

**University Hospitals Bristol NHS Foundation Trust**  
**Minutes of the public Trust Board Meeting held on Friday 28 August 2009**

**Present**

John Savage – Chairman

Kelvin Blake	Graham Rich
Iain Fairbairn	Jonathan Sheffield
Lisa Gardner	Paul Mapson
Paul May	Alison Moon
Sarah Blackburn	Steve Aumayer
Selby Knox	Robert Woolley
Emma Woollett	

**In attendance**

Mike Nevin	Lis Kutt
Sarah Pinch	Chris Perry
Louise England (minutes)	Xanthe Whittaker

137/09 **Apologies** were received from Irene Scott, Jackie Cornish, Chris Monk, Peter Wilde and Jim Catterall.

138/09 **Welcome**

The Chairman welcomed Vicki Mathias from the Bristol Evening Post to the meeting.

With regard to the conduct of Board meetings for the future, he expressed his view that the joint Board and Governors meeting in July had been very successful and extremely helpful. In order to maintain and continue the expression of shared responsibility, he actively encouraged the Governors present to take part in discussion and comment on the Board's business of the day. He reminded the Board of the achieved assurance that work carried out by the committees, such as Finance, Audit and others, was dealing so well with the appropriate issues that the presentation of written reports and time allowed for questions should be sufficient at Board meetings. This should enable more time for discussion about the areas of strategic interest and concern, with a desire to ensure the best contribution from the Governors and Board together.

138/09 **Declarations of Interests**

Emma Woollett declared that she had become a Trustee of Above and Beyond Charities. The Board welcomed this news and thanked her for her involvement with the charity. There were no other new declarations of interest.

139/09 **Minutes**

One amendment was made to the minutes of the public meeting held on 29 June 2009, the addition of 'and the general public' was made under 131/09 on page three. The minutes were then approved and signed by the Chairman as a correct record. The minutes of the joint Trust Board and Membership Council held on 29 June 2009 were approved and signed by the Chairman as a correct record.

140/09 **Matters Arising.** The matters arising brief was noted.

141/09 **Chief Executive's Report.** Graham Rich reported on the following.

**Drainage problem in the Bristol Heart Institute.** As a result of the drainage problem arising from building works it had been necessary to temporarily relocate the coronary care unit. The staff had coped with this complex disruption with remarkable dedication and professionalism, and continued to work flexibly under difficult circumstances. The problem had yet to be resolved and a further report would be given at the next Board meeting.

**Private Payment of Top-Up Drugs.** The Trust Executive Group had, in line with national guidance, approved the policy of patients being able to pay separately for additional drugs if they wished. The number of patients expected to opt for this was low.

**Transformation.** Because of the impending pressures on public service resources, changes and transformation of services provided by the Trust were to be accelerated. Jonathan Sheffield had, therefore, been appointed as Deputy Chief Executive and would lead the transformation programme throughout the Trust, taking responsibility for the Innovation Team from 1 September. Alex Nestor would be working full time with the team and other project managers and staff would join it as necessary. Cover for Jonathan's other duties would be enhanced by the appointment of an additional Deputy Medical Director.

Jonathan said that he viewed this as a fantastic opportunity for him and the Innovation Team, which will focus on improving patient safety and providing more effective services. The Chairman offered the congratulations of the Board on his appointment.

Paul May asked for details of the transformation programme. Jonathan advised that on his first day the long term plan and objectives would be drawn up, and he would provide a report to the Board in September.

The Chairman reminded the meeting of the great challenge to the Trust to tighten budgets for the foreseeable future and provide better services for less money.

142/09 **Review of Arrangements for Safeguarding Children.** Alison Moon presented a report which provided an update on the current position of the Trust in relation to the Care Quality Commission report 'A Review of Arrangements in the NHS for Safeguarding Children July 2009'. The measure of the Trust's performance against the national standards and expectations set by the Care Quality Commission was expected in October. The key areas were governance, staff training and inter-agency function. The Care Quality Commission would formally review the Trust's results, and the Trust would need to address and implement any further changes within six months. The achievement of standards would also be included in the Standards for Better Health. A three year inspection programme by the Care Quality Commission was in place.

