

University Hospitals Bristol NHS Foundation Trust
Minutes of the Joint Meeting of Trust Board and Membership Council held on Wednesday 29
July 2009

Present

John Savage – Chair

Trust Board

Sarah Blackburn	Paul May
Kelvin Blake	Alex Nestor
Iain Fairbairn	Graham Rich
Pat Fields	Irene Scott
Lisa Gardner	Jonathan Sheffield
Selby Knox	Emma Woollett
Paul Mapson	Robert Woolley

Governors

Allan Attwood	Jeanette Jones
Jane Britton	Roger Loodmer
Elizabeth Corrigan	Philip Mackie
Belinda Cox	Elizabeth Obileye
Jan Dykes	Frank Palmer
Jason Edgar	Phil Quirk
Heather England	Mo Schiller
Anne Ford	Karen Smith
Wendy Gregory	Christine Webb
Clive Hamilton	George Wynne Wilson
Jim Catterall	Pam Yabsley

In attendance

Sue Clark	Rosemary Chalmers
Jackie Cornish	
Yvonne Quinn (minutes)	

- 1/09 **Apologies** were received from Sarah Blackburn, Selby Knox, Robert Woolley, Lis Kutt, Mike Nevin, Chris Monk, Peter Wilde, Patricia Robinson, Jason Edgar, Sylvia Smith, Lorna Watson, Des Osborne, Anne Skinner, Wendy Hurn, Deborah Lee, James White, Chris Payne, John Duffield, John Newman and Andrew Yerbury.
- 2/09 It was noted that **Governor numbers were not quorate** at this point.
- 3/09 There were no new **declarations of interest** to note.
- 4/09 John Savage reported on the proposal to spend more time discussing matters of greater general interest rather than on operational matters at Board meetings.
- 5/09 **Chief Executives Report.** Graham Rich reported on the following.

Swine Flu. Preparations for the predicted increase in the number of people with swine flu were continuing. Training was being aimed at educating staff on the signs and symptoms and the care and management of patients. So far 3 – 4,000 staff had been trained.

Monitor Downside Plan. The Trust was required to submit a worst case scenario plan to Monitor covering the next few years. It was clear there would be a squeeze on public finances and this would have implications for the Trust. The Board had spent some time on 24 July at a Board Seminar discussing how to transform services to become more efficient with less waste. Engagement with staff and patients was a key factor.

Director of Workforce and Organisational Development. Steve Aumayer would commence work in the post of Director of Workforce and Organisational Development from 3 August 2009. He had been in the Trust for three weeks undertaking a full induction.

Thank you. The Board thanked Pat Fields who had undertaken the role of Interim Chief Nurse until the commencement of Alison Moon. She had subsequently taken on the role of Executive Lead for Pandemic Flu which would continue until March 2010.

European Working Time Directive. Frank Palmer asked what the potential impact was on the European Working Time Directive in relation to swine flu. Jonathan Sheffield reported that increases in workloads had been seen in the accident and emergency departments with people presenting with suspected swine flu. This had not followed through into the main hospital. Posts were in place to meet the European Working Time Directive and he was confident that the Trust would be compliant with the new intake of junior doctors.

6/09 **Governor's Report.** Clive Hamilton reported on the conclusions and recommendations from the Governors meeting held on 22 June 2009. The items and key points to note were as follows:

1. Maria Fox confirmed that the request for governor posters was being pursued and costings being sought.
2. Governor's were keen to set up patient contact sessions in Trust hospitals and local public places, to raise their profile and be more prominent. This would provide valuable feedback for the benefit of members and the Trust. This was supported by the Board.
3. The ballot paper for election to Foundation Trust Governors Association Executive had been completed by Governors.
4. A Chairperson and Secretary would be appointed for each informal Governors meeting when each meeting opened.
5. Jonathan Sheffield reported on the current and expected future level of discount for the NHS Litigation Authority premium and the factors that influenced the rate of discount in the Trust.

George Wynne-Wilson asked if there was a claims annual report. Graham Rich confirmed that there was a group that linked up complaints, claims and incidents and reported any themes, trends and lessons learnt to the Governance and Risk Management Committee.

