

MINUTES of a Meeting of the Trust Board of Directors to be held in Public on 30 July 2014 at 10:30 in The Conference Room, Trust Head Quarters, Marlborough Street, BS1 3NU

Board Members Present	
<ul style="list-style-type: none"> • Robert Woolley – Chief Executive • Sue Donaldson – Director of Workforce and Organisational Development • Paul Mapson – Director of Finance & Information • Sean O’Kelly – Medical Director • Carolyn Mills – Chief Nurse • James Rimmer – Chief Operating Officer 	<ul style="list-style-type: none"> • John Savage (Chair) • David Armstrong – Non-executive Director • Julian Dennis – Non-executive Director • John Moore – Non-executive Director • Guy Orpen – Non-executive Director • Alison Ryan – Non-executive Director • Emma Woollett – Non-executive Director • Jill Youds – Non-executive Director
Others in Attendance	
<ul style="list-style-type: none"> • Penny Hilton – Fast Track Executive • Richard Brindle - Director of Infection Prevention and Control • Xanthe Whittaker – Head of Performance Assurance & Business Intelligence/ Deputy Director of Strategic Development • Julie Dawes – Interim Trust Secretary • Pauline Holt – Management Assistant to Trust Secretary 	
Observers	
<ul style="list-style-type: none"> • Bob Bennett – Public Governor • Ian Davies – Staff Governor • Simon Davies – Press Officer • Tom Davies – Staff Governor • Wendy Gregory – Patient Governor • Mark Griffiths – Appointed Governor • Clive Hamilton – Public Governor • Jeanette Jones – JUC Governor • Florene Jordan – Staff Governor • Marty McAuley – Trust Secretary, South West Ambulance Trust 	<ul style="list-style-type: none"> • Sue Milestone - Patient Governor • Bill Payne – Appointed Governor Bristol City Council • Tony Rance – Tertiary Governor • Mo Schiller – Public Governor • Sue Silvey – Patient Governor • Karen Stevens – Staff Governor • Mary Watkins –Vice Chair, South West Ambulance Trust • Peter Wasswa – Staff member • Pam Yabsley – Patient Governor
<i>Item</i>	
<p>1. Chairman’s Introduction and Apologies</p> <p>The Chairman extended a special welcome to Penny Hilton, Fast Track Executive. To Martin McCally the Trust Secretary and Mary Watkins the Vice Chair of South West Ambulance Trust and Bill Payne, newly appointed Governor.</p> <p>Apologies had been received from Deborah Lee and Lisa Gardner.</p>	
<p>2. Declarations of Interest</p> <p>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.</p> <p><i>No new declarations of interests were received.</i></p>	

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3. Minutes and Actions from Previous Meeting

The Board considered the Minutes of the Meeting of the Trust Board of Directors held on 30 June 2014 and **approved** them as an accurate record, subject to the following amendments:

Page 3, Patient Experience Story. Add in NHS Innovation Centre before Board Development Toolkit.

Page 5, Para 3. Add the words 'in all areas' to the end of the last sentence.

Page 5, Para 7. Add in the word 'not' to falls and ulcers had **not** been normalised.

Page 7, Report on Staffing Levels, Para 2 first line, and add in 'report' after 'first'.

Page 7, Report on Staffing Levels, Para 3 delete 'basis of 1:6 and 1:8 at night' and add in 'principles of 1 registered nurse to six patients on days.'

Page 7, Report on Staffing Levels, last para add an 's' to the word 'establishment' on the second line.

Page 8, report on Staffing levels add in 'staff on duty' after the word total on the last line of para7.

John Moore questioned Page 11 section 8 penultimate paragraph - Trust considering inviting the internal auditor and reiterated that the Trust had assessed themselves against the recommendations in the Francis Report and asked if it would be wise to ask the internal auditor to verify that assessment. The Chief Executive expressed hesitation that internal audit were the appropriate body to assess if all 190 recommendations applied to the Trust or not. He said that this was a judgement that the Executive and Trust Secretary had independently made, correlated and played it back at the Executive meeting. He said he was confident that he could defend the selection of relevant recommendations. Having benchmarked with other Trusts the feeling was that UH Bristol had made the assessment as well as others.

The Interim Trust Secretary advised that this could be picked up as part of the Well Led Governance Review and where the external auditors could be given the task of taking a specific look at the Trust's response to Francis.

