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**Minutes of the Trust Board in Public Meeting of Weston Area Health NHS Trust held on Tuesday 3 September 2013 at 10.00 am in the Board Room, Weston General Hospital**

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**Present:**

Mr Peter Carr	(PC)	Chairman (V)
Mr Nick Wood	(NW)	Chief Executive (V)
Mrs Margaret Blackmore	(MB)	Vice Chair, Patients' Council
Mrs Karen Croker	(KC)	Director of Operations
Mrs Sheridan Flavin	(SF)	Director of Human Resources
Mr Nick Gallegos	(NG)	Medical Director (V)
Mrs Gill Hoskins	(GH)	Associate Director of Governance and Patient Experience
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 (V)
Dr George Reah	(GR)	Non Executive Director (V)
Mr Ian Turner	(IT)	Non Executive Director (V)
Dr Patricia Woodhead	(PW)	Director for Patient Safety

(V) Denotes Voting Director

**In Attendance:**

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

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**876.13 WELCOME AND APOLOGIES FOR ABSENCE**

PC extended a welcome to Mr David Crossley (DC), Chair of the Hospital Medical Advisory Committee, Mrs Margaret Blackmore (MB), Vice Chair of the Patients' Council, Mr Stephen Buswell (SB), Healthwatch Representative and Mr Alan Richardson (AR), as Patient Representative.

PC noted the following apologies for absence:

Ms Bronwen Bishop	Director of Strategic Development (V)
Mr Nathan Meager	Chair, Patients' Council

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**DECLARATION OF BOARD MEMBERS' INTEREST**

There were no declarations of interest.

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## CONSENT AGENDA

### 877.13 MINUTES AND MATTERS ARISING FOLLOWING THE MEETING HELD ON TUESDAY 6 AUGUST 2013

The Minutes of the meeting held on Tuesday 6 August 2013 were agreed as a true and accurate record subject to the following amendments.

#### **Page 4 / Integrated Performance Report**

##### **Section 2 – Quality and Patient Safety**

Last paragraph to read “DC commented in relation to the Trust’s compliance with the VTE Risk Assessment, advising that the information presented referred to a spot audit, and although correct does not reflect the overall picture of 79% compliance against an expected 95%. There followed a brief discussion of the work of the VTE Committee that had taken place to address this”.

#### **Page 6 / Integrated Performance Report**

##### **Section 4 – Human Resources**

Third paragraph to read “SF provided a further update in relation to the RCN Job Fair held in Manchester on 3 and 4 July 2013. Expressions of interest had been received for circa 100 Nurses, a number of who will qualify in February 2014. The next stage of the process is to write to all inviting them to attend the Trust for an informal visit. The next RCN Job Fair is planned for 11 and 12 September 2013 in London”.

#### **Page 8 / End of Life Care Strategy and Response to the Liverpool Care Pathway Review**

Second paragraph to read “NW provided an introduction to the current Strategy for Improving End of Life Care, following which JA talked the Board through the Successes and Limitations and Second Phase of the Quality End of Life Care for All (QELCA) Project.

#### **Resolution:**

The Minutes of the August 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 August 2013, the following update was provided:

## **Item 871.13 – Integrated Performance Report**

### **Section 3 – Operational Performance**

There was further discussion in relation to the Choose and Book Service and the concern that patients are not being offered Weston as an option by GP surgeries. It was suggested that we ask one of the GP surgeries to take us through their system for Choose and Book from a 'user point of view'. KC to progress further.

**Action:**

In relation to the Choose and Book Service and the concern that patients are not being offered Weston as an option by GP surgeries, it was suggested that we ask one of the surgeries to take us through their system for Choose and Book from a 'user point of view'.

**By Whom:**

KC

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## **QUALITY, PATIENT SAFETY AND PERFORMANCE**

### **878.13 CHIEF EXECUTIVE'S REPORT**

In presenting his Chief Executive's Report NW drew reference to two particular key points:

- Staff Engagement Survey – Details in respect of the Listening Events will be circulated Trust-wide over the next couple of weeks.
- Overseas Recruitment Programme – Feedback received in relation to the overseas recruitment programme has been extremely positive. The third cohort of 12 Nurses will join the Trust on 16 September 2013.

GR felt it would be helpful to have a list of individual's names who have been successful in securing places on the National Leadership Academy programmes. SF acknowledged advising that further details would be provided once confirmation letters have been received from the National Leadership Academy.

**Action:**

Further details in respect of individual's names who have been successful in securing places on the National Leadership Academy programmes to be provided once confirmation letters have been received from the National Leadership Academy.

