ROYAL UNITED HOSPITAL BATH NHS TRUST
MINUTES OF THE MEETING OF THE TRUST BOARD HELD IN PUBLIC
WEDNESDAY 14 SEPTEMBER 2011
ROOM C, EDUCATION CENTRE

Present:

Voting Directors
Brian Stables, Chairman
James Scott, Chief Executive
Michael Earp, Non-Executive Director (Vice Chairman)
Catherine Phillips, Director of Finance
Lisa Hunt, Chief Operating Officer
Francesca Thompson, Director of Nursing
Stephen Wheeler, Non-Executive Director
Joanna Hole, Non-Executive Director
Roger Newton, Non-Executive Director
Moira Brennan, Non-Executive Director
Tim Craft, Medical Director

Non-Voting Directors
Brigid Musselwhite, Director of Strategy
Howard Jones, Director of Estates and Facilities
Lynn Vaughan, Director of Human Resources

In attendance
Eric Sanders, Trust Board Secretary

BD/11/09/1.0 Chairman’s Welcome and Apologies

The Chairman welcomed Lisa Hunt to the Trust and her first meeting of the Trust Board.

BD/11/09/2.0 Written Questions from the Public

There were no written questions from the public.

BD/11/09/3.0 Declarations of Interest

No interests were declared.
The minutes of the previous meeting were approved as a true and correct record of the meeting.

**BD/11/09/5.0 Action list and Matters arising**

The action updates were discussed and those indicated as closed were approved. The following actions were further discussed in more detail:

PB092 – The Director of Nursing confirmed that the stretch targets were now reported in the contract monitoring report. The action was approved as being closed.

PB106 – The Trust Board Secretary confirmed that all members of the Trust Board had completed the training questionnaires. The action was approved as being closed.

PB108 – The Director of Nursing provided a verbal update and confirmed that in the future exceptions, as identified through graphs, would include a description and rationale for the change. The action was approved as being closed.

PB109 – The action by date was revised to December 2011.

The Director of Human Resources confirmed that the new model for delivery of mandatory training would be in place by 1 April 2012 and not 2011 as indicated in the report.

**BD/11/09/6.0 Patient Safety and Quality Report**

The Director of Nursing presented the report and highlighted:

- The report included an update on the perioperative workstream with Executive support provided by the Director of Estates and Facilities;
- It was Patient Safety week and a number of events were being held to promote the work of the patient safety team;
- The Think Pink Pressure Ulcer initiative, which had been developed by the sister on the Trauma Unit, was the winner of the Chief Executive Patient Safety award and had received regional and national interest;
- Significant work was underway to address the identified issues against the Nutrition outcome following the latest review of the Care Quality Commission Quality & Risk Profile.

The Trust Board discussed sustaining performance against the warming of Intravenous fluid. The barrier against improving performance was considered to be the significant number of staff and theatres to be informed and trained to work differently.
It was noted that compliance with the WHO checklist has slipped. The Chief Operating officer stated there was a need to understand the barriers against the sustained use and comprehension of the WHO checklist. It needs to be ensured that there are consequences to non-delivery and ensure this is a priority for the Trust.

The Director of Nursing was asked to include an overview of WHO usage in the next report.

**Action: Director of Nursing**

In addition, the issue of protected meal times was discussed and identified as a Trust-wide priority. The Trust Board supported the introduction of protected meal times as a priority. To help deliver this the wards need clarity of the timing of meals and this needs to be communicated to clinicians and other professional groups.

The Trust Board noted the report.

**BD/11/09/7.0 Patient Experience Report – Quarter 1 2011/12 including carers story**

The Head of Patient Experience and the Sister in Quality Improvement for Mental Health & Learning Disabilities presented a carer’s story. This included reading aloud the patients needs assessment, and playing an audio recording of an interview with the carer and nurse from the patient’s care home regarding the issue of care at the Trust and the specific issues with discharge.

It was identified that there were three improvement themes emerging from the story. These were

- Greater involvement of the carer;
- Focusing on ensuring patients in MAU are appropriate;
- Involving carers in discharge arrangements

The Trust Board needed assurance that issues around carers were being addressed and this assurance should be sourced through the Clinical Governance Committee. The Clinical Governance Committee was asked to review the system for involving carers.

