
**Minutes of the Trust Board in Public Meeting of Weston Area Health NHS Trust held on
Tuesday 1 July 2014 at 10.00 am in the Executive Board Room,
Weston General Hospital**

Present:

Mr Peter Carr	(PC)	Chairman (V)
Mrs Karen Croker	(KC)	Director of Operations
Mrs Sheridan Flavin	(SF)	Director of Human Resources
Mr Rob Little	(RL)	Director of Finance and Acting Chief Executive (V)
Miss Bee Martin	(AGM)	Executive Medical Director (V)
Mrs Brigid Musselwhite	(BM)	Non Executive Director (V)
Mr Grahame Paine	(GP)	Non Executive Director (V)
Mrs Chris Perry	(CP)	Director of Nursing (V)
Dr George Reah	(GRR)	Non Executive Director (V)
Mr Ian Turner	(IT)	Non Executive Director (V)
Mrs Gill Hoskins	(GH)	Associate Director of Governance and Patient Experience
Mrs Margaret Blackmore	(NB)	Vice Chair, Patients' Council

(V) Denotes Voting Director

In Attendance:

Mrs Julie Fisher	(JEF)	Executive Personal Assistant (Minute-Taker)
Mrs Rebecca Rafiyah Findlay	(RRF)	Head of Communications
Mr Geoff Pye	(GP)	Chair, Hospital Medical Advisory Committee

927.14 WELCOME AND APOLOGIES FOR ABSENCE

PC extended a welcome to Mrs Rosie Smith and her husband, Dr Smith, who had asked to address the Trust Board at the public meeting.

Mrs Smith read out a statement to the Board which concerns the loss of 'The Weston Promenade' Tile Panel previously on display in the Quantock Unit. During the reading of her statement, Mrs Smith tabled pictures of the artwork.

Mrs Smith advised that she is not seeking compensation but simply wishes to ensure that this does not happen again, either to herself or any other artist who has artwork displayed within the Trust.

Mrs Smith acknowledged her recent meeting with Mr Jeff Legge, Head of Estates, and advised that she is now in the process of cataloguing her existing artwork, much of which is displayed within the Long Fox Unit. This register will be held within the Estates Department.

Mrs Smith feels that the Trust has failed in its care of a publicly commissioned artwork, and she is deeply distressed over the destruction and loss of a tile painting that took many months to complete.

Mrs Smith requested the name of the contractor and architect in order that she can write formally to them. RL acknowledged this request, advising that the Trust would write on Mrs Smith's behalf.

In summarising and at the Chairman's request it was agreed that:

- The existing artwork would be valued and included on the Trust's Asset Register, with Mrs Smith agreeing to contact the Tiles and Architectural Ceramics Society by way of a valuation.
- The exiting artwork would be photographed and catalogued, and a register held within the Estates Department, with Mrs Smith agreeing to contact Jeff Legge directly.
- The Trust would write to the contractor and architect, with feedback to be provided to Mrs Smith upon receipt of a response.
- The Trust would work with Mrs Smith in looking at providing a good quality framed print of the 'The Weston Promenade' Tile Panel which could be re-sited within the Hospital.

PC, on behalf of the Board, extended apologies to Mrs Smith for the distress caused at the loss of her artwork and thanked her and Dr Smith for attending the Trust Board Meeting.

Actions:

As outlined above

By Whom:

Director of Finance and Acting Chief Executive

PC formally welcomed Mr Geoff Pye (GP), Chair of the Hospital Medical Advisory Committee, Mrs Margaret Blackmore (MB), Vice Chair of The Patients' Council and Mr Tim Evans (TE), Healthwatch Representative.

The following apologies for absence were noted:

Mr Nick Wood
Ms Bronwen Bishop
Mr Nathan Meager
Mr Alan Richardson

Chief Executive
Director of Strategic Development
Chair, Patients' Council
Patient Representative

DECLARATION OF BOARD MEMBERS' INTEREST

There were no declarations of interest to note.

CONSENT AGENDA

928.14 MINUTES AND MATTERS ARISING FOLLOWING THE MEETING HELD ON TUESDAY 6 MAY 2014

The Minutes of the meeting held on Tuesday 6 May 2014 were agreed as a true and accurate record.

Resolution:

The Minutes of the May 2014 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 6 May 2014 the following update was provided.

Minute Reference 918.14 – Integrated Performance Report

Section 2 – Quality and Patient Safety

A six monthly report on the evidence of actions taken as part of the Patient's Story would be presented at the September meeting of the Trust Board.

