University Hospitals Bristol NHS
NHS Foundation Trust

Minutes of a Public Meeting of the Trust Board of Directors held on 28 April 2014 at 10:30 in The Conference Room, Trust Head Quarters, Marlborough Street, BS1 3NU

Board Members Present

- John Savage – Chairman
- Robert Woolley – Chief Executive
- Paul Mapson – Director of Finance & Information
- Carolyn Mills – Chief Nurse
- Sean O'Kelly – Medical Director
- Deborah Lee – Director of Strategic Development and Deputy Chief Executive
- Lisa Gardner – Non-executive Director
- Emma Woollett – Non-executive Director
- Guy Orpen – Non-executive Director
- Alison Ryan – Non-executive Director
- Iain Fairbairn – Non-executive Director
- Julian Dennis – Non-executive Observer
- Jill Youds – Non-executive Observer
- David Armstrong – Non-executive Director
- John Moore – Non-executive Director

Others in Attendance

- Charlie Helps – Trust Secretary
- Alex Nestor – Deputy Director of Workforce and Organisational Development
- Florene Jordan – Staff governor
- Pam Yabsley – Patient governor
- Anne Ford – Public governor
- Nettie Jones – Joint Union Committee governor
- Fiona Reed – Head of Communications
- Sue Silvey – Public governor
- Mark Griffiths – Approved governor
- Mo Schiller – Public governor
- Joan Bayliss – Community governor
- Mary Perkins – Chief Operating Officer, West of England Clinical Research Network
- Clive Hamilton – Public governor
- Wendy Gregory – Carer governor
- Benjamin Trumper – Staff governor
- Silvia Townsend – Appointed governor
- Richard Brindle – Director of Infection and Prevention Control
- Brenda Rowe – Public governor
- Rebecca Aspinall – Director of Medical Education
- Pauline Holt (Management Assistant to the Trust Secretary)

Item	*Action*
1. Chairman's Introduction and Apologies The Chairman called the meeting to order. Apologies were noted from Sue Donaldson and James Rimmer.	
2. Declarations of Interest In accordance with Trust Standing Orders, all Board members (including observers) present were required to declare any conflicts of interest with items on the Meeting Agenda.	

No declarations of interests were received.	
3. Minutes and Actions from Previous Meeting The Board considered the Minutes of the meeting of the Trust Board of Directors dated 27 March 2014 and **approved** them as an accurate record subject to the following amendments; *David Armstrong noted that an action had been missed in the Patient Experience Story at the paragraph; 'David Armstrong asked if organisational learning was viewed as an opportunity to learn rather than noting the learning that had been received. He suggested that an action log could be written to crystallize the things that were needed to secure that learning' .* ***The Chief executive said that he would discuss this with the Executive.*** *Alison Ryan noted that p5 the last sentence of paragraph 6 the word 'quality' should be added after the word 'measure'.* *Jill Youds asked that the word 'to' be removed from the sentence 'access to performance'.* *John Moore asked that on p6 speech marks be added to the word 'transformation' in paragraph 6.* *David Armstrong noted that there was rich debate at Board meetings and the value that could be taken tangibly away was contained in the actions. He said that 'two months down the line it would be all there was' and he didn't think that the actions taken did justice to the debate and decisions made. He asked the Board to make general consideration that could benefit all.* ***The Executive and Secretariat agreed to consider how best the actions arising from meetings of the Board might be managed and reported.*** *Lisa Gardner noted that p8 item 10 should note that the resources book had been an agenda item.* **Actions:** *Action: 262 on agenda. Item closed.* *Action 202 on agenda. Item closed.* *Action 264 on agenda. Item closed.* *Action 246 The Chief Executive advised that the staff would be supported during the Kennedy review by means of a weekly meeting to discuss progress and issues arising as a result of the review at divisional level with all the cardiac team and attended, on request by the executive. Additionally proposals from external firms able to give dedicated coaching and counselling support were being actively sought. Item closed.* **Matters Arising:** *There were no matters arising.*	Action 273 Action 274
4. Minutes and Actions from Extraordinary Public Board Meeting The Board considered the Minutes of the meeting of the Trust Board of Directors dated 14 April 2014 and **approved** them as an accurate record with no amendments.	
5. Chief Executive's Report	

The Chief Executive wished to highlight on the following matters in the report of business conducted by the Senior Leadership Team in the month:

1. The investment decision into the information system for critical care across the Trust which would put critical care services across the organisation at the forefront of developments nationally.

