
**Minutes of the Trust Board in Public Meeting of Weston Area Health NHS Trust held on
Tuesday 7 January 2014 at 10.00 am in the 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 Margaret Blackmore	(MB)	Vice Chair, Patients' Council
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)
Mrs Brigid Musselwhite	(BM)	Non Executive Director (V)
Mr Grahame Paine	(GP)	Non Executive Director (V)
Mrs Chris Perry	(CP)	Director of Nursing (V)
Mr Mike Radford	(MR)	Interim Chair, Hospital Medical Advisory Committee
Dr George Reah	(GRR)	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)
Mr Dean Weller	(DW)	Dean Weller Associates

898.14 WELCOME AND APOLOGIES FOR ABSENCE

PC extended a welcome to Mr Tim Evans (TE), Healthwatch Representative and Mrs Delyth Lloyd-Evans (DLE), Chair of North Somerset Community Partnership.

PC noted the following apologies for absence:

Mrs Sheridan Flavin	Director of Human Resources
Mr Roger Lloyd	Non Executive Director (V)
Mr Nathan Meager	Chair, Patients' Council
Mrs Rebecca Rafiyah Findlay	Head of Communications
Mr Alan Richardson	Patient Representative

DECLARATION OF BOARD MEMBERS' INTEREST

There were no declarations of interest.

CONSENT AGENDA

899.14 MINUTES AND MATTERS ARISING FOLLOWING THE MEETING HELD ON TUESDAY 5 NOVEMBER 2013

The Minutes of the meeting held on Tuesday 5 November 2013 were agreed as a true and accurate record.

Resolution:

The Minutes of the November 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 5 November 2013, the following update was provided:

Minute Reference 866.13 – Nurse Staffing Review and Progress on Implementation of Staff Changes

A 'Six Month Nurse Staffing Review' Paper along with a 'National Nurse Staffing Guidance Position' Paper is included under Agenda Item 902.14 at the 'Open Session' Trust Board Meeting today, Tuesday 7 January 2014.

Minute Reference 880.13 – Reference Costs Plan 2012/13 – Progress Update

Detail is now included within the Integrated Performance Report.

Minute Reference 884.13 – Infection Prevention and Control Annual Report 2012/13

At the Infection Prevention and Control Committee Meeting held on 11 November 2013, it was agreed that the 'Bare below the Elbow' Policy would be reviewed and re-educated throughout the Trust.

Dates by which assurance will be reached in regard to the 'amber' traffic lights have been identified, with all outstanding actions to be met.

Minute Reference 896.13 – Paediatric Review

A 'Paediatric Services Review' Paper is included under Agenda Item 903.14 at the 'Open' Session Trust Board Meeting today, Tuesday 7 January 2014.

QUALITY, PATIENT SAFETY AND PERFORMANCE

900.14 CHIEF EXECUTIVE'S REPORT

In presenting his Chief Executive's Report, NW was pleased to report that Weston continues to remain in the top quartile of performing Trusts having achieved the Four Hour Emergency Department Standard for the last four weeks and in particular over the Christmas period despite wards being closed. NW added that this achievement is down to the hard work of all staff who should be congratulated for their efforts. PC extended his note of thanks and appreciation on behalf of the Board.

The end of January 2014 will see the installation of new doors and the opening of the Front Entrance. NW commented on the investment of this project which will provide improved benefit to all patients and visitors to the Hospital. MB wished to extend her thanks to the Volunteers who have provided assistance to all patients and visitors during the period of this work.

Resolution:

The Trust Board NOTED the Chief Executive's Report.
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901.14 INTEGRATED PERFORMANCE REPORT

Section 1 – Executive Summary

NW introduced the Executive Summary, drawing the Board's attention to the key headlines:

- The Trust continues to receive some excellent and positive media coverage across the region following publication of the Care Quality Commission's Inspection Report from their visit to the Trust in November 2013.
- Work to improve performance against the eight Cancer Targets is continuing and it is hoped that the impact of a number of changes will be seen within the next reported figures.
- The Referral to Treatment (RTT) target continues to be achieved.

