

**Warrington and Halton Hospitals NHS Foundation Trust
Board of Directors
Minutes of the Board of Directors
held on Wednesday 25th June 2014
Trust Conference Room, Warrington Hospital**

Present:

Allan Massey	Chairman
Mel Pickup	Chief Executive
Simon Wright	Chief Operating Officer/ Deputy Chief Executive
Karen Dawber	Director of Nursing and Organisational Development
Paul Hughes	Medical Director
Tim Barlow	Director of Finance and Commercial Development
Jason DaCosta	Director of IM&T
Clare Briegal	Non-Executive Director/Deputy Chair
Carol Withenshaw	Non-Executive Director
Rory Adam	Non-Executive Director (from 1325hrs)
Lynne Lobley	Non-Executive Director
Mike Lynch	Non-Executive Director

In Attendance:

Colin Reid	Trust Secretary
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Apologies:

W&HHFT/TB/14/094 – Apologies & Declaration of Interest

- 1 Apologies: as above
- 2 Declarations of Interest: None reported.

W&HHFT/TB/14/095 – Improving Outcomes for Patients with Dementia through Enhancing the Healing Environment

Deb Hatton, Matron for Elderly Care; Debra Carberry, Nurse Specialist Older People; Deborah Hammond, Ward Manager (Forget Me Not Unit); and Lee Bushell, Building Surveyor - Estates Capital Projects presented the Improving Outcomes for Patients with Dementia through Enhancing the Healing Environment presentation and provided details of the journey undertaken to provide dementia friendly environment and care. They reported on the strategy framework to deliver the care and the development of guidance to and training of all Trust staff on how they can improve the quality and healthcare provision for people with Dementia and provided an update on the next stages for the service.

The Chairman thanked the Dementia Team for their presentation.

Lynne Lobley asked whether the knowledge and skills of the staff could be used on a larger footprint. The Chief Executive advised that they could and she wanted to see the Trust champion dementia in the hospital and in the longer term, recognising the need to obtain CCG agreement, develop its service

and provide a higher level of care. She advised that this could only be provided through the CCG agreeing to the provision of more specialised services. The Board supported the developments of the dementia services at the hospital recognising that the service would in the future be one of the core services given the ageing population and demographics in the footprint served by the Trust. The Chief Executive advised that she wanted to see service as a 'flagship of aspiration' for the Trust.

The Chairman was enthused by the presentations and development of the service referring to the work undertaken to obtain the grant monies that enabled the improvements to be made and the personal endeavours by the all the Dementia Team (current and past). This was fully supported by the Board. The Director of Nursing and Organisational Development also thanked Sue Irvine who as a member of the public and a carer had been instrumental in helping get the Ward off the ground.

The Chairman thanked the Dementia Team for their presentation which was noted.

W&HHFT/TB/14/096 – Minutes of Meeting

The minutes of the meeting held on 28th May 2014 were approved.

W&HHFT/TB/14/097 – Action Plan

All actions contained in the action plan were either on the agenda, discharged or carried forward to a future meeting. The Director of Nursing and Organisational Development reported that the action relating to the development of the Quality Dashboard was ongoing and she hoped to present the Dashboard to the Quality Governance Committee in July in readiness for presentation at the July Board meeting.

W&HHFT/TB/14/098 – Chairman's Verbal Update Report

Clare Briegal, Non-Executive Director: The Chairman reported that this meeting would be Clare Briegal's last as a director of the Trust and asked that it be put on record his thanks for all her support over the past 6 years. He felt that Clare provided a huge amount of contribution to the discussions at the Board and was challenging in scrutinising the Board and Committee Papers. The Chairman wished Clare well for the future in her role as Chief Executive of the International Netball Federation. The Board echoed the Chairman's thanks.

Finance and Commercial NED appointment: The Chairman reported that the interviews for the position of a Finance and Commercial NED would take place prior to the Monitor visit on 11 June 2014, following which a proposal would be put to a meeting of the Council of Governors on the preferred candidate(s).

Family Open Day and Annual Members Meeting: The Chairman reported that the Family Open Day and Trust Annual Members Meeting date had moved to 7 September 2014.

Disability Awareness Day (DAD): The Chairman reported that that DAD would be held on 13th July 2014 this year and advised that the Trust would continue to have a presence at the event.

