Present:

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

BD/13/02/01 Chairman’s Welcome and Apologies

Apologies had been received from Nigel Sullivan, Non-Executive Director.

BD/13/02/02 Written Questions from the Public

No questions were presented from the public.

BD/13/02/03 Declarations of Interest

Each director present confirmed that they had no direct or indirect interest in any way in the proposed transactions to be considered at the meeting.

BD/13/02/04 Minutes of the Public Trust Board meeting 20 January 2013

The minutes of the previous meeting were approved as a true and correct record of the meeting.
BD/13/02/05 Action List and Matters Arising

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

PB180 – The Trust Board confirmed that this action was closed.

The Director of Estates and Facilities confirmed that the Trust had received £400k to upgrade the accommodation in the Princess Ann Wing.

BD/13/02/06 Patient Story: Carer of a patient with Parkinson’s disease in Safer Clinical Systems Project

The Director of Nursing introduced the story from a carer of a patient with Parkinson’s disease. The patient had a number of medical issues which were being addressed, but the key issue was for staff to ensure that patients with Parkinson’s received their medication on time. The story explained how the patient had initially been admitted to the Medical Assessment Unit but due to the nature of this ward, the patient was moved to a more appropriate location. It was highlighted that this move was late in the day, but was considered to be in the best interests of the patient.

A Non-Executive Director (Joanna Hole) queried the level of information which was transferred with a patient during a move. It was confirmed that there was a comprehensive handover to ensure there was no break in care.

A Non-Executive Director (Michael Earp) queried the issues relating to access to medication. The Clinical Guidance Manager highlighted that this issue had not been identified as part of the diagnostic phase of the project and further work would be undertaken to identify any actions.

A Non-Executive Director (Moira Brennan) queried whether learning from the project would be shared with community partners. It was confirmed that learning would be formally shared at the end of the project in October 2013. It was highlighted that community partners were actively involved in the project and would be identifying learning throughout the project.

The Chief Executive highlighted the risks related to the management of drug charts in pharmacy. The Trust Board requested that the Management Board review this risk. 

**Action: Chief Executive**

The Chairman thanked the sister from Pultney ward and the Clinical Guidance Manager for sharing the patient story.
BD/13/02/07  Matron Presentation – Response to the Francis Report

The Director of Nursing (Acting) introduced the matrons from the surgical division who presented their response to the Francis Report.

The matrons focused their presentation on Chapter 23 from the Francis Report which primarily related to nursing care. They highlighted that matrons in the RUH were the senior nurse leadership and acted as the main conduit of information between the Director of Nursing and the ward sisters.

A Non-Executive Director (Michael Earp) questioned which area of culture most urgently needed to be addressed. The matrons stated that listening to staff was a key issue.

A Non-Executive Director (Joanna Hole) queried the mechanism for horizontal liaison both within and outside of the surgical division. The matrons confirmed that there were regular team meetings and surgical division matron meetings, as well as monthly whole Trust matron meetings. At these meetings there was an opportunity for shared learning and problem solving.

The Chairman queried how consistency in nursing care was ensured. The matrons highlighted that there was a culture of matron leadership which included challenging poor practice. The matrons consistently applied this approach.

A Non-Executive Director (Nick Hood) queried how the RUH ensured that the Board was in touch with the operations of the hospital, as had not been the case at Mid Staffordshire. It was highlighted that the Executive Patient Safety Visits to all ward areas, which included some Non-Executive Directors, was one of the key ways in which the Executive Directors kept in touch with the views and concerns of staff. The matrons confirmed that there was high visibility of the Executive Directors across the Trust but they would like to see the directors more often.

The Chief Executive was asked to review the frequency of patient safety visits.

**Action: Chief Executive**

The Director of Nursing (Acting) was asked to ensure that future matron presentations gave an overview of the metrics used by the matrons to monitor performance.

**Action: Director of Nursing (Acting)**

The Chairman thanked the surgical matrons for their presentation.
The Director of Nursing (Acting) presented the report and highlighted:

- It was proposed that the Trust continued with the priorities from the 2012/13 Quality Accounts into 2013/14. Delivery of these priorities would be overseen by the Quality Board and external stakeholders were being consulted on the approach;
- There had been a significant drop in the performance against the complaint response timescales. This drop had been linked to a lack of capacity in the divisions and a LEAN review was scheduled to focus on the timeliness and quality of complaint responses;
- There had been a successful roll out of the safety thermometer at ward level;
- The Friends and Family Test was due to be launched on 1 March 2013. The Trust was engaging the Project Search students with distributing and collecting the feedback forms;
- The Trust had been subject to a responsive, unannounced inspection between 4 and 6 February 2013. The initial focus of the inspection related to patient discharges during the period of whole community black escalation in January 2013. The draft inspection report was received on 22 January 2013 and the Trust was taking the opportunity to review the report for accuracy. The final report would be presented to the Trust Board in March 2013. No enforcement actions had been identified in the report.