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. In addition the following points were noted:

- The Board had previously requested a breakdown of the reported medication incidents, which CP was pleased to outline – Pharmacy errors had accounted for 10 of these incidents; medications were omitted to be given on 15 occasions; and 15 incidents related to high risk medications (insulins and anticoagulants). CP advised that the Quality and Governance Committee will be receiving a more detailed report at the January 2014 Committee Meeting.
- IT noted with disappointment that 11 of the reported staff incidents involved patients with dementia or patients with cognitive impairment. CP acknowledged that a number of these are mental health patients and can be one individual with several reported incidents. The key areas of focus for these incidents is the Emergency Department, Berrow Ward, Kewstoke Ward and the Medical Assessment Unit. CP noted the immediate actions which have been taken as a result of staff incidents.
- The Trust reported five Serious Incidents during October and seven during November 2014, along with one reported Never Event, an investigation for which has now commenced.
- GP welcomed the relocation of the Patient Advice and Liaison Service within the new Front Entrance, which was seen as a very positive approach.
- CP was disappointed to report that the target of 11 hospital attributed cases of Clostridium difficile has now been breached, however this is a reduction on the number of cases within the same timescale for 2012/13 and the aim is to have no more than the monthly trajectory run rate of one case per month from January to March 2014.
- CP was pleased to report that all wards are currently open with no reported cases of Norovirus within the Hospital. CP added that an Anticoagulant Prescriber / Pharmacist has been appointed to enhance the monitoring of antibiotic prescribing. This post will be based in the Trust but will outreach to both primary and community care and will be used to provide a backfill to maternity leave.
- The uptake of flu vaccinations currently stands at 56% against a target of 75%, which is more than 100% uptake compared to last year.

MB noted with concern that there were 34 patient falls in October and 28 in November 2014, despite falls performance continuing to be below the Trust's target for the sixth consecutive month. CP confirmed that the reduction is in the number of falls with significant harm, and drew the Board's attention to the leadership of falls prevention which is moving to the Physiotherapists. CP added that the Quality Improvement Hub will also be used to drive further improvement on the reduction in falls.

NG drew the Board's attention to the Summary Hospital Level Mortality Indicator, which has improved once again to the value of 1.01. The next update to the Board will be in March 2014.

Reference was drawn to the graphs on Pages 35 and 36 which show that the Trust is continuing to perform very favourably, and in particular Table 8 which illustrates that the Trust's performance for Bronchopneumonia is very close to what might be expected given the characteristics of the patients who are treated here.

BM asked whether Bronchopneumonia has been reviewed by the respiratory specialty, which NG acknowledged, advising that a database is being compiled to improve outcomes and develop a programme of quality improvement within the Trust.

NG tabled a graph which shows the Venous Thrombo-embolism (VTE) totals by month and links with the graph on Page 41 of the Integrated Performance Report, which shows an overall decline in the number of hospital acquired VTEs since May 2013 despite the improvement in performance illustrated within the National Patient Safety Thermometer. NG advised the Board that the Commissioners have been advised that the Trust will no longer be reporting notes for which no assessment has been made, and which would explain why the Trust has been referred to as an outlier. GRR noted the indicator within the Summary Scorecard (Row 17) which shows a dramatic drop to 88% in March 2013 and would not appear to correlate with the graph referred to on Page 41 – a different reporting structure for the National Safety Thermometer was provided as the reason for this.

Section 3 - Operational Performance

KC presented the Operational Performance section, with the key headlines as reported within the Executive Summary.

- KC reported on the number of emergency readmissions within 14 and 30 days which showed an improvement in performance between October and November 2013. KC said that the Trust will continue to assess every emergency admission on a monthly basis.
- Work with OR International is progressing well and the Trust continues to focus on improving patient flow. A work stream has now been developed which looks at five distinct areas, as outlined within the report.