2. Consultation with staff had commenced regarding proposed changes to car parking arrangements, and

3. The decision to help the public identify what goes on inside the Bristol Haematology and Oncology Centre by branding the two 2 departments as the Bristol Cancer Institute and the Bristol Haematology Unit. He said this was a positive step in the communication of the breadth of what the Trust does at the BHOC.

As the first Board in the new financial year, the Chief Executive advised that the Trust had delivered the previous year's financial plan by using its corporate flexibility in reserves to cover off deficit positions in four of the five clinical divisions. The 2014/5 plan carried risk as a result.

Discussions with Monitor had taken place about compliance issues prior to the possible decision that they would want to apply more formal regulatory action. The Chief Executive said that Monitor appeared to accept the Accident and Emergency 4-hour target was not solely in the hands of the Trust and understood that the C Difficile target had been very low and that the future approach to attributed cases meant this was a low risk for the future. He said that they had concerns about the extent to which the Board and Trust were sighted on the risks in the day to day management of its own operational business, as evidenced by its Referral to Treatment performance and the extended recovery needed to bring that position back.

The Trust would begin to see the implications of the planned closure of Frenchay hospital with Specialised Paediatrics due to move to UH Bristol on 7 May and the emergency department at Frenchay due to close on 19 May. Full discussions with North Bristol Trust had taken place and much attention had been given to the Trust's own planning, particularly to see if the effects of that change would be different to that anticipated.

The Chief Executive informed the Board of the expectation on them to review staffing levels particularly in nursing and midwifery. The Board had been requested by the National Quality Board and NHS England to receive a report on its Nursing and Midwifery staffing levels. This was to go to the June meeting of the Board. The results would be published at ward level through the rest of the year along with every other acute provider in the country.

Finally he informed the Board that further detail had still not been received with regard to the planned review of concerns about children's congenital heart services, led by Sir Ian Kennedy. The process of agreeing the terms of Reference with bereaved families had been extended and the Board had not had sight of the Terms of Reference for the review, nor had they received information regarding the start date for the review. As the position is clarified, the Chief Executive said he would make the Board and governors fully aware.

In response to a question from Emma Woollett about the Senior Leadership Team's review of the Trust's key partnerships, the Chief Executive replied that the Healthy Futures Programme Board had not met for some time. A meeting was scheduled to take place later

in the week. In response to a question from Sue Silvey, a governor in attendance, Deborah Lee replied that staff had been supported in the transfer of children's services from North Bristol Trust by induction and orientation of staff through tours of the facilities at UH Bristol, open door surgeries had been held at Frenchay for staff to meet the teams and ask any questions with the addition of a live frequently asked questions database where staff got answers to questions within 24 hours. All posts had been recruited to enable a safe transfer. *There being no further questions the Chief Executive concluded his report.*	
Delivering Best Care	
6. Patient Experience Story *The Board received and reviewed this report from the Chief Nurse.* Carolyn Mills directed the Board to the key issues contained in the story. These were communication across partners regarding the discharge of the elderly patient, the lack of acceptance on behalf of the gentleman's son regarding his father's deterioration, and the misperceptions of the care home as to the care required. There were concerns around the documentation and the sharing of notes from social care. Finally there had been concern with the detail of the transfer document from UH Bristol and a pilot had been set up to see if a formal document would add benefit. Alison Ryan stated that the paper left a lot of unanswered questions and questioned the decisions made at the point of discharge. The Chief Executive noted that the actions and shared learning was not 'to the point' and said the Board should want to know that those questions had been followed through. He said that he was left with wanting assurance that the son had agreed the account should come to Board. Iain Fairbairn noted that this highlighted the need for IT systems and medical records being consistent across medical partners. John Moore expressed surprise that there was not a standard formal discharge note already given technology opportunities available. Wendy Gregory was disappointed that no outstanding Trust wide risks had been identified through the story and said that this showed 'huge weaknesses' in terms of discharge protocol. She concluded that the fact that there was no record of medical notes in the transfer letter showed a failure of duty of care. Carolyn Mills replied that there was a need to understand in what the format the Board required stories to be presented. She would work with teams to rectify the format of information and report back to the Board. David Armstrong noted that agreed actions, agreed delivery dates and agreed action owners should be agreed by the Board during the meetings. *There being no further questions the Chair drew this item to a close.*	Action 277 Action 278
7. Quality and Performance Report	