6. Alex Nestor assured the Governors that exit interviews were carried out and results made available. A new system was being piloted and work was ongoing to try and engage staff more.
7. Irene Scott confirmed that there were 50 key actions required following the Patient Environment Action Team visits. The majority of them were fabric related and the Trust was in the process of prioritising them. At the Trust Operational Group, Divisions would be asked to identify which actions are priorities for them. It was estimated it would cost approximately £500,000 to fulfil all the actions. All the actions would be fulfilled but they would be prioritised in respect of the timeliness and the funding available. The next Patient Environment Action Team visits were expected in February 2010.
8. The proposed role of Governor Representative/Vice-Chair was a separate agenda item.
9. The Governors had received training on the new NHS complaints system.
10. The Governor's requested a hard copy library of important Trust documents to be kept in the Governors' room and this would be arranged.
11. This item was for information.
12. This item was for information.
13. The Trust's car parking provision was a separate agenda item.
14. Concerns were expressed about the reports of misdiagnosis from the histopathology service and reassurance was sought that the Governors had been notified as soon as these problems surfaced. Graham Rich reported that there was no evidence that this was a particular risk and the article in the press had been unexpected. It was acknowledged that Governors should be receive briefings that were circulated to Non-Executive Directors on key issues as required.
15. Paul Mapson reported that the guidance to NHS organisations on patient top-up payments for private health care had not affected the level of private patient income for the Trust. A policy had been produced which was still in draft format. National Institute for Clinical Excellence guidance had mitigated the risk of having to fund top-up payments and this had not been an issue for the Trust.
16. It was agreed that informal meetings with the Governors would be arranged with Paul May and Iain Fairbairn as the Senior Independent Member of the Board.
17. It was agreed that questions would be allowed to be taken from members of the public present at Membership Council Meetings.
18. It was agreed that Public Trust Board meetings would commence at 10.00am.
19. The recommendation that a member of the Youth Group could sit on the Paediatric Group would be discussed at the next Youth Council meeting in September.
20. It was confirmed that the replacement of the vandal proof units in the public toilets in the Bristol Royal Infirmary main access corridor was in the Patient Environment Action

Team project. Christine Perry reported that the alcohol gel dispensers had been removed from the main entrances of the hospitals following a risk assessment. There had been a number of incidents and concerns of consumption of alcohol and they were a potential fire risk hazard. The alcohol gel units were placed at the point where people entered clinical areas.

The Governor's report was received.

7/09 **Annual Review of the Trust's Constitution.** Anne Reader reported on the following.

It was a requirement of the Trust's Constitution that it was reviewed annually. The Board of Directors had considered that the current Constitution did not require any amendments. The Assistant Director of Governance and Risk Management had considered it against the latest Model Core Constitution published by Monitor in September 2008 and considered that no amendments were required.

The Governors had identified three areas which they had discussed as possible requests for amendments and these were detailed in the report.

Amendment 3. Addition to a further clause to paragraph 2 of Annex 7 Standing Orders of the Membership Council to make provision for a Governor Representative/Vice-Chair of the Membership Council to preside when neither the Chair nor Deputy Chair of the Board of Directors were available to chair a formal meeting of the Membership Council as set out in the Constitution.

Clive Hamilton presented the Governor's paper as part of this agenda item which set out the purpose, duties and responsibilities, the election process and term of office of such an individual. The role was presented as a benefit to Foundation Trusts in governor/board/trust communication and co-ordination processes to facilitate the process of consensus in the governor group.

***Note:** The Governor numbers were quorate from this point of the meeting.*

The Membership Council agreed the need for this role and approved the purpose, duties and responsibilities, election process and term of office. The Board recognised the role of Governor Representative/Vice-Chair.

John Savage noted that this role would not impinge on the role of Vice-Chair of the Trust Board.

The Membership Council confirmed the Governor's decision not to request any amendments to the relevant elements of the Trust's Constitution this year. The Board noted the Governor's considerations and approved the recommendation that no amendments were made to the Trust's Constitution this year.

8/09 **Finance Report.** Lisa Gardner reported on the following.

A summary report of the main issues discussed at the Finance Committee held on 24 July 2009 was tabled.

Attention was drawn to the fact that two Divisions had recorded significant overspends for the first quarter. The Finance Committee had received significant assurance from the

Executive Team on actions being taken. The Surgery Head and Neck Division had recognised the problem and were taking action to mitigate and progress had been made in the Women's and Children's Division. The Finance Committee would continue to monitor the position.

The summary report was welcomed as it enabled focus on key issues arising from the Finance Committee. There was some discussion about simplification of the terminology used to facilitate easier understanding.

Phil Mackie sought assurance that there would be no decline in the provision of services in Women's and Children's due to the financial position. Graham Rich assured the meeting that clinical safety was paramount and the strong message from the Board was a requirement to be more efficient in providing services.

In response to a question from Clive Hamilton, Paul Mapson advised that the income received from overseas patients was slightly less than planned.

The Membership Council and Board noted the financial position.

9/09 **Performance Report.** Irene Scott reported on the following.

Emergency Access 4-hour target. The Trust has achieved 98.4% with Walk in Centre attendances for 2009/2010 year to date, which was 0.1% above the same period last year.