- An area of operational risk remains around Cancer targets, with the Trust achieving six of the eight targets during both September and October 2013 (reported one month in arrears). In response the Trust has appointed a new Cancer Manager who will be monitoring performance on a daily basis and linking with the Booking Team to ensure patients are seen within the nationally defined timescales. The Cancer Access Policy is also being reviewed and plans are in place to jointly agree the process with the referring GP Practices.
- In addition, the Trust did not achieve the 62 day standard or the 62 day upgrade standard for September and October 2013. KC confirmed that this involved nine patients, although she was not able to confirm by how many days the patients had breached. GP asked that this level of detail is made available to the Board, which was acknowledged.

Action:

Information to be made available to the Board, to include the number of patients who have breached the Cancer standards and by how many days.

By Whom:

KC

- On a more positive note KC was pleased to report that the Trust continues to achieve the 90% Referral to Treatment (RTT) Admitted target, along with the Non-Admitted target where performance significantly improved in both October and November 2013. The 92% target for RTT Incomplete has now been achieved for 14 consecutive months.

GP was keen to understand the benefits of the work being undertaken by OR International. NW acknowledged this comment, advising that a 'Review of the Lessons Learnt and Next Steps' would be discussed by the Executive Management Group with an update provided at the Trust Board Seminar in February 2014.

Action:

An update on the work with OR International to be provided at the Trust Board Seminar in February 2014.

By Whom:

NW

Section 4 - Human Resources

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

- Reference was drawn to the Bank and Agency Spend graph on Page 66 which shows an increase in the temporary staffing costs for Medical Locums. NW advised of the number of factors attributed to this, including an increased level of turnover within the Emergency and Urgent Care Division, a number of hard to recruit posts and the removal of some Junior Doctor posts by the Deanery, all of which have increased our reliance on Medical Locums. NW also noted that risk in terms of recruitment is now moving into Middle Grade posts.
- On a more positive note the Trust has recently been successful in appointing a Respiratory Consultant. It is also anticipated that with the recent recruitment of two Care of the Elderly Consultants, the Deanery will reinstate the Care of the Elderly Registrars, although this is yet to be confirmed.
- The sickness rate in month has increased from 3.73% to 3.97%. Sickness does however continue to remain below the national average.
- With a concerted effort to release staff and increase training compliance, the Trust has seen an increase in the statutory training compliance to 82% in November 2013, with each Division having a plan in place to achieve the required 90% target by 31 March 2014.
- The Trust also saw an increase in the appraisal rate to 81.02% which is now within 4% of the Trust's target. Noting that each Division has a plan in place to achieve the required 85% target by 31 March 2014, GRR also welcomed a plan to ensure that the target of 85% is maintained.
- During February 2014 the Co-ordination Centre will provide the Trust with results of the NHS Staff Survey 2013 which responses appropriately benchmarked against national data from Trusts of a similar type. NW advised that final national results will be published on the staff survey website at the end of February 2014, with a paper to the Trust Board Meeting in March 2014.

Action:

Results of the NHS Staff Survey 2013 are to be provided by way of a paper to the Trust Board Meeting in March 2014.

By Whom:

SF

Section 5 - Finance Report

RL presented the Finance Report for Month 8, with the Trust reporting a year to-date deficit of £2,483k which is in line with the plan. The Trust's plan for the year is a deficit budget of £4.95m.

- RL advised that revenue from patient activity is £1,277k above plan for the eight months to November 2013. Other sources of income have generated £464k more than plan. The activity plan has been profiled, in agreement with the Commissioners, using the monthly average of the last two financial years.
- In focusing on expenditure, RL provided an overview of the position for Month 8 which shows that the Trust has overspent the expenditure budgets by £3,996k at the end of the month, due to the non delivery of the Savings Plan (SIP) and overspends on both Pay and Non Pay Expenditure.
- Following the national publication of the 2012-13 Reference Costs on 22 November 2013, the Trust's Reference Cost Index (RCI) overall figure is 100, which RL confirmed to be in line with the national average for the activity we undertake and is also on a par with other Trusts who have similar reference costs.
- In reviewing the breakdown of RCI by category and in terms of our position, RL confirmed the Trust's major outliers as Critical Care Services, Community Services and Mental Health. RL confirmed that comparable data benchmarked against other Trusts would be brought to the Trust Board Seminar in February 2014.