**Action: Director of Nursing**

There is also a need to focus on use and involvement of carers at admission, and making reasonable adjustments to the care being delivered to patients. This has been further strengthened by the Equality Act duty on the Trust to make adjustments to address any protected characteristics of the patient.

The Director of Nursing confirmed that the Trust was working with other organisations to ensure that sufficient information was available on admission which included the use of patient passports and ensuring that, where applicable, the Sister in Quality Improvement for Mental Health & Learning Disabilities was contacted prior to admission.
The Trust Board asked to review the topic again in March 2012.

**Action:** Trust Board Secretary

The Chief Operating Officer was asked to provide an update to the Trust Board on how the length of stay in MAU was impacted by admitting inappropriate patients as highlighted in the story and how the available resources such as the Sister in Quality Improvement for Mental Health & Learning Disabilities were being utilised.

**Action:** Chief Operating Officer

The Director of Nursing was asked to provide a narrative to future graphs where peaks or dips in performance occur.

**Action:** Director of Nursing

The Director of Estates and Facilities addressed the issues identified with the Atrium toilets. Plans were put in place to refurbish the toilets and ensure they were suitable for the volume of traffic. There was also wider work across the Trust to address cleaning standards including trialling the use of a micro-fibre system. This would support the work to achieve the new related British standard.

The issue of staff attitude relating to complaints was raised and it was confirmed that the Trust was focusing on staff attitude at induction and core skills training and it had been identified that the number of complaints about staff attitude peaked when the hospital was under pressure.

The Trust Board noted the report.

**BD/11/09/8.1 Performance Report: Trust Operational Performance**

The Chief Operating Officer presented the report and highlighted:

- The Acute Trust Performance Framework was noted as Performing and the Monitor rating as Amber;
- Progress had been made in the month against the Cancer-31-Days subsequent treatment target; however there continued to be underperformance against the Cancer-31-Day subsequent radiotherapy target. The Management Board had approved the oncoplastic surgeon business case to address the subsequent surgery performance, which primarily related to a lack of consultant surgeon capacity;
- Performance against the 18 week Referral to Treatment target was on track against the agreed PCT and Strategic Health Authority plan. The Trust had both reduced the backlog of patients waiting and improved the percentage performance target;
- The Trust’s position against the Stroke target had improved in July 2011. This was related to the protection of beds in the Acute Stroke Unit;
- A&E performance was challenging and the Trust was focusing on achieving the medium time to wait target
The Chief Operating Officer also gave a verbal update on August 2011 performance which showed the Trust achieving all targets, or achieving trajectory. There was also improved performance against the fractured neck of femur targets.

In response to a question about sustaining 18 week Referral to Treatment performance the Chief Operating Officer had reviewed the plan based on actual activity levels as opposed to contracted activity levels and therefore the plan was more realistic. In addition the Chief Operating Officer had introduced a greater level of forward planning which forecast the following month’s activity to understand pressures and projected performance.

It was noted that further work was required to ensure the targets related to length of stay, day cases and Stroke were achieved.

It was confirmed that the winter escalation area would be opening from Monday 19th September 2011. The primary reason for this was to reduce the number of medical outliers. In addition the beds in the Day Surgery Unit were being ring fenced to ensure there were minimal cancellations.

Other areas of focus were noted as a demand for management in A&E, and reviewing the Primary Care Trust’s QIPP plan to address the required reductions.

The Trust Board noted the report and the Norovirus management plan.


The Director of Finance presented the report and highlighted:

- The report included an estimate of August income of an additional £500k;
- Over performed: Year to Date stood at £2.6million;
- This was offset by a £3.9million gap in the delivery of cost improvement plans. Part of the none delivery related to not being able to close capacity due to the additional activity being seen by the Trust;
- The trust had agreed a full Payment by Results contract for 2011/12;
- The Trust was potentially exposed to a £5.8million risk in relation to the delivery of cost improvement plans. The mitigation for this risk was partially related to over performance on income;
- The expected forecast outturn was £7.5million over performance;

The Director of Finance was asked to revise the report to reflect the agreed contract. **Action: Director of Finance**
The Trust Board noted the report and flagged its significant concern regarding the financial position and that it recognised that cost control was the domain of every Director.