MINUTES FOLLOWING THE EXTRAORDINARY MEETING HELD ON WEDNESDAY 4 JUNE 2014

The Minutes of the Extraordinary meeting held on Wednesday 4 June 2014 were agreed as a true and accurate record.

Resolution:

The Minutes of the June 2014 Extraordinary Board Meeting were **APPROVED** as a true and accurate record of the meeting.

QUALITY, PATIENT SAFETY AND PERFORMANCE

929.14 CHIEF EXECUTIVE'S REPORT

On behalf of NW, RL presented the Chief Executive's Report which for this month provides an Overview of Business Plan Delivery for the Period Ending 31 May 2014 and demonstrates the very clear improvements which have and continue to be made.

BM welcomed details of the projects being undertaken and sought assurance that they are delivering against the timelines. RL advised that an update on progress will be discussed at the Finance Committee Meeting, with further summaries being presented to the Board over the coming months.

GRR drew reference to the Theatre metrics. KC acknowledged that the way in which we have been using our Theatres is not the most effective, however this is an area where particular focus is being given and early signs of improvement are very positive.

CP advised that Quality Metrics are presented each month to the Business Plan Delivery Steering Group and continue to be monitored by CP and AGM.

In reporting on other Trust business, RL advised the Trust Board of:

- Three expressions of interest which have now been received from the local NHS – Somerset Partnership NHS Foundation Trust, Taunton and Somerset NHS Foundation Trust and University Hospitals NHS Foundation, with RL providing a brief overview of each. An Invitation to Participate (ITP) document will be sent to the three organisations on Thursday 3 July 2014.
- The appointment of Dr Susan King (SK) as the new Divisional Director for the Planned Care Division. SK will commence in post on Thursday 11 July 2014, and on behalf of the Board, RL would wish to welcome her within this role.
- A letter received from Dr Stephen Dunn on 25 June 2014, which thanks NW and the Executive Team for an informative and constructive Quarterly Integrated Delivery Meeting on Wednesday 4 June 2014, and congratulates the Trust on a successful Project Board and the announcement of the NHS only bid.

SD adds "the Trust has made significant strides forward over the last 12 months, a reflection of a dedicated and hard-working team. The TDA is assured that the Trust now has robust quality governance systems in place particularly around mortality, prescribing and VTE compliance.

I was particularly impressed with the speed with which the Executive Team has been able to drive through critical changes in mortality and VTE reporting. The Trust's A&E performance is consistently strong and it is good to see the granularity around your Referral to Treatment (RTT) recovery. I hope you will continue to maintain ongoing delivery. We are committed to provide support to address any challenges your Trust is facing".

PC on behalf of the Board extended thanks and appreciation to the Executive Team.

Resolution:

The Trust Board **NOTED** the Chief Executive's Report providing an Overview of Business Plan Delivery for the Period Ending 31 May 2014.

930.14 INTEGRATED PERFORMANCE REPORT

Section 2 - Quality and Patient Safety

CP introduced the Quality and Patient Safety section of the report, paying particular focus to the Patient Story from the Emergency Department and the actions taken.

CP noted an error on Page 12 of the report for the Registered Nurse/Nursing Auxiliary split, advising that this will be amended prior to publication on the website. CP added that there are no reported areas of concern in respect of Nursing Metrics.

There were a total of 693 patient incidents reported over the two months, 309 in April and 384 in May 2014. CP added that the Trust has seen an increase in patient incidents relating to discharge which are being reviewed as part of the reporting process. The additional resource of transportation throughout the winter period had meant that such reported incidents were lower than in previous months. An acknowledgement was made to the electronic discharge system and quality of discharge information, which KC confirmed as our key CQUIN and top priority for the Trust this year.

The Board noted a decrease in staff incidents, and in support of a CQUIN for the Mental Health Trust, a programme of collaborative training has been agreed for implementation which will support staff management of patients with challenging behaviours.

CP reported that the rate of falls has increased slightly and remains an area of focus – no specific themes have been identified. Referring to Figure 7 on

Page 21 of the report, GP welcomed the inclusion of numbers of patient falls within future iterations of the report.

Action:

To include the number of patient falls within future iterations of the Integrated Performance Report.

By Whom:

Director of Nursing

CP provided the Board with an overview and assurance on the reduction of Pressure Ulcers, with Grade 2 – 4 Pressure Ulcers having reduced by 21.74% since February 2014. CP added that the Quality and Governance Committee would be receiving a detailed report at their July meeting.

