaken a review of the complaints received by the department for 2012 with the objective of sharing learning opportunities with the Team. Results identified that there had been 56,000 attendances and 48 complaints during 2012, and of these complaints 81% were upheld compared to 87% in 2010 and 51% in 2011. CP provided the Board with a brief in respect of the work which is to be held to streamline the complaints process.

CP was pleased to report that the Ashcombe Birth Centre has achieved Level 1 of the Clinical Negligence Scheme for Trusts with a score of 100%. The Centre is now discussing with the Division how to take this forward to achieve Level 2 within the next two years.

NG tabled a comparison of the Mortality Index for the Trust over the last five years which shows that there has been no increase in the number of deaths occurring within the Trust over the five year period, which for all but four months, lies between 40 and 80 deaths per month with the higher figures recorded for the winter months.

CC said that, as Chair, his main concern was the answer to the question "we are providing safe services but are we providing good quality services?" He added that safety of patients obviously remains the key priority and the challenge for the Board is to ensure that all our stakeholders fully understand the risks that can escalate as an increased workload falls on a small Hospital with limited room for manoeuvre.

MB joined the meeting at 10.55 am

Section 3 - Operational Performance

NW presented the Operational Performance section, reporting:

- The four hour Emergency Department standard was not achieved for the sixth consecutive month.
- The stroke target of patients diagnosed with a stroke spending 90% of their time on the Stroke Unit for 80% of patients improved in March from 54.2% to 71.4%. Although the target was not achieved in March, NW advised that this was a significant improvement given patient flow pressures and the high volume of emergency admissions experienced in month. NW added that the position for April is looking much better and we are expected to achieve the target.

- The 90% Referral to Treatment target has been achieved for 33 consecutive months, with 91.08% of patients seen within 18 weeks.
- The Trust failed to meet the 96% National target for Choose and Book slot availability, with performance of 85% for the month of March 2013. The Trust continues to work with GPs to encourage them to refer patients via the Choose and Book system.
- The Trust just failed to achieve the standard of patients having their diagnostic test within six weeks in February with a percentage of 99.4% against a target of 99.5%. This was attributed to a one off situation caused by a change to NICE Guidelines and practice requiring new equipment to perform echocardiograms. The issue has now been addressed and NW reported that the Trust did receive 100% in March 2013.

GRR questioned the lead time on the Improvement Plan, which was confirmed as ten patients to be discharged before 10.00 am.

NW wished to extend his thanks to KC and the Team during this difficult period and particularly since commencing her role as Director of Operations. The Board endorsed his appreciation to all concerned.

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 disappointed to report that the temporary staffing cost increased in March to 12.11% of the total pay bill compared to 8.79% in February 2013. To assist in addressing the high cost use of temporary staff, SF advised that a plan to implement an overseas recruitment campaign for Nurses has been agreed by the Executive Team. A detailed implementation plan is now being developed and it is anticipated that the first cohort of Nurses will join the Trust in July 2013.

The Board were pleased to learn that the Trust's sickness absence rate has decreased to 4% in month and is now lower than at the same point last year. Levels of Nurse sickness continues to remain high.

Training compliance decreased in March 2013 to 79.30%. The Trust is now reviewing the ways to deliver training with a view to encouraging easier access and line management ownership of the process. The appraisal rate in March has however increased to 83.11%, with the increase in compliance across divisional and corporate areas, and now moves appraisal compliance towards the target of 85%.

RL advised that the Executive Management Group have recently discussed and approved outlined costs for the Recruitment Budget. CC added that the recruitment position is central to so many areas and asked whether we should be considering the attractions of, for example relocation expenses and residential accommodation as permitted. SF provided reassurance that overseas recruits will be supported in their transition with a clear dedicated induction programme and support for social orientation which will include finding somewhere to live, setting up bank accounts and where necessary links to spiritual care.