In addition, Monitor had requested achievement in five areas as a minimum, which the Trust was required to declare on the website as soon as possible.

Three key risks were identified on page 21 of the report, and focussed support was confirmed for these particular areas in order to improve within six months. A six month action plan to achieve a statement of compliance was received.

Paul May expressed his thanks for the very high quality of the report and its information on these very serious issues that he felt very strongly about. He asked for assurance that level one training was given at induction and Alison confirmed that 10 to 15 minutes was spent during the governance section at the induction on safeguarding children. Steve Aumayer confirmed that he was undertaking a full review of induction and a re-launch was expected

in October to ensure the right focus, and the expectation that new employees would all attend on their first day. He confirmed that induction attendance had greatly improved.

Paul May asked what the level of risk was for the Trust regarding the policy decision of completing a Criminal Records Bureau check for all staff. Steve Aumayer stated that he would review the policy, and gave assurance that more than 99% of staff in the Women's and Children's division had completed Criminal Records Bureau checks.

Kelvin Blake suggested the adoption of online training for staff and Alison Moon agreed that it would be investigated for this and for safeguarding adults. In response to a question from Kelvin about engagement by the Trust with other agencies across the city Alison confirmed that the systems were in place but there was more work required for multi-agency training.

Jonathan Sheffield supported the urgent need for review of the problems arising from multiple notes for patients and for the implementation of some conformity, as the date for the achievement of electronic patient records remained unknown.

Sarah Blackburn suggested that, to reinforce accountability, staff were sent leaflets which included a returnable sign-off slip. The information given under evidence on page 23 was questioned and also the completion dates were requested to be risk rated. Alison Moon confirmed that red/amber/green ratings had been completed for all actions. Sarah thanked Alison for the very comprehensive paper but reflected on the tendency for comparison with other trusts; in her view it was important that the Trust was excellent, not just better than other trusts. Alison confirmed that the Trust intention was to provide excellent service and to ensure actions were put in place to achieve this. Paul May said that, from the perspective of a non executive director, he needed and welcomed the comparisons.

Iain Fairbairn stated that the standards were equally applicable to agency and bank staff and that it should be audited actively. Steve Aumayer confirmed that Purchasing and Supply Agency approved contractors were regulated for achieving the standards and non-Purchasing and Supply Agency contractors were audited by the Trust.

Lisa Gardner said that she would appreciate an update on the training compliance. Alison confirmed that an additional trainer was being recruited, and a progress report would be provided at the October Board meeting.

**143/09 Histopathology Review.** Robert Woolley presented a paper which gave an update following the allegations in the media and confirmed that the Trust investigations continued in an open manner. The independent audit of 3,000 historical cases was more than half way through and would be concluded within weeks. There was no evidence of significant error so far. An independent review panel had been established to determine the appropriateness of the Trust's responses; the terms of reference were attached for information. The audit would include analysis of the data, peer review and assessment by the Royal College of Pathologists. A patient representative was to be appointed, and the previous Joint Board and Governor Meeting had decided that a selected Governor should observe the proceedings.

The timescales were uncertain. Communication with relevant stakeholders was continually being managed and agreement had been reached with both the Care Quality Commission and Monitor to await the results of the review.

After contacting current and former patients in June only six enquiries had been received. None showed error.

Upon enquiry by Paul May, Robert Woolley confirmed that, subject to a Board decision, the intent would be to make the findings public.

Emma Woollett suggested that it would be reasonable to ask the panel for updates at set timescales and Graham Rich agreed to seek an interim report at six months. Sarah Blackburn asked how much the Trust was spending on the review. Paul Mapson replied that, although it was not possible to be precise, a tentative budget of £1m had been set aside.

Mo Schiller (Governor) asked if compensation would be available if it was found that there was no unusual error rate and Trust process had been adequate. The Chairman welcomed the thought but considered that it would be difficult to determine a pursuable party.

Kelvin Blake said that, although this was a difficult issue for the Trust, the money would be well spent if the review concluded that there was a normal error rate at the Trust, thus giving great comfort to those people who had been concerned. He felt that, whatever the judgement of the past, the Trust was doing all it could to ensure that the current service was excellent.

