ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS
HELD IN PUBLIC ON WEDNESDAY 27TH MAY 2015
OASIS CONFERENCE CENTRE, BATH

Present:

Voting Directors
Brian Stables, Chairman
James Scott, Chief Executive
Sarah Truelove, Director of Finance and Deputy Chief Executive
Francesca Thompson, Chief Operating Officer
Helen Blanchard, Director of Nursing and Midwifery
Tim Craft, Medical Director
Moira Brennan, Non-Executive Director
Nick Hood, Non-Executive Director
Joanna Hole, Non-Executive Director
Nigel Sullivan, Non-Executive Director

Non-Voting Directors
Joss Foster, Commercial Director
Howard Jones, Director of Estates and Facilities

In attendance
Julie Hill, Trust Board Secretary

BD/15/05/01 Chairman’s Welcome and Apologies
The Chairman welcomed everyone to the meeting.

Apologies were received from: Michael Earp, Non-Executive Director and Claire Buchanan, Director of Human Resources

BD/15/05/02 Written Questions from the Public
There were no written questions from the public.

BD/15/05/03 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/15/05/04 Minutes of the Board of Directors meeting held in public on 29TH April 2015
The minutes of the meeting held on 29th April 2015 were approved as a true and correct record of the meeting.
BD/15/05/05  Action List and Matters Arising
The Action List updates were discussed and those indicated as closed were approved. Further updates were provided in relation to the following actions:

PB363 Patient Story: A Falls Story – the Director of Nursing and Midwifery reported that since the patient story was presented last October, the Trust had developed its work around “patient centred care” and had established the Patient Empowerment Programme with the aim of moving from patients as passive recipients of care to patients as core members of the Care Team. The action was closed.

PB390 CQC Fundamental Standards Report – the Director of Nursing and Midwifery reported that she was re-arranging the date of the telephone call with her counterpart at Frimley Park to discuss Frimley Park Hospital’s CQC inspection and their “outstanding CQC rating. The Director of Nursing reported that she would also contact her counterpart at Salford Royal Hospital which had also received an outstanding rating. The action remained open.

BD/15/05/06  Patient Story
The Director of Nursing and Midwifery reported that she had agreed with the Chairman that there would be no patient story in May and June. The Chairman reported that there would be an opportunity to review the way patient stories were presented at the Board of Directors Away Day on 30th June 2015.

BD/15/05/07  Medicine Matrons’ Presentation
The Chairman welcomed the Medicine Matrons. The Medicine Matrons gave a presentation on the Trust’s work to reduce the incidence of hospital acquired C.difficile cases and how the Trust managed and contained outbreaks of the Norovirus which included early stool sampling, early isolation of patients and strict hand hygiene measures.

The Medical Director explained that many healthy people carried the organism which caused C.difficile and that particular antibiotics were known to have an adverse impact on the gut flora which could result in the development of the pathogens which caused C.difficile.

The Director of Estates and Facilities asked whether any of the C.difficile root cause analyses had identified cleaning standards as the cause of the patient contracting C.difficile and was informed that poor cleaning standards had been identified as a contributory factor in some cases, but had not been not cited as the cause.

The Chief Executive commented that unlike some of the more recently built neighbouring hospitals which had a high proportion of single rooms, the Trust had a limited number of single rooms and this made infection control more challenging.

The Chairman thanked the Matrons for their presentation.
BD/15/05/08 Quality Report
The Director of Nursing and Midwifery presented the report and highlighted the following points:

- There had been an increase in the number of written complaints highlighting the challenge of ensuring positive patient experience during times when the hospital was under pressure.
- The Friends and Family Test scores for April were very positive (84 net promoter score for inpatient wards and 85 net promoter score for the Emergency Department, Surgical and Medical Assessment Units). The response rate had dipped but this reflected that the denominator had significantly increased as it now included all patients.
- The response rate for the Maternity Friends and Family Test was 31.7% for April.
- Trowbridge Birthing Centre had been identified as an area of focus because of a low Friends and Family Test score for antenatal services. The issues identified in the feedback related to women seeing different midwives and delays in appointment times.
- The Trust had issued 200 feedback packs to families of patients who had died at the RUH but had only received 11 responses.

