
**Minutes of the Trust Board in Public Meeting of Weston Area Health NHS Trust held on
Tuesday 9 July 2013 at 10.00 am in the Board Room, Weston General Hospital**

Members:

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|---------------------|-------|-----------------------------------|
| Mr Chris Creswick | (CC) | Chairman (V) |
| Mr Nick Wood | (NW) | Chief Executive (V) |
| Ms Bronwen Bishop | (BB) | Director of Strategic Development |
| 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 Nathan Meager | (NM) | Chair, Patients' Council |
| Mr Grahame Paine | (GP) | Non Executive Director (V) |
| Mrs Chris Perry | (CP) | Director of Nursing (V) |
| Dr George Reah | (GRR) | Non Executive Director (V) |

(V) Denotes Voting Director

In Attendance:

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

862.13 WELCOME AND APOLOGIES FOR ABSENCE

CC welcomed Mrs Rebecca Rafiyah Findlay as the new Head of Communications.

A welcome was also extended to Mrs Delyth Lloyd-Evans (DLE), Chair of North Somerset Community Partnership, Mrs Margaret Blackmore (MB), Vice Chair of the Patients' Council and Mr Alan Richardson (AR), as Patient Representative.

CC noted the following apologies for absence:

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| Mr Stephen Buswell | Acting Healthwatch Representative |
| Dr David Crossley | Chair, Hospital Medical Advisory Committee |
| Mrs Gill Hoskins | Associate Director of Governance and Patient Experience |
| Mr Roger Lloyd | Non Executive Director |
| Mr Ian Turner | Non Executive Director |

DECLARATION OF BOARD MEMBERS' INTEREST

There were no declarations of interest.

CONSENT AGENDA

863.13 MINUTES AND MATTERS ARISING FOLLOWING THE MEETING HELD ON TUESDAY 7 MAY 2013

The Minutes of the meeting held on Tuesday 11 June 2013 were agreed as a true and accurate record subject to the following amendments:

Page 3 / Item 858.13 – Integrated Performance Report

Section 1 – Executive Summary

Sentence to read “Mr Matthew Hill, *of the BBC*, accompanied by a camera man, joined the meeting at 10.35 am”.

Page 5 / Item 858.13 – Integrated Performance Report

Section 2 – Quality and Patient Safety

First paragraph should read “CP drew attention to the Integrated Performance Report noting that in April 2013 the Trust had no women giving birth who smoked and those who had previously smoked had stopped prior to *delivery* which was a positive position”.

Page 5 / Item 858.13 – Integrated Performance Report

Section 3 – Operational Performance

Second bullet point should read “In April 2013 the Trust had 97 readmissions within 14 days which gives a 3.9% readmission rate, an improvement on 4.2% in March 2013 and significantly better performance than our peer Trust's readmission rate of 6.1%”.

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| Resolution: |
| The Minutes of the June 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 11 June 2013, the following update was provided:

Item 817.13 – Estates Strategy (Update) – Meeting with Representatives of the Uphill Village Society

CC suggested that a meeting with the Uphill Village Society in the autumn after completion of the Outpatient redevelopment and prior to any further major changes would seem sensible with an action to progress on this basis.

Item 840.13 – NHS Constitution (April 2013)

Discussion ongoing regarding an Executive Lead with a decision to be taken at the August 2013 meeting of the Trust Board.

CC noted that the Minutes of the Extraordinary Meeting of the Trust Board held on Wednesday 5 June 2013 for the approval of the Annual Report and Accounts would be brought to the August 2013 meeting for formal approval.

QUALITY, PATIENT SAFETY AND PERFORMANCE

864.13 CHIEF EXECUTIVE'S REPORT

Care Quality Commission

In presenting his Chief Executive's Report NW noted that the timings around the Care Quality Commission's (CQC) reporting had become rather confusing reflecting stages of the feedback and confirmation process. NW provided the Board with a brief overview of the sequence of events since the CQC's Inspection in April 2013, culminating in the Inspection Report following the June Re-Inspection which was tabled for this meeting.

NQ quoted from the CQC's Report "At this inspection we found a significant improvement in the way patients were treated. We did not observe any incidents of poor care practice. On all of the wards visited we received favourable comments from the majority of patients".