**By Whom:**

SF

**Resolution:**

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

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**879.13            INTEGRATED PERFORMANCE REPORT****Section 1 – Executive Summary**

NW introduced the Executive Summary advising that operational performance has continued to improve with the 95% four hour Emergency Department standard being achieved for the third consecutive month, the stroke target of 80% of stroke patients spending 90% of their time on the Stroke Unit was achieved in July 2013 for the first time in seven months, and all three of the national Referral to Treatment targets were achieved in July 2013 for the tenth consecutive month.

Overall performance for Quality and Patient Safety also continued to improve with a reduction in the number of patient falls and pressure ulcers, and no reported cases of Clostridium Difficile, MRSA, MSSA or outbreaks.

The Trust's financial position continues to remain on track and in line with the plan, although this is proving challenging.

GP noted that the Integrated Performance Report has increased by eleven pages over the last few months and asked for consistency in respect of the data being presented.

**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.

- The number of falls per 1,000 bed days Trust-wide was 3.36, which shows further improvement against the Trust's target of 4.7.
- There were 24 reported Hospital acquired Pressure Ulcers in July 2013 which is comparable to 25 in June 2013 and a sustained improvement compared to April (33) and May 2013 (32). CP added that the Trust continues to implement improvements to documentation of skin assessment in order to prevent Hospital acquired Pressure Ulcers and ensuring that effective care is in place for those patients at risk.
- In July 2013, the Trust scored 59 out of a possible 100 for the Friends and Family Test which is a slight improvement on the score of 50 for the previous month. GP commented on the detail for the Friends and Family Test which is provided over three pages within the Integrated Performance Report.

- CP drew the Board's attention to an amendment which has been made to the previously reported MSSA bacteraemia figures - a Hospital attributable case of MSSA in April 2013 was internally reported as a community case, however as this case was found 48 hours after admission to the Hospital this has been reclassified as Hospital attributed MSSA by the national reporting system.
- NG drew the Board's attention to the Summary Hospital Mortality Index (SHMI) which continues to report data for the period January to December 2012, as the SHMI data is published quarterly and six months in arrears. The Trust currently has a SHMI score of 67 compared to the peer average of 72.

In response to the Keogh Review, NG advised that the Trust is now undertaking a review of mortality rates. PW added that a Global Trigger Tool has been implemented which commenced on 2 September 2013 with external clinical support. PW provided an overview of the audit advising that results will be reported to the Board in due course.

**Action:**

Results of the Review of Mortality Rates to be reported back to the Board.

**By Whom:**

NG / PW

- NG drew the Board's attention to the Local Scorecard on Page 35 which shows the results for Weston following an annual survey for the year 2012 conducted of all acute Trusts into what measures are being taken to reduce the incidence of Venous Thrombo-embolism (VTE). NG provided additional commentary in relation to three specific points:

*Local Clinical Audit – The Trust indicated that it does not monitor whether patients are reassessed within 24 hours of admission for risk of VTE and bleeding, in line with NICE Clinical Guideline 92.*

This is also true of 70% of Trusts in England. Within the Trust roadshows are being led by DC aimed at Clinicians and Junior Doctors in reminding them of their obligations.

*Local Clinical Audit – The Trust indicated that it does not undertake an audit of whether verbal and written information on VTE prevention is offered as part of the admission and discharge processes to patients identified through VTE risk assessment as being at risk of VTE, in line with NICE Guideline 93.*

67% of Trusts failed this guideline.

*NHSLA Risk Management Standards – The Trust indicated that during its latest assessment by the NHS Litigation Authority, it scored Level 1 on the VTE Risk Management Standard (Criterion 5.9).*

This puts the Trust in line with 47% of Trusts but recognises that we do need to improve our audit capability.

CP added the importance of noting that the Trust was only assessed at NHSLA Level 1.

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### **Section 3 - Operational Performance**

KC presented the Operational Performance section, reporting that the Trust not only has met the 95% four hour Emergency Department standard for the last three months, but adjusted data has confirmed that the standard was also achieved for May 2013. Performance against the inpatient average Length of Stay in the Trust has also continued to improve in July 2013 with an average of three days being reported.

Other key points to note within the report include:

- The Stroke target of 80% was met in July 2013 for the first time in seven months with a score of 90% compared to 74.1% in June 2013.
- The Trust has continued to achieve all of the three national 18 week Referral to Treatment targets in July 2013, however did not achieve this for all specialties.
- In July 2013, the Trust achieved the standard of patients having their diagnostic test within six weeks with a percentage of 100% against a target of 99.5%.
- The internal target of 30% of discharges being undertaken in the morning was not achieved by the Trust in July 2013 with an average figure of 17%. The Discharge Project will be working to improve performance in the coming months with the aim of enhancing patient flow throughout the Hospital, with focus also on the Discharge Lounge. NW added that we do need to be proactive in terms of discharge planning ensuring that patient safety is always our top priority.
- GR noted that the '15 minute' indicator for the Emergency Department had been omitted from this month's data. KC advised that the Trust is continuing to work with our Commissioners and the Ambulance Trusts to validate the data however we are continuing to collect and validate our own data.