Cancer Standards. The cancer targets continued to be a challenge for the Trust. It was noted that under the new rules for measuring the time waited which came into effect on 1 January 2009, any patient who chooses not to accept an appointment within a two week period, or re-books the appointment outside of the two weeks, will be reported as a breach. Department of Health guidance advised that if a patient phoned with suspected swine flu and could not come into the hospital, this would still be counted as a breach.

Cancelled Operations. Year to date performance was 0.95% against this standard which represented a 16% improvement over the same period last year. Reasons for the cancellations included equipment failure, surgeons not available and other patient prioritised.

Monitor Compliance Framework. At present the Trust scores 1.5 (Amber) against the Monitor Compliance Framework. It was noted that the scores applied for the new cancer standards were estimated.

Length of Stay. The data reported on page 40 of the report had been taken from the national Dr Foster Practice and Provider Monitor application. Data was only available to April 2009.

European Working Time Directive. Alex Nestor clarified that all planned/theoretical redesigned junior doctor rotas were compliant. Increased communication and awareness regarding issues and regulations, particularly in terms of junior doctors completing and returning the monitor sheets, was continuing. Jonathan Sheffield stated that the responsibility was with both the employer and the employee to monitor hours. A joint presentation was planned at the junior doctors induction in the following week to emphasise their contractual responsibility to complete and return the monitor sheets.

In response to a question from Allan Attwood, Irene Scott confirmed that the Trust was meeting its contractual requirements with NHS Bristol in terms of activity at the Bristol Eye Hospital and all referrals received were seen.

Clinical Quality and Effectiveness. Paul May noted that in the Clinical Audit Annual Report it stated that there had been 430 clinical audit reports had taken place during 2008/2009. No exceptions were reported in the Performance report but he would like more information on performance with clinical quality and effectiveness in overall terms. It was agreed that Jonathan Sheffield and Irene Scott would discuss this outside of the meeting.

Patient Experience. Clive Hamilton noted that 21% of formal complaints responses had exceeded the timescale agreed with the complainant in the local resolution. Irene Scott confirmed that this was unusual and explained that this was due to the new system introduced with processes still adjusting.

10/09 **Control of Infection Report**

The Board and Governor's received the report presented which updated on the position in relation to infection control and prevention.

Multi-resistant Pseudomonas aeruginosa and Acinetobacter Intensive Care Unit. As a result of investigations into spread, it was found that the single isolation room within the unit was at positive air pressure as opposed to neutral or negative pressure. Engineering works to address this are in place. The Estates Department had commissioned a review of the air pressures in all other existing single rooms used for infection isolation across the Trust.

Antibiotic Prescribing. Jonathan Sheffield reported that the issue in respect of antibiotic prescribing compliance was that stop or review dates were not being noted on the prescription sheet. There was a need for constant vigilance to ensure correct policy was followed and this issue was included in discussions at the Executive Walkabouts.

Cleanliness Monitoring Results. It was noted that high risk areas included the intensive care unit and theatres. Low risk areas were in offices and entrances. It was agreed ward level data should be included. Alison Moon reported on the work underway to provide information on infection control rates at the entrance to all clinical areas. This would provide patients and visitors with assurance that they were entering a clean environment. The Board noted the position in relation to infection control and prevention. It was acknowledged that, although good progress had been made, focus should be maintained on this issue.

11/09 **Management of Pandemic Flu.** Irene Scott reported on the following.

The report presented provided a briefing to the Trust Board and Governors on actions taken to mitigate against the impact of pandemic flu on service delivery at UH Bristol.

Pat Fields had been appointed as Executive Lead to undertake all aspects of pandemic flu, planning and management.

It had been predicted that there would be two phases of this pandemic, the first reaching its peak at the end of August, beginning of September, and the second during or around December.

Each Division and specialist service have reviewed and revised their internal business continuity plans. It was estimated that at its peak there could be a potential reduction in staff levels of up to 40%.

It has been made clear that performance against targets would not be allowed to slip as a result of pandemic flu.

Other cities that had experienced significant waves of pandemic flu had seen an additional 100 patients per day in the accident and emergency department. The Trust had planned a separate area within the accident and emergency department to isolate that group of patients who would be sent home with advice to obtain antiviral drugs via the specially established routes.

The Board and Governors noted the actions being taken to date, the plans developed and the potential impact on performance targets.

12/09 Quarter 1 Governance Declaration for Monitor

The Board noted the list of evidence at appendix 1 to support the submission to Monitor, considered the assurance provided on performance targets and health care standards and approved the recommendation to self certify with governance declaration 1.