The Director of Nursing and Midwifery presented a short summary of four recent complaints from relatives of patients who had died at the RUH. In each case, the families had not known that their relative was approaching their end of life. The Director of Nursing and Midwifery said that the cases highlighted the importance of communication between clinical staff and patients’ families, especially when patients were approaching end of life. The Director of Nursing and Midwifery said that the key learning from the complaints was that clinical staff needed to be more proactive in seeking the patient’s permission to talk to their families.

The Medical Director said that whilst he supported good communication between clinical staff and relatives, as the Trust’s Caldicott Guardian, it was important to recognise that in some cases, patients may not want their relatives to be informed about their health. The Director of Nursing and Midwifery said that a patient’s right to privacy was always respected, but said that in one of the cases the Consultant had asked the patient if he wanted him to speak to his relatives but the patient had said no because he knew the doctor was busy. It was noted that following the complaint, the Consultant had changed the way he framed the question by asking “I would like to talk to your relatives…”

A Non-Executive Director (Nigel Sullivan) asked whether patients could choose to die at home rather than in hospital. The Director of Nursing and Midwifery said that patients were offered the option of dying at home but sometimes it is not possible to put a care
package in place in time. It was also noted that some families were unable to cope with the distress of their relative dying at home.

The Medical Director said that supporting a person’s right to die at home required a whole health community response and said that the Clinical Commissioning Reference Board was supporting the introduction of treatment escalation plans for patients to support their end of life choices.

A Non-Executive Director (Nigel Sullivan) asked whether there had been improvements in the performance of the Audiology Service. The Director of Nursing and Midwifery said that the service had a new manager and although there was still work to be done, there had been a significant improvement in the service and there had been a reduction in the number of complaints about the service.

A Non-Executive Director (Joanna Hole) asked whether it was possible to specify the denominator for the Outpatient Friends and Family Test. The Director of Nursing and Midwifery said that it would be very difficult given the volume of Outpatient appointments. The Chief Executive said that the Outpatients Friends and Family Test results should be regarded as a sample of patients attending Outpatients.

The Chief Operating Officer said that it was important not to view the Outpatients Friends and Family Test results in isolation and reported that the Outpatients Steering Group had recently conducted an Outpatients mystery shopper exercise as part of the Outpatients improvement work and the Director of Nursing and Midwifery was leading on developing the Outpatients Accreditation work.

The Director of Nursing and Midwifery presented the patient safety section of the report and highlighted the following points:

- The Trust had significantly reduced the number of category 2 pressure ulcers with an end of year figure of 31 against a target of 84 up to 31st March 2015.
- There was one category 2 pressure ulcer on a heel.
- Performance was green for quarter 4 as there were no category 3 or 4 pressure ulcers.
- There was some improvement in missed medication doses performance this month and more information would be included in next month’s Quality Report.
- The report included details of the Medicine Quality Improvement Projects. The Director of Nursing and Midwifery asked whether it would be helpful to invite clinical teams to present their Quality Improvement Projects to the Board of Directors.

The Chairman said that there would be an opportunity to discuss inviting clinical teams to present their Quality Improvement Projects as part of the Board’s review of the format of patient stories at the Board of Directors’ Away Day on 30th June.
The Board of Directors noted the report.

**BD/15/05/09**  **Item Withdrawn**

**BD/15/05/10**  **Trust’s Response to the Savile Inquiry Reports**

The Director of Nursing and Midwifery presented the report and highlighted the following points:

- The Trust had established a task and finish group to address the issues highlighted in the Jimmy Savile Inquiry reports, including the actions in response to Kate Lampard QC’s report into the themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile.
- Further work was needed to ensure there were robust processes in place to manage and support volunteers.
- Monitor had written to all NHS foundation trusts requesting that they submit a response on the actions taken following the publication of Kate Lampard’s report.

A Non-Executive Director (Moira Brennan) referred to recommendation 7 in Kate Lampard’s Report and suggested that the Trust’s response be amended to make it explicit that volunteers as well as staff were subject to the Disclosure and Barring Service checks.

**Action: Director of Nursing and Midwifery**

The Director of Nursing and Midwifery said that one of the key lessons from the Savile Inquiry Reports was that ward level staff needed to be more proactive about challenging any unfamiliar visitors to the wards in order to safeguard patients.

The Board of Directors noted the report and approved the Trust’s submission to Monitor following the publication of Kate Lampard QC’s report into the themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile.