**BD/11/09/9.0 Hospital Standardised Mortality Ratio Update**

The Medical Director presented on the Trust’s Hospital Standardised Mortality Ratio and highlighted:

- The improvements in the Trust's Hospital Standardised Mortality Ratio was directly linked to improvements in quality;
- The Summary Level Hospital Mortality Indicator was also described which included deaths up to 30 days after discharge. This was based on hospital episode data and data from the Office of National Statistics. Both ratios compared observed versus expected deaths;
- The expected Hospital Standardised Mortality Ratio was less than 100;
- Dr Foster had not yet released the 2010/11 outturn ratio due to technical issues; therefore the ratio had not yet been revised as expected. The prediction from Dr Foster would be that the Trust’s Hospital Standardised Mortality Ratio would be reduced to 99;
- This shows that actual mortality had improved at a rate faster than both the national and South West average;
- The expected rate of mortality increased between 2009/10 and 2010/11, compared to a decrease nationally, due to the Trust dealing with an increasingly acutely unwell patient population;
- The Trust was able to demonstrate that 256 more patients had their lives saved than would have had they been admitted with the same condition just two years earlier;

The Medical Director was asked to share the update on the rebased date when it was available

**Action: Medical Director**

The Trust Board noted the report.

**BD/11/09/10.0 Board Assurance Framework – Summary Report**

The Chief Executive presented the report and confirmed that the Trust had signed a three year contract in 2010, and that the new one year contract described by the Director of Finance would supersede this contract.

The Non-Clinical Governance Committee and Clinical Governance Committee were asked to continue to monitor the Board Assurance Framework and highlight any issue by exception.
BD/11/09/11.0  Equality and Diversity Report

The Director of Human Resources presented the report and highlighted:

- The Trust was required to produce and publish the report annually;
- The Trust was now required to undertake an equality analysis of any change in service or function;
- The Trust was required to undertake a self-assessment against the equality delivery system to inform its objectives for March 2012;
- Equality Champions for each division needed to be identified.

The Trust Board noted the report and approved the recommendations.

BD/11/09/12.0  Management Board Update Report

The Board noted the report.

BD/11/09/13.0  Non-Clinical Governance Update Report

The Chair of the Non-Clinical Governance Committee presented a verbal update and highlighted:

- The workforce planning system had been reviewed and noted that scenarios based on assumptions were being used in the absence of detailed plans;
- Following a review of the communication system further work was required to ensure it met the needs of the Trust;

The Trust Board noted the report and the assurance provided.

BD/11/09/14.0  Clinical Governance Update Report

The Chair of the Clinical Governance Committee presented a verbal update and highlighted:

- The Committee had reviewed the Complaints system and had identified a need to ensure the involvement of clinicians in responding to complaints. In addition there needed to be a greater emphasis on the dissemination of lessons learnt from complaints.
- The Committee had also considered a presentation from the Chief Pharmacist to provide assurance following the issues identified at Stepping Hill Hospital. The Committee identified a range of actions and had requested that a risk be added to the Trust-wide risk register.
The Trust Board noted the report and the assurance provided.

BD/11/09/15.0 Chief Executive’s Report

The Trust Board noted the report subject to the amendment of the title of the Minister.

BD/11/09/16.0 Chairman’s Report

The Chairman gave a verbal update and highlighted:

- Meetings had been held with the chairman of NHS BANES and NHS Wiltshire who had both supported the Trust’s NHS Foundation Trust application.
- Simon Knighton had been identified as the Chair for the new BANES social enterprise

BD/11/07/18.0 Resolution to exclude members of the public and press pursuant to the Public Bodies (Admission to Meeting) Act 1960

The Board approved the resolution.

The meeting closed at 12:22pm

The next Trust Board meeting is due to be held on Wednesday 12 October 2011 in Room C, Education Centre, RUH.

Signed …………………………………………………………………………………

Date …………………………………………………………………………………