

North Bristol NHS Trust

**Minutes of the Trust Board Meeting held in public on
25 September 2014 in Seminar Room 5, Learning and Research Building,
Southmead Hospital**

Present:

Mr P Rilett	Chairman	Ms A Young	Chief Executive
Mr K Guy	Non-Executive Director	Dr C Burton	Medical Director
Mr R Mould	Vice-Chairman	Mr H Hayer	Director of People and Organisational Health
Mr M Lawton	Non-Executive Director		Director of Nursing and Quality
Mr N Patel	Non-Executive Director	Mrs S Jones	Director of Strategy and Transformation
Prof A Waterman-Pearson	Non-Executive Director	Mr S Karakusevic	Director of Finance
		Mrs C Phillips	Director of Operations
		Mr J Tozer	Director of Facilities
		Mr S Wood	

In Attendance:

Mr E Sanders	Trust Secretary	Mr T Bartlett	Head of Marketing & PR
Mr N Stibbs	Corporate Services Manager		

Nine members of the public were present

TB/14/09/01 Apologies and Declarations of Interest Action

There were no apologies.

No interests were declared in the papers presented.

The Chairman welcomed Jez Tozer, Interim Director of Operations, to his first meeting of the Trust Board.

TB/14/09/02 Questions from Members of the Public

One member of the public asked that the minutes of the previous meeting be published in draft form prior to the publication of that month's Board papers and this was agreed.

A second member asked about the location of the Trust's laundry facilities and followed the answer (that there is a contract with an off-site laundry provider) with a question as to whether there were any increased infection risks with the extra transport required with using an off-site facility. The Director of Facilities said that the use of an off-site facility provided good value for money and there were minimal infection risks with the approach. There was a robust mechanism for monitoring the quality of the laundry service, with feedback to the provider if required.

TB/14/09/03 Questions from Healthwatch Representatives

Malcolm Watson from Healthwatch reported that the organisation had made a policy change that meant, as a matter of routine, it

would no longer send representatives to meetings at which it was not a member. Healthwatch would continue to bring to the Trust's attention any issues that it felt relevant.

TB/14/09/04 Minutes of the Trust Board meeting held on 31 July 2014

The minutes were approved as a true and correct record of the meeting subject to the following amendment:

TB/14/07/01 Simon Wood, Director of Facilities had been present at the July meeting.

TB/14/09/05 Action Log

The Trust Board considered the following actions:

Action No. 41 – This action was to be included within the Integrated Performance Report from September.

Action No 44 – An analysis of the patient flow through the hospital had been presented to the private session of the Board.

Action No 46 – The Director of Nursing reported that the pace of assessment of nutrition was being pushed and progress was taking place in 80% of patient areas. She had agreed for the target for assessment in the Acute Assessment Unit to remain at 48 hours until some of the pressures it was experiencing had been reduced.

Action No 47 – The Medical Director reported that he had raised the question of the Trust being appointed a centre for Burns services with the local specialist commissioners. The potential offer had been passed on to NHS England but it appeared unlikely that any retendering would take place in the near future.

Action No 48 – It was noted that the Section 106 document for the Frenchay planning application was currently being finalised.

TB/14/09/06 Chairman's Business

The Chairman said that he had nothing extra to add to the items on the agenda.

TB/14/09/07 Chief Executive's Report

The Chief Executive reported that Nicholas Howells had been appointed to the post of Trauma and Orthopaedic surgeon with a special interest in knees and whilst Jez Tozer had started as interim Director of Operations, with the permanent post offered to a candidate.

The Department of Trade and Industry had organised a visit from the Hong Kong government and included North Bristol on its itinerary. The guests would be shown the new hospital the following week.

The Chief Executive said that the Board would note from the Integrated Performance Report that the number of patient falls had risen following the move into the new hospital. This was against a background of a generally low incidence compared to other

hospitals and remained below the national average. There were clearly areas such as outpatient experience, theatre efficiency, patient flow through the hospital and the management of beds that needed improvement and plans would be taken through the Finance and Performance Committee.