"We spoke with 70 patients in total and of these just five expressed any level of dissatisfaction".

NW added that clearly the improvement needs to be sustained and further work initiated to ensure all CQC measures are compliant within the required timescale. On behalf of the Board NW extended his thanks to CP and hoped that the Matrons and Ward Sisters would learn from CP's leadership and guidance. CC concurred, adding his appreciation of NW's efforts, who has led from the top to ensure that we get things right. CC added that the Board were also very appreciative of the understanding shown by the Patients' Council during this difficult time, thanking NM and colleagues for their measured concern and constructive suggestions.

Outpatient Redevelopment

Further updates will be provided to the Board as work progresses on the Outpatient redevelopment.

Regional

In providing an update on the West of England Academic Health Science Network (AHSN), NW confirmed BB as the Trust's Executive Director responsible for attending the AHSN Steering Group Meetings.

NW added that the AHSN is to be a company limited by guarantee and there is no financial liability attributed to this Trust.

Resolution:

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

865.13 INTEGRATED PERFORMANCE REPORT

Section 1 – Executive Summary

The Board's attention was drawn to two key changes in May 2013, which saw the reconfiguration of medical wards within the Trust to reflect national best practice and guidance for the delivery of acute medicine. These changes have included creation of a dedicated Medical Assessment Unit providing Consultant intervention early in the patient's stay and the creation of defined specialty and Care of the Elderly wards.

Changes to the organisational structure were made on 1 May 2013, creating two Clinical Divisions; Planned Care and Emergency Care, from the former three Operational Divisions. This change, together with the appointment of a Head of Nursing for each Division, has created a triumvirate structure within each Division, strengthening clinical leadership and nurse management at operational level.

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 was one case of Hospital attributed Clostridium Difficile reported in May 2013, which CP confirmed is on trajectory rather than over. 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.

The number of Serious Incidents reported in May 2013 was three, a significant reduction from the nine reported in April 2013. CP added that the Trust continues to focus on patient falls, noting the recent change in patient mix on Kewstoke and Berrow Wards which may have an effect.

CP was disappointed to report 32 Hospital acquired Pressure Ulcers in May 2013, which is a slight decrease on the 33 incidents reported in April 2013. Early indications would suggest that the implementation of uniform nursing documentation across all ward areas, which includes a bed rail assessment and repositioning chart, both of which are audited by senior nursing staff daily to ensure compliance with patient care pathways, has shown improvement with CP adding that further improvements are expected over the next few months.

GR noted with concern that the community acquired Pressure Ulcers do not seem to be decreasing. DLE said that as a Board the North Somerset Community Partnership have a very clear focus on community acquired Pressure Ulcers and recognised that a system-wide approach does need to be developed and embedded.

As a point of note CP added that a Pressure Ulcer is reported every time a patient presents and frequently this can be one patient presenting with a Pressure Ulcer on several occasions.

CP and NW are awaiting the final report following the Complaints Management/Patient Experience Review being undertaken by Mrs Irene Gray.

The Board were pleased to learn that the Trust may have achieved the best performance in the Family and Friends Test across the region, formal notification of which is yet to be received, noting the score for May 2013 as 73 out of a possible 100. RL questioned the percentage response rate for each ward and in particular those reporting under 20% suggesting that it would be helpful to have an explanation of the criteria underpinning the data.

NG drew the Board's attention to the Summary Hospital Level Mortality Indicator which illustrates the mortality data for the period October 2011 to September 2012. The next iteration is due this month and will be reported at the August 2013 Board Meeting. NG confirmed that the Trust's performance is well within the boundaries to be expected and just better than the average index for our peer group which is predominantly drawn from Trusts within the South West.

In relation to the Surgeon specific Mortality Index of which there are ten different specialties (not all of which are relevant to this Trust), NG advised that Orthopaedic Surgeons are well within the expected range. Colorectal Surgery is due to be reported in September 2013.

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 13 and 14 of the Integrated Performance Report.