Deputy Chair: The Chairman reported that Rory Adam would assume the role of Deputy Chair of the Trust from 1 July 2014, Lynne Loblely had agreed to chair the Charitable Funds Committee for the interim.

The Board noted the Chairman's Report.

W&HHFT/TB/14/099– Chief Executive Verbal Update Report

The Chief Executive provided a verbal report on the following matters:

Sign Up to Safety: The Chief Executive reported that this new initiative being introduced by NHS England and was designed to help realise an ambition of making the NHS the safest healthcare system in the world by creating a system devoted to continuous learning and improvement. The Director of Nursing and Organisational Development advised that there were 5 pledges that each organisation would need to sign up to: Put safety first - Commit to reduce avoidable harm in the NHS by half and make public the goals and plans developed locally; Continually learn - Make their organisations more resilient to risks, by acting on the feedback from patients and by constantly measuring and monitoring how safe their services are; Honesty - Be transparent with people about their progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong; Collaborate - Take a leading role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use; and Support - Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate the progress.

The Chief Executive advised that she believed the Trust already does a lot of what was being asked and asked the Boards agreement to sign up to the initiative. The Board fully supported the proposal of the Chief Executive.

Better Care Fund: The Chief Executive reported the Department of Health was scrutinising the better care fund applications from Commissioners and Local Authorities following concerns that the fund impacted on delivery of acute services. She advised that it was her understanding that each application had to be supported by robust evidence based data that should the benefits that support the application. The Chairman, referring to the CCG's Primary Care Home project asked whether it was the Chief Executives view that such robust evidence existed. The Chief Executive advised that she had asked the CCG for the underlying evidence, which had not been made available and therefore the terminology surrounding the Primary Care Homes was that it was more experimental. The Chief Executive felt that if that was the case then there needed to be a contingency plan in place should the project fail.

Local Health Economy Transformation Director: The Chief Executive reported on the role that has recently been advertised for a Transformation Director hosted by Warrington Borough Council. The role would be fixed term and would be responsible for delivering a step change in the transformational programme to deliver sustainable services across the health and social care economy. The role would also have the responsibility in taking forward and deliver the 'Primary Care Home' programme.

The Chief Executives verbal update report was noted.

W&HHFT/TB/14/100(i) - Workforce and Educational Development Key Performance Indicators

The Director of Nursing and Organisational Development presented the Workforce and Educational Development Key Performance Indicators Report.

The Director of Nursing and Organisational Development advised that there had been very little change to the mandatory training rates and therefore the trend in recent months of little change had continued. She reported that individually, some divisions and functional areas were meeting the Trust target, citing in particular Estates.

The Director of Nursing and Organisational Development advised that sickness absenteeism had seen a slight reduction in month and continued to be stable at 4.12% for the first quarter. Sickness absence continued to be closely monitored and managed in all areas in the Trust in line with the 'Attendance at Work Policy'. She advised that the number of staff being managed either through the short term absence or long term absence sections of the policy, remained at over 300 staff.

The Director of Nursing and Organisational Development advised that temporary staffing expenditure saw a slight increase of £15k over the period. This was continually being monitored and work had continued on various initiatives to reduce the temporary staffing spend through the workforce transformation project.

Clare Briegal referred to the appraisal rates and noted that improvements had been made with most areas now achieving greater than 70%. She felt however that the Trust should continue to drive improvements in these target areas, which was also an area the Governors were concerned about.

The Board noted the Workforce and Educational Development Key Performance Indicators Report.

W&HHFT/TB/14/100(ii) - Workforce Transformation Project – Trust Board Update

The Director of Nursing and Organisational Development presented the Workforce Transformation Project Update Report and explained the current work undertaken by the project team and the status of the project.

With regard to medical productivity the Board noted that the aim was to provide the current baseline for consultant job plans from which the trust can develop new policies which increase the consistency, measurability and value for money of planned programmes of work. All consultant job plans would undergo analysis, following which the Trust's DCC and SPA ratios would be benchmarked against those from similar trusts nationally to identify variation.

Referring to skills and competency, Mike Lynch asked where within the Workforce transformation project that work sat. In response the Director of Nursing and Organisational Development advised that this would form part of the work undertaken by workforce planning through the competency based workforce project group. This would report through the workforce and controls programme within Project Management Group. The Director of Nursing and Organisational Development advised that as part of the overall reporting of the Workforce Transformation this would report into the Strategic People Committee.