- The Trust did not meet the 96% national target for Choose and Book slot availability with performance of 80.8% in July 2013 which is a slight improvement on the previous figures for May (72.81%) and June 2013 (79.43%). This is however a significant decrease in performance when compared to April 2013 of 93.2% and the previous two years slot availability. GR requested that additional narrative is included within the Choose and Book section of the report.

**Action:**

Additional narrative to be included within the Choose and Book section of the report.

**By Whom:**

KC

- GP requested further detail in relation to the Service Transformational Programmes which KC agreed to provide separately.

**Action:**

Further detail in relation to the Service Transformational Programmes to be provided to GP.

**By Whom:**

KC

#### 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 Statutory/Mandatory Training compliance has again decreased slightly to 76.12% in month and remains a long way from the Trust's target of 90%. As outlined within last month's report the Divisions have produced action plans to address the training gap and these will continue to be reviewed on a monthly basis to track progress against the plan. SF added that this has resulted in a high spike in demand for programmes over the next couple of months and the Team is currently working through the detail of how to meet this demand. Of paramount importance is the "fill rate" of all courses which is currently being reported at 50% dropping further on the day due to late withdrawals. SF advised of a meeting later this week to seek to address this issue.

RLL asked whether the Trust had given any previous consideration to the quality and style of training provided and whether the content is realistic and deliverable. SF responded advising that feedback forms are completed following each training session and no immediate areas of concern have so far been highlighted.

SF provided an update to the Board in respect of nurse recruitment, which for the month of July 2013 saw a total of 31 (WTE) new starters (Registered and Unregistered). PC noted that eight (WTE) nursing staff had left the Trust during the month. SF advised the Board that the Trust is now in a much stronger position than the previous 12 months and will continue to drive recruitment forward. SF also advised that the Human Resources Team are currently looking into data in regard to Exit Interviews, the detail of which will be presented to the Board in due course.

**Action:**

Detail in relation to Exit Interviews to be presented to the Trust Board in due course.

**By Whom:**

SF

Continuing on the theme of recruitment, SF provided the Board with an update following the RCN Job Fair held in Manchester on 3 and 4 July 2013 and the RCN Job Fair in London planned for 11 and 12 September 2013. CP said that it was worth noting that this intense recruitment programme has now been running for a few months and the Trust is now starting to see the results.

RLL requested a more detailed report on recruitment which SF confirmed would be included within the Integrated Performance Report.

## **Section 5 - Finance Report**

RL updated the Board on progress with the permanent cash solution for 2013/14. An application to the NHS Trust Development Authority will be made by 6 September 2013 for £4.95m Revenue Public Dividend Capital (non repayable). PC asked for an estimate of when this would be resolved as the Trust Board are fully aware of the need for this permanent solution. RL responded that the application is expected to be considered by the end of September 2013 with a phased introduction of the cash beginning in mid October 2013. The temporary borrowing will be repaid and replaced with the permanent solution once agreed by the NHS Trust Development Authority.

**Resolution:**

The Trust Board **SUPPORTED** the application for £4.95m working capital.

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



RL introduced a report which updates the Board on the Reference Costs Plan for the 2012/13 year which has been delivered in accordance with national requirements.

Members of the Board felt it would be helpful to have a note of any changes since the previous year.

**Action:**

A note of any changes within the Reference Costs Plan since the previous year to be circulated to members of the Board.

**By Whom:**

RL

**Resolution:**

The Trust Board **NOTED** the Progress Update in relation to the Reference Costs Plan 2012/13.

KC presented a paper as an action arising from the Trust Board Meeting held on Tuesday 9 July 2013, which provides the Board with a progress update on the Service Improvement work within the Operating Theatres, along with prospective milestones and delivery against key performance indicators.

KC drew the Board's attention to the number of key areas which have progressed since the project was initiated and the key milestones to be achieved during September 2013.

GR questioned the lack of confidence from theatre users in the data source being provided by the OPERA System. KC advised that the system is key to this line of work although the Trust is looking to upgrade from Version 3 as the current version on release is Version 8.

In concluding PC thanked KC for the detail provided and requested that a further update on progress be presented to the Board at the November 2013 meeting.

**Action:**

Further update on the Theatre Transformation Programme to be presented to the Board in November 2013.

**By Whom:**

KC

**Resolution:**

The Trust Board **NOTED** the progress update on the Theatre Transformation Programme and welcomed a further update at the November 2013 meeting of the Trust Board.

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The Chairman extended a welcome to Rod Dewar (RD), Risk Health and Safety Manager, Martyn Case (MC), Lead Infection Prevention and Control Nurse and Mercia Spare (MS), Infection Control Specialist for the NHS Trust Development Authority.