The Board received and reviewed the Quality and Performance Report.

Performance Overview
Deborah Lee advised that 5 of the 7 measures of patient experience quality and outcomes were green rated and she was pleased the Trust had maintained recent improvements in regard to anti biotic prescribing, falls and pressure ulcers. The Board could note that sickness absence had received its first amber rating for some months having been RED for some time.

For performance in relation to access standards, the Trust would be reporting a 4 or 5 breached indicators in the risk assessment framework submission to Monitor which she said was 'disappointing'. Deborah asked the Board to note that informal discussions with Monitor where they had advised that performance in relation to the Referral to Treatment (RTT) access standard was an index measure for internal 'focus and grip' and as such would be monitoring recovery of this standard very closely. The other important standard to Monitor was in relation to cancer standards but they realised that improvement was difficult for the Trust with significant parts out of the Trust's control and the impact of the narrow case mix which the Trust now provided.

Quality and Outcomes Committee Chair's Report
Alison Ryan, Chair of the Quality and Outcomes Committee, advised that the Committee had noted that the 31-day cancer standard related to just one case. The Committee had looked at a paper on staffing and noted a disappointing change in staff survey responses, and some moves to assist staff suffering with stress. The Committee had been pleased to hear the learning received from Breaking the Cycle surrounding empowering teams by having strong local leadership that supported and empowered staff and made sure appraisals were well done and that 1:1 meetings were not cancelled.

Alison said that the Committee had looked at compliance ratings and serious incidents. One serious incident had caused concern and the Committee had asked for more information. It had been noted that they (the Committee) needed to have a stronger focus on how difficult clinical issues became escalated, and had begun the process of looking to review the Quality and Outcomes Committee so that it gained granular information from all areas. Alison concluded that when the Terms of Reference went to Board in September the Committee would have a clear idea of how it collected information, what it did with that information and how this was going to be reported back to the Board.

Jill Youds asked for an update on the implementation of the operating model changes which had been described in the Monitor Operational Plan. The Chief Executive said work was still in progress and that the distillation of the learning from Breaking the Cycle and an action plan for each work stream was due in the next couple of weeks. The Senior Leadership Team had concurred the need to develop the forward plan in more detail and realised that the operating model initiatives were critical to the success of the Trust in ensuring that this year they were better positioned to deal with the demands of the patient access agenda, regardless of the external risks surrounding the move from Frenchay or an ageing population.

There being no further questions the Chair drew this item to a close.