The Chairman felt that this review would further enhance the Trust's increasing reputation for openness; a direct counter to aspects of the press allegations. Jonathan Sheffield pointed out that this was the third review since he had been Medical Director and the previous incidents had resulted in positive impacts, including at a national or international level.

Robert Woolley reminded the meeting that none of the allegations were made about the current services. Sarah Blackburn re-iterated that assurance processes were in place and the Trust retained its pathology accreditation. An enquiry from Emma Woollett elicited that the review Chair had not yet formally agreed to the presence of a Governor observer.

144/09 **Control of Infection Report.** Alison Moon introduced Chris Perry as Director of Infection Prevention and Control to present the report. Good progress had been made in reducing the numbers of patients with *Clostridium difficile*, with just five cases to date in August, which was the best monthly performance in the current year. MRSA remained the main cause for concern, with three cases reported to date in August. Urgent action had been taken on screening on admission and maintaining adherence to antibiotic prescribing rules. Further information including quarterly benchmarking and hand hygiene audit data would be provided in the next Board report. It was noted that wards failing to submit data would score zero.

Emma Woollett suggested, and the Board agreed, that it was time to raise the bar and increase the score for green rating to 95%. Although performance in this area had greatly improved the Chairman stressed the need to avoid complacency on infection control. He underlined the fact that there were further improvements to be made to ensure all hospital acquired infections were, ideally, avoided or otherwise adequately controlled.

145/09 **Finance.** Lisa Gardner and Paul Mapson circulated the summary report of the main issues discussed at the Finance Committee meeting held on 24 August 2009, and highlighted the key points. The financial risk rating remained in line with the plan. Cash Releasing Efficiency Savings were behind target by approximately £600,000. Surgery Head and Neck and Women's and Children's divisions recorded significant overspending. The executive

team had committed to, and was, working more closely to support these divisions. The Transformation team would also be involved.

Paul Mapson reported the importance of the underlying position being in balance. He said that the primary care trusts were under continuing financial pressure. Primary Care Trusts had overtraded by £2.5 million at month three and there was a continuing increase in accident and emergency attendances. The residual overspend was £800,000. The primary care trust action plan aimed to decrease referrals to between 8% and 15%. Elective activity was at the same rate as the previous year but continued higher than that planned. Paul Mapson had written to Primary Care Trusts to inform them that the overspending resulted from the extra work and there was an urgent need to reduce referrals. Some activity was expected to move to the independent treatment centre that was due to open in November.

Paul May suggested that the role of the transformation team should be focused on organisational development and it should avoid being viewed as an emergency response team. However, he felt that the Women's and Children's Division needed prompt support because of the clear financial issues. Paul Mapson confirmed that the Transformation team would start the outpatients process and design review with Women's and Children's Division.

Sarah Blackburn asked if the Trust scenario planning included the introduction of a lower tariff. Paul Mapson confirmed it by referring to previous Board discussion.

Iain Fairbairn said that all services needed to accurately assess costs against the political agenda of further reductions in tariff.

Emma Woollett suggested discussions with the primary care trusts in response to the possibility of returning to an 18 week referral to treatment target. Paul Mapson confirmed that discussions were underway.

Mike Nevin confirmed that the Trust was neither able to control the number of referrals that came into the organisation nor fail to meet the performance standards. The divisions could appoint permanent staff but they may not have need for them the following year. Further work was required with the primary care trusts to reduce referrals. Sarah Blackburn stated that further ways to reduce costs would need to be identified. Graham Rich confirmed that the Trust's reference costs were below 100 on average, costs were analysed by service every year, mandatory services were provided and budgets were set. The Trust needed to do more to understand the risk against costs, referral levels and tariff.

Iain Fairbairn suggested that if these experienced health bodies were unable to pay they should be asked for payment before treatment. Paul Mapson advised that there were not many options to deal with the increase in activity or how to respond to short term requirements, which were very expensive.

**Treasury Management Policy Review.** Paul Mapson presented the policy which had been reviewed and approved by the Finance Committee and requested ratification by the Board. Lisa Gardner confirmed Finance Committee approval. Sarah Blackburn felt that it read more like a procedural document than a policy. She also suggested that Internal Audit should be mentioned within section 3.5 - Performance Management.