Action:

Comparable Reference Cost Index (RCI) data benchmarked against other Trusts to be made available for the Trust Board Seminar in February 2014.

By Whom:

RL

Resolution:

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

902.14

NATIONAL NURSE STAFFING GUIDANCE POSITION PAPER AND SIX MONTH NURSE STAFFING REVIEW PAPER

CP presented a report on the National Nurse Staffing Guidance Position which appraises the Board in respect of the Trust's position against National Nurse Staffing Guidance published in November 2013 and requirements of the Trust Board as set out within the guidance.

CP added that the Board will receive a monthly report on Nurse Staff to include workforce metrics and nurse sensitive outcome indicators, which will

likely form part of the Integrated Performance. A detailed six monthly Staffing Review paper will be presented to the Board separately.

Resolution:

The Trust Board **NOTED** the current position against the National Nurse Staffing Guidance; accepted the responsibilities expected of Trust Boards; and **ENDORSED** the further actions needed to ensure full compliance with the National Nurse Staffing Guidance.

CP continued to present the Six Month Nurse Staffing Review Paper which sets out the position of nurse staffing and the changes made in response to the six month review. Key points raised by CP include:

- The number of actual Nurses against the planned numbers and skill mix has been monitored from 1 November 2013 and will be included in ongoing reporting to the Board. For November 2013 88% of the 652 shifts monitored had the Registered Nurse complement planned. When there is a shortage of a Registered Nurse, most wards actively replace a Registered Nurse with a permanent and experienced Nursing Assistant or Assistant Practitioner as opposed to obtaining an agency Registered Nurse who may have little experience of the Hospital. This is reflected in the percentage of shifts where the number of staff achieved the planned staffing numbers, being 92% for the November shifts monitored.
- The ability of Ward Sisters to retain their supervisory status for the majority of shifts has been monitored since November 2013, with four supervisory shifts for Sisters being converted to direct patient care shifts during the month.
- The Nurse Sensitive Outcome Indicators presented within this report cover those areas where Nurses will have direct impact on patient outcomes, ie safety of care and quality of experience. CP added that the information contained within Table 3 is based on National Patient Safety Thermometer data which is a prevalence survey completed once a month for all inpatients.
- The Workforce Metrics and Nurse Sensitive Outcome Indicators have also been used alongside the professional judgement of Ward Sisters, Matrons, Heads of Nursing and Director of Nursing as the primary tool for this six month review. CP drew the Board's attention to the changes which have been made to nursing establishments since April 2013 as detailed within the report.
- In reviewing the benchmarking information as shown within Table 5, GRR felt it would be helpful to have 'actual' figures of the skill mix and Registered Nurse to patient ratio for all wards within the Hospital as opposed to benchmarking data. CP added that although some wards are below the 60% skill mix benchmark, the majority of wards are achieving

the 1:7 Registered Nurse to patient ratio as recommended by the Royal College of Nursing. In addition, the Ward Sister is present during the day Monday to Friday and is not included within these numbers.

- CP also noted that the NHS Trust Development Authority dashboard enables benchmarking against a cohort of Trusts that are classified as small acute Trusts. The detail included within Table 6 demonstrates that the Trust is mid-range in Nurses to bed ratio.
- CP reported on the review of staffing within the Emergency Department which had been carried out using professional judgement of the Matron, supported by the input of a local Nurse Consultant in Emergency Care. Changes to staffing have been implemented in acknowledgement of the Royal College of Paediatrics and Child Health Review and to address changes in patient pathways, designed to improve efficiency and experience for emergency patients.

In summarising CP said that the investment in nurse staffing and subsequent recruitment activity has supported improvements in patient care and has reduced the overall requirement for temporary staff, particularly agency staff. The Care Quality Commission has confirmed that the Trust is meeting their standard for staffing at a visit in November 2013. The review of nurse staffing carried out in line with the November 2013 recommendations of the National Quality Board demonstrated that in most areas the nurse staffing plans for 2013/14 met the patient acuity and dependency needs. Actions are in place to ensure a continued high level of management of nurse staffing within the Trust.