8. Infection Control Quarterly Report

The Board received and reviewed this report from the Chief Nurse. Carolyn Mills introduced the report as a positive picture but wished to point out that areas falling below 95% cleaning standards were audited weekly until they achieved the standard for four consecutive weeks. Richard Brindle advised that the Clostridium difficile target had exceeded by two cases to 38 cases but the Trust were ten cases below for the same period last year. The figure for the following year had been revised to 40 cases. Two Methicillin-Resistant Staphylococcus Aureus bacteraemia cases had been attributed to the Trust which was two cases below its Meticillin Susceptible Staphylococcus Aureus target for 2013/14 of zero. This figure benchmarked well with other trusts. Antimicrobial prescribing reached prescribing compliance of 90% with the iphone and android app introduced allowing junior doctors easy access to the guidelines. Crancomysic streptococchi had been withdrawn as a target leaving mandatory reporting for E Coli. Lisa Gardner asked for clarification regarding some of the targets contained in the report. Deborah Lee replied that thought needed to be put as to how to draw the Board's attention to the salient points. John Moore asked if work was being done by public health colleagues to see why large northern cities had more cases of C difficile than smaller cities or more rural cities. Richard replied that details of all cases were sent to the local authority but there had not been any good mechanisms for investigating incidents of C difficile in the community. However, the Trust were sending the information on all new cases to the local authority so that they could investigate and control C.difficile more effectively. In response to a question from John Moore, Richard advised that the water purification issues surrounding two automatic endoscopic processors could not automatically be thermally disinfected and would probably be replaced. The Chief Executive noted that the report said the risks from that issue were negligible. Richard advised that the two automatic endoscopic processors within South Bristol Hospital could not be thermally disinfected and would probably be replaced. John Moore was pleased to see that the cleaning audit had been put in place and asked when it had been implemented. Carolyn Mills advised that the period had been about 6 weeks and the cleaning score was to be changed to align with national standards. Further details to be provided at the next meeting. Jill Youds asked that the infection control training compliance be RAG rated. Clive Hamilton, a governor who was in attendance, noted that there had been a contaminated sample for Methicillin-Resistant Staphylococcus Aureus and worried such a thing could happen. Richard advised that skin cleansing could reduce reduce incidents of contamination but that blood cultures were taken through the skin and therefore there would always be a small chance of skin contamination of the cultures. Clive asked why E Coli blood born infections had been steadily increasing. Richard replied that he was uncertain if these infections were rising and that E Coli lives in the gut and	Action 279 Action 280 Action 281

causes urinary tract infections and it was difficult to see how this could be avoided in all cases.

There being no further questions the Chair drew this item to a close.

9. Transforming Care Report

The Board received and noted the report from the Chief Operating Officer.

The Chief Executive introduced the report on behalf of James Rimmer advising that the Board were aware that the Trust had been seeking to refresh and revise the scope and approach to service transformation inside the Trust. After the Breaking the Cycle week the Transforming Care Programme Director had been asked to capture the things that the Chief Executive would like to see Transforming Care doing as a result of the lessons learned from the week, these being: specificity of objectives; the idea of an energising charge for a fixed period; the clarity of executive ownership and organisational leadership; and the focus and energy put into a particular project as well as the significant importance given to the way the Trust messages into the organisation on what they were trying to achieve and how they engaged staff in those projects.

Lessons learned from Breaking the Cycle had been placed under the 6 pillars of Transforming Care noting the step change required how to focus on those things that had potential to make real difference and where to apply transformational resources.

Silvia Townsend, a governor who was in attendance, asked if the project the Trust proposed to take forward, incorporated nursing homes to cover additional or possible capacity for patients ready to leave hospital. The Chief Executive replied that thoughts were now on how to go beyond pure capacity and what would be needed to change internal and joint processes with partners, to allow that capacity to be used, as effectively as it could be.

Iain Fairbairn asked for more detail on how accurate or granular the information was on costs and overheads for services. The Chief Executive replied that it was not just overheads but all categories of costs benchmarked down to Healthcare Resource Group level. He said that there had been discussions for some time at the Finance Committee around understanding the high reference costs, in for example the Division of Medicine and those services that the Division of Surgery, Head and Neck provided from the Bristol Royal Infirmary. He said that between the two divisions there was a £10m issue and the idea was that the Trust develop targeted approaches to identify where there was a reference cost discrepancy or a service line variance and perform a diagnostic and correction in a targeted way. He concluded that the key question was getting divisional teams to understand what the numbers were and in getting clinical engagement in those areas.

John Moore asked how the Trust would maintain the momentum of transformation so that it became business as usual and not part of a separate team. The Chief Executive replied that the challenge was how to distinguish between business as usual and projects that were transactional, and how to decide transformation priorities as a step change.