The Board ratified the policy.

146/09 **Performance Report.** Xanthe Whittaker reported on the following.

**Emergency Access Four Hour target.** The Trust had achieved 98.3% in the year to date including Walk in Centre attendances. A short stay unit was being piloted on ward 28 with

the acute medicine model, with ward 7 under refurbishment. The key message was to reduce length of stay. There had been an increase in emergency admissions. A joint working group with the primary care trust was addressing this as well as readmissions over a 12 month period and establishing what community support packages should be available. The Emergency Access Steering Group would be meeting in September, with the outcomes to be reported to the Board that month. An Emergency Nurse Practitioner had been appointed.

**Cancer Standards.** The Trust was not consistently achieving the 14, 31 or 62 day standards. The protected bed pilot would be extended and a new temporary post of Cancer Surgery Performance Manager was being appointed for six months initially in order to improve processes and facilitate service improvement.

**Cancelled Operations.** Year to date performance was 0.93% against a standard of 0.8%. Bed related cancellations had reduced.

**Diagnostic Waiting Times.** There was more than a 6 week wait for some key diagnostic tests, including MRI and Echocardiography due to general increase in demand and expected further increased due to a short term reduction in capacity in August and September.

**Infant Health Inequalities – mother not smoking at the time of delivery.** Performance had improved for this standard although it was not yet achieved.

**Pandemic Flu.** The prioritisation of services nationally and locally was being planned, including the impact on patients and services in the community.

**Sickness Absence Reduction.** Steve Aumayer informed the meeting that the new Supporting Attendance policy had been implemented, training had commenced for new payroll electronic sickness reporting form, a newly-formed Health and Wellbeing Group was developing a programme, in partnership with Healthy Hospitals initiatives in the South West. Sarah Blackburn welcomed the initiatives and also the distinction between attendance and sickness and pointed out that managing attendance this way has improved in another public sector organisation that she is involved with. Jonathan Sheffield asked how the Trust was performing nationally following the recent report in the media about NHS sickness absence rates. Steve Aumayer stated that the information was not available but he would report this at the next meeting.

Kelvin Blake, with the wholehearted agreement of Jonathan Sheffield, suggested that the transformation agenda could include creating the environment that makes staff want to come to work.

**Mortality Outlier Alert.** Jonathan Sheffield reported that the Trust had received an alert but it was due to the nature of coding for medical procedures and reminded the Board that the Trust has one of the best Hospital Standardised Mortality Ratios in the country. All alerts were reported to the Clinical Risk Assurance Committee, which reports to the Board.

147/09 **Annual Risk Assessment 2009-10 (Annual Plan) results notification.** Graham Rich asked the Board to note the notification. It identified the key risks to financial and non-financial aspects of the Trust's Annual Plan and the actions identified to mitigate the risks. Robert Woolley noted the overperformance risk, and confirmed it had been discussed at the Trust Executive Group, where there was agreement that the Trust would take all action within its power with the primary care trusts. The Trust Operational Group would manage the performance implementation of the actions.

148/09 **Bristol Royal Infirmary Redevelopment.** Robert Woolley requested approval from the Board to proceed to the detailed design phase of the redevelopment project. The outline business case was approved in 2007 and a number of drivers were identified; including the need to close the Nightingale wards in the King Edward Building and the requirement to increase the number of single rooms. The centralisation of specialist paediatrics in Bristol required transfer from Frenchay hospital to the Trust with the proposed solution of a dedicated floor to the planned Terrell Street block.

A downside risk assessment was being produced at the request of Monitor, in anticipation of a slow-down in the growth of health funding from 2011. A new risk was identified that access to loan capital from the Department of Health may become subject to Treasury approval.

The new facilities would need to open in 2014 in line with the expected opening of the new hospital at Southmead. The Trust would need to consider and approve the Full Business Case for redevelopment and the centralisation of specialist paediatrics by December 2010. The design phase would need to start immediately to maintain fit with the timescales. This phase was expected to cost £4.73million, but could be stopped at any stage, and would be reviewed after six months having spent £1.73 million. The new facility would address standards of space, privacy and dignity and would provide an improved configuration of services.