The Board agreed this resolution.

Action 355: Trust Secretary to arrange for the external auditor to examine the Trust's response to Francis as part of the Well Led Governance Review.

4. Matters Arising

Actions:

Action 263: (Empathy within the organisation) A consolidated draft summary to be produced in August and sent to the Executive and Non-executive and received formally at Board in September.

Action 282: (Governance Structure for hosting arrangements/ clinical research network) To be placed on the Agenda for September Audit Committee.

Action 295: (Visit from the New Congenital Heart Disease Review Team) Draft Service Standards to be produced for a 3 month consultation period. Assessment and response to be advised to the Board in due course.

Action 320: (Medication errors) Further thought to be put to the correct form of response regarding the lessons learned. The Board to be advised.

Action 325: Matter taken to Council of Governors Meeting - Action Closed.

Action 218: Paper to Quality and Outcomes Committee - Action Closed.

Action 298: (Noticeboards) The Chief Nurse advised that a review was being undertaken and to be completed in August/September. Chief Nurse to report back.

Action 317: (Rostering) The Chief Nurse advised that a report had been sent to the Finance Committee regarding rostering. Action closed.

Action 318: (Trajectory for fractured neck of femur). Report to be sent by the Medical Director to the Executive and Non-executive prior to Board in September.

There were no further Matters Arising.

5. Chief Executive's Report

The Chief Executive provided the Board with updates on the following matters:

- A formal letter had been received from Monitor following their review of compliance issues, particularly meeting the A&E waiting times standard, the Referral to Treatment non admitted target, the 62-day urgent GP referral target and the C Difficile target. Monitor had concluded that they would not proceed to the formal investigation stage. As a result, the Trust's compliance rating was to be reverted to green but the view taken was that the Trust should have anticipated some of the problems experienced around cancer waiting times and referral to treatment times. Progress was to be tracked on a monthly basis with monitoring for A&E waiting times, referral to treatment waits, and cancer waits, against the Trust's recovery trajectories. He warned that if the Trust failed to recover Monitor could open a full investigation under the terms of the risk assessment framework. He concluded that 'some comfort' could be taken in that Monitor believed the Board understood the issues and had demonstrated a commitment to recover the position.
- A joint letter had been received from NHS England and Monitor regarding the urgent care system in Bristol and particularly the 4-hour A&E standard. A number of actions had been agreed at a joint meeting with Bristol Clinical Commissioning Group. An Operational Resilience Capacity Plan was to be formed addressing some of the issues the Trust had already flagged around inability to discharge patients and the way jointly (with the Ambulance Foundation Trust) UH Bristol manage the conveyance of emergency patients, particularly adults. Additionally system resilience monies were to be made available to the Trust for delivery of emergency and elective activity. Discussions were in place with the Clinical Commissioning Group regarding this.
- A planned formal inspection from the Care Quality Commission was to take place in the week beginning 8 September. A very substantial data request had been received covering a wide range of areas including a corporate summary of the Trust's strengths and weaknesses.
- The Chief Executive said he was 'delighted to announce' that planning permission from Bristol City Council had been received for the frontage of the Bristol Royal Infirmary. The winning design by a Madrid architect had been approved with the contractor in place to start work in the autumn.
- The Second annual report of the Health Service Journal had declared Deborah Lee (Director of Strategic Development and Deputy Chief Executive) one of their top 50 inspirational women. The Chief Executive offered the Board's congratulations to Deborah.
- The Chief Executive invited Sue Donaldson to give the results of the staff friends and family test :
 - The headline results from the first Staff Friends and Family test were now available. There had been a 19% response from staff (c1600 people). 77% of respondents were likely or extremely likely to recommend UH Bristol as a place to be treated. However, 55% of respondents were likely or extremely likely to recommend UH Bristol as place to work, with 20% neutral. It was therefore clear that much more energy needed to be put into staff engagement and improving staff experience. A further report with results compared to other Trusts across the country was to be brought back to the Board in September as part of the Quarterly Workforce Report.

Robert concluded that there had been no start to the formal procurement of Weston Health Trust. UH Bristol was one of three trusts that had expressed interest in acquiring Weston.

