

**Minutes of the Trust Board in Public Meeting of Weston Area Health NHS Trust held on  
Tuesday 4 November 2014 at 10.00 am in the Executive Board Room,  
Weston General Hospital**

**Present:**

Mr Peter Carr	(PC)	Chairman (V)
Mr Nick Wood	(NW)	Chief Executive (V)
Ms Bronwen Bishop	(BB)	Director of Strategic Development (V)
Mrs Karen Croker	(KC)	Director of Operations
Mr Rob Little	(RL)	Director of Finance (V)
Miss Bee Martin	(AGM)	Executive Medical Director (V)
Mrs Brigid Musselwhite	(BM)	Non Executive Director (V)
Mr Grahame Paine	(GRP)	Non Executive Director (V)
Mrs Christine Perry	(CP)	Director of Nursing (V)
Dr George Reah	(GRR)	Non Executive Director (V)
Mr Ian Turner	(IT)	Non Executive Director (V)
Mrs Gillian Hoskins	(GH)	Associate Director for Governance and Patient Experience
Mr Geoff Pye	(GP)	Chair, Hospital Medical Advisory Committee
Mrs Margaret Blackmore	(MB)	Vice Chair, Patients' Council

(V) Denotes Voting Director

**In Attendance:**

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

**947.14 WELCOME AND APOLOGIES FOR ABSENCE**

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

The following apologies for absence were noted:

Mrs Sheridan Flavin	Director of Human Resources
Mr Nathan Meager	Chair, Patients' Council

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## **DECLARATION OF BOARD MEMBERS' INTEREST**

There were no declarations of interest to note.

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## **CONSENT AGENDA**

### **948.14 MINUTES AND MATTERS ARISING FOLLOWING THE MEETING HELD ON TUESDAY 2 SEPTEMBER 2014**

The Minutes of the meeting held on Tuesday 2 September 2014 were not approved at this time as it was felt that they did not accurately reflect discussion and a number of items which had been challenged by the Non Executive Directors during the reporting of the Integrated Performance Report.

It was agreed that the minutes would be reviewed and re-circulated for further comment.

**Action:**

Chief Executive and Chief Executive's Executive Personal Assistant would review the 'draft' Minutes for further comments or questions which have not been included.

**By Whom:**

Chief Executive

In reviewing the Table of Matters Arising following the meeting held on Tuesday 2 September the following updates was provided.

#### **Minute Reference 942.14 – Chief Executive's Report**

NW advised that the Report following the Visit by the College of Emergency Medicine on Thursday 18 September 2014 had now been received and would be circulated to the Board along with the Action Plan.

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

### **949.14 CHIEF EXECUTIVE'S REPORT**

In presenting his Chief Executive's Report NW advised that no further response has been received following the Lung Cancer Peer Review Visit on 30 September 2014 and the letters of correspondence between NHS England and the Trust of 8 and 22 October 2014.

In reviewing the number of actions which had been put in place to improve the quality of the Lung MDT, BM asked as to the impact on patient care if an MDT does not go ahead in the absence of a Physician being present. AGM responded advising that no individual case would be discussed in the absence of Thoracic Surgical attendance and subsequently patient care would not be compromised.

CP proposed that attendance and quorum issues at the Lung MDT are formally monitored and reviewed through the Quality and Governance Committee Meetings, which was welcomed by GRR.

NW noted the internal actions and schemes being mobilised to mitigate the risk of escalation during periods of high activity and in order to maintain quality and performance over the next five months as part of winter planning for 2014/2015.

NW outlined the plans which are now underway in preparation for the Care Quality Commission (CQC) Inspection in January 2015 and a Pre-Inspection Meeting/Visit by the CQC Lead Team on Friday 14 November 2014. The Trust Board Seminar on Tuesday 2 December 2014 will focus on the forthcoming Inspection and ensure that Board members are briefed on the Inspection schedule as details emerge.

**Resolution:**

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

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## 950.14

## INTEGRATED PERFORMANCE REPORT

### Section 1 – Executive Summary

NW introduced the Executive Summary which has seen delivery of the Emergency Department four hour target proving a challenge due to an ongoing increase in demand coupled with higher numbers of delayed discharges. NW explained that although admissions have increased slightly, there is a noticed change in the timing of attendances in later evening.

