Present:

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

Non-Voting Directors
Lynn Vaughan, Director of Human Resources
Howard Jones, Director of Estates and Facilities
Joss Foster, Commercial Director

In attendance
Eric Sanders, Trust Board Secretary
Lisa Thomas, Deputy Director of Finance

BD/12/10/01 Chairman’s Welcome and Apologies

The Chairman welcomed Nicholas Hood to his first meeting of the Trust Board. Apologies had been received from Catherine Phillips, Director of Finance

BD/12/10/02 Written Questions from the Public

No questions were presented from the public.

BD/12/10/03 Declarations of Interest

No interests were declared.
BD/12/10/04 Minutes of the Public Trust Board meeting 26 September 2012

The minutes of the previous meeting were approved as a true and correct record of the meeting subject to an amendment to the third bullet point under BD/12/09/08 to clarify that the information was reported in the Dr Foster Guide 2011.

BD/12/10/05 Action List and Matters Arising

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

PB164 – The action by date was updated to December 2012.
PB167 – The action by date was updated to November 2012 to allow for an update to be provided following the clinical conference.
PB168 - The action by date was updated to November 2012 to coincide with the next meeting of the Equality & Diversity Committee;

BD/12/10/06 Patient Story: Chronic Obstructive Pulmonary Disease (COPD)

The Head of Patient Experience introduced the patient story which had been recorded at a recent See it my way event. The story highlighted the difficulties for patients and carers in accessing information on the disease and for carers in understanding the disease from a sufferer’s perspective.

The Chief Executive asked about the risks posed by the story. The Director of Nursing confirmed that patient information and involving carers were the two main issues which needed to be addressed. The latter issue had been picked up in the Patient and Carer Experience Strategy refresh.

The Non-Executive Directors raised a number of questions including the involvement of the wider community and specialist care groups in caring for patients with COPD, and ensuring the website was updated with key information.

It was confirmed that the Trust was working with the community and key groups, such as Breathe Easy and the British Lung Foundation, to ensure pathways of care were developed which reduced hospital admissions and provided greater information for patients and carers.

The Head of Patient Experience was asked to review the website to ensure there was adequate information for visitors to the site on COPD.

**Action: Head of Patient Experience**

The Trust Board thanked the Head of Patient Experience for presenting the story.
The Director of Nursing presented the report and highlighted:

- 53 areas were now being covered by Executive Patient Safety visits, which included both inpatient and outpatient areas;
- The themes which had emerged from the visits focused around patient safety, operational activity and estates issues;

A Non-Executive Director (Nicholas Hood) challenged why there were no themes under the relationship pillar. The Director of Nursing explained that this may have been due to how the issues and actions were categorised and would investigate further.

**Action: Director of Nursing**

- The Trust had been successful in its community funding bid in relation to dementia. A fuller update would be provided at the next meeting;
- There had been a slight deterioration in the Net Promoter Score and further work was required to understand the reasons why there had been a decline;

The Director of Nursing was asked to investigate why there appeared to be a reduction in the number of themes related to quality in 2012 (figure 7).

**Action: Director of Nursing**

The Chief Operating Officer highlighted the potential benefit, in terms of reducing beds, from the successful Dementia Challenge Fund bid. This would help the Trust deliver QIPP savings and needed to be formulated into a project plan.

**Action: Director of Nursing**

The deterioration in the outpatient satisfaction score was discussed. Given the low response to the survey it was recognised that the results were difficult to interpret. The Director of Nursing suggested that the triangulation with the earlier and positive outpatient survey provides a more meaningful insight.

A Non-Executive Director (Joanna Hole) challenged the decreased uptake of the Meridian questionnaires. The Director of Nursing suggested that in order to achieve consistent high numbers of responses there needed to be continuous support and reminders to staff to complete the surveys with patients. A robust implementation plan was in place to support the roll out of Meridian.

The Director of Nursing was asked to consider how to approach the increase of Meridian further and how to deliver the Friends and Family test to all patients.

**Action: Director of Nursing**

The Trust Board noted the report.

**BD/12/10/Additional Item ITU SUI Inquest Update**
The Director of Nursing gave the Trust Board a verbal update and circulated a short briefing following the inquest into the ITU SUI. The inquest had been held over seven working days and a number of staff had been called to give evidence. The verdict had been confirmed as Accidental death contributed to by neglect. The coroner, in giving the verdict, made three recommendations which the Trust has reviewed and taken action. Two recommendations were applied nationally.

