

**Unconfirmed Minutes of the Meeting of the Trust Board of Directors held in Public on  
27 November 2014 at 10:30, the Conference Room, Trust Head Quarters, Marlborough  
Street, BS1 3NU**

**Board members present:**

John Savage - Chairman  
Robert Woolley – Chief Executive  
Deborah Lee – Deputy Chief Executive  
Sue Donaldson – Director of Workforce and Organisational Development  
Paul Mapson – Director of Finance & Information  
Sean O’Kelly – Medical Director  
James Rimmer – Chief Operating Officer  
Carolyn Mills – Chief Nurse  
Emma Woollett – Non-executive Director  
David Armstrong – Non-executive Director  
Guy Orpen – Non-executive Director  
Alison Ryan – Non-executive Director  
Jill Youds – Non-executive Director  
Lisa Gardner - Non-executive Director

**Present or in attendance:**

Debbie Henderson – Trust Secretary  
Isobel Vanstone – Interim Corporate Governance PA (Minutes)  
Rev Stephen Oram – Head of Spiritual and Pastoral Care, University Hospital Bristol and North Bristol Trust  
Ruth Hendy – Staff – Lead Cancer Nurse  
Hannah Marder – Cancer Services Manager  
Bob Bennett – Governor (Public – Bristol)  
Clive Hamilton – Governor (Public – North Somerset)  
Karen Stevens – Governor (Staff - Non Clinical Healthcare Professionals)  
Jeanette Jones – Governor (Appointed - Joint Union Committee)  
John Steeds – Governor (Patient - Local)  
Sue Milestone –Governor (Patient – Carer 16years or over)  
Marc Griffiths – Appointed Governor  
Wendy Gregory – Governor (Patient – Carer 16years or over)  
Florence Jordan – Governor (Staff – Nursing & Midwifery)  
Brenda Rowe –Governor (Public – Bristol)

**26/11/14 Chairman’s Introduction and Apologies**

Apologies had been received from Aidan Fowler (Fast Track Executive), Julian Dennis (Non-Executive Director) and John Moore (Non-Executive director. The Chairman welcomed Isobel Vanstone and Jill Youds, Non-executive Director.

**27/11/14 Declarations of Interest**

In accordance with Trust Standing Orders, all Board members present were required to declare any conflicts of interest with items on the meeting agenda. No new declarations of interests were received.

## **28/11/14 Minutes and Actions from Previous Meeting**

The Board considered the minutes of the meeting of the Trust Board of Directors held on 30 October 2014 and approved them as an accurate record, subject to the following amendments: Jill Youds commented that on page 2, the second paragraph to be re-worded to reflect that the delay in interviews was disappointing because of the continuing uncertainty and the impact this was having on the families and staff concerned. Sue Donaldson referred to page 5, paragraph one should read a further deep dive on ‘retention’ was now required. It was:

### **RESOLVED:**

- **That the minutes of the meeting held 30<sup>th</sup> October 2014 were approved as an accurate record of proceedings subject to amendments outlined in the minutes**

## **29/11/14 Matters Arising**

The action notes were received and closed actions were amended accordingly with regard to actions.

With regard to action point 221, Robert Woolley reported that the Business Case for the centralisation of Histopathology Services had been due at this Board, unfortunately the Case was delayed. He reported that discussions had taken place with North Bristol NHS Trust to submit the Business Case to the Board for approval in December to maintain progress towards a physical transfer date at the beginning of June next year. He reported that the Trust is working closely with NBT to finalise the business case and stated that they would communicate the reason for the delay to all staff involved.

With regard to action point 335, Sue Donaldson reported on the bid, unfortunately on this occasion the Trust were unsuccessful. She stated that the department had learnt a great deal from the process and have developed some good working relationships as a consequence.

With regard to action point 16/10/2014, James Rimmer reported that the Governors and Non-executive directors had undertaken a tour of the new buildings and he confirmed that had been very constructive and useful.

## **30/11/14 Chief Executive’s Report**

Robert Woolley provided the Board with a verbal update on key issues contained within the Senior Leadership Team report.

Robert Woolley took an opportunity to comment on the successful staff Recognising Success Awards Ceremony and wanted to record his congratulations to all of the winners and those highly commended. He confirmed that this was further evidence of the Trust’s efforts to recognise success and acknowledge the work that staff undertake to provide exceptional care to patients in challenging times. Robert gave particular thanks on the evening to all staff involved in dealing with the water main burst affecting the Bristol Royal Infirmary on 17 November 2014 and particularly highlighted the work and commitment of the Estates Staff, domestic staff and Sterile Services Department. Robert also acknowledged his appreciation to North Bristol Trust for the use of the CSSD at Frenchay which enabled instruments to be sterilised.