GRR asked as to whether we routinely enquire as to how patients are referred. KC responded advising that a system has now been in place for three weeks whereby a senior member of the Nursing Team takes calls and co-ordinates attendances within the Emergency Department. This system will continue throughout the winter, with a specific focus on delayed discharges and the medically fit.

RL drew the Board's attention to the overall activity for the Trust for the period ended 31 August 2014, as shown on Page 70 of the Integrated Performance Report, which would suggest that attendances within the Trust have increased significantly. Specific reference was drawn to the year to-date activity

variance of 480 non-elective inpatients which remains a huge challenge, with NW providing further evidence of numbers nationally.

KC acknowledged the work which is being undertaken internally to address the increased activity, along with the challenges which are being referred back to the Clinical Commissioning Group.

BM highlighted Indicators 19 and 20 within the Summary Scorecard and asked whether as a Trust we are comfortable that the Emergency Department is being managed efficiently. KC responded confirming that a number of processes have been put in place to ensure safety in staffing numbers, although this does continue to remain a challenge.

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

In introducing the Quality and Patient Safety section of the report, CP advised that some elements previously included have now moved in to the Harm Free Care Report which is presented to the Board under Agenda Item 951.14.

CP presented the Patient Story highlighting the outcome and actions which have since taken place. CP thanked the Patients' Council for capturing this particular patient's story, with GH recording further detail having interviewed the patient along with Council members. RL felt that the story being portrayed did not 'set the scene' as intended. This comment was acknowledged by CP who advised that in all cases anonymity of the patient does need to be considered.

CP drew the Board's attention to the Nursing Metrics as detailed on Pages 13 to 15 of the report, which includes agency usage for the ward and department areas. CP advised that escalation beds were open on Cheddar Ward during August and September 2014 to manage the additional activity for Referral to Treatment improvements and emergency activity, which had led to an additional increase in agency staff usage and has also impacted on some of our quality and safety measures.

An intensive national and international recruitment programme undertaken in September and October 2014 has seen the introduction of 43 permanent and 25 bank Nurses, along with the addition of a Nursing Assistant on SAU/CDU. The increase in the number of mental health patients being seen within the Trust was also acknowledged, with CP confirming the recent placement of a specialist Mental Health Nurse.

BM welcomed the inclusion of the number of 'open' beds within the Nursing Metric figures which would highlight any significant 'spikes' within the system. This request was acknowledged with agreement for this level of detail to be included within the relevant narrative section.

### **Action:**

Inclusion of the number of 'open' beds within the relevant narrative section of the Integrated Performance Report.

**By Whom:**

Director of Operations and Director of Nursing

CP provided assurance to the Board that transfers of care are being captured within incident reporting. Classification for the 17 investigations being reported as Serious Incidents is included within the report, with CP advising that an Action Plan in respect of Pressure Ulcers is now being received at Quality and Governance Committee Meetings.

CP outlined the change in system and management in respect of the complaints process with previously reported complaints now being logged as PALS incidents. This is noted within the reduction in complaints from 20 in August to five in September 2014. CP acknowledged this as still fairly early days for this change in process, with further details to be shared with the Board over the coming months and within the Integrated Performance Report. MB sought assurance of the complaint process from a patient perspective which CP was able to provide confirming that the changes within the system are 'behind the scenes' and does not change the patient's liaison with the PALS and Complaints Teams, and does in fact now provide a much improved and efficient experience for the patient. RRF responded by advising of the new leaflet and bedside book which is in development and will eventually compliment the new system.

BM asked for further clarification in respect of complaint logging, which NW responded to outlining a more responsive system with all concerns and complaints now being investigated by the Lead Clinician or Manager who then prepares a formal response which is sent along with an acknowledgement and covering letter from the Chief Executive. This change in process was welcomed, although GRP asked that we do not start to re-categorise complaints as it is important to know what people are saying about the service we provide and what our response is. GRP also acknowledged the thoughts and concerns which are collected as part of the Leadership Walkrounds.

There was a total of 88 staff incidents reported in August and September compared to 81 reported in June and July 2014, of which 43 involved abuse of staff. In response to this the Trust has instigated a Violence and Aggression Group which will be attended by either KC or CP. Specific reference was drawn to a recent article in the Weston Mercury involving a member of staff. CP provided assurance to the Board that this individual has been supported throughout the prosecution.