Section 3 - Operational Performance

KC presented the Operational Performance section, reporting:

- The Trust achieved six of the eight National Cancer targets in April 2013 (reported in arrears) as two of the 62 day targets were not met. KC noted the work to be undertaken on patients with very complex pathways.

- The Stroke target of 80% has not been met for the past five months due to winter pressures and the subsequent difficulties experienced with patient flow. KC wished to provide assurance to the Board that patients not admitted to the Stroke Unit were nonetheless looked after by the Stroke Team. KC noted the actions which the Trust will continue to implement and monitor with the aim to continue to improve performance in the coming months. The Board recognised that the stroke target may require wider discussion.
- The 95% four hour Emergency Department standard was very narrowly missed in May 2013 (94.89%). KC was pleased to report that the target has been achieved for June 2013.
- In May 2013 the Trust had 128 readmissions within 14 days which is a 32% increase on April's figure of 97. This gave the Trust a 5.3% 14 day readmission rate, which is a reduction in performance when compared to April of 3.9%. This is however comparable to our peer readmission rate of 5%.
- KC was pleased to report that as part of the Theatre Transformation Programme the Productive Operating Theatre scheme will re-launch on 24 July 2013, to be provided 'free of charge' by an external source, with the work previously undertaken by Newton Europe to be used as part of this. Members of the Board shared frustration in terms of the work and resources put in against the lack of results. Assurance was provided to the Board with agreement to bring a full report on the Theatre Transformation Programme to the September 2013 meeting of the Trust Board.

Action:

A full report on the Theatre Transformation Programme to be presented at the September 2013 meeting of the Trust Board.

By Whom:

KC

- Reference was made to the number of late starts to theatre lists with 70.5% of sessions starting late in May against a Trust target of less than 9%. It was agreed that discussion should continue outside of the Board Meeting with much wider engagement.

Action:

Discussion in relation to late starts to theatre lists to be held in a separate environment with much wider engagement.

By Whom:

KC

CC alluded to the Winter Plan suggesting that the Board would wish to keep a close eye on developments. KC noted the learning which is being taken from the recent Bouncing Back to Green initiative in terms of Winter Planning.

Section 4 - Human Resources

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

SF provided the Board with an update in respect of the overseas recruitment work advising that the majority of the Spanish Nurses included within the first cohort will be arriving by this Saturday with a full and detailed induction and orientation programme to commence on Monday 15 July 2013. The second and third cohorts have also been identified for August and September 2013.

SF provided a brief update in relation to the RCN Job Fair held in Manchester on 3 and 4 July 2013 which had proved very productive. SF wished to thank Stephen Penfold, Nic Lucas and Sharon Chitty who had given up their time to attend the event on behalf of the Trust.

The sickness rate within the Trust has continued to decrease from 3.67% to 3% in month. SF noted that the recent change in Terms and Conditions is likely to impact further.

The current level of training compliance has decreased slightly from 77.48% to 77.01% and still remains below the Trust's target of 90%. The appraisal rate in April 2013 also decreased to 76.96% which is 8% below the Trust's target of 85% compliance. Although disappointing, SF said that the Trust continues to focus on achieving compliance for both statutory/mandatory training and appraisals.

CC acknowledged the very positive work in relation to recruitment and noted the challenge now to address the gap in compliance, given the relationship and influence on other staff measures, including the Staff Survey.

SF provided a brief update in relation to the Staff Engagement Survey which was circulated Trust-wide at the beginning of July 2013 with early indications showing a 12% response rate (circa 200 staff). SF said that the Board should be encouraged by the response received thus far. NM referred to those who have responded as 'no' to some of the questions and asked the reasons behind this. SF advised that a lot is around the narrative and agreed to update the Board once the Survey has been concluded and responses collated.

Action:

Results of the Staff Engagement Survey to be presented to the Board once the Survey has been concluded and responses collated.

By Whom:

SF

Applications submitted for the NHS Leadership Academy courses have now been reviewed and signed off by the Executive Team. CC added that the Board would wish to endorse the importance of four management and leadership programmes being funded nationally by Health Education England.

Section 5 - Finance Report

RL presented the Finance Report for Month 2, with the Trust reporting a year to-date deficit of £605k which is in line with the plan. The Trust's plan for the year is a deficit budget of £4.95m.