Robert Woolley reported on the CQC Inspection undertaken in September and highlighted the Quality Summit which is scheduled to take place on Friday 28 November 2014 at which the CQC will present their findings. Monitor will then hold discussions with the wider Health Community on the support the Trust needs to address issues requiring improvement. It was confirmed that the report is due to be published week commencing 1st December.

He reported that the Trust had been rated as “requiring improvement”, in the areas of patient safety, responsiveness and leadership and the Trust was rated good in two domains of caring and effectiveness. The CQC found the Trust providing compassionate care in every area they inspected. He confirmed that although the Board had been disappointed by the overall rating, however, it should be noted that 70% of Trusts inspected by the CQC receive a rating of “requiring improvement” or worse. It was noted that the Trust had not been found to be inadequate in any area. 80% of the individual ratings in the Report were classified as good and two were rated as outstanding. Children’s Services were also rated as good across the board and outstanding for effectiveness. Robert confirmed that the Trust’s End of Life Services were also found to be good in every domain. It was also noted that South Bristol Community Hospital was found to be good right across the board as was the Central Health Clinic.

Areas for improvement were highlighted in medicine, surgical services and outpatients. The issues identified are substantially driven by difficulties with patient flow and the CQC had given the Trust a list of recommendations for implementation. Robert confirmed that the Quality Summit will consider how the Trust and the wider health and social care system can make a real difference to patient flow issues. Robert confirmed that discussions will focus on the implications of the report and will communicate the findings internally and externally next week, highlighting the very many positive comments in the report. The Trust will produce an action plan within a month to address the issues raised. The action plan will be circulated to Board members for comment.

The Chair confirmed that overall this is a good report, and he took an opportunity to record his thanks to all the staff who responded positively to the CQC visit.

Deborah Lee reported that arrangements are in place to communicate the positive narrative within the report and confirmed that they will do this with all stakeholders both internal and external, also local media through print, radio and TV. Clive Hamilton referred to their 1:1 meeting with the CQC, in which they emphasise the positive relationship between the Governors and the Board. Robert Woolley stated he would highlight to stakeholders that the report contained no surprises and that the Trust was aware of the issues raised by CQC and that the Trust had plans in place to address them. Robert also confirmed that the Trust had already had implemented a number of changes since the CQC visit with a very positive effect.

Guy Orpen commented on the Communication Strategy and felt it was absolutely appropriate for the media to hear the good news and felt it was very important to focus on the positive messages over to staff. Guy also noted there is a great deal to be proud of within the report but it is frequently buried in the detail. Deborah Lee stated that they had pulled out 20 of the most powerful quotes and these will be built into screensavers which will be used for the next few weeks.

Robert Woolley reported that Taunton and Somerset NHS Foundation Trust have been named as a preferred bidder for Weston Area Health NHS Trust. He confirmed that Monitor will evaluate the proposition and Weston expect that phase to conclude by the end of January. Robert provided assurance that the Trust is in discussion with Taunton about their long term intentions to maintain services at Weston and Robert confirmed that the Trust are proposing to formalise arrangements in service level agreements for services that the Trust provides to Weston. The Trust will also communicate the Trust's commitment to continue to provide services at Weston to staff.

In relation to the Monitor Certification for Quarter 2, Robert confirmed that Monitor are now likely to open an investigation into the Trust's failure to deliver its recovery trajectory against the access targets and reported that this will be confirmed by the end of December and the investigation process will play out in the New Year.

Robert advised the Board that Dr Mike Nevin and Dr Chris Monk, both former Heads of Division, are moving on from the Trust and recorded his thanks on behalf of the Board and confirmed that both individuals made an enormous contribution to the clinical leadership of the Trust, and played a key role in the Project Board around the Bristol Infirmary Redevelopment. It was:

**RESOLVED:**

- **That the draft CQC action plan to be circulated for comment**
- **Trust to reassure University Hospitals Bristol staff working at Weston Area Health NHS Trust of their continuing commitment to deliver services from that**

**31/11/14 Patient Experience Story**

Rev Stephen Oram introduced the Patient Experience Story, advising board members that the story highlighted the care and compassion delivered by staff at UHB. The story demonstrates the quality, impact and emotional/pastoral support provided by our Chaplaincy Team. The story related to the importance and value of pastoral support following the termination of a pregnancy and death of the mother following diagnosis of cancer.