Julian Dennis suggested the use of a gantt chart for deliverables. The Chief Executive stated that this would follow in due course.

There being no further questions the Chair drew this item to a close.

10. National Institute for Health Research Clinical Research Network, West of England. Annual Plan and Financial Plan.

The Board received and reviewed this report from the Medical Director.

Sean O'Kelly described the report as including the details of the annual plan for the National Institute for Health Research Clinical Research Network, West of England, concerning the detail of delivery of research studies and the detail of the planned financial spend.

Dr Mary Perkins, Chief Operating Officer for the National Institute for Health Research Clinical Research Network, West of England advised that this was a transition year for the network and brought local networks together as one.

The Chief Executive highlighted that the network was accountable to the National Institute for Health Research and it was they that distributed funding to researchers through the networks. The National Institute had an expectation that the host Trust would be applying due governance on their behalf and was the reason for the report at Board level along with future quarterly reports.

Emma Woollet asked that thought be paid to future reports to make things clearer. She suggested the cover sheet be fully completed showing key areas and actions required.

John Moore asked for further details of the flow of funding and asked to see the governance structure for the flow and for that of procurement, for the organisations that managed the funding.

The Chief Executive said that there was a case for describing to the Audit Committee at its next meeting how the Trust operated hosting across all the institutions that it was a host for. Action 282

David Armstrong said he would like to see from the research paper a clearer line on strategic goals and benchmarking with peers. Deborah Lee said that the recasting of the Board Assurance Framework and the refreshed mission and vision would aid the Board's understanding.

Wendy Gregory asked what the financial implications for the hosting were for the Trust. The Chief Executive advised that sums were there for UH Bristol to provide the resources needed in delivering the hosting role.

There being no further questions the Chair drew this item to a close.

11. Research and Innovation Strategy Update Report

The Board received and reviewed this report from the Medical Director.

David Wynick presented the oral report to update the Board on research activity within the Trust. Data was presented on recruitment activity into National Institute for Health Research portfolio trials, which determined future funding, and performance against the Department of Health benchmark relating to the time to setup and open trials.

The mission of the organisation, 'to undertake world-class translational and applied health services research and innovation in collaboration with our regional partners, that generates significant health gain and improvements in the delivery of our clinical services' was broken

down into three key areas; and approved at Trust Research Group.

Initiating research

- Increase grant funding awarded to UH Bristol to lead high quality relevant research
- Improve and build on patient, public and carer input to all aspects of our research
- Set up research more quickly by improving systems and processes (costings, contracts)

Delivering research

- Improve the quality of information and understanding clinical divisions have about research activity
- Share best practice across the divisions for setting up and staffing research, maintaining a workforce with the skills and support to develop and deliver high quality research that is of direct patient benefit
- Make best use of existing IT systems to increase recruitment to research

Disseminating and evaluating research

- Collect and share information about outcomes and impacts of research
- Showcase experiences of patients taking part in research

Funding for the last year had been closed off with total grants of about £10m. David confirmed that the Trust were the largest research active Trust in the geographical network and the best performing large research active trust in England.

From a research perspective, joint reporting with North Bristol Trust would give a performance score of 7th in the national ranking compared to 21st for UH Bristol and 29th for North Bristol Trust. Recruitment of patients into trails would move the ranking from 25th in the country to 5th in the country. He said that from a research perspective integration would move performance up.

He advised that in two years' time bids would be made for biomedical research units and centres. Work was taking pace to make sure of an integration of activities across both acute trusts and both universities to make sure they were best placed to put in the best bids for future funding.

Iain Fairbairn asked if, after deduction of the cost of clinical time involved and after deduction of overheads, was research a profitable activity.

David replied that most of the grant of large research capability funding made up the difference of the true research costs and indirect costs. Also, an allocation was made to the Trust to provide hosting and research which led to better care with possible savings.