CP was disappointed to report on two cases of hospital attributable Clostridium difficile in August and three in September 2014, with the total number of reportable cases now at eight. The review of all cases, as undertaken by the Consultant Microbiologist and Infection Prevention and Control Nurses, will now be scrutinised by the Commissioners to confirm the allocation of avoidable or unavoidable cases; the outcome of this will be reported within future Board Reports.

CP provided assurance to the Board as to the protocol and preparedness which is in place within the Trust in response to the Ebola crisis. GRP asked if the Trust would support any member of staff wishing to volunteer and support the management of Ebola. CP confirmed that a Nurse Practitioner within our Emergency Department is being supported as part of an eight week deployment to West Africa with NHS England, returning to the Trust at the end of January 2015.

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

KC presented an update on Operational Performance, with particular focus on the performance indicators related to key clinical pathways, including cancer and stroke. Significant improvements have been made in both areas with a number of targets being met. The Trust did not achieve the 62 days standard for July but did meet the target in August 2014 – this continues to remain a challenge.

The Trust achieved the RTT trajectories in September 2014 (as detailed within Pages 48 to 50 of the report) in line with the plan agreed with the Clinical Commissioning Group and NHS Trust Development Authority (NTDA). KC added that an opportunity has arisen for the Trust to work with the Validation Team at the NTDA to review a number of new processes. GRP asked that the Board are alerted should the Trust slip back from the current position. This was acknowledged, with KC confirming that such detail would be included within the scorecard.

Whilst in August and September the Trust did not achieve the 96% National target for Choose and Book slot availability, the September 2014 performance improved significantly to 91%. KC added that the Trust continues to work with neighbouring Trusts who provide some visiting services where capacity fails to match demand leading to no slots being available for patients in order to meet the 96% requirement.

GRR implied that the inclusion for delayed transfers of care does not present a true picture. KC responded confirming the actions which are in place, including the Trust's continued work with health and social care partners in North Somerset to manage the 'Green to Go' list, and daily monitoring of numbers on the system operational calls which includes all partner organisations.

### **Section 4 - Workforce**

The Board noted the Executive Summary Headlines as included within Section 4 of the Integrated Performance Report.

GRP noted the increase in spend against Bank and Agency for September 2014 (as shown on Page 57 of the report). This was acknowledged with a shortage of services nationally and subsequently an increase in prices by agencies due to supplier demand.

CP alluded to the significant increase in agency spend in Theatres and on Cheddar Ward with the Trust previously running at a much lower staffing establishment. CP confirmed that the bank rate is based on the NHS rate, which has not increased.

## **Section 5 - Finance Report**

RL presented the Finance Report for Month 6 with the Trust reporting a year to-date deficit of £2,508k which is in line with the plan, and as reported at the Finance Committee Meeting held on 21 October 2014.

RL advised that the cash plan for 2014/15 is to hold a balance of £532k at 31 March 2015 which will be delivered through the in year management of cash and working balances. The cash balance of £2,617k as at 30 September 2014 is £1,111k higher than the planned position of £1,506k. RL added that the Trust will drawdown £2,475k permanent Public Dividend Capital (PDC) Revenue in October 2014 and repay the advance cash received from North Somerset Clinical Commissioning Group.

Reference was drawn to the Capital Resource Limit, which as at 30 September 2014 saw the Trust delivering capital expenditure of £148k. RL added that the Trust will operate within its Capital Resource Limit and continued capital programme management will enable this to be achieved. An Extraordinary Capital Planning Meeting is to be held this afternoon, whereby a number of further schemes will be considered.

Focusing on expenditure, RL recorded that pay expenditure is higher than budgeted with an overspend of £348k. Non pay expenditure is £274k over budget at the end of September 2014, which includes the underachievement of savings. Bank and agency expenditure has seen increases in Nursing to £204k with Bank expenditure reducing to £129k in September 2014. Of the Bank and Agency expenditure £35k was attributable to the RTT initiative work in Month 6. This also applied to the use of Agency locums for which £55k (from a spend of £296k) was attributable to the RTT initiative work.

The Trust's adjusted expenditure run rate has increased in September 2014 by £215k to £8.053m, with RL confirming the main increases in spend as Drugs (£207k increase), Nursing staff (£64k increase) and Medical staff (£17k increase). This was however offset in month by reduced expenditure in Administration and Clerical (£18k reduction) and Legal Fees (£44k reduction).