With regard to Waiting List Initiatives (WLI), the Chief Operating Officer advised that clear guidelines were being developed that would promote a consistent approach across the Trust. He advised that the guidelines would seek to limit the number of WLIs. Mike Lynch asked whether there was a clear understanding across the Trust regarding the reduction in WLIs. In response the Chief Operating Officer advised that there was a commitment to reduce WLIs, there was however no intention to eradicate them as they may be required for specific reasons such as to utilise consultants time.

The Board noted the workforce transformation Report and agreed that future reporting of progress would be conducted through the relevant Board Committees.

W&HHFT/TB/14/102 – Patient Story

Cheryl Finney, Matron Trauma & Orthopaedics and Rachel Browning, Associate Director of Nursing – Unscheduled Care read out the patient story set out in appendix 1 to the minutes.

The Chairman thanked Cheryl Finney and Rachel Browning and opened up discussion on the patient story. The Chairman felt that there was a familiar theme to the story recognising the pressures on beds that had resulted in the procedure not taking place within the original timeframes. He did feel that there was poor communication by the Trust that had resulted in the patient being unhappy with the overall admission process.

Mike Lynch thought that the story clearly showed the need to address communication at admissions between the Trust and the patient. He felt that getting this right and also getting right the admission process generally would complement the high quality of care patients received once admitted. The Board noted that elective and emergency care were bundled together and this had resulted in the delay in admission as emergency procedures had taken precedent. This coupled with bed availability had an impact on elective patients. Rachel Browning advised that work was being undertaken to separate elective and non-elective work so that elective patients can receive treatment without being delayed. She advised that bed management was very important in this regard and the team were looking at how beds can be ring fenced.

The Medical Director recognised that this story spanned a weekend and brought into focus the 7 day working requirements. He felt that there needed to be a series of service re-design to support admissions of elective patients.

With regard to the question from Lynne Loblely regarding bed availability and management, the Chief Operating Officer reported that the Trust was still operating with 100+ patients who were well enough to be discharged from the Hospital but who were still taking up acute beds due to a lack of available community care. With regard to bed management the Chief Operating Officer advised that the Trust was looking to implement a computer based packages that would enable better bed management across the Trust and would help to reduce the impact on elective patients.

The Chairman closed discussion on the patient story and thanked Cheryl Finney and Rachel Browning. He felt that both communication and bed availability was key to the patient receiving the best possible care.

W&HHFT/TB/14/101 – Nurse Staffing Levels Monthly Report

The Director of Nursing and Organisational Development presented the Nurse Staffing Levels Monthly Report, reminding the Board that this report would be presented to the Board each month. She explained that the purpose of the Report was to provide an overview of the monitoring and management of nursing and midwifery staffing each month. The Director of Nursing and Organisational Development advised that in the future the Report would not include a RAG rating as it was not appropriate to do this given the different staffing levels required on Wards and would add confusion when interpreting the information.

The Director of Nursing and Organisational Development drew the Board attention to appendix 1 of the Report which provides the staffing exception report for May 2014 which would be published in accordance with NHS England requirements.

In response to a question from the Chairman, the Director of Nursing and Organisational Development advised that there were a number of vacancies that still needed to be filled and these were being progressed. The Chairman recognised that the Board had received reports on staffing levels prior to this one and sought any further comments on the Report presented. The Board considered the Report which was noted.

The Board noted the content of the Nurse Staffing Levels Monthly Report for May 2014 and the publication of Staffing Data and Exception Report May 2014 set out in appendix 1.

W&HHFT/TB/14/103 – Quality Dashboard

The Director of Nursing and Organisational Development presented the Quality Dashboard and advised that the Report content was currently under review as reported earlier in the meeting. She advised that the Report contains four exception reports relating to: mixed sex occurrences; clostridium difficile and MRSA; incidents causing major and catastrophic harm; and pressure ulcers.

With regard to VTE the Director of Nursing and Organisational Development reported that the % of patients risk assessed for submission to UNIFY was now green, referring to the statement in the report that indicated provisional information due the early extraction of data.