For the first time a CQUIN for research had been allocated and the Trust were the first to have this in relation to recruitment into clinical trials and this would bring funding in directly to the clinical services.

Emma Woollett asked for further information regarding the inter-relationship between

research partners. David Wynick to provide this to Emma.

There being no further questions the Chair drew this item to a close.

12. Estates Strategy Update

The Board received and noted this report from the Director of Strategic Development and Deputy Chief Executive.

Deborah Lee provided an update on the development of the Trust's Estate Strategy.

She advised that all previously agreed priorities and those subsequently identified had now been accommodated in a site master control plan with the exception of staff accommodation and nursery provision which were now considered to be better addressed through off-site solutions.

Next steps were to secure Board sign off for the Estate Strategy and then to develop two separate Outline Business Cases (OBC) for the Old Building site and the site to the north of THQ.

In response to a question from Emma Woollett Deborah confirmed that any priorities that had previously been detailed as a high priority had been addressed in the document with the exception of those previously mentioned.

Emma further noted that the Old Building site was a flat site and asked if the Trust would be better served using this for phase 1 works, and asked if the cost priorities had been examined. Deborah replied that the Trust had concluded that their priorities would be better met on the northern part of the site due to planning restrictions, and commercial opportunities being more available on the Old Building site. She advised that the estates strategy describing this would come back to Board in June.

Sylvia Townsend, a governor who was also in attendance, asked for more information on the Central Health Clinic. She was advised that it provided sexual health services and part of the breast screening programme service, for the city. There was a question around its future as Bristol City Council wished to go to the market and re-procure sexual health services. The estates strategy sought to build in flexibility for a scenario where sexual health services could be provided by others who did not wish to operate out of the Sexual Health Clinic, noting that if there was disposal of the clinic the Trust needed to demonstrate they could re-provide breast screening on its own campus.

There being no further questions the Chair drew this item to a close.

13. Action Plan in Response to the Care Quality Commission Inspection of Dementia Care (Action 262)

The Board received and noted this report from the Chief Nurse.

Carolyn Mills presented the Trust response and action plan as submitted to the Care Quality Commission.

There being no further questions the Chair drew this item to a close.

Delivering Best Value

14. Finance Report

The Board received the Finance Report from the Director of Finance and Information, to review.

Paul Mapson presented the draft financial position for the year as a £6.188m surplus before technical items and a £5.162m deficit after technical items. The accounts had been submitted to Monitor on 22nd April in line with the national timetable with a reported £5.875m deficit after technical items. This was a satisfactory position for the year and the focus was now on delivery of 2014/5.

The technical items related primarily to donated depreciation and income and asset impairments (which had been advanced from quarter one 2014/5).

The Board confirmed that the Trust was a viable going concern based on the 2014/5 financial plan presented to the Trust Board in March 2014.

He updated the Board that the potential additional VAT liability of £2m capital and £0.5% revenue had been avoided by the HMRC changing their advice.

There being no further questions the Chair drew this item to a close.

15. Finance Committee Chair's Report

The Board received the verbal report by the Chair of the Finance Committee for review.

Lisa Gardner, Chair of the Finance Committee asked the Board to formally agree that the Trust was a going concern.

She advised that the Finance Committee still had concerns regarding the financial position of the divisions of medicine and surgery head and neck and that the Trust had delivered 80% of the target.

She said that Business Plans still had a long way to go and were short by £6m.

The capital programme had 'come in' within the target ranges and Monitor's expectation of +-15% in line with the capital programme. She said that the Trust was still looking at plans to achieve a risk rating of 4.

To conclude she wished to offer congratulations to the Finweb team for a user-friendly online network advice system covering all finance systems.

The Chairman asked for approval of the Trust as a going concern. The Board approved.

There being no questions the Chair drew this item to a close.

Building Capability

16. Teaching and Learning Strategy Update

The Board received and reviewed this report by the Director of Workforce and Organisational Development.

The Chief Executive advised that the report had come to Board in response to a request at the last meeting to receive regular reports on the extensive teaching and learning activities that the Trust undertook. This was a descriptive report with a review of strategy to follow at the July Board meeting.