A Non-Executive Director (Nicholas Hood) queried the impact on the Trust following the verdict including the likelihood of a civil claim. The Director of Nursing advised that a claim was likely.

A Non-Executive Director (Michael Earp) queried the Trust’s overarching approach to ensuring that policy was complied with, given that this had been identified in the notes from the verdict. It was confirmed that all policies were required to confirm how monitoring of compliance would be undertaken. In relation to the ITU, there were very robust audit arrangements to ensure compliance, particularly in relation to the handling of infusion fluids.

The Trust Board noted the update and the verdict from the inquest.

**BD/12/10/08 Performance Report – Trust Operational Performance**

The Chief Operating Officer presented the report and highlighted:

- The Trust was rated as Amber-Green for the month of September 2012 and was Green for Quarter 2 2012/13 against the Monitor Governance Risk Rating;
- The Trust had failed the four hour maximum wait in A&E target for September and for October 2012;
- A turnaround team had been instigated which was focusing on attendances and admissions at the front door, flow within the hospital, and discharges;
- The root cause analysis had shown that the target had been failed due to high levels of non-elective activity (more than 200 per day) increased delayed transfers of care and patients who were rated as green to go;
- The turnaround team were basing their work on the Intensive Support Team’s recommendations to other Trusts;

The Chief Operating Officer was asked to assure the Trust Board that additional beds which had been opened to address the high levels of activity were being opened in a safe way. It was confirmed that the Trust was working to recruit to full establishment and where temporary staff were being used, these were first sourced from the Trust’s Bank, and then from approved framework agencies.
The Chief Operating Officer was asked to include a forecast on the scorecard against all targets.

**Action: Chief Operating Officer**

The Chief Executive provided the Trust Board with further assurance on actions being taken. In addition the performance against the four hour target was a key risk to the Trust’s NHS Foundation Trust application, as it reduced the margin for failing other targets. If the Trust moved to an Amber-Red position, the application would be stopped by Monitor.

A Non-Executive Director (Nicholas Hood) queried whether the reporting was related to a data quality issue. It was confirmed that the Trust’s data was robust and complete. The Trust’s data quality had also been externally assessed and verified.

The Chairman asked for assurance that the actions being taken were delivering improvements and that an update was provided to Trust Board members prior to their interviews with Monitor.

**Action: Chief Operating Officer**

The Medical Director provided a further update on HSMR and SHMI, and how these values were calculated.

The Board noted the report.

**BD/12/10/09 Finance Report**

The Deputy Director of Finance presented the report and highlighted:

- The Trust was £800k adverse to plan at the end of Month 6. The position had been adversely affected in month by £400k, related to high cost agency usage, particularly in relation to theatres and ITU nursing staff;
- The Trust was still on target to achieve the £4.6m surplus;
- The cash position had reduced as the Trust had made its latest loan repayment. The cash position was also impacted by the delays to the pathology Laboratory build;

A Non-Executive Director (Moira Brennan) queried the increase in the debtors balance. The Deputy Director of Finance confirmed that this related to the agreement of provider to provider contracts and the difference in invoiced amounts and amounts received.

A Non-Executive Director (Michael Earp) queried the impact of the contract query issued to the PCT. The Chief Executive had had a discussion with the Accountable Officer of the Clinical Commissioning Group who would be taking appropriate action.

The Board noted the report.
BD/12/10/10  Business Plan Delivery Update – Quarter 2

The Commercial Director presented the report and highlighted that the original target for the coming together of the Trust with the Royal National Hospital for Rheumatic Diseases NHS Foundation Trust was 1 April 2013 but this was now not considered to be realistic given the progress of the Trust’s NHS Foundation Trust application. The Trust Board agreed to revise the timescale to during 2013.

The Board noted the report.

BD/12/10/11  CQC Inspection Report – September 2012

The Director of Nursing gave a verbal update as the final report from the unplanned, annual inspection of the Trust had not been received from the Care Quality Commission. The inspection had focused on the regulated activity of surgical procedures and had covered five outcomes. The draft report had confirmed that the Trust was compliant with all of the outcomes inspected. The final report would be presented to the next meeting of the Trust Board.