Section 5 Finance Report

RL presented the Finance Report for Month 12, noting that the financial position in the year end draft Accounts 2012/13, subject to audit, is reporting a year to-date surplus of £2,250k before impairments, which is in line with the plan.

RL drew the Board's attention to the Financial Dashboards for 2012/13 which shows that the Trust has delivered on all indicators.

In reviewing the Trust's expenditure run-rate, RL advised that a major pressure which continued in Month 12 related to high and fluctuating activity levels and the consequent impact on capacity and staffing for the Trust. The cost of additional unfunded beds increased by £61k from the level required in January, up to £157k. This contributed to March having the highest amount of bank and agency nursing expenditure of the financial year at £539k.

The three clinical Divisions and the Estates and Facilities Department were set year end expenditure control totals and stretch totals in November 2012 which were incentivised with an agreed capital allocation for each target if achieved. RL was pleased to report that the Clinical Services Division achieved its year end position within its stretch target, whilst both Estates and Facilities and the Planned Care Division remained under their control totals and achieved the target. The Emergency Care Division was unable to achieve its control target due to continuing bed pressures and significant nursing overspends.

The Board thanked RL and the Team for the reliability and consistency shown in reporting throughout the year.

Resolution:

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

844.13 PATIENT EXPERIENCE STRATEGY

CP presented the Patient Experience Strategy which has been designed by the Patients' Council to give direction to the Trust on actions to take to ensure a robust system is in place, to collect qualitative and quantitative data, to respond effectively to complaints and demonstrate the lessons learned.

CP advised that over recent months there has been a significant focus and progress on care delivery and the engagement of patients in informing how care and hospital services should and can be delivered.

CC on behalf of the Board commended IG and CP for the detail provided within the Strategy, extending thanks to the Patients Council through MB.

Resolution:
The Trust Board ENDORSED the Patient Experience Strategy and agreed the Milestones.

845.13 NATIONAL INPATIENT SURVEY RESULTS 2012

CP presented a paper which briefs the Board on the results of the National Inpatient Survey conducted on patients who were inpatients during June and July 2012. 850 patients were randomly selected, 771 were identified as being eligible, of which 432 returned a completed questionnaire, giving a response rate of 56%. The average response rate for the 69 'Picker' Trusts was 48%.

CP advised that the Trust is currently undertaking a further survey of patients focusing on the 40 questions where the Trust has been identified as being poor performing. These results will be available in June and will provide direction for the Trust in ensuring that long term improvements are made. In order to provide reassurance to the Board, CP referred to the areas where immediate action has been taken:

- The Infection Control Team are continually assessing the availability of hand gel and will report in the routine infection control reports;
- The results of the survey have been shared with the Divisions and they are reviewing Divisional actions to reflect the outcome of the report;
- The Trust's Discharge Management Group has held a Health Economy Multi-Agency Seminar to identify options for improving discharge. The outcome of the actions will be reported to the Quality and Governance Committee;

- The Trust has recently approved £1.7m increase on nurse staffing across the wards, with a recruitment drive now underway.

RLL commented on a Leadership Walkaround which he had recently undertaken and in particular the significant change in the approach and attitude of staff which he felt provided a good deal of reassurance.

The Board acknowledged the findings of the National Inpatient Survey and the actions which are being taken to ensure that the less than favourable results are being addressed in a structured and measured approach.

Resolution:

The Trust Board **RECEIVED** the Results of the National Inpatient Survey 2012 and **NOTED** the current and proposed actions.

846.13

PROGRESS REVIEW OF THE DEMENTIA ACTION AND DELIVERY PLAN

Debra Parsons, Practice Development Matron, was welcomed to the meeting to provide the Board with an update on progress with the Dementia Action and Delivery Plan.

DP advised that a significant amount of work has been undertaken and the Trust continues to be actively engaged in delivery of cross-health community improvements in Dementia care.