Emma Woollett requested further information regarding the Senior Leadership Team report on the review of risk management at the Children's Hospital. The Chief Executive advised that the Care Quality Commission had visited in November and found non-compliance in terms of managing risks, particularly those associated with building work. They also had concerns around infection control. In view of this an external reviewer, Anne Utley, had been invited to undertake a collaborative review with the division. This had raised a number of issues for the division and the Trust. The division was already reacting and had changed their governance approach. An action plan was being compiled and would be brought back to the Board.

Emma Woollett requested an update on the bid by the Bristol Medical Simulation Centre. Sue Donaldson to ascertain and advise.

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Action 333: Sue Donaldson to bring the Staff Survey Results compared to other trusts across the country to Board in September as part of the Quarterly Workforce Report.

Action 334: Chief Executive to bring the resulting Action Plan from the review of risk at the Children's Hospital by the External Reviewer (Anne Utley), to Board when available.

Action 335: Sue Donaldson to give feedback about the bid by the Bristol Medical Simulation Centre.

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 introduced the Patient Experience Story, a lived experience from an individual's point of view. The complainant concerned had volunteered to meet the Chief Nurse and share her experience. The paper provided was her notes for this meeting. She had wanted the Board and clinical teams to gain wider understanding of the impact of poor communication and the feeling of loss of control, and the impact of being treated like you have little knowledge of the case. Carolyn Mills concluded that this was not an experience the Board would want anyone to have and that there was learning to be taken from this experience.

Mo Schiller and Wendy Gregory stated that it was inexcusable to accept that people suffering or dying of cancer should be expected to sit or stand in overheated conditions within Oncology department. They had been raising concerns about overcrowding and overheating since 2010. Advice had been received that air-conditioning was not possible in the Chemo and Clinic areas. (Carolyn Mills to further consider the seating provisions within the waiting areas in Oncology and report back to the Board). James Rimmer agreed to review the area.

These governors also noted that the role of carers was not being recognised and suggested that this be added to the list of learning issues. Alison Ryan endorsed this and asked (regarding the interactions of patients/families and clinicians), if the Trust provided clinical supervision for all clinicians that was rigorously enforced.

Sean O'Kelly advised that he believed clinical supervision was provided for trainees but not consultants. As part of consultant appraisal and revalidation process patient feedback was included. Sue Donaldson and Sean O'Kelly agreed to ascertain and report back to Board the process for clinical supervision for consultants.

John Moore noted that many of the issues highlighted in the story were not new issues. Issues surrounding communication in letters and the effective communication of dropping off points or sending the correct letters to the correct people were easy to solve. Additionally he asked if there was value in the systemisation of management at lower levels so that areas for prioritisation were not forgotten.

The Chief Executive applauded the ambition John had expressed and suggested that the Board should not underestimate the fact that the Trust has been trying for many years to challenge inherent difficulties in running a multi professional organisation and what appeared to be fairly simple nostrums about changing pathways, would have been interrogated many times, over the years. He highlighted the need to focus on the mechanics of how the business runs, the steps of which were complicated by which course of treatment was required. He said that mapping may be a way into addressing the process, system and management issues John had highlighted. He concluded that he was minded to ask the Board if, despite a lot of investment money having made great changes and improved facilities, there was a suggestion that some specific areas had not been dealt with effectively and should the Trust now be looking hard at those areas?

The Chief Executive agreed that the Board should receive an update with a proposal of how to address environmental issues, fundamental to patient experience, recognising that there may be constraints.

David Armstrong wished to highlight that a re-allocation of responsibility was often the way to look for solutions in communication and empathy. Perhaps this role was better suited to the nursing profession and not the medical.

Action 336: James Rimmer to consider the environment in the outpatient waiting areas in Oncology. Report back to Board

Action 337: Sue Donaldson and Sean O'Kelly to report back to Board the process for clinical supervision for consultants.

Action 344: James Rimmer to examine those areas where investment may be needed to address environmental issues fundamental to patient experience (recognising that there may be constraints), to include flow and process.

Action 358: James Rimmer to sample a set of patient letters to ascertain if dropping off points are highlighted. Report back to SDG in September.

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

7. Quality and Performance Report

The Board received and reviewed the Quality and Performance Report.

Quality and Outcomes Committee Chair's Report

Alison Ryan, Chair of the Quality and Outcomes Committee advised the Board that two new non-executive members had joined the Committee, David Armstrong and Jill Youds.