The Chair gave thanks to Rev Oram for the work and commitment demonstrated by the Chaplaincy Team and the Board took an opportunity to thank the family for sharing their story. Following a query from Jill Youds regarding support mechanisms in place within the Trust to support as many faiths as possible, Rev Oram confirmed that his Team are the first point of contact, however, relationships are in place with all faiths throughout the City to ensure all support is in place for all patients. Alison Ryan queried the support in place for the Chaplaincy Team including the use of volunteers. Stephen Oram stated that his team provide support to one another at all times and the team continue to meet with North Bristol Team on a monthly basis for reflective practice, providing an opportunity to highlight the more challenging pastoral situations. Stephen Oram confirmed that the Service does use volunteers to support the team.

**32/11/14 Research and Innovation Update**

Sean O'Kelly introduced Diana Benton who provided an update of progress relating to Research and Innovation over the previous six months. Diana reported that weekly reporting on: patients involved in R&I; expenditure; income and performance is now in place. Although there is a strong belief that organisations which undertake research can demonstrate

better outcomes, there has been a lack of evidence to back this assertion up. Diana confirmed that the team are analysing mortality indicators which has established a positive correlation between the level of research activity and the Trust's mortality rate.

Diana provided an overview of the impact of research projects undertaken including Sofosbuvir in the use of treatment of Hepatitis C and participation in a commercial trial sponsored by Gilead Sciences. As a result, the Trust has been chosen as one of the centres to participate in an early access programme funded by NHS England to give access to 500 patients, making a real difference to that group of patients. Similarly, the Academic Health Science Network has commenced a project to roll out training for use of magnesium sulphate with women who are at risk of having pre-term labour.

Diana Benton confirmed that weighted recruitment and clinical trials income had increased during 2013/14. The Research and Innovation Team report to the Department of Health on performance relating to clinical trials. Diana confirmed the Trust's position as joint sixth out of fifteen trusts in terms of initiating research in Quarter One 2014/15. Overall the Trust is thirteenth in terms of weighted recruitment, ranked twentieth nationally for research capability funding for overall patient recruitment.

Diana Benton confirmed that this Trust had the first research CQUIN nationally, comprising two elements of oncology and cardiology, the oncology element has already been achieved and progress is strong towards achieving the cardiology element.

David Armstrong asked if it was possible to set specific key performance indicators with a specific action plan to achieve the objectives of the department to enable the Board to receive assurance of measurable improvement. Diana confirmed that targets are in place in relation to levels of improvement with specific key performance indicators, however targets in relation to rankings are challenging. It was noted that the team is constantly striving for strategic opportunities with patients at the heart of all decisions.

Following a query from Guy Orpen, Diana confirmed that the team had consciously opted for larger grants rather than smaller ones to benefit from further efficiency in bids.

Robert Woolley reported that the Chief Medical Officer and Chief Scientific Officer of the Department of Health opened the Collaboration for Leadership and Applied Health Research and Care for the West of England. He confirmed that this Trust hosts this Organisation. He reported that it was a very inspiring day and Guy Orpen reported that Dame Sally Davies had commented positively about Bristol in her speech.

### **33/11/14 Quality and Performance Report**

#### Performance Overview

Deborah Lee gave an overview of the Trust's performance and reported in the respect of the key indicators within the balanced scorecard, there has been a deterioration of one and improvement of two. Deborah confirmed that the Trust's efforts relating to patient flow were demonstrating encouraging signs of improvement and noted that the number of long stay patients has reduced significantly, and the number of patients medically fit for discharge was at its lowest level this year. Deborah also referred to the positive impact of the introduction of the Planned Care Model on the number of operations cancelled in the month of October. The Board were also informed of the decrease in the number of ambulance breaches. It was

acknowledged that these improvements need to be maintained with a view to improving performance particularly in Accident and Emergency.

Deborah Lee confirmed that the Trust is failing six key targets in relation to A&E performance; 62 day cancer and 31 day standards, within Monitor's Risk Assurance Framework. Robert Woolley had already referred to the fact that Monitor will seek to investigate these matters more fully. It was noted that the Trust has experienced an unprecedented surge in critical care patients, impacting on capacity that the Trust would have afforded to cancer patients. She stated that this is a very mixed picture and it is one that the Board are taking very seriously.