The Director of Nursing and Organisational Development advised that to date there had been 6 cases of hospital acquired clostridium difficile to date, this includes one reported for June and one case of MRSA. The Director of Nursing and Organisational Development advised that next month the Board would receive the quarterly Infection Control Report which would report on what the Trust was doing to address incidences of both clostridium difficile and MRSA.

The Board; noted progress and compliance against key performance indicators in the Improving Quality Strategy; and agreed the actions planned to mitigate areas of exception.

W&HHFT/TB/14/104 – Effective Governance to Support Medical Revalidation

The Medical Director presented a Report that provided details of 'Effective Governance to Support Medical Revalidation' within the Trust. He advised that the Report was in response to a letter received from the General Medical Council, CQC, Monitor and the NHS Trust Development Authority. He advised that there was a requirement for the Trust to provide a statement of compliance by 31 August 2014.

The Board considered the Report recognising that good systems were in place to support medical revalidation. In response to a question from Mike Lynch, the Medical Director advised that outcomes arising from the appraisal process, job planning and the medical revalidation would inform on the provision of patient safety, quality and improvements in clinical effectiveness which he agreed was important to demonstrate.

The Board considered the recommendations in the report and:

- i. recognised the importance attached to medical revalidation by the GMC, CQC, Monitor and TDA;
- ii. noted the robust structures and processes supporting appraisal and revalidation in the Trust;

- iii. supported ongoing improvements to the appraisal and revalidation process

The Board considered that the final recommendation 4 was not required, however recommended that a revalidation dashboard be presented to the Strategic People Committee and if the Committee felt it appropriate report the dashboard through the Workforce Performance Report.

W&HHFT/TB/14/105 – Q4 2013/14 monitoring and 2014/15 annual plan review

The Chairman referred the Board to the letter received from Monitor that set out their review of the Trust's two year operational plan phase of the 2014/15 annual plan review (APR) as well as the Q4 2013/14 monitoring cycle. The Board considered the content of the letter noting the expectation of Monitor set out within it.

W&HHFT/TB/14/106 Finance Report

The Director of Finance and Commercial Development presented the Finance Report as at 31st May 2014 and provided an overview of the financial position of the Trust. He advised that the paper had been received by the FSC prior to being presented to the Board.

The Director of Finance and Commercial Development reported that the financial position year to date period was a deficit of £2,303k, which was £170k lower than the planned deficit of £2,473k. He explained that the deficit position related to the following variances: operating income was £128k below plan; operating expenses was £298k favourable to plan; and non-operating income and expenses was on plan. The Trust was still forecasting a deficit of £1.5m for the year and a Continuity of Services Risk (COS) rating of 3. For the year to date the COS rating was 2 which was in line with plan.

With regard to CIP, the Director of Finance and Commercial Development reported that for the period to date the planned savings for identified schemes equated to £676k, with actual savings amounting to £403k this resulted in an under achievement of £273k. The Director of Finance and Commercial Development did note that the programme was heavily phased in the second half of the year and therefore it was vital that in the first half of the year any planned savings identified were delivered. He felt that it would become increasingly difficult to identify and achieve any shortfalls as the year progresses.

The Director of Finance and Commercial Development advised that EY's contract was coming to an end mid-July and the PMO would be in the position of taking over the work. He advised that it was important to note that the accountability to deliver the savings rested with the divisions and not the PMO who was there to support the divisions not the other way around.

The Chairman referred to appendix A which identified the financial key risks and included a risk that 'the divisions were unable to deliver income targets based on agreed activity plans or deliver additional activity and income identified in the budget setting process'. The Chairman asked what was being done to mitigate this risk, referring to the Monitor visit and that during the tour of Halton he identified that the Day Care Unit list was not full that day and he wondered whether this may be the case elsewhere in the Trust. The Director of Finance and Commercial Development advised that activity performance was tracked and referred to appendix B in the Report which showed the activity summary. He advised that the Trust activity was only down in one area 'Non Elective Excess Bed Days' and that the Trust was very performing well against the other activities. The Director of Finance and Commercial Development advised that work was underway to address what the Trust could do if

surplus capacity was identified.

Lynne Lobley referring to the EY work asked whether the Executive believed enough resource was available within the Trust to continue with the work once the contract ended. In response the Director of Finance and Commercial Development advised that with the full quota of staff in place within the PMO, then there would be enough resource to complete the PMO's role. He reminded the Board that accountability for delivery of the CIP rested with the divisions not the PMO, but recognised that the divisions require the right level of support. The Chief Operating Officer further advised that cross training had been provided by EY to the PMO during the period up to the end of the contract.