A Non-Executive Director (Moira Brennan) raised a concern about the requirements related to Pressure Ulcer reductions given the large improvements already seen over recent years. The Director of Nursing (Acting) agreed that this was a stretching target and negotiations were continuing with the commissioners on the level of improvement required.

A Non-Executive Director (Joanna Hole) queried the risk of dual running the meridian questionnaires and introducing the new Family and Friends Test. This was recognised as a risk and would be monitored closely.

A Non-Executive Director (Joanna Hole) flagged her concern that the PALS issues related to orthopaedic outpatient waits had not been addressed although this had been raised on several occasions. The Director of Nursing (Acting) agreed to ensure that a robust response was provided in the next report.

**Action: Director of Nursing (Acting)**

The Trust Board noted the report.
BD/13/02/09 Performance Report – Trust Operational Performance

The Chief Operating Officer presented the report and highlighted:

- The Trust was rated Amber-Green against the Monitor Governance Risk Rating, and was Performing against the Acute Trust Performance Framework;
- The Trust’s bed occupancy was very high and this was not sustainable;
- The Trust was fulfilling all of its elective duties but there was a concern with delivery of performance in cardiology. A comprehensive action plan was in place to improve performance and this was on target;
- The delivery of the 4 Hour A&E target remained the most significant risk in terms of finance, operations and quality. The Trust continued to work with the commissioners and the rest of the health and social care community but there was a concern that the community was not escalating quickly enough or to the necessary level during periods of black escalation;
- The level of Delayed Transfers of Care had increase and the waiting list of “Green to Go” patients was consistently over 100 patients. These two areas were having a major impact on the 4 Hour A&E target;
- The identified risk related to the introduction of the 111 services was being realised with a 25% increase in non-elective attendances since the soft launch of the service in the region.

A Non-Executive Director (Joanna Hole) sought assurance that performance would not be affected in other areas by the focus on the 4 Hour target. The Chief Operating Officer confirmed that the Trust had robust performance management systems in place which monitored all targets. In addition there were allocated managers for each target who would monitor performance on a daily and weekly basis, with escalation to the Chief Operating Officer when required.

The Chief Executive highlighted his concern that the 4 Hour performance was off trajectory and that this should be reflected in the Single Operating Model return to the NHS Trust Development Authority. The Trust Board agreed to delegate authority to the Chief Executive to agree the revised wording and submit the return.

The Trust Board noted the report and its concerns regarding the performance against the 4 Hour A&E target and the potential impact on other indicators, The Trust Board recognised that significant action had been taken in the Trust and further support was required from the wider health and social care community.

BD/13/02/10 Finance Report

The Director of Finance presented the report and highlighted:

- The Trust had achieved a surplus of £4.9m as at the end of January 2013. Achievement of the surplus was linked to the settlement of the Service Level
Agreement with the Great Western Hospitals NHS Foundation Trust, as well as receiving additional income related to training and education;

- The cash position was ahead of plan due to delays in the Pathology build which had previously been communicated to the Trust Board. The Trust was now not anticipating spending all of its capital during 2012/13 and this would be carried forward to 2013/14;

The Board noted the report.

**BD/13/02/11 Non-Clinical Governance Committee Update**

The Trust Board noted the report.

**BD/13/02/12 Management Board Update**

The Trust Board noted the report.

**BD/13/02/13 Chief Executive’s Report**

The Trust Board noted the report.

**BD/13/02/14 Chairman’s Report**

The Chairman asked the Trust Board to acknowledge receipt of the letter from Secretary of State relating to the publication of the Francis Report, and the summary of the Trust Board away day held on 21 January 2013.

The Trust Board noted the report.

**BD/13/02/15 Meeting Review**

The Chairman postponed the discussion until after the private session of the Trust Board later that day.

**BD/13/01/16 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 27 March 2013 in Room C, Education Centre, RUH Bath

*The meeting was closed by the Chairman at 12:10