The Committee had received a report on the Review of Serious Incidents which identified some areas for improvement. Quality and Outcomes Committee will be kept updated regarding the process. There had been an in depth report arising from a particular Serious Incident which had identified actions including the importance of notifying protocols and processes for physicians visiting from other organisations. This had prompted a lively discussion on document and policy handling.

The Quality and Performance report had provided excellent data and discussions on the parameters needed to enable a more forward looking report in order for the Committee to assure themselves of the mitigation required for upcoming trends.

They had examined length of stay and received assurance that systems to manage this were in place. The Committee were encouraged by the reduction in rates for falls and ulcers and sent congratulations to the nursing teams. Referral to treatment would continue to hold a high spot on the agenda and assurances were required that the data used was correct.

It was discussed that the proximity of the Quality and Outcomes Committee to the Board meeting did not allow for alterations or amendments to reports prior to their inclusion in Board papers.

The Committee had received a verbal report on histopathology and had received assurance that staff were providing an adequate and safe service.

The triangulation of the complaints reports and other indicators of quality had been requested and a mapping was required of the committee structure underneath Board.

David Armstrong wished to note that some requirements placed on the Trust by the Department of Health and regulators could lead to apparently unfavourable outcomes without the ability of capable staff to challenge sometimes inappropriate metrics.

Workforce

Sue Donaldson advised the Board that trajectories around sickness absence and vacancies were off target.

- Absence was mainly stress and musculo-skeletal related and the most prevalent areas for sickness absence were within Estates and Facilities and the Division of Women's and Children's.
- Vacancies within Facilities and Estates (particularly porters, cleaners and caterers) were difficult to fill along with consultant posts (particularly oncology, radiology and pathology) plus perfusionists and theatre staff.

She advised that these issues would present challenges for the rest of the year. However, the new Interim Director of Facilities and Estates, Mark Neil, had some innovative ideas to speed up recruitment in that division.

Sue concluded that maintaining nurse recruitment to avoid bank and agency spend was also a priority.

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Board Review

John Moore requested that a cross-check of the pressure ulcers referred to in the Patient Experience Story were part of the numbers seen in the Quality and Performance Report. Carolyn Mills said she would provide the Board with this information.

With reference to the graph regarding bank and agency usage they asked if the Trust had triangulated correctly. With staffing at 120% the recruitment of which was to be financed by a substantial reduction to bank and agency spend, they noted that targets were increasing and not reducing. Paul Mapson explained that recruiting to 120% establishment had proved to be inappropriate in some areas. Experience was proving that it was better to staff to 115/6% with some flexibility from a temporary workforce.

They noted that the IT system planned to be in place in the autumn to address recording of the question for dementia was now scheduled for delivery at the end of the year. Carolyn Mills advised that the IT system was only part of the solution with the key step being the engagement of divisions in taking ownership and meeting their own, nationally set targets. A briefing paper had been sent to all divisions highlighting what they needed to deliver, what steps had been taken to date and what the performance by division was. This paper was to be sent to Board members.

Action 347: Chief Nurse to cross check that the pressure ulcers referred to as part of the Patient Experience Story have been recorded in the numbers for the Quality and Performance report.

Action 348: Carolyn Mills to circulate to the Board the briefing paper on the next steps for divisions to meet their own dementia targets.

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

8. Corporate Quality Objectives

The Board received this report from the Chief Nurse for assurance.

Carolyn Mills presented the report and asked the Board to note that the scoping of the baselines was for Quarter 1.

Jill Youds asked if this had been assessed against external benchmarking. Xanthe Whittaker advised that for only a few of the measures had national data available.

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

9. Infection Control Annual Report

The Board received the report for from the Chief Nurse for assurance.

Carolyn Mills introduced the report as a retrospective look back to last year and noted that it was a statutory responsibility under the Health and Social Care Act 2008, specifically the hygiene code. She advised that the report had been brought to Board for assurance. Non-executive Directors had noted in the Quality and Outcomes Committee that legionella was not mentioned within the report.

Dr Richard Brindle advised that Legionella was specifically dealt with in the Water Safety Group and was the management responsibility of the Estates Department.

Alison Ryan noted that the organogram detailed a relationship between the Director of Infection, The Chief Executive and a Non-executive Director. She advised that the latter should read the Chair of Quality and Outcomes Committee.