CC said he had found the report to be both fascinating and thought-provoking and clearly demonstrates the acuity of the needs of patients presenting with Dementia and the challenge for staff, whose work the Board would wish to commend.

GRR noted that there is no reference to training for Doctors within the report. DP confirmed that within the Dementia CQUIN training is one of the key leads for this year, adding that she would be meeting with the Divisional Teams to progress and agree a Dementia Pathway.

RLL extended congratulations on DP's personal commitment and drive, suggesting that the Trust should look to excel as a Centre of Excellence.

CC on behalf of the Board noted the extensive progress made during 2012/13 and welcomed further progress on the plans for 2013/14.

Resolution:

The Trust Board **NOTED** progress of the Dementia Action and Delivery Plan during 2012/13 and the plans for 2013/14.

GOVERNANCE

847.13 CORPORATE RISK REGISTER 2012/13

NW presented the final version of the Corporate Risk Register which provides the end of year position for 2012/13. NW added that the detail has been reviewed by the Executive Management Group, Risk Management Committee and Audit and Assurance Committee, and will continue to be reviewed by the Executive Management Group on a monthly basis.

GRR was disappointed to note that the comments raised and minuted at the recent Audit and Assurance Committee Meeting had not been incorporated within the final version. The Board agreed to accept the Corporate Risk Register for information noting that much work is yet to be done in developing the Register for the current year.

Resolution:
The Trust Board RECEIVED the latest version of the Corporate Risk Register for 2012/13.

848.13 BOARD ASSURANCE FRAMEWORK 2012/13

NW introduced the final version of the 2012/13 Board Assurance Framework which is presented to the Board for information.

CC added that the Board is looking to further improve reporting on Performance and Assurance and it is hoped that this will be discussed and agreed during the Board Development Seminar which is planned for June/July 2013.

Resolution:
The Trust Board RECEIVED the latest version of the Board Assurance Framework for 2012/13.

849.13 REFERENCE COSTS PLAN 2012/13

RL introduced the Reference Costs Plan for the 2012/13 year which is presented to the Board for approval.

GP confirmed that the Finance Committee has recently reviewed the detail which is being presented.

RL referred to the Executive Summary and Monitor's "Approved Costing Guidance" which sets out the approach to costing that Monitor encourages providers to adopt.

The Board noted the National Timetable and GP added that RL and the Finance Team do need the engagement of everyone within the Trust to take on board the Reference Costs. The Board also welcomed a progress update at the September Trust Board Meeting.

Action:

Progress update to be provided to the September meeting of the Trust Board.

By Whom:

RL

Resolution:

The Trust Board **NOTED** the methodology used and **APPROVED** the Reference Costs Plan for 2012/13.

850.13 DIVISIONAL ORGANISATIONAL STRUCTURE

KC presented a paper which outlines the change to the Trust's Divisional structure which took place with effect from 1 May 2013. The paper also provides the rationale and intended benefits associated with the change.

KC explained that the two Divisions, 'Urgent and Emergency Care' and 'Planned Care', will both be led by a Divisional Director supported by a Divisional Manager and a newly appointed Head of Nursing, creating a triumvirate structure. The changes are designed to strengthen clinical leadership which needs to be at the heart of decision making.

Resolution:

The Trust Board **NOTED** changes to the Divisional Organisation Structure which became effective from 1 May 2013.

ANY OTHER BUSINESS

851.13 QUESTIONS FROM MEMBERS OF THE PUBLIC

SB noted the change in timing of the Public Meeting of the Trust Board to 10.00 am and asked if this was a permanent move, which CC confirmed.

AR asked about the facilities within the new outpatient development which NW was pleased to explain, noting the timescale of the project extended to the Autumn.

DATE OF NEXT TRUST BOARD MEETING:

Tuesday 11 June 2013 at 10.00 am in the Board Room

CC moved a motion to exclude the public from the 'Open' Session and this was approved.

The **Trust Board in Public Meeting** closed at 12.25 pm.