#### Quality and Outcomes Committee Chair's report

Alison Ryan reported that in relation to our access and flow issues James Rimmer had warned the Trust of the impact of delays in handing over theatres had restricted capacity. She also stated that the trajectories for RTT have not been adjusted to the new scheme for dealing with the Trust's backlog so the Trust will not be able to measure our success against the Trust's new plans for recovery until December. She stated alongside the encouraging things the Committee noted that the Trust are sustaining significant improvements in reducing patient falls and incidence of pressure ulcers.

Alison Ryan reported that the Quality and Outcomes Committee reported on research carried out by the Patients Association on learning from complaints. She confirmed that the Trust have a contract with the Patients Association to help the Trust understand patient experience better. She reported that the Patients Association had produced a really excellent report on the ways the Trust can deal with their complaints better and using them as positive learning experience. The Trust needed to be not quite so matter a fact but listen, and respond to how upset patients are and show more empathy. The Committee had looked in detail the response to the National Cancer Patient Survey Report which the Trust received early in the year. The Trust were very disappointed with this Report as it showed the Trust to be poor in terms of patient experience for cancer patients. Structural changes had been made in response to the report, however there had been very little impact on the ground. Alison Gardner stated the Trust need to understand better where the Trust sits in the whole patient journey. Cancer patients generally comment on the whole journey not just the Trust's part of it. She stated that the Trust along with the Patients Association are taking a longer term view in developing our action plan to make the cultural shifts that will lead to real improvement.

Alison Gardner reported that the Committee endorsed the recommendations but felt this was a two year not a one year programme. She confirmed that the next Cancer Survey will be in six months' time. She stated that the Committee were joined by Ruth Hendy and her colleagues who were really committed to understanding the patient journey better, doing their best to improve it and equipping their colleagues with interpersonal skills.

Alison Gardner reported on looking at serious incidents and traditionally this item has been put at the end of the Agenda and confirmed that she had added half an hour to the Quality and Outcomes Committee Meetings. She stated that the Committee had requested that Serious Incidents be put on the Agenda much earlier so that the Committee has time to look at the bigger issues. She reported that there had been a particular incident which had demonstrated substantial failings of the system in a number of points. The Committee felt that it was necessary to tell a story in a way that was compelling both to patients and families involved but also to the Trust to give a sense of what it means to that patient.

David Armstrong suggested that the Quality and Outcomes report be improved in terms of format and content and felt that at some stage either the Quality and Outcomes Committee or at a Board Development Seminar the Trust could spend some time on to make this report balanced in terms of establishing where the Trust is and where the Trust it is going. James Rimmer stated Deborah Lee's overview addresses the forward look and it would be useful to be able to bring this out a little more. Robert Woolley stated this will tie in with the Well-Led Governance Review. James Rimmer confirmed that it is helpful for the Trust to look forward in respect of RTT, cancer targets and believes that the Trust are focussing on the right things in respect of Accident & Emergency, although improvements in performance were slow to demonstrate. The Chairman requested that this issue be discussed outside of the Board Meeting. It was:

**RESOLVED:**

- **That a discussion on a restructuring of the Quality and Outcomes Report to be taken forward outside the Board meeting.**

Jill Youds raised the issue of recovery of Access Standards and areas in which the Trust are missing the trajectory and requested assurance that the Board remains confident that the recovery programme continues to be appropriate. James Rimmer briefed the Board on areas of externally scrutiny, as well as by the Board scrutiny. James confirmed that the Board will receive revised trajectories by 19 December 2014. James Rimmer confirmed that the new plan will commence on 8 December 2014 and noted that the Trust has been reviewed positively by IMAS and that NHS England have prioritised the Trust for additional support. It was:

**RESOLVED:**

- **That the revised access trajectories to be circulated to Board Members by 19 December**

James Rimmer referred to issues relating to cancer performance and noted that whilst the quarter would be failed for the 62 day targets in November and December, improvement was apparent. James confirmed that the four hour recovery plan is being scrutinised externally by the Emergency Care Support Team and by Monitor and stated that the other partners such as CCG and Social Care attended the Board Seminar about how they are working with the Trust to get traction. He also stated that the Trust will need to look at the system-wide structures in relation to Bristol, North Somerset and South Gloucestershire. He confirmed that within the CSU, Divisional Support Unit area, which covers Bristol, North Somerset, South Gloucestershire and Somerset, all five Acute Trusts are in escalation for performance or finance.