Non-executive directors welcomed the report including Jill Youds who was keen to understand how the Trust performed compared to others.

Rebecca Aspinall explained that the Trust had good internal governance measures that looked at the quality of the education programmes within the Trust and issued a 'pre-emptive warning' where teaching was not reaching standard. In ten areas, the Trust was in the top 5% in terms of education, these included trauma and orthopaedics and intensive care and anaesthesia. She advised that the Trust were also in the bottom 5% and the innovation of a Leadership Team to address the bottom 5% areas, had been formed to show the progress made and the metrics to show how improvements were being made was to follow.

Emma Woollett said she would be keen to see how training touched every member of staff in the organisation and how that was funded.

Guy Orpen advised that in the same way that research benefits spilt over into the rest of the Trust then that was so with leaching and learning. He cautioned that this was a business that was very competitive.

David Armstrong asked if the plan was informed by the activities of the Patient Experience Group. The Chief Executive replied that this fed into aspects of teaching and learning but not the broad remit. He advised that a lot of teaching the Trust provided followed curricula written elsewhere.

Rebecca Aspinall added that patient complaints now fed into educational programmes and lessons learnt from serious incidents also went into the education programme. She described this as the learning 'cascading across the Trust'.

There being no further questions the Chair drew this item to a close.

Leading in Partnership

17. West of England Health Science Network Board

The Board received and noted this report by the Chief Executive.

18. Quarterly Capital Projects Status Report

The Board received and noted this report by the Director of Strategic Development and Deputy Chief Executive.

Corporate Governance

19. Governor's Log of Communications

It was noted that although the report suggested that some recent queries had not been assigned, they were in hand and receiving attention. Governors were encouraged to continue to make use of this facility.

There being no questions the Chair drew this item to a close.

20. Q4 Compliance Framework Monitoring and Declaration Report

The Board received this Declaration Report by the Chief Executive for approval.

The Chief Executive advised that the Board were recommended to approve a declaration against the governance side of the risk assessment framework of 4 standards being failed and potentially five, including the cancer 31-day standard (subject to validation), and a continuity of service risk of 4.

The Board approved the declaration.

21. Board Assurance Framework Report

The Board received and reviewed this report by the Chief Executive.

The Chief Executive advised that the Board Assurance Framework was showing 5 red rated objectives. He said the objective against teaching and learning had been an ambition that had lacked adequate capability to deliver and would be carried forward to 2014/15.

Emma Woollett noted that consultant job planning should be reflected in the framework. The Chief Executive replied that an overhaul of the framework was due and this would be considered.

There being no further questions the Chair drew this item to a close.

22. Corporate Risk register

The Board received and reviewed this report by the Chief Executive.

The Chief Executive presented the Corporate Risk Register to the Board and advised that this was aligned to the Board Assurance Framework formally managed by the Risk Management Group reporting into the Senior Leadership Team. He noted a discrepancy between the cover paper and the backing paper around the de-escalation of risk 1412.

Deborah Lee noted that risk 2126 had been recorded and treated as a risk for some time but had not migrated onto the register in the past.

John Moore asked which items had been de-escalated and incorporated into risk 2479. Deborah Lee advised that these were 1383, 1412 and 1422.

There being no further questions the Chair drew this item to a close.

Information and Other

23. Any Other Business The Chairman advised the Board that Charlie Helps, Trust Secretary, had attended his last Board meeting with the Trust and offered a personal thank you to Charlie. He wished him well in the next stage of his career. The Chief Executive echoed these sentiments and thanked Charlie for his personal support and for the contribution made over the past three years to the governance and management of the Trust. He concluded that Charlie had brought a particular ability to question the Trust's arrangements to drive them to appropriate solutions, which he had personally found enormously valuable. *There being no further business the meeting closed at 13.10*	
24. Date of Next Meeting **Public Trust Board meeting,** 30 May 2014 at 10:30 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol BS1 3NU.	