BM asked how, as a Trust, we are driving Quality and Patient Safety across the community. CP advised of some measures which are in place; however there is no formal reporting group for Pressure Ulcers, although CP will be recommending to undertake system leadership for this. This was welcomed by the Board.

The Board were pleased to learn that Patient Feedback aggregate score has reached 95.20% which is the highest percentage seen for some period of time. In May 2014 there was a steady increase in overall patient satisfaction with all patients reporting overall satisfaction with how they were treated, with dignity and respect as very good.

CP provided the Board with an update on Infection Prevention and Control Performance, with one case of Clostridium difficile reported on the Stroke Unit in May 2014. The work on stewardship around the use of inappropriate antibiotics is progressing, with an Antimicrobial Pharmacist now in post undertaking daily ward rounds in order to focus on whether antibiotics that are prescribed are necessary and if so, whether they are prescribed appropriately and for the correct duration.

Three cases of MSSA bacteraemia have been reported during April and May 2014. CP drew the Board's attention to Carbapenemase Producing Enterobacteriaceae (CPE) and the toolkit for early detection, management and control which has been released by Public Health England. To-date the Trust has cared for one patient with this organism who was known to have the infection prior to admission. A policy for the care and management of patients with CPE has been produced and will be ratified by the Infection Prevention and Control Committee in July 2014.

AGM presented performance against the VTE target which shows that the Trust has achieved 100% compliance of inpatients receiving a VTE Risk Assessment according to NICE Guidance in 2014/15. The Trust also

continues to perform well against Summary Hospital-level Mortality Indicator (SHMI) data, as shown on Page 36 of the report.

Section 3 - Operational Performance

KC presented an update on Operational Performance, with particular focus on:

- The trend for readmissions continues to drop, as shown within Figure 21 of the report. The Quality and Governance Committee Meeting will receive a report at their July meeting.
- The Model Ward has now been rolled out across the Trust and is contributing to the reduced Length of Stay.
- The Cancer Two Week Wait was achieved in April for the tenth consecutive month with a percentage of 95.7%, however unfortunately the Trust was unable to achieve the two week wait target for referrals with breast symptoms for the second consecutive month, although this had improved compared to the previous month. KC drew the Board's attention to the actions which are being taken to improve performance against the Breast Symptomatic target.
- The Trust achieved the 62 day target in April with performance of 85.9% and early indications for May 2014 show that both the 31 and 62 day targets have been met. KC confirmed that a full update on the Cancer Recovery Programme will be provided at the Trust Board Seminar in August 2014, as previously requested by the Board.
- The continued achievement of the four hour Emergency Department target was acknowledged by the Board. KC advised of the new Clinical Lead who is working within the Emergency Department looking at staffing models and improved ways of working.
- The Trust did not achieve the admitted 18 week Referral to Treatment (RTT) target in April and May 2014 in line with a plan agreed with the Clinical Commissioning Group and NHS Trust Development Authority to enable the Trust to treat all patients over 18 weeks for Urology and Trauma & Orthopaedics. KC added that the Trust's position for July and August 2014, along with that of other organisations, will result in a national fail.
- It was agreed that the data provided for Choose and Book Slot Availability, as shown in Figure 29, would be broken down by specialty and included within future iterations of the Integrated Performance Report.

Action:

The data provided for Choose and Book Slot Availability is to be broken down by specialty and included within future iterations of the Integrated Performance Report.

By Whom:

Director of Operations

- The Trust did not achieve the internal target set for the cancellation of elective care operations (for non-clinical reasons) during April and May 2014. KC drew the Board's attention to the actions being taken which should now start to show an improvement and reduction in the number of cancelled operations.

Section 4 - Workforce

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

SF advised that the second paragraph as shown on Page 59 of the report would be removed prior to publication on the website.

Although April had seen a reduction in sickness, SF reported an increase in May to 4.26% which shows that comparatively sickness for April and May 2014 is higher than this time last year.

SF was pleased to report that the appraisal rate increased to 83.34% in February and again to 87.43% in March 2014, which at a yearend position exceeds the Trust's target of 85%. The Board acknowledged the Trust's achievement in reaching this target.

The Statutory/Mandatory training compliance rate has increased from 81.65% to 82.75% in April and to 82.77% in May 2014. SF added that whilst the Trust has not achieved the target of 90% it should be noted that the overall level of performance has been maintained above 80% for eight months.

SF reported that the Trust's Appraisal rate has decreased over the past two months to 80.61%. The Finance Team were acknowledged as having achieved a 100% compliance rate.

The Trust has now concluded the first quarter's Friends and Family Test, which disappointingly shows a return of 96 out of 700 staff surveyed. The

Trust will continue to analysis the responses received with the results expected on 28 July 2014.