Robert Woolley confirmed that the Trust has been formally notified as a high risk by Monitor and NHS England for our progress in recovering referral to treatment times. James Rimmer stated that he anticipates some challenges in relation to non-admitted in December, however expected the target to be achieved from Quarter 4 onwards locally and nationally.

### **34/11/14 Infection Control Quarterly Report**

Carolyn Mills gave an overview of this report and noted that the Trust will adopt the new MRSA Screening Guidance issued by the Department of Health from April 2015. Carolyn referred to three ongoing risks on the Risk Register relating to Infection Control, none of which are new however, provided assurance that these are being managed appropriately. Carolyn confirmed that this Report had been discussed at the Quality and Outcomes Committee.

Due to the outbreak of Ebola in West Africa the Trust has put plans in place to manage patients should they present in the Trust. The infection control team have been involved in extra training sessions, covering hand hygiene, management of Ebola and the use of Personal Protective Equipment.

### **35/11/14 Cancer Patient Survey Report**

James Rimmer introduced Ruth Hendy, Cancer Nurse and Hannah Marder, Cancer Manager. He confirmed that the Cancer Patient Survey Report had been discussed in detail at the Quality and Outcomes Committee. James confirmed that Trust are undertaking a review of patients treated in the past two years to get a more detailed understanding of the Trust's patients and noted that the Trust are working with the Patients Association to get more understanding of their views. James stated that patients who receive all their treatment at UHB receive better treatment, have shorter waiting times and have better outcomes than those who receive part of their treatment elsewhere.

Ruth Hendy reported that recruitment into new posts within the Trust and other changes that have happened within the last year will have a positive impact going forward and outlined that the survey was under review by NHS England. Emma Woollett requested a deep dive into the information provided by the survey to better understand the patients' experience of the service and suggested that this could be undertaken by the Quality and Outcomes Committee. Deborah Lee confirmed that the Senior Leadership Team has discussed the outcome of the surveys in depth and has identified a new opportunity to rethink about how the Trust are supporting patients with cancer as part of their surgical pathway.

Robert Woolley stated that other local hospitals do not provide the level of complex care that this Trust provides. He stated the Trust needed to learn from its peers, such as Guys & St Thomas. Ruth Hendy confirmed that this has been done in the past with top performers. Ruth Hendy confirmed that there was programme being put forward by the NHS Improvement Programme and they are buddying up high performing trusts with peer trusts. She confirmed that this Trust has put itself forward to be part of the programme.

Wendy Gregory stated she was very encouraged by the work that is being carried out and noted that complex patient pathways involving other healthcare providers can pose a significant challenge. However, Wendy expressed concern that the Trust is being reactive rather than proactive. Robert Woolley provided assurance that the Trust has in place proactive actions to address the concerns. James Rimmer confirmed that some elements of the action plan were already in situ before the release of the report, monitored by the Cancer Board/Steering Group. James also emphasised the significant investment made by the Trust last year with regard to Cancer Specialist Nurses. It was:

**RESOLVED:**

- That the Board endorsed the direction of travel and noted that the Action Plan will go through the Quality and Audit Committee in April 2015.

**36/11/14 Annual Business Planning Guidance**

Deborah Lee spoke to the guidance which is provided to the Board on an annual basis and noted the inclusion of an additional work stream in relation to Quality and Safety. Deborah stated that this is a very important development connecting with the actions of the work following the CQC report and outcomes. The Board have approved the Strategic Plan for the next 5 years, therefore looking at the 2-year operational plan is crucial, as well as the connect with divisional objectives.

**37/11/14 Quarterly Workforce Report**

Sue Donaldson spoke to the report and stated that this had been reviewed in detail by the Quality and Outcomes Committee. Sue noted that the Trust has set very ambitious Key Performance Indicators for the Workforce agenda to affect a step change in the Trust's focus and approach to workforce and organisational development. The Trust largely maintains a relatively strong position in comparison to other Trusts. Sue confirmed that the KPIs are monitored by the Senior Leadership Team, Workforce and OD Group, Quality and Outcomes Committee and the Board. Sue noted that the Board has previously looked in detail at the level of vacancies, turnover position and ongoing use of agency staff.