BM commended the two reports presented by CP, which had provided the Board with a high level of assurance in terms nurse staffing. BM also welcomed Nurse Staffing Metrics and Nurse Sensitive Outcome Indicators for the Emergency Department, which CP agreed to provide once this information was available.

Action:

Nurse Staffing Metrics and Nurse Sensitive Outcome Indicators to be provided for the Emergency Department.

By Whom:

CP

Resolution:

The Trust Board **NOTED** the outcomes from the nurse staffing changes endorsed by the Board in April 2013; the position of nurse staffing and the changes made in response to the six month review; and **ENDORSED** the future actions to ensure safe and robust nursing and therapist staffing.

NG presented a paper which provides the Board with an update on the actions and progress being taken to address deficiencies in the emergency care pathway for paediatrics as highlighted by the Royal College of Paediatrics and Child Health (RCPCH) invited visit in August 2013.

NG summarised the principle actions which have been taken as a result of the RCPCH Review and Inquests following the two child deaths in 2012 and 2013.

- A new pathway to stream paediatric patients to the most appropriate point of care has been introduced which clearly shows the navigation and triage of patients through the Emergency Department.
- In exceptional circumstances notwithstanding, for example a major incident, one bay in the majors end of the Emergency Department will always be reserved for the receipt of paediatric emergencies, which is fully furnished with the appropriate range of monitoring equipment, including digital thermometers (for paediatric cases of all ages) as well as all necessary drugs and dose regimens (held on computer for immediate access) for their use. Additionally, a 'grab bag' of essential equipment is available for paediatric resuscitation should that be required elsewhere in the department.

GP sought assurance that all Middle Grades and Consultant staff have now received Advanced Paediatric Life Support (APLS) training, which NG confirmed.

NG was asked for a timescale in respect of the sanctions which have been imposed on the Doctor referred under Section 75 by General Medical Council (GMC) guidance on 'Good Medical Practice'. NG felt that two / three months would be a reasonable timescale and agreed to report back to the Board in due course.

Action:

To provide an update to the Board in respect of the sanctions which have been imposed on the Doctor referred under Section 75 by General Medical Council guidance on 'Good Medical Practice'.

By Whom:

NG

BM requested a timescale for the Paediatric Services Strategy as potentially we do run the risk of an open ended discussion. NG confirmed that no timescale has been set currently, however supported the approach that would set clear parameters, the detail for which would be reported at the Trust Board Meeting in March 2014.

Action:

Clear parameters to be set in respect of the Paediatric Services Strategy, with details to be reported to the Trust Board Meeting in March 2014.

By Whom:

NG

Resolution:

The Trust Board **NOTED** the progress being made on delivery of the recommendations as highlighted by the Royal College of Paediatrics and Child Health invited visit in August 2013.

904.14 ANNUAL REVIEW OF STANDING ORDERS, STANDING FINANCIAL INSTRUCTIONS AND SCHEME OF DELEGATION

The Board were asked to approve the updated Standing Orders, Reservation and Delegation of Powers, Scheme of Delegation and Standing Financial Instructions as recommended by the Audit and Assurance Committee Meeting at their meeting held on 18 December 2013.

The Board noted the changes made as detailed within Appendix 1.

Resolution:

The Trust Board **APPROVED** the updated Standing Orders, Reservation and Delegation of Powers, Scheme of Delegation and Standing Financial Instructions.

ANY OTHER BUSINESS

905.14 QUESTIONS FROM MEMBERS OF THE PUBLIC

MR noted that currently Minutes of the Hospital Medical Advisory Committee are not included within the Board Papers. NW acknowledged, suggesting that a more formal constitution is established for the reporting of Minutes as part of the governance process.

DATE OF NEXT TRUST BOARD MEETING:

10 March 2025

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Tuesday 4 March 2014 at 10.00 am in the 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 11.45 am.