Nick Patel, Non-Executive Director, noted the areas that required improvement but questioned which areas the executives considered were working well. It was highlighted that inpatient experience had improved for the majority of patients with better sleep arrangements and greater confidentiality when talking to staff. The presentations at the Annual Public Meeting had highlighted two successful areas and ward staff were settling into their new locations with the supervisory sisters building their teams. Many of the teething issues of the new hospital were being ironed out. The Medical Director pointed out that the outcomes of patient care were very good.

TB/14/09/08 Patient Story

The Director of Nursing and Quality presented the patient story which related to the concerns expressed by the daughter of an 80 year old parent. The patient had spent ten weeks in hospital following a fall down stairs at home. Time had been spent in Intensive Care and two wards, finally being nursed on Ward 25A. He had suffered a cervical fracture, had poor swallow function and had pneumonia. He was on a very soft diet with no fluids and a gastric feed. His daughter noted, however, that staff appeared not always to be aware of this and he had been given tea at times. She felt that the flavours and presentation of food could have been improved and when she pointed out to staff that the food was sometimes given late and he was not always rotated in bed, little appeared to happen.

The Director said that she had talked to the Head of Nursing and Matron and response was made immediately with a ward safety briefing, signs on the patient's door, training for staff and work done to help with the choice of food for the patient. The kitchen continued to use a plate for the presentation of food and where there were any delays to the distribution of meals the ward staff made sure all patients were told.

Learning from the story included the importance for staff of maintaining a nutritional balance for patients and the work needed to continue to improve our services. In answer to Rob Mould, Non-Executive Director, the Director of Nursing said that the Trust's help to eat measures had been unchanged.

The Trust Board noted the story and the lessons learnt.

TB/14/09/09 Integrated Performance Report

The Chief Executive presented the report and highlighted:

- elective care performance over August had meant that the Trust had not met the national Referral to Treatment (RTT) targets;

- Accident and Emergency performance had dropped to 82% of patients seen and treated within four hours. Attendances and admissions had remained higher than usual and early month performance had been affected by building issues;
- work was continuing with the Trust's external partners across the area in health and social care to implement the agreed plan which was focused on resolving the issues that were impacting on the A&E performance.

The Director of Strategy and Transformation, Sasha Karakusevic, presented an update on the urgent care standards and highlighted:

- some operational difficulties with the Brunel Building have been coupled with an increase in elective bed use and in the number of delayed discharge patients;
- there had been a continuation of the pattern of high pressure on the hospital on Sundays and Mondays and in August the Trust had experienced a twelve hour waiting time breach
- joint work with the Ambulance service had reduced handover delays and the overall length of stay of patients and pre-operative days was reducing;
- reviews of urgent care had been undertaken by the Emergency Care and Intensive Support Team and the Trust Development Authority and their recommendations would be incorporated in the recovery plans.

The Director of Nursing noted that when the hospital was full the pressure was most felt in the Emergency Department, especially at night, and the patient experience in this department at those times was of a poorer standard than normal. Quality of care remained, however, and all patients received the right tests.

Rob Mould, Non-Executive Director, noted that the number of patients staying over 14 days had reduced and the Director of Strategy and Transformation said that the Trust needed to reduce this to near 200 at any one time. When it reached 270 there was a significant impact on patient flow.

The Medical Director advised that the Trust had achieved its cancer targets for most of the key cancer indicators and the planned trajectories for improvement for the 31 day treatment from diagnosis and the 62 day treatment from urgent GP referral were being met. The 31 day subsequent drug treatment had failed by one patient and the percentage of patients with breast symptoms seen within two weeks was affected by a sudden rise in referrals and patients not taking up appointments within the two weeks.

The Director of Strategy and Transformation said that one of the main objectives to improve RTT performance was to reduce the backlog of patients waiting more than 18 weeks and the challenge was to increase the number of operations. He highlighted:

- the figures for Trauma and Orthopaedic patients would remain flat for the next six months but ways of increasing operations were being examined;
- neurology, the worst performer for incomplete pathways, had produced a recovery plan;
- the number of patients waiting for diagnostic tests more than

- six weeks had fallen in line with the improvement trajectory;
- 144 patients were waiting longer than a year for spinal surgery and work with NHS England and local commissioners continued on future plans. This was a long term issue and in the short term closure of the waiting list for non-urgent referrals was expected early in October to stop the waiting list growing;
- 96 patients had had their operation cancelled on the day of surgery in August, a majority because of pressure on beds and 20% because of availability of theatre kit;
- 12 patients had been unable to be re-booked within 28 days due to constraints in capacity.