**BD/15/05/11**  **Complaints, PALS, Inquests and Claims Annual Report**

The Director of Nursing and Midwifery presented the report and highlighted the following points:

- The report provided information for the period January to March 2015.
- The Head of Nursing, Medicine was leading a recovery programme to improve response times to complaints.
- The Trust was ensuring that responses to the Parliamentary Health Service Ombudsman addressed all the Ombudsman’s queries.
- One of the claims had a particularly high value, but was subject to reporting restrictions. The Medical Director agreed to provide a verbal briefing in the private Board of Directors meeting.

The Board of Directors noted the report.
The Director of Nursing and Midwifery presented the report and highlighted the following points:

- The report provided a summary of the progress made against the 2014/15 Annual Infection Prevention and Control Programme and set out the proposed priorities for 2015/16.
- The report also provided information about performance against national targets for MRSA and C.difficile.

The Board of Directors approved the Director of Infection Prevention and Control Annual Report 2014/15.

The Trust’s Quality Accounts 2014/15 also included the RNHRD’s Quality Accounts.
- The Trust had received positive feedback from stakeholders on the Quality Accounts.
- The Director of Nursing and Midwifery thanked members of the Board of Directors for their comments which had been incorporated into the final version of the Quality Accounts.
- The External Auditors had given a qualified opinion on the Quality Accounts because in their sample of 25 referral to treatment cases, they had detected 4 minor errors in the data. The four cases concerned recent patients who had not yet been subject to the Trust’s data validation process which checked patient data at 12 weeks.

Moira Brennan, Chair of the Audit Committee reported that the Audit Committee meeting on 26th May 2015 had discussed this with the External Auditors and the External Auditors had confirmed that it was not unusual for External Auditors to give a qualified opinion in relation to the Quality Accounts.

It was noted that NHS foundation trusts’ Annual Reports and Accounts could not be made available to the public until the Annual Report and Accounts had been laid before Parliament in July.

The Chairman reported that there would be an opportunity to discuss the Audit Opinion with the Trust’s External Auditors at the private Board of Directors meeting.

The Board of Directors approved the Quality Accounts 2014/15 subject to any further changes identified in the private Board of Directors meeting following discussions with the External Auditors.
BD/15/05/14 Operational Performance Report
The Chief Operating Officer presented the report and highlighted the following points:

- The Trust’s performance for April was rated Green against Monitor’s Risk Assessment Framework access measures.
- The Trust’s four hour performance for April was 94.1%.
- The Trust had met the 18 week referral to treatment indicator in April for the open pathway, but had failed to meet both the admitted and non-admitted indicators. Achieving the open pathway target had improved the length and shape of the waiting list. An exception report on the referral to treatment indicators was attached at appendix 3 of the report.
- Board of Directors approval was sought to fail the referral to treatment admitted target in quarter 2 in order to focus on treating the long waiters.
- There were 4 cases of C.difficile in April and a further 4 cases in May. The forecast position for quarter 1 was red.
- There were two 52 week breaches in April.
- There were a number of red indicators in the Well Led section of the Integrated Balanced Score Card relating to Human Resources and the Chief Operating Officer was working with the Director of Human Resources to address these issues. More information on these indicators would be included as part of the monthly Operational Performance Report rather than waiting until the Quarterly Workforce Report.
- The Operational Performance Report included information about the Trust’s Data Quality Assurance Framework.

A Non-Executive Director (Joanna Hole) commented that sickness and absence was still relatively high in the Women and Children’s Division. The Chief Operating Officer said that the Performance Review meeting was continuing to monitor sickness and absence and there had been a 1% improvement. The Chief Operating Officer agreed to include the performance trajectory for reducing sickness and absence in the Women and Children’s Division in next month’s Operational Performance Report.

**Action: Chief Operating Officer**

A Non-Executive Director (Moira Brennan) asked what the impact would be in terms of fines if the Trust failed both quarter 1 and 2 for the referral to treatment indicator. The Deputy Chief Executive and Director of Finance confirmed that the Commissioners had agreed to re-invest any fines into RUH services.

A Non-Executive Director (Moira Brennan) asked for clarification that the reason for planning to fail to meet the referral to treatment target was in order to reduce the number of patients on the waiting list who had been waiting over 18 weeks. The Chief Executive confirmed that this was case and said that it was more important to treat long waiters than to meet a performance indicator.
The Board of Directors noted the report and agreed that the Trust should continue to plan to fail the referral to treatment admitted target in the second quarter in order to reduce the backlog of long waiters.