She confirmed programmes of work confirmed and went on to point out that the Trust's sickness absence levels have deteriorated as a consequence of an early onset of colds and flu and made reference to the importance of the Flu Campaign. Sue reported that the Trust's current position with regard to take-up of the campaign is 46%. She confirmed that stress related and psychological illness continues to be the key cause of absence notwithstanding the Trust's attempts to support staff particularly via the Lighten Up Campaign and piloting an Employee Assistance Programme, in addition to all the positive services that the Occupational Health provide which includes a counselling service.

Sue referred to the Lighten Up Campaign and noted relatively low attendance related to the commitment to complete six modules requiring staff to attend for an hour and a half. It had therefore been agreed to use the modules relating to managing stress and managing change and explore the possibility of providing local training to support these.

The Board were provided with an update on the Employee Assistance Programme and confirmed that the evaluation will involve a cost benefit analysis and noted that the programme has been well received within the Children's Hospital.

Finally she noted performance with regard to essential training is currently at 79%, against a trajectory of 90% by March 2015.

Jill Youds stated that the focus on the Workforce Agenda was very encouraging particularly with regard to the Divisions. She also commented on absence in relation to psychological problems and the positive impact of the Employee Assistance Scheme. Following a query from Emma Woollett regarding the tailoring of mandatory training to specific individual roles, Sue Donaldson referred to the implementation of a new Essential Training Framework which established a number of 'portfolio groups'.

Clive Hamilton queried the approach taken by the Trust to achieve “Improving Staff Experience and Reducing Turnover” and Sue confirmed that the Trust has a comprehensive plan to improve the staff experience which she considers will have a direct bearing on turnover.

### **38/11/14 Finance Report**

Paul Mapson stated that the report is a continuation of the previous month and confirmed that the Trust are still on track to deliver the year end plan. It was confirmed that the Trust had received £4m in respect of winter pressures and it may have an impact on the Trust’s position at year end and noted that based on the recent figures produced by Monitor of 83 acute foundation trusts 77% are in deficit for Quarter 2. Paul then confirmed that this Trust is within the top quartile of foundation trusts in relation to finance. The Financial Year 2015/16 continues to look very challenging, and the more evidence that is gathered makes the position look worse not better. He felt that more time was needed at future Board Meetings to discuss the challenges in more depth during the budget setting/contracting round. The challenges around the country are very significant and the major issue facing the NHS is the use of agency staff. He confirmed that this is the biggest single factor that is causing the foundation trusts the problem and he confirmed that this Trust is less affected than others but it is still a significant problem. Paul Mapson confirmed to the Chairman that whilst the Trust is in a strong position, it must avoid complacency. It was:

#### **RESOLVED:**

- That time to be scheduled to discuss the financial position in 2015/16 and the challenges faced by the Trust**

### **39/11/14 Finance Committee Chair’s Report**

Lisa Gardner confirmed that the Finance Committee looked at the Financial Plan for 2015/16 and noted that Paul Mapson confirmed that it will be the most challenging year in a decade. Lisa Gardner confirmed that the Finance Committee looked at the Medium Term Capital Plan and confirmed that the focus was moving from large to smaller schemes, which may be welcomed by Governors. She advised that a year ago the Trust looked at Surgery, Head and Neck and felt that it was not as efficient as it could be. Issues have been highlighted in Medicine, particularly in regard to the use of specialist staff, again the committee had asked for a report back explaining the issues. Savings performance for 2014/15 remains likely to come in at 82% of the Plan and the Committee have looked in depth at the forward plan.

### **40/11/14 Partnership Programme Board Report**

The Chairman confirmed that the Partnership Programme Board continues and this has been covered at previous meetings. The Board of Directors received the report to note.

### **41/11/14 Capital: Medium Term Capital Programme including Campus Phase 5**

Deborah Lee stated that despite the very challenging times, there are some very encouraging signs. The paper sets out £30m in capital investment that the Trust can make over the period between next year to 2020. The paper set out a different approach that recognises a group of much smaller schemes that have the potential to address some longstanding concerns, but have previously not been prioritised. The paper sets out an approach that the Trust ensures that they consult with wide groups of stakeholders including Governors. A thorough analysis of complaints, incidents, risk registers will also take place to better understand where

investment in operational areas or medical equipment can start to offset some of the issues that have caused concern to patients and/or staff in recent times. Deborah stated that intelligence gathering was likely to take three months, beginning in December. It was likely this would produce a very long list of potential investments. David Relph will be working with Governors through the Annual Planned Focus Project Group to gather opinions and Andy Headon will be leading the approach overall on Deborah Lee's behalf. She stated that she hoped that towards the end of this Financial Year the Trust will then work together Board and Governors as to how the Trust will set their priorities through a framework approach and agree the Programme for the next 5 years. Deborah stated that the paper does describe how the capital plan would need to build in an element of reserve as the Trust recognises that situations change and new pressing priorities may emerge and £6m will be held back for this. The Trust will have the £3/4m each year that the Trust invest in operational capital and medical equipment, this investment previously went into the Children's Hospital and BHSE and has been made available to address other things on the campus that have not been previously been addressed.