The Director of Nursing advised that there had been an improvement in the number of falls per 1000 bed days, which was below the national average. A number of ideas were being worked on and patients' lack of cognition had been identified as a high risk and the lead nurse and consultant were working with the Falls Group. A paper would be put to the Quality & Risk Management Committee. She also highlighted:

- Compliance with the WHO Safer Surgical Checklist was improving and on its performance trajectory;
- the occurrence of one never event in plastic surgery;
- Compliance for venous thromboembolism risk assessment was now above 95%

The Medical Director presented an update on rates of infection and highlighted:

- the first case of MRSA since September 2013 had been reported and there were indications the patient had been admitted with a deep seated infection. This case was being discussed with the commissioners to agree how this would be reported.
- there had been three cases of clostridium difficile in August 2014 and the improvement since last year was due to both the implementation of single rooms and better hand hygiene. Visibility of wash basins at the entrances to wards was to be improved;
- mortality statistics remained within the expected range

The Director of Nursing noted the feedback from the Healthwatch thematic review in August which reflected a positive impression of the welcoming environment in the Brunel Building. It also picked up access issues and comments about food and entertainment.

She advised that the response rate for the Emergency Department Friends and Family Test (FFT) had fallen slightly in August and that the number of complaints had remained static. Areas where complaints had risen included parking, the whole patient journey, scheduling of appointments, basic nursing care, unreturned calls and issues with medi-rooms.

The Director of People and Organisation Health provided an update on workforce performance and highlighted:

- staff turnover had continued to show a slight upward trend.
- there had been a reduction in non-registered nursing vacancies and the HCA establishment was full.
- a trust wide Retention Strategy and Plan was being finalised.
- there were hotspots of staff vacancies in theatres, the AAU and Outpatients which were being targeted.
- leaver analyses, rewards packages and values based recruitment were being used to retain staff.

He agreed to add benchmarking with other Trusts and a breakdown of the vacancies to staff groups in the report for the next meeting

The Director of Finance presented the financial performance and highlighted:

- the deficit was £20.1m which was £6.7m worse than plan, and was primarily related to commissioner income which was below plan by £10.4m;
- the cash balance was £20m and external cash support would be required within two months. This had been agreed with the NHS Trust Development Authority;
- a plan to recover activity had been developed in line with the RTT recovery plan;
- savings review meetings were in place to ensure in-year implementation and development of CRES plans.

The Chief Executive referred to the Board compliance statements and the Board concurred with the proposal that number 10 (ongoing plans to comply with targets) be answered negatively particularly because of the performance regarding the A&E targets and current lack of a plan that the Trust could be confident would achieve the required standard.

The Trust Board noted the performance reported and the actions being taken to rectify underperformance.

TB/14/09/10 Falls Report

The Director of Nursing presented a report on the incidence of patient falls since the move into the Brunel Building. The Board noted that relevant discussion had taken place in the previous item.

TB/14/09/11 Complaints Annual Report

The Director of Nursing presented the Complaints Annual Report for 2013/14 which showed a decrease in formal complaints compared to 2012/13 but an increase in overall numbers which included concerns expressed by members of the public. She agreed to provide to Nick Patel, Non-Executive Director, the details of the two closed Ombudsman cases that had been partially

upheld.

SJ

The Trust Board noted the Annual Report.

TB/14/09/12 Development Committee

Avril Waterman-Pearson, Non-Executive Director, presented a paper which reviewed the work of the Development Committee over the last twelve months and set out two options for the future. She noted that the Committee had been formed in succession to the Building our Future Committee to provide assurance to the Board that organisation development, research and innovation, workforce management, clinical information and technology systems and other areas were being developed in line with the Trust's vision. It had received reports from various sub-groups.