Clive Hamilton, a Governor asked if the Trust had instigated controls for assurance that bank and agency staff were screened for Tuberculosis.

Sue Donaldson explained that it was usual practice to screen agency staff in the same way as substantive staff but would ascertain the details and advise Clive if it was any different from this.

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Emma Woollett asked if the Trust had a contingency plan for the Ebola Virus. Richard Brindle advised that a set of national guidelines covered this and that any cases would not be nursed within UH Bristol.

Action 349: Sue Donaldson to ascertain the health screening arrangements for agency staff and inform Clive Hamilton if different to those for substantive staff.

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

10. Infection Control Quarterly Report

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

Carolyn Mills presented the Infection Control Quarterly Report advising the Board that it was a look back to the months of April, May and June. She asked the Board to note that the report had been prepared before validation had taken place of the 13 cases of C difficile inspection against a target of 10. This now stood at one case against the limit.

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

11. Quality Strategy 2014-2017

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

Carolyn Mills presented the updated Quality Strategy which she described as an 'umbrella document' under which sat three key sub strategies;

- Patient Experience and Involvement Strategy
- Patient Safety Strategy
- Quality Strategy (on agenda)

Non-executive Directors made the following comments;

- They did not feel that it was a strategy and would have preferred a shorter pithier document. Carolyn Mills confirmed that a simple guide was in production that would be shared with staff.
- There was the expectation for a quality, high level document that was ambitious, tougher and aspirational and backed up the Trust's aspirations to be one of the best. This could then be cascaded into operational plans. Carolyn Mills confirmed that there was a work plan sitting beneath each of the three key sub strategies.

The Chief Executive noted that the Board expected to see a 'crunchy plan' that demonstrated how the ambitions identified in the strategy would be delivered and if the work plans being provided already could be consolidated into a Board level quality improvement plan about quality and standards.

The Trust Secretary advised that as part of the Well Led Governance Review, one of the documents that could be expected would be a quality improvement plan pulling together all the strands of quality improvement. She advised that the Royal Salford Hospitals document was one that was considered to be 'exemplary' and she would share this with the Board.

Sean O'Kelly advised the Board that the Trust Quality Report provided more detail and definition around specific plans and specific quality objectives and the Annual Report also described those in more detail.

Non-executive Directors agreed that there should not be a duplication of reports but rather a streamlining of documents that stated the Trust's aspirations.

The Chairman concluded that the Executive would aspire to pursue the achievement of this aim.

Action 356: The Trust Secretary to share the Royal Salford Quality Improvement Plan with the Board

There being no further questions the Board approved the Quality Strategy.

12. Patient Safety Strategy 2014-2017

The Board received and noted this report from the Medical Director for approval.

Sean O'Kelly advised that the Patient Safety Strategy was closely aligned to the South West Patient Safety Initiative and described a number of safety ambitions and how the Trust will be working with the South West Patient Safety Collaborative to fulfil the criteria and objectives.

The Governors advised that they had examined the report at the Quality and Project Focus Group on 11 July and found it full of the 'right aspirations' and were pleased to recommend it to the Board.

There being no questions the Board approved the Safety Strategy.

Delivering Best Value

13. Annual Complaints Report 2013/14

The Board received and reviewed this report from the Chief Nurse for assurance

Carolyn Mills advised that the report was a retrospective look at the year 2013/14. She wished to draw the attention of the Board to two key areas;

- The inter-relationship between the 17 complaints that had been referred to the Parliamentary Health and Safety Ombudsman. She described the analysis as a good benchmark for the Board on the robustness of the internal processes.
- The number of complaints that had been reopened due to complainants being dissatisfied about factually incorrect replies or incomplete replies had increased to 42 from the position of 20 the previous year. Carolyn said that there was work to be done with the response writers to learn from that feedback and pay attention to the key issues raised, and getting the response to feel sensitive and kind and personalised for recipients.

The Chairman noted the complaints ratio as .21% and falling and declared this to be a significant measure of the Trust's ability and performance.

- Carolyn Mills advised the Board that following a review of equality & diversity data, the proportion of these complainants was not reflected in the total users of the service. She said that work on how to access these groups was to take place with the first step being a new complaints leaflet published in a number of different languages.

Jill Youds advised that she would appreciate some external benchmarking. Xanthe Whittaker advised that the data set was 'fraught with problems' in terms of interpretation. There