Alison Ryan referred to the lag between anticipated spending and actual spending around medical equipment and noted this as a longstanding issue and queried if there is a structural issue with regard to decision making. She suggested understanding the reasons around the process as to whether there are improvements to be made, the Trust are not doing a major strategic programme there may be an opportunity to look at that so the process could be improved so that the Trust have a clearer idea what is going to be spent and when. Paul Mapson stated he knows the reason, everything takes longer than the Trust thinks, the time required for specification, procurement, delivery delays etc. therefore bigger pieces of equipment always take longer to procure than the Trust initially thinks. He stated that with regard to Divisional Capital this is held back by Divisions to cope with things as the financial year progresses, he feels this is reasonable and this can be carried forward into the next Financial Year.

He stated that the Trust's current programme with a series of schemes adding up to £20m such as ward upgrades and inter-related schemes is very complex. The interdependencies are being thought through. Deborah Lee confirmed that from a divisional perspective the Trust could get more grip on the process and committing resources earlier in the financial year. She stated that the Trust may wish to reflect how it profiles schemes. Guy Orpen confirmed that procurement within the University is much more complex and that the University has exactly the same problems particularly around equipment. Deborah Lee stated that this is a real opportunity to build upon the improved appearance of the Campus and embrace the new environment.

#### **42/11/14 Monitor Feedback on 5-year Strategic Plan**

Robert Woolley reported that the Board had submitted the 5 Year Strategic Plan in May of this year and that Monitor had analysed the Plan and had discussions with the Trust around Sensitivity Analysis on the savings assumptions within the Plan. Robert Woolley explained that Monitor feel that this signifies a risk to sustainability and has therefore assigned an amber rating. He stated he does not know how other Foundation Trusts have been rated. Board members were asked to note the report. Paul Mapson confirmed that Monitor used a 4% efficiency target and any Trust that uses a lower figure than Monitor presented a risk. Paul Mapson confirmed that he felt the amber rating was reasonable in the circumstances.

#### **43/11/14 Remuneration and Nominations Committee: Terms of Reference**

Emma Woollett proposed that the two Committees for the Remuneration Committee and the Executive Nominations and Appointments Committee be combined due to the high degree of overlap primarily in respect of Senior Team development and succession planning. Emma referred to the Terms of Reference which reflect a combination of both committees.

#### **RESOLVED:**

- The Board approved the proposal to combine the Remuneration Committee and Nomination and Appointments Committee, and establish the Remuneration and Nomination Committee to operate and discharge its duties in line with these proposed Terms of Reference.**

#### **44/11/14 Governors' Log of Communications**

The Chairman stated in relation to the Governors' Log Communication that the Non-Executive Directors get notification of items including responses, as they go on to the Governors' Log. He stated that this is a really important tool. Emma Woollett stated that it is very helpful to get the whole log.

#### **45/11/14 Any Other Business**

The Chairman wanted to congratulate staff in relation to the opening of the new wards and celebrate the fact that the Nightingale Wards in the BRI Old Building have been taken out of use.

Robert Woolley stated that industrial action was taking place this week. James Rimmer took an opportunity to thank staff for their professionalism during the process. It was confirmed that five operations were cancelled in advance of the Industrial Action.

The Chairman confirmed that an Extra-Ordinary Board Meeting would be arranged in December to consider the Business Case for Centralisation of Histopathology Services in Bristol. Given the Trust's continuing failure to delivering key access targets and the likelihood of regulatory investigation, be asked that the Executive bring the updated plans and trajectories for recovery to the same meeting for Board consideration.

#### **46/11/14 Meeting close and Date and Time of Next Meeting**

There being no other business, the Chair declared the meeting closed

The next scheduled meeting of the Trust Board of Directors will take place on Thursday 29 January 2015, 10.30am, the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

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Chair

.....2015  
Date