The Board noted the Finance Report to 31st May 2014.

W&HHFT/TB/14/107 Outcome of Business Case Review

The Board agreed that this matter was delegated to the Finance and Sustainability Committee.

W&HHFT/TB/14/108 – Corporate Performance Dashboard and Exception Report

The Chief Operating Officer and Deputy Chief Executive presented the Corporate Performance Dashboard and Exception Report for May 2014 and explained that the full report had been presented to the FSC prior to the exception report coming to the Board.

The Chief Operating Officer advised that the main concern centred on delivery of the A&E 4hr target for quarter 1 and this had been discussed at length by the FSC although he felt it was important that the Board was fully aware of the reasons behind the underperformance.

The Chief Operating Officer advised that the Trust had underperformed in both April and May and that there was a likelihood that the Trust would not achieve the 4hr target in June resulting in an underperformance for quarter 1. The Chief Operating Officer advised that this was very disappointing and reported on the pressures that had resulted in the underperformance. The Chief Operating Officer advised that the entire acute health system had been in difficulty over the last quarter and had seen a significant number of A&E service providers failing to deliver the national target. This pressure coupled with additional pressures arising from the withdrawal by commissioners of re-ablement funded schemes from the beginning of April and the shortages in home care provision and intermediate care access had put considerable strain on the Trust.

The Chief Operating Officer advised that a number of measures had been adopted to improve performance which included: the introduction of Ward Liaison Officers and Silver control following the findings of the perfect week; commissioner support had agreed to establish 16 additional Intermediate Care beds to arrest the current pressure; and commissioner support to re-introduce the re-ablement schemes associated with admission avoidance and early discharge for a 3 month period.

The Chief Operating Officer advised that one area that was being considered that may have a significant impact on improved performance was the inclusion of category 1 walk in activity from the Widnes Urgent Care Centre in the Trust's AED performance. This was being discussed with Bridgewater and he had hoped that a decision could have been reached in time for the Board meeting, however the decision was still outstanding.

In response to a question from the Chairman, the Chief Operating Officer advised that he could not with any surety say on how long the underperformance in the 4hr target would continue. He explained

that the issues explained earlier would continue to impact on the performance for the foreseeable future and only changes in provision of intermediate and community care would have an impact to some extent. He advised that the Trust had an obligation to deliver the 4hr target however without help within the local health economy this would prove very difficult particularly given the numbers accessing emergency care. Mike Lynch referring to the inclusion of the activity from the Widnes Urgent Care Centre asked whether this was appropriate. In response the Chief Operating Officer reported that it was and cited a number of trusts that include such figures in their performance targets. He advised that the Trust needed Bridgewater's agreement.

The Chairman thanked the Chief Operating Officer for his Report noting the difficulties facing AED in delivering the national performance target. He did feel that, although the target wasn't being achieved, the Trust continued to provide the best possible care to patients under very difficult circumstances.

The Board noted the status of the Trust Corporate Performance dashboard.

W&HHFT/TB/14/109 – The Perfect Week

The Chief Operating Officer and Deputy Chief Executive presented the findings of 'The Perfect Week' that was requested by the Board at the last meeting. The Chairman thanked all involved in the Perfect Week asked the Board for any comments on the conclusions reported in the paper.

Carol Withenshaw referring to the twice daily senior reviews asked whether this was the norm outside of the perfect week. In response the Chief Operating Officer advised that it had not been measured before however performance during the week had been much better than other trusts undertaking the exercise.

The Board:

- i. acknowledged the content of the report, the conclusions reached and next steps (Page 8);
- ii. acknowledged that a clear hot spot for Warrington regarding patient flow and care was the provision of both Intermediate Care bed based and home based services;
- iii. agreed that the adoption of the SAFER bundle Trust-wide is a beneficial approach for improvements to patient care and enabler to LOS (Length of Stay) reduction;
- iv. acknowledged that the findings of the Perfect week will form the basis of future Business Cases presented for additional resources within the support services (Pharmacy, Pharmacy prescribing cart, Portering facilities review, Physio and OT review); and
- v. approved a further Perfect Week project for Autumn 2014.