RL outlined the Trust's savings requirement of £4,500k for the year which represents 4.45% of expenditure budgets. Savings plans have delivered £1,859k against the profiled plan of £1,967k for the six months, an under-delivery of £118k. Of the SIP savings delivered £1,151k is from recurrent

schemes and £708k from non-recurrent schemes, with the Trust delivering £411k against the £413k requirement in month. RL acknowledged that the Trust is marginally behind, but delivery of the plan remains hopeful.

GRR recorded this to be the Trust's best known position for the first half of the year, although recognised the challenges which lie ahead.

In concluding, RL referred to the latest assessment of CQUINs which shows that the Trust is on target to receive all of the potential income except for the Dementia scheme. A provision of £36k for penalties for the period ending 30 September 2014 has been included for Referral to Treatment, Cancer Access, Waits and Ambulance Handovers, which will be updated as the validation of performance within these areas is finalised.

**Resolution:**

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

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#### **951.14 HARM FREE CARE REPORT**

CP and AGM jointly presented the first Harm Free Care Report to the Board which sets out the Trust's position and progress as part of its commitment to the Sign up to Safety Campaign.

In assuming that members of the Board had now had an opportunity to read the content, it was agreed that only the key issues would be highlighted:

- Acknowledgement of new harms recorded within the graph on Page 2 of the report, with future reports to include 'all' harms.
- Reference was drawn to the Trust's Top 2 Diagnoses on Discharge between April and September 2014. GRR noted a number of specialties which appear to be moving out of the range and asked for assurance that these continue to be monitored. AGM acknowledged Fractured Neck of Femur as one such incidence, although there is no hard evidence to support this. BM added her satisfaction of the current level of reporting through the Clinical Advisory Committee and Quality and Governance Committee. GP noted that the SHMI data does not mirror the detail provided within the Integrated Performance Report – this was acknowledged.
- Information relating to patient falls is shown on Pages 9 to 11 of the report, with those areas presenting with a high number of falls to be further reviewed, with Dr Patricia Woodhead to be asked to focus and drive this forward. CP added that the Trust is currently piloting a post-fall 'SWARM' assessment on Kewstoke Ward.

The Trust's progress in many areas of safety improvement leading to care free from new harms for 99.1% of patients in September 2014 was acknowledged, with CP and AGM being commended for a very informative first report to the Board.

**Resolution:**

The Trust Board **NOTED** the Harm Free Care Report.

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**952.14 LOCAL SUPERVISING AUTHORITY MIDWIFERY OFFICER AUDIT REPORT**

Belinda Cox (BC) and Sarah Winfield (SW) were welcomed to the Board Meeting to present the Maternity Supervision Audit Report, an annual review of the Trust's supervision arrangements and effectiveness as undertaken by the Local Supervising Authority (LSA) undertaken in January 2014.

CP provided an introduction to the Midwifery Supervision, with BC and SW outlining the review process and findings. The time taken in receiving the report (September 2014) was noted with some disappointment.

BM referred to 37 Midwives currently notifying their intention to practice for the year 2013/2014 in comparison to 43 in 2012/2013 and 40 in 2011/2012. BC responded advising that there are now 40 Midwives within the Trust which is of an acceptable level.

In reviewing the Recommendations as outlined within the report, two key points were highlighted:

- To agree a method for annual record keeping of Audits by Supervisors of Midwives which will disseminate findings through supervisory and Trust governance processes and ensure appropriate individual feedback. This was questioned by GP as appearing to be a relatively old fashioned system. BC confirmed that the LSA are now looking at developing a clear system across the service and region.
- Evaluation of the effectiveness of the 'birth after thoughts clinic' is to be addressed at the earliest opportunity.

The report summary concludes "The Supervisors have made good progress over the past year and are working together effectively. The Supervisors of Midwives at Weston Area Health NHS Trust and University Hospitals Bristol NHS Foundation Trust are a highly committed and enthusiastic Team who recognise the strengths of individual team members, and whilst providing support for each other, they are equally able to challenge and debate issues".

**Resolution:**

The Trust Board **NOTED** the Annual Review visit findings, the recommendations and the actions being taken in response to the Review.

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**953.14**

## **NURSE RECRUITMENT AND VACANCY UPDATE REPORT**

In the absence of SF, Stephen Penfold (SP) was welcomed to the meeting to provide the Board with an overview of the nursing vacancies within the Trust across the core ward areas.