With the move to a clearer separation between delivery and governance and assurance and the view that a bigger membership should consider the Trust's strategy she had come to the view that the Development Committee no longer fulfilled its function of providing assurance. She put forward, therefore, the options to either dissolve the Development Committee with the Board itself taking responsibility for gaining assurance on strategy, planning, workforce and organisation development or continue to operate the Committee and for it to receive a suite of reports and assessments from various delivery groups.

After discussion the Board agreed to dissolve the Development Committee and commit itself to spending more time to oversee strategy, planning, workforce issues and organisation development.

TB/14/09/13 Revised Governance and Assurance Structure and Approach

The Chief Executive presented a proposal for a revised approach to the Board's governance structure that separated the Trust's delivery and assurance functions and ensured the entirety of Trust business was transacted in a clear and open structure. The change would mitigate a number of risks including a lack of comprehensive oversight of the organisation by the Trust Management Team (TMT) which would become the leadership group for all aspects of delivery.

Ken Guy, Non-Executive Director, questioned the effectiveness of the TMT and the Trust Secretary said that there was still work to do on the matter of delivery but all key areas of delivery would have a group to oversee its management and to report to TMT. The new approach would mean the Quality & Risk Management and Finance & Performance Committees would be given more granular reports on financial, operational and quality performance than those given in the Integrated Performance Report to the Board. They would also receive a series of 'deep dive reviews' and allow time for urgent issues and high risks. In addition there would be a mechanism for facilitating non-executive director walk rounds with access to all areas of the Trust.

The Trust Secretary reported that this type of system had worked

well and the function of giving assurance had driven improvements in other NHS organisations.

Discussion on the approach included questions about:

- the possibility of gaps in a transition period and the potential need for a transition plan;
- a requirement for primary evidence for the system's effectiveness;
- the need for the Board's work plan to include all the areas covered by the former Development Committee;
- a possible programme to raise the skills of TMT members.

It was agreed that the Board, in broad principle, approved the proposal and would review it at the next meeting with the proposed cycles of business for the Committees.

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TB/14/09/14 Trust Board Cycle of Business 2014/5

The Board agreed the proposed cycle of business for 2014/5 and noted that this would need to be flexible to Board and operational needs.

TB/14/09/15 Finance and Performance Committee

Mr Mark Lawton, Non-Executive Director, presented the minutes from a special meeting of the Finance & Performance Committee held on 5 September 2014 on the draft financial sustainability plan. He noted that all actions had been completed. Noting the reference to additional car parking the Director of Facilities noted that the Trust was moving to a pay on exit, vehicle recognition system in its car parks starting with the Emergency Department car park in October 2014.

TB/14/09/16 Charitable Funds Committee Report

Mr Nick Patel, Chairman of the Charitable Funds Committee, presented a summary of its meeting held on 26th August 2014. The Board noted that a Christmas Cracker scheme had been launched on 12 September 2014.

TB/14/09/17 Southmead Hospital Redevelopment Jigsaw Highlight Report

The Trust Board noted the report and that agreement had yet to be reached on collaboration between the parties for the neurosciences clinical research centre.

TB/14/09/18 Frenchay Highlight Report

The Trust Board discussed the report and noted that the Section 106 agreement still remained to be signed.

TB/14/07/19 West of England Health Science Network Report

The Chief Executive presented the fourth quarterly report of the work of the West of England Academic Health Science Network and she reported that Miss Ann Pullyblank had been seconded part time as clinical director of the Patient Safety Programme.

TB/14/09/20 Any Other Business

The Director of People and Organisation Health reported that Unison members had voted in favour of strike action against the government's NHS pay proposals. A four hour strike would be held on 13 October 2014 followed by actions short of a strike for the rest of that week. The Hospital Consultants had voted in favour of action short of a strike and the results from the Royal College of Midwives, Unite and others was awaited. The Royal College of Nurses and the British Medical Association were not balloting their members.

Work was being undertaken jointly with the unions locally to ensure patient safety and he would inform the Board members of the expected implications when these were known.

TB/14/07/21 Date of Next Meeting

The next meeting would be held on Thursday 27 November 2014 at 12.30 pm in Seminar Room 5, Learning and Research Centre, Southmead Hospital.