Overall income is £639k above plan and expenditure £640k over plan at the end of Month 2.

Pay and non pay expenditure is £434k above plan for the month of May 2013, overall expenditure is £266k above plan for the same period.

RL noted his concerns around the Savings Plan which shows a year to-date underachievement of £464k against the target for the two months of £531k. RL advised that the Savings Plan, along with CQUINs, will form the basis of discussion at this week's Executive Management Group Meeting. GR requested a forecast following this discussion and which would feed into the Finance Committee Meeting to be held on Tuesday 23 July 2013.

Action:

Forecast to be provided which would feed into the Finance Committee Meeting to be held on Tuesday 23 July 2013.

By Whom:

RL

In 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 has yet to be published the Trust will not receive this in June. To replace this RL advised that the Trust is seeking temporary borrowing from July 2013 to cover its day to day commitments. The temporary borrowing will be repaid and replaced with a permanent solution once agreed with the NHS Trust Development Authority.

NW asked whether the North Somerset Community Partnership is seeking activity against a block plan, which DLE confirmed.

Resolution:

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

NURSE STAFFING REVIEW AND PROGRESS ON IMPLEMENTATION OF STAFF CHANGES

CP presented the Board with an update on progress with actions outlined in the Nurse Staffing Review Paper received by the Board in April 2013. The two key actions as summarised within the report are:

- Ward Sisters within the Emergency and Urgent Care Division have been made supervisory to practice. The positive impact of the presence of Sisters on their wards was noted in the feedback given following the recent Care Quality Commission Inspection.
- The six month review of acuity and dependency for inpatients wards, which then informs nurse staffing levels, is being undertaken throughout July 2013.

The Board will receive a bi-annual report on nurse staffing within the next full report scheduled for October 2013.

Action:

Bi-annual report on nurse staffing to be included within the next full report to the Trust Board scheduled for October 2013.

By Whom:

CP

As an observation from recent Leadership Walkarounds, GP was conscious that the Trust would appear to always be undertaking reviews. CP acknowledged GP's comment noting that the recent changes to Harptree in the split of the ward was not about disrupting staff but ensuring that we get it right! SF added the importance of ensuring that any changes are communicated and we endeavour to strive for staff engagement.

Resolution:

The Trust Board **NOTED** the progress with actions and welcomed receipt of a bi-annual report on nurse staffing within the next full report scheduled for the October 2013 Trust Board Meeting.

ANY OTHER BUSINESS

867.13 QUESTIONS FROM MEMBERS OF THE PUBLIC

Outpatient Redevelopment - Signage

NM advised of some negative feedback which he had received from members of the Patients' Council in relation to signage for the Outpatient redevelopment. NW acknowledged that there had been difficulties, although extra Volunteers had been in the area directing patients and visitors during the decant. The temporary signage had not been prominent enough in the Main Reception area. There is 15 weeks left of the Outpatient redevelopment after which new signage and directions will be sited, which will include the installation of 'live screens'. CC wished to note that signage within the Trust as a whole has improved dramatically over recent months and now provided a good basis for the outpatient additions. NM thanked NW for the update provided and asked that the Patients' Council is included within any future developments involving potential changes to patients and visitors.

AR raised a concern that there appeared to be no clear extra provision for wheelchair access for mobility-challenged patients and visitors due to the distance now, albeit for the short term. This was acknowledged and noted for further consideration by RL and NW.

Staff Engagement Questionnaire

AR referred back to the earlier discussion around the Staff Engagement Questionnaire and noted the importance of including a 'question mark' in addition to 'yes and no'. SF confirmed that this has been included within the current survey.

Chairman

In concluding, CC noted that this would be his last Board Meeting as Chair, given his retirement from the Trust on 31 July 2013. Details of CC's successor would be announced shortly. CC noted the changes in the Trust's Board Meetings over the years both in the quality of the information provided for Members and the Public and in the engagement of the Board Members and other Attendees. He wished to thank all colleagues and extend his best wishes to everyone for the future.

There were no other items of business.

DATE OF NEXT TRUST BOARD MEETING:

Tuesday 6 August 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 11.45 am.