In concluding, SF drew the Board's attention to the Celebration of Success Event which is being held on Thursday 10 July 2014.

Section 5 - Finance Report

RL presented the Finance Report for Month 2, with the key headlines in line within plan and as included within the Executive Summary.

KC advised the Board of the Care UK Service which ceased on Friday 27 June 2014. North Somerset Clinical Commissioning Group have commissioned additional A&E attendances from the Trust, and this activity will continue to be closely monitored.

Resolution:

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

931.14 NURSE STAFFING REVIEW – SIX MONTHLY UPDATE

CP presented a paper which provides the Trust Board with an in-depth review of nurse staffing over the past six months and sets out the nursing establishments for 2014/15.

CP drew the Board's attention to the methodology used for setting the nurse staffing establishments for 2014/15 and the changes which have been made, based on professional judgement.

The number of leavers in Bands 2 – 5 was high in March 2014, which CP confirmed was due to retirement and ill health. By way of reassurance to the Board, CP added that the staffing levels reported on Datix have remained relatively stable with no adverse patient outcomes identified as linked to these reports.

Reference was drawn to the Staffing and Patient Safety data as shown on Page 5 of the report and as published on the NHS Choices website from June 2014. The Trust's position against the indicators is shown, with CP advising that this data is expected to be updated on a monthly basis.

CP welcomed the inclusion of Midwifery Staffing within the Update Report, which also includes benchmarking. CP was also pleased to report that the Trust has met all the requirements of the national nurse staffing guidance.

BM noted a significant change in the data included within the Nurse Sensitive Outcome Indicators, with CP agreeing to provide the Board with further detail at the Trust Board Seminar in August 2014.

Action:

Further detail in respect of the Nurse Sensitive Outcome Indicators to be provided at the Trust Board Seminar in August 2014.

By Whom:

Director of Nursing

Resolution:

The Trust Board **NOTED**

- the nurse staffing establishments and changes for 2014/15,
- the position with midwifery staffing,
- the position with compliance to national guidance; and

ENDORSED the future actions to ensure safe and robust nurse staffing.

932.14

EXIT INTERVIEW / REASON FOR STAFF LEAVING ANALYSIS

SF presented a report which summarises the reasons for staff leaving, provides an overview of the Trust's turnover rates, exit interview information, details of any trends and outlines the actions being taken to reduce staff turnover.

SF advised that during the period April 2013 until May 2014 a total of 284 staff left the Trust, of which 62 left for non voluntary reasons, as outlined within Table 1.0. 133 staff had recorded "voluntary resignation – other" which unfortunately does not provide the Trust with any more detailed information concerning their reason for leaving. SF noted this as disappointing, acknowledging that further work needs to take place with Line Managers completing Termination Forms in order to increase the awareness and understanding of why staff leave.

Resolution:

The Trust Board **NOTED** the report on Exit Interview / Reason for Staff Leaving Analysis and **APPROVED** the actions as identified within the report.

PAEDIATRIC SERVICES – ACTION PLAN UPDATE FOLLOWING THE REVIEW BY THE ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH

AGM presented a paper which provides the Trust Board with an update on the actions taken to the recommendations made by the Royal College of Paediatrics and Child Health following a visit of Paediatric Services in the summer of 2013, for which Nick Gallegos as Associate Medical Director continues to lead.

The Board were pleased to learn of the progress made on the recommendations within Community Children's Services and Emergency Paediatrics.

The attendance of five paediatric ambulances from March to May 2015 outside of the Seashore opening times was noted by the Board. AGM advised that all cases are investigated and discussed with the Ambulance Service at the time and are also reported to North Somerset Clinical Commissioning Group.

BM acknowledged ED Consultants' engagement in supporting the Action Plan as one of the outstanding main actions. KC confirmed that the lack of engagement aligns to their lack of attendance at Paediatric Steering Group Meetings and not generally with the review of services.

Resolution:

The Trust Board **NOTED** the Paediatric Services Action Plan Update Report following the Review by the Royal College of Paediatrics and Child Health.

BOARD ASSURANCE FRAMEWORK

GH presented the latest version of the Board Assurance Framework which has been reviewed and developed since last presented to the Trust Board in March 2014.

GH outlined the main changes, as included within the Executive Summary.

BM noted the Control and Assurance Gaps as scored 'Red', with GH providing assurance that work is underway to address these areas. GRR expressed concern that the report has doubled in size and questioned whether this is adding value to our reporting. GRR also noted the inclusion of a "new Trust logo and branding to be launched alongside a new e-newsletter" as referenced under 2.11 / CORP 37, stating that any change to the Trust's logo would be a decision taken by the Board. SF acknowledged, advising that a paper is being taken to the Executive Management Group Meeting on Thursday 3 July 2014 for initial discussion.

GP, in line with GRR's previous comment, welcomed less reporting of the Board Assurance Framework to the Trust Board in view that it is routinely discussed at Board Committee Meetings. It was agreed that the frequency of reporting, both to the Trust Board and relevant Board Committees, would be taken outside of this meeting between GH and Executive colleagues. GH added that the current iteration of the Board Assurance Framework does add value and is in line with reports produced by other Trusts.

Action:

To discuss and agree the frequency of reporting and sequencing of the Board Assurance Framework, both to the Trust Board and relevant Committees

By Whom:

Associate Director of Governance and Patient Experience

Resolution:

The Trust Board **NOTED** and **RECEIVED** the latest version of the Board Assurance Framework.

CORPORATE RISK REGISTER

GH presented the Corporate Risk Register, drawing the Board's attention to the new 'Red' risks which have been escalated to the Corporate Risk Register since last reviewed by the Board.

In view that the Risk Register is now being used actively, concern was noted and it was recognised that as a Board we do need to seek clarification and assurance against the risks being reported, and with particular reference to CORP 45. CP confirmed that the scoring is based on reputational risk and would assure the Board that it is safe for patients to be operated on within Theatres. BM asked that for future reporting we include a way of describing and clarifying the nature of risks which would help to understand the detail being provided, and in particular as the Corporate Risk Register is made available on the website for public view.

Action:

To include a way of describing and clarifying the nature of risks within future reporting.

By Whom:

Associate Director of Governance and Patient Experience

Resolution:

The Trust Board **NOTED** and **RECEIVED** the latest version of the Corporate Risk Register.

GOVERNANCE

CP introduced the four Annual Reports which are presented to the Trust Board for approval and noting of the priorities for 2014/15.

935.14 COMPLAINTS ANNUAL REPORT

GP acknowledged an improvement on the Complaints Annual Report as presented last year.

Resolution:

The Trust Board **APPROVED** the Complaints Annual Report for 2013/14 and **NOTED** support of the priorities for 2014/15.

COMPLAINT MANAGEMENT REDESIGN

The report on Complaint Management Redesign had been previously withdrawn from the Agenda.

936.14 HEALTH AND SAFETY ANNUAL REPORT

No further comments were received.

Resolution:

The Trust Board **APPROVED** the Health and Safety Annual Report for 2013/14 and **NOTED** support of the priorities for 2014/15.

937.14 INFECTION PREVENTION AND CONTROL ANNUAL REPORT

GP referred to the traffic light symbols enclosed within the report which are inconsistent with the other Annual Reports presented. This was acknowledged by CP who agreed to remove from future reporting.

Action:

Traffic light symbols to be removed from future reports.

By Whom:
Director of Nursing

Resolution:

The Trust Board **APPROVED** the Infection Prevention and Control Annual Report for 2013/14 and NOTED support of the priorities for 2014/15.

938.14 SAFEGUARDING VULNERABLE ADULTS AND CHILDREN ANNUAL REPORT

No further comments were received.

Resolution:

The Trust Board **APPROVED** the Safeguarding Vulnerable Adults and Children Annual Report for 2013/14 and NOTED support of the priorities for 2014/15.

939.14 ANY OTHER BUSINESS

‘Sign up to Safety’ Campaign

CP introduced the ‘Sign up to Safety’ Campaign which was launched by the Secretary of State for Health on 24 June 2014 to make the NHS the safest healthcare system in the world, building on the recommendations of the Berwick Advisory Group.

CP advised that she would provide the Trust Board with a review of the current position and plans for 2014-16 at the Trust Board Seminar in August 2014, with a full paper presented to the Board in September 2014 setting out plans and committing the Trust’s support to the Campaign.

Actions:

- A review of the current position and plans for 2014-16 to be presented at the Trust Board Seminar on Tuesday 5 August 2014; and
- A paper setting out plans and committing the Trust’s support to the Campaign to be presented at the Trust Board Meeting on Tuesday 2 September 2014.

By Whom:
Director of Nursing

10 March 2025

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QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from members of the public.

DATE OF NEXT TRUST BOARD MEETING:

Tuesday 2 September 2014 at 10.00 am in the Executive Board Room

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

The **Trust Board in Public Meeting** closed at 12.10 pm.