NW provided an introduction to the report, highlighting the nurse recruitment activity which has been undertaken and outlining progress against the planned activity. Discussion was then opened, with the following points raised:

- IT questioned the recruitment events held in Italy. SP confirmed that two events were held in Italy on 14 and 15 October 2014, from which 12 Nurses were appointed, three of which are Theatre trained. SP acknowledged that the Trust had not received the same level of success as in Spain the previous year, much of which is down to the competitiveness of the market. From those appointed it is expected that ten Nurses will commence their employment with the Trust between December 2014 and January 2015.
- GRR asked if the Trust has considered ways of securing staff for longer. SP confirmed that the 'locking clause' has now been increased to 18 months, adding that he has also met with the overseas Nurses who have expressed their wish to leave the Trust in order to understand their reasons for this – a number are leaving to work at Southmead Hospital which provides the attraction of a new environment, based in a large city and providing specialist areas of care. Some are also moving to be with friends and family.
- In summarising, and from the 39 Nurses previously recruitment SP confirmed that up until the end of the calendar year we are expecting 26 to have left, with 13 being retained.
- NW added that whilst we have made good progress to recruit to the desired level of qualified Nurses to fill our current vacancies we are unlikely to deliver the demand of winter capacity, and in order to reduce the clinical risk and to manage the financial risk the Trust is planning to block book agency nurses for the winter period (mid November 2014 to the end of March 2015) through one of our recruitment agencies.

- IT asked for further detail in respect of the longer term strategy to develop and recruit from India. SP confirmed that the Trust will continue to pursue this approach however acknowledged that this will be much longer term in view of the visa application process.
- Recognising that the recruitment campaign held in Italy had not met with the same level of success as the previous year, GRR asked to whether the Trust would be able to build on a rolling relationship with academies in Spain. This was confirmed as part of the ongoing work programme.
- CP acknowledged the requirement for Nursing Assistants within the Trust and not just with Registered Nurses.

**Resolution:**

The Trust Board **NOTED** the Nurse Recruitment and Vacancy Update Report.

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**954.14**

## **CANCER PATIENT EXPERIENCE SURVEY RESULTS 2014**

Sue Littler (SL) was welcomed to the meeting to present the Board with a summary of the Cancer Patient Experience Survey for the Trust and to outline the steps to be undertaken which will be monitored by the individual Cancer MDTs, Peer Review work plans and the Trust's Cancer Strategy Group.

SL summarised the survey which had included all adult patients (aged 16 and over) with a primary diagnosis of cancer who had been admitted to the Trust as an inpatient or as a day case patient and had been discharged between the three month period, 1 September and 30 November 2013. This is however now one year out of date, having been published in September 2014.

The Trust's best and lowest performing areas are outlined within the report, together with the change in performance from 2013. The percentage of patients rating their care as excellent or very good in the 2014 survey was 89% compared to 88% in the 2013 survey.

SL felt that the summary of results does not reflect the work undertaken by the Teams and subsequently the Trust had undertaken a separate survey internally. Action Plans have since been put in place which are routinely monitored and updated.

NW acknowledged that the Patients Comments arising from the 2014 National Cancer Patient Experience Survey Report received on 30 October 2014 were extremely positive. Comments in respect of waiting times for

appointments do need to be reviewed as to whether this specifically applies to this Trust.

BM asked as to whether there was evidence of any surprises within the report. No surprises were confirmed, although Health and Social Care does appear to be a recurring theme. The drop in performance against Question Number 38 (patient had confidence and trust in all doctors treating them) from 89% in 2013 (green) to 81.1% in 2014 (red); and Question Number 53 (given clear written information about what should/should not do post discharge) from 92% (green) in 2013 to 80.4% in 2014 (red) was noted. KC advised that more negative comments have been received in regard to Haematology which may have impacted on Question Number 38 – this is being addressed further.

GP asked as to whether there had been any one theme identified within the local in-house audit. SL responded, confirming that all responses had been very positive and it was therefore difficult to pick out any specific negative feedback. MB noted that there had been no inclusion of patients travelling within the survey, which SL advised was not a question originally asked.

**Resolution:**

The Trust Board **RECEIVED** a Report summarising the Cancer Patient Experience Survey, **NOTED** the results of the Survey and plans on how it is to be taken forward within the organisation.