The Governor's received the paper, noted the assurances provided and noted the Board of Director's governance declaration for quarter 1 2009/2010.

13/09 Finance Submission for Monitor

The Board and Governors received the quarter 1 financial performance commentary for Monitor return.

14/09 Car Parking

The first paper presented for this agenda item detailed a request from the Governors to commission a full study on all aspects of parking provision at UH Bristol currently and into the future. The second paper provided a briefing of work undertaken over the past ten years to improving parking in and around the UH Bristol precinct.

Clive Hamilton reported that parking was raised constantly and was high on the agenda of concerns and complaints. At this particular time, it seemed likely that even more pressure would be brought to bear with the proposed introduction next year of a residents' Parking Scheme from Brandon Hill across to Kingsdown. It was also the Governor's impression that Trust staff were becoming increasingly concerned as they became aware of the changing circumstances and this could become an issue for recruitment.

Comments were invited.

Kelvin Blake stated that this was an issue for Bristol and the surrounding area. Whilst it was right to have concerns about the provision of car parking, it was not the only answer. The Trust needed to work with the Bristol City Council and other local authorities and encourage them to improve the transportation issues across the city. There was not one quick solution.

Christine Webb commented that the development at Southmead Hospital with parking available would be more attractive.

Emma Woollett supported a top down look at transportation issues across the city.

Iain Fairbairn stated that a brief should be prepared clarifying the strategic decision.

Paul May welcomed the paper and stressed the need to consider different ways to achieve a solution. Money spent on this issue was money not being spent on patient care.

Anne Ford commented on the difficulty that individuals had who transported patients to and from hospitals should be taken into consideration. Elizabeth Obileye agreed.

Phil Mackie expressed concern in respect of the cost implications of undertaking a survey.

Frank Palmer commented on the Trust Non-Urgent Patient Transport Scheme and Irene Scott confirmed that the Trust was participating in this.

The Board and Governors received the papers and acknowledged the need to find a solution. It was an issue that was discussed on many occasions and was the biggest single thing that took away from the good experiences people have at the Trust. This issue could not be solved by the Trust alone and help must be sought from the Bristol City Council and local health authorities. It was agreed that a brief should be prepared and a small group be set up to try and progress all the issues and to try and find a solution for the city.

15/09 Annual Plan 2009/2010 – Progress Against Objectives

The Board and Governors received the report which detailed in year progress against the Trust's Annual Plan objectives for 2009/2010.

16/09 Quarterly Report on Redevelopment Projects to July 2009

The Board and Governors received the report presented which detailed progress for the period of April 2009 – July 2009 on the progress managed through the Redevelopment Programme Board.

Centralisation of Specialist Paediatrics. Revision of the Outline Business Case would be completed in late 2009 for consideration by the Trust Board to reflect change in the scope of the project. The potential designation impact, particularly in relation to paediatric cardiac surgery, paediatric trauma and paediatric neurosurgery, was underway in conjunction with Specialist Commissioners.

John Savage reiterated the Trust's commitment to redevelopment of the Old Building of the Bristol Royal Infirmary.

17/09 Governance Annual Reports

The Board received the following Governance Annual Reports for 2008/2009:

- Infection Control
- Clinical Audit
- Complaints and Patients Advice Liaison Service
- Child Protection

- Health and Safety
- Supervisors of Midwives
- Patient Safety
- Clinical Effectiveness
- Patient and Public Involvement
- Information Governance
- Audit and Assurance Committee

Child Protection. The issue of safeguarding children had risen dramatically both in the media and within government over the last 12 months. In the forthcoming year the publication of many important drivers for safeguarding arrangements, both nationally and locally, was expected. This will include the Second Lord Laming National Review of Safeguarding arrangements, the Government's action plan in response, the findings of the Health Care Commission review of Safeguarding in the NHS and the updating of the 2006 Working Together to Safeguard Children. Alison Moon reported that there was much work to be done to ensure robust systems were in place to minimise any risk.

Carol Sawkins, the named Nurse Child Protection on behalf of the Trust Safeguarding Children Steering Group, reported on two particular challenges for the Trust. One was to improve compliance with mandatory child protection training for all staff and the other to address the continuing risks posed by multiple sets of notes for children.

Kelvin Blake asked whether volunteers who worked with children were checked. Alex Nestor assured the Board and Governor's that they were and retrospective checks for all staff who worked with children had been undertaken.

The Board and Governor's received the Annual Governance Reports 2008/2009.

18/09 There was no **other business**.

19/09 **Date of next meeting.**

Trust Board – Friday 28 August 2009

Annual Members Meeting and Annual General Meeting – Tuesday 22 September 2009

Membership Council – Thursday 29 October 2009