Concerns regarding the timing of disposal of the Old Bristol Royal Infirmary were noted and it was confirmed that this would be kept under review as the project progressed.

The Chairman pointed out that the proposals had been discussed at length with very detailed information at the seminar earlier in the day and in the Board private session. The need for reprovision of specialist paediatrics from Frenchay was clear. Discussions about the possibilities of a single trust for Bristol were ongoing. There was a burning imperative to vacate the Old Bristol Royal Infirmary. The Board knew that even with the tightening financial situation the new hospital at Southmead remained vital for health service provision for Bristol, and the provision of appropriately configured hospitals on two sites was the best possible option.

The options for flexibility within the new proposal were noted. They included one floor to initially provide space for Rheumatology and offices from the Old Bristol Royal Infirmary but this would be able to be changed to ward space if necessary.

Kelvin Blake supported the chairman's views and agreed that it was an exciting and necessary development. He commended the staff who did a fantastic job in substandard facilities, caring for patients with complex needs.

Paul May also supported the proposal and said that, as a teaching and research hospital, the Trust must aspire to be the jewel in the crown. The key item was for patients to have the best experience in an environment where staff felt they could do their job well.

Sarah Blackburn supported the proposal and confirmed that it had been scrutinised at a number of committee meetings. The Trust was aiming to remedy the past state and looked to the longer term future rather than the immediate situation to strategically continue to provide valued care.

Iain Fairbairn confirmed his view that vacating the Old Bristol Royal Infirmary, which was patently out of date, was the number one priority. The Trust would have to spend money speculatively to help to ensure that the planned move of services from Frenchay to Southmead was not obstructed as well as making provision for specialist paediatrics.

Graham Rich stated this was an enabling scheme for the bigger picture in Bristol which encompassed the Bristol Health Services Plan, South Bristol Community Hospital, this Trust and North Bristol NHS Trust and they were all connected. The duty was recognised to move and make a decision to improve and to address the long standing commitment to bring children's services together. The key drivers to the scheme were to vacate the Old Bristol Royal Infirmary and provide facilities for children. The Trust was well positioned to make the decision, following months and years of hard work.

The Chairman sought and obtained the support for the proposal from the Governors.

Emma Woollett agreed that a huge amount of hard work had been completed to reach this stage. She did not believe there was a huge difference between the two main options in the proposal and wished to record her strong view that the Old Bristol Royal Infirmary should be kept for NHS use.

Lis Kutt strongly supported the proposal, having worked in the Old Bristol Royal Infirmary in 1980.

Mike Nevin, as co-chair of the Bristol Royal Infirmary Redevelopment Group, confirmed that all of the staff provided high quality care in substandard accommodation and this was a much needed development.

Alison Moon informed the meeting that she had been a ward sister in the Old Bristol Royal Infirmary and that standards and expectations had changed and that the building had been obsolete for a long time.

Paul May pointed out that the current access and layout of services in the Bristol Royal Infirmary was difficult and that this project would also address this.

Paul Mapson said that it had taken seven years to enable the Trust to reach this stage. The downside plan, loan requirements, outline business case and savings requirements would all need to commitment from the Board.

In answer to a question from Selby Knox on the importance of gaining Foundation Trust status for this project to proceed, Paul Mapson confirmed it had been vital to enable access to loans, allow financial flexibility, and enable the Trust to make its own decisions; using its own resources, at its own risk.

Graham Rich also pointed out that decisions were able to be made faster, which would speed up the whole process.

Robert Woolley confirmed that the governors, with 16,000 members behind them, had been consulted and were committed to the proposal.

The Board agreed to proceed to the detailed design phase of the project.

#### 149/09 **Any other business.**

Mo Schiller thanked Paul Mapson and Lisa Gardner for the summary report of the Finance Committee meeting which had been circulated in the meeting.



150/09 **Date of next meetings.**

Annual Members Meeting and Annual Public Meeting: Tuesday 22 September 2009.

Public Trust Board Meeting: Wednesday 30 September 2009