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955.14

**EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE ANNUAL REPORT**

KC presented a report which outlines the Trust's compliance with the NHS Emergency Preparedness Resilience and Response Framework and Core Standards and provides the Board with assurance as to progress being made to ensure the organisation is compliant with the statutory duties placed upon it as a 'Category 1 Responder' under the Civil Contingencies Act 2004.

KC drew the Board's attention to the EPRR Self-Assessment and Assurance Framework and the 2013/14 NHS England Local Area Team summary scorecard as detailed within Appendix A. The Trust's Major Incident Plan has now been completed and issued and Business Continuity implementation is well underway.

The Trust's Heatwave Plan from 2013 and actions undertaken/arising from response to last year's heatwave was reviewed by the Trust's Emergency

Planning and Business Continuity Group in order to meet the revised national Heatwave Plan for England 2014.

The Trust undertook a Chemical, Biological, Radiological and Nuclear (CBRN) self assessment as part of the September 2014 EPRR assurance process. This entailed a South West Ambulance Service NHS Trust/NHS England physical audit of the Trust's CBRN plan, facilities and allocated resources.

KC confirmed that training and exercise programmes will now be held in early spring 2015 in view of recent industrial action.

The Trust's Ebola response measures were noted.

**Resolution:**

The Trust Board **NOTED** the Emergency Preparedness Resilience and Response Annual Report, **ACKNOWLEDGING** the progress made during 2014 and the areas requiring focus over the remaining half of the year to ensure Trust compliance.

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**956.14**

**CARE QUALITY COMMISSION INSPECTION: JANUARY 2015**

GH presented a paper which provides additional detail to the Care Quality Commission (CQC) Inspection Framework and assurance to the Board of the preparations underway for the visit in January 2015. GH reiterated that the Trust Board Seminar on Tuesday 2 December 2014 will focus on the forthcoming Inspection and ensure that members are briefed on the Inspection schedule as details emerge.

MB asked how with such a large CQC Team we can be assured that patients will not be disturbed. GH responded confirming that the CQC Team will work in small groups and will be respectful of patient safety and dignity at all times.

BM sought further assurance that the Divisions have now completed their self assessments and details have been included within the Action Log, which was confirmed with GH advising that Divisional Self-Assessments would be provided at the Quality and Governance Committee Meeting on Tuesday 11 November 2014.

GRR noted no reference to external communications and the website, with GH advising that the prompts are provided by the CQC.

GH recalled the Board's agreement to assess itself using the Well-Led Framework employed by the CQC, NHS Trust Development Authority and Monitor. Responses from the Board are still being collated and potential areas for action and further discussion will be presented at the Trust Board Seminar in December 2014.

**Resolution:**

The Trust Board **NOTED** and **REVIEWED** the current approach to 'Inspection readiness' and assured itself of the adequacy of the approach given the timeframes involved.

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**957.14 HOSPITAL FOOD STANDARDS 2015/16**

GH presented a report which informs the Board of the required standards, highlights current gaps and proposes an Action Plan to address the recommendations by 1 April 2015.

Key areas identified for action are:

- The development of a Trust-wide Food and Drink Strategy to guide best practice in good nutritional care; and
- Improvement in MUST screening rates and accuracy.

In concluding GH confirmed that on completion of the proposed actions the Trust should then be in a position to meet the standards and recommendations set out by the hospital Food Standards Panel's report.

**Resolution:**

The Trust Board **NOTED** the required Hospital Food Standards for 2015/16 and the Action Plan to address the recommendations by 1 April 2015.

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**GOVERNANCE****958.14 THE PATIENTS' COUNCIL**

The Trust Board received the Approved Minutes of The Patients' Council Meetings held on Thursday 21 August and Thursday 18 September 2014.

MB provided a summary of the meeting held on Thursday 23 October 2014, along with the Hand Cleanliness Event which had been held recently within the Front Entrance, which had received positive feedback from members of the public. In questioning whether hand gel dispensers were correctly sited, CP provided feedback on the national recommendations which state that hand gel dispensers need to be at the point of entrance to each ward and in all key public areas.

## **ANY OTHER BUSINESS**

### **959.14      QUESTIONS FROM MEMBERS OF THE PUBLIC**

There were no questions from members of the public.

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

Tuesday 13 January 2015 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.

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The **Trust Board in Public Meeting** closed at 12.35 pm.