W&HHFT/TB/14/110 – Monitor - Corporate Governance and additional Compliance statements

The Chairman opened discussion on the paper that set out the Board's submission to Monitor against the Corporate Governance Statements contained within the provider licence at licence Condition FT4 and additional compliance statements relating to Joint ventures and Governor training.

The Chairman sought the Boards views on whether they were happy with the proposed responses to the statements. The Board recognised the review undertaken by the MIAA, the findings of which had been reviewed by the Board and confirmed compliance with the Corporate Governance Statements and additional statements relating to Joint Ventures and Governor Training as set out in the paper.

W&HHFT/TB/14/111 – Board Committee Report

i. Committee Verbal Updates:

Strategic People Committee – 9th June 2014

Lynne Loble, Chair of the Strategic People Committee advised that the meeting was not well attended due to availability of staff. Future meetings are to be better attended and she understood that the Chief Executive had agreed to attend the meetings.

Finance and Sustainability Committee – 17th June 2014

Carol Withenshaw reported on the activity of the FSC and reported that the Committee had been active in a number of areas that had been presented and referred to today. Carol Withenshaw referred to the activity of the IM&T Steering Committee who had been reviewing the replacement provider of the Meditech system and understood that a proposal would be coming to the Board at the July meeting.

The Board noted the verbal update from the Board Committees.

ii. Minutes for noting

Having received verbal update from the Chairs of each of the Committees at earlier Board meetings the Board noted the following minutes:

- a) Strategic People Committee – 7th April 2014
- b) Finance and Sustainability Committee – 21st May 2014

The Board noted the activity of the Board Committees.

W&HHFT/TB/14/112 – Any Other Business

None

Next Meeting: 30th July 2014

Title: Patient Story - BJ
Presented by: Matron Cheryl Finney, Trauma & Orthopaedics
Date: 25 June 2014

I arrived at Warrington Hospital at 10.30 at Thursday night 24th April following an accident which left me with an injured leg. I was seen in A&E and the doctors decided to keep me in overnight and to go to theatre on Friday. I arrived on A9 at 03.30am.

The staff settled me in and gave me pain killers and I did get some sleep, but it had been a long day. The doctor came to see me the next day and told me that they would not be able to do the surgery today. I asked if I needed to stay in or could I go home and come back in, the doctor said we could plan for Monday. I was happy with this and said there is no point me taking up a bed if I could be at home. I went home and was told to contact the ward on Monday morning and speak to the trauma nurse.

This is where my problem began, I rang the ward on Monday 28th April after being fasted overnight and was told there was no bed and the trauma nurse was on annual leave. I was told to contact the ward again on Tuesday morning, which I accepted.

I received a phone call at 09.30 that there would be a bed later today and to remain NBM. I received a phone call from the hospital that the bed had now gone and I was not to come in. I asked when the bed would be available but was told I would need to ring in the morning to see if bed available. I was getting angry now because I was in pain and needed to have surgery. I am a business man and am due to go on a trip to France on 11th May which has been arranged for some time, will this mean I can't go! Why had the bed gone when I was due to arrive later that day?

I rang Wednesday morning and spoke to the Trauma nurse, who did not have a bed but was working on it. I apologise that I was very abrupt on the phone but I was frustrated at the delay. I received a phone call and was asked to come in for 11.00. I arrived on the ward and the trauma nurse spoke to me, there was no empty bed but one was coming up. I then waited an hour and half outside the ward on an uncomfortable chair and felt very uneasy and in the way as trollies came by.

Eventually, I was shown to my bed and was happy with the nursing care and the operation and medical care. The Matron came to speak with me and asked me to share my story, as the hospital is looking at ways to improve the patient experience. I was happy to raise my issues and if I had known that it would have taken 6 days to get to theatre, then I would not have gone home on the Friday.

I felt in limbo and had to keep being NBM. I would have thought that the communication could be better, I felt I was always chasing a bed and why did the hospital not plan for the bed better as they know about me. I was very lucky that I am not self- employed because if I was I would have had lost earnings. I do have private insurance and if I had have known this was how long it was going to be, I might have considered looking at private healthcare.

I would like to finish by saying my issues were regarding the process of getting a bed and that I was happy with my care and treatment once in a bed.