**BD/15/05/15  Four Hour Performance April 2015**

The Chief Operating Officer presented the report and circulated slides on the May position and highlighted the following points:

- The Trust’s four hour performance for April was 94.1%. The main cause of the breaches was due to bed availability. Although the Trust had failed to meet the four hour target, it was the Trust’s best April performance in recent years.
- The Trust was undertaking a diagnostic exercise to determine why May’s four hour performance had deteriorated. The two bank holidays were contributory factors together with increased length of stays, a ‘surge’ of Emergency Department attendance on Sundays and the acuity of the patients.
- The Performance Review meeting was addressing the issue of increased length of stay.
- A Discharge Project Board, chaired by the Director of Nursing and Midwifery had been set up to focus on improving the Trust’s discharge arrangements. The Trust was also focussing on Ambulatory Care with the aim of reducing the number of patients needing to be admitted.

A Non-Executive Director (Nigel Sullivan) asked whether the Trust’s four hour performance was in line with other hospitals. The Chief Operating Officer confirmed that local benchmarking data had placed the Trust’s four hour performance for May in the middle.

The Chief Executive reported that NHS England was putting pressure on the Clinical Commissioning Groups to improve four hour performance. It was noted that the Trust was taking a number of actions internally to improve performance but the wider health economy, including GPs, Mental Health Services and Social Services needed to work differently to support four hour performance.

The Board of Directors noted the report and the continuing pressures on four hour performance.

**BD/15/05/16  Finance Report**

The Deputy Chief Executive and Director of Finance presented the report and highlighted the following points:

- As at the end of April, the Trust was reporting a £1.117k deficit which was £68k favourable to plan (excluding accounting for donated assets and impairments).
The Trust’s plan for the year was to deliver a £0.9m deficit; this was net of a £2m deficit associated with the acquisition of the RNHRD. The underlying position would be a £1.1m surplus.

QIPP delivery was 75% achievement in April representing £661k achieved against a plan of £877k. The main areas of slippage included capacity pressures impacting on specialty and department level plans.

The cash balance at month end was £12,185k which was £961k below plan. The Continuity of Service Risk Rating for liquidity was 4.

The overall Monitor Risk Rating year to date was 3.

The Chairman asked the Deputy Chief Executive and Director of Finance to start work on a range of likely year end forecasts from June to take into account the impact of the new tariff and any other shifts in income and expenditure.

**Action: Deputy Chief Executive and Director of Finance**

The Board of Directors noted the report.

**BD/15/05/17 Monitor Board Statement**

The Deputy Chief Executive and Director of Finance presented the report and said that Monitor required the Trust to confirm (or otherwise) compliance with the requirements of Monitor’s Provider Licence. The Trust Board Secretary had produced an assurance statement (Appendix 1 of the report) for the Board of Directors setting out the evidence to support the Trust’s ongoing compliance with the requirements of the Monitor Provider Licence.

The Board of Directors reviewed the evidence to support the Trust’s compliance with the requirements of Monitor’s Provider Licence.

The Board of Directors confirmed compliance with the following statements:

**Statement 1** - *Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended (2014/15), the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution."

**Statement 2** - “The Board declares that the Licensee continues to meet the criteria for holding a licence.”

**BD/15/05/18 Management Board Update Report**

The Management Board Update Report for April 2015 had been circulated for information.

The Chief Executive highlighted that the Management Board had approved the re-branding of the Qulturum as the Quality Improvement Centre.
A Non-Executive Director (Joanna Hole) asked when the national contract with NHS England was likely to be approved. The Deputy Chief Executive and Director of Finance said that she hoped that the discussions with NHS England would be concluded shortly.

The Board of Directors noted the report.

BD/15/05/19  Chief Executive’s Report

**BD/15/05/20  Chairman’s Report**  
The Chairman’s report had been circulated. The Chairman reported that the latest Caring for You event had been on Dementia and a record number of people had attended.

The Board of Directors noted that report.

**BD/15/05/21  Resolution to exclude members of the public and press pursuant to the Public Bodies (Admission to Meeting) Act 1960**  
The Board of Directors approved the resolution.

The next Trust Board meeting was due to be held on Wednesday 25th June 2015 in the RUH Boardroom, Oasis Centre, RUH, Bath.

*The meeting was closed by the Chairman at 12.45.*

Signed ………………………………………………………………………………………..

Date ………………………………………………………………………………………..