The Trust Board noted the report.

BD/12/10/12  Strategic Framework for Risk Management

The Director of Nursing presented the Strategic Framework for Risk Management following its annual review. No changes had been identified although the Trust Board were advised that the format had been updated to reflect the new format in place for all new policies.

The Trust Board approved the Strategic Framework for Risk Management.

BD/12/10/13  Estates and Facilities Sustainability Report – quarter 2

The Director of Estates and Facilities presented the report which was noted by the Trust Board.

BD/12/10/14  Non Clinical Governance Committee and joint Non Clinical Governance Committee/Clinical Governance Committee Update Report

The Chair of the Non-Clinical Governance Committee (Joanna Hole) presented the report which included an update following the first joint meeting of the Non-Clinical Governance Committee and Clinical Governance Committee. The Committees had considered a number of systems and was able to confirm to the Trust Board that high levels of assurance could be taken for the systems supporting Data Quality and the Management of Medical Gases. In addition the Business Planning process had been
reviewed and high assurance could also be taken following significant improvements to the system based on learning from the previous year.

The Trust Board Secretary confirmed that the review of the SUI reporting and escalation process was planned for the meeting of the Clinical Governance Committee on 26 November 2012.

The Trust Board noted the report.

**BD/12/10/15 Clinical Governance Committee Update Report**

The Chair of the Clinical Governance Committee presented the report and highlighted that the process and system for managing Children’s Safeguarding had been considered and would be brought back in March 2013 for a further review.

The Trust Board noted the report.

**BD/12/10/16 Charities Committee Update Report**

The acting Chair of the Charities Committee (Moira Brennan) presented the report and highlighted that an external review of the Forever Friends had been commissioned and was due to report back to the Trust in December 2012. This would be presented to the Charities Committee in March 2013.

The Trust Board noted the report.

**BD/12/10/17 Audit Committee Update Report**

The Chair of the Audit Committee (Moira Brennan) presented the report which included the annual report for the committee, the annual review of the Committee’s Terms of Reference and the Annual Audit Letter from Grant Thornton.

The Trust Board noted the report, the Committee Annual report, approved the Terms of Reference and noted the Annual Audit Letter.

**BD/12/10/18 Management Board Update Report**

The Trust Board noted the report.

**BD/12/10/19 Communications Quarterly Update**

The Commercial Director presented the report and requested feedback on the regularity and content of the monthly media update.
The Trust Board discussed the distribution of RUH Matters to GPs and asked for the Trust Board members to be included in the distribution in future.

**Action: Commercial Director**

A Non-Executive Director (Nicholas Hood) queried whether the Trust understood the public’s perception of the Trust. It was identified that there was a range of systems to collect information including the annual patient survey, Meridian and departmental specific surveys, however these were all patient focused. It was agreed that the Trust should investigate ways of capturing and improving public perception.

**Action: Commercial Director**

The Trust Board noted the report.

**BD/12/10/20 Chief Executive’s Report**

The Chief Executive presented the report and highlighted the appendix which showed the changes to the NHS architecture. The key stakeholder groups were the Clinical Commissioning Groups and the Local Area Teams. In addition the turnout to the elections for the first council of governors had been very good with nearly 30% turnout to date in most of the constituencies.

The Medical Director provided the Trust Board with assurance that the Trust’s pathology service was operating at the expected standard for the identification of oestrogen receptor positive cancers. This was in relation to a letter received from the NHS Medical Director following concerns identified at Kingsmill Hospital.

A Non-Executive Director (Nigel Sullivan) queried whether there was a greater risk due to the development of the new pathology laboratory. It was confirmed that the issues highlighted in Kingsmill Hospital were system related and therefore there was no greater risk posed by the new facility.

The Trust Board noted the report.

**BD/12/10/21 Chairman’s Report**

The Chairman highlighted that the Annual General meeting had been very well attended with 203 members present for the meeting. Feedback from the event had been very positive.

The Trust Board noted the report.
BD/12/10/22 Resolution to exclude members of the public and press pursuant to the Public Bodies (Admission to Meeting) Act 1960

The Trust Board approved the resolution.

The next Trust Board meeting was due to be held on Wednesday 28 November 2012 in Room C, Education Centre, RUH Bath

*The meeting was closed by the Chairman at 12:33*

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

Date ……………………………………………………………………………………