CP introduced the four Annual Reports - Complaints Annual Report, Health and Safety Annual Report, Infection Prevention and Control Annual Report and Safeguarding Annual Report, as information which is reported regularly to the Board and its Committees. Each report summaries and provides a review of the year 2012/13 and future plans for the year 2013/14.

In addressing the Board, CP asked that any questions are directed to the authors of each of the reports.

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## **882.13 COMPLAINTS ANNUAL REPORT 2012/13**

A question was raised in relation to the statement on Page 7 of the report under Item 7 'Parliamentary and Health Service Ombudsman' which advises that the Ombudsman has notified the Trust that it would be investigating one of the thirteen complaints and the outcome for this one has been confirmed as "partly upheld". CP responded advising that the Health Service Ombudsman would be asking the Trust to take further action and respond accordingly.

Other key points raised within this report include:

- The number of complaints received within the Trust is on average with our peers.
- The Board noted that the Trust's response rate to complaints is improving.
- GH commended the work of The Patients' Council advising that many of the members were former complainants and are now assisting the Trust in undertaking quality observation visits on the wards.
- GH provided the Board with an overview of the work planned within the Team to ensure that the patient experience is improved and that we continue to reduce the number of formal complaints received by the Trust.

**Resolution:**

The Trust Board **NOTED** the Complaints Annual Report 2012/13.

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**883.13****HEALTH AND SAFETY ANNUAL REPORT 2012/13**

GR questioned the number of incidents reported within the Integrated Performance Report and how this links with the detail provided within the Health and Safety Annual Report. RD confirmed that sharps incidents are reported as a Health and Safety Related Adverse Event

**Resolution:**

The Trust Board **NOTED** the Health and Safety Report 2012/13.

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**884.13****INFECTION PREVENTION AND CONTROL ANNUAL REPORT 2012/13**

NW thanked Mercia Spare (MS) for the current level of support which she is providing to the Trust and welcomed her thoughts from an external point of view. MS had identified some quick wins for the Trust, the detail for which she will discuss further with CP. In terms of the current position, MS confirmed that the Trust is at a reasonable status going into the winter.

NW noted the recent launch of the Clinical Advisory Group and potentially an area of focus going forward.

RLL raised an observation under Item 5 'Cleaning Services' and in particular concern in relation to the prevention of Norovirus outbreaks. PW acknowledged the requirement to have a consistent message with different and specific behaviours identified for the winter and reiterating the need for the 'Bare below the Elbow' Policy to be reinforced. CP agreed to take comments raised back to the Infection Prevention and Control Committee Meeting.

**Action:**

Comments raised in relation to the need for a consistent message with different and specific behaviours identified for the winter and reiterating the need for the 'Bare Below the Elbow' Policy to be reinforced, to be taken back to the Infection Prevention and Control Committee.

**By Whom:**

CP

IT requested dates by which assurance will be reached in regard to the 'amber' traffic lights, as identified on Pages 5 to 8 of the Infection Prevention and Control Annual Report.

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**Action:**

Dates by which assurance will be reached in regard to the 'amber' traffic lights, as identified on Pages 5 to 8 of the Infection Prevention and Control Annual Report to be circulated to the Board.

**By Whom:**

CP / (MC)

**Resolution:**

The Trust Board **NOTED** the Infection Prevention and Control Annual Report 2012/13.

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885.13

**SAFEGUARDING ANNUAL REPORT 2012/13****Resolution:**

The Trust Board **NOTED** the Safeguarding Annual Report 2012/13.

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**ANY OTHER BUSINESS**

886.13

**QUESTIONS FROM MEMBERS OF THE PUBLIC****Healthwatch Representative at Trust Board Meetings**

SB addressed the Board advising that this would be his last meeting as the Healthwatch representative, and details of his replacement will be notified to the Trust in due course. On behalf of the Board, PC thanked SB for the contribution he has made, not only to our Board Meetings but also the work of the Trust over the past few years.

**Trust's Website**

AR raised two points in relation to the Trust's website – questioning whether a 'Choose and Book' Section is available and whether details of the Patient Advice and Liaison Service is also shown on the Trust's website. The Board thanked AR for the points raised and asked RRF to investigate and action as appropriate.

**Action:**

To investigate whether a 'Choose and Book' Section is available and whether details of the Patient Advice and Liaison Service is also shown on the Trust's website.

**By Whom:**

RRF

## **Linen Cupboards**

MB commented on a recommendation by the Fire Safety Officer that all linen cupboards are fitted with a lock. CP acknowledged this comment, advising that the Health and Safety Committee has recently approved this recommendation.

There were no further items of business.

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## **DATE OF NEXT TRUST BOARD MEETING:**

Tuesday 5 November 2013 at 10.00 am in the Board Room

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

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The **Trust Board in Public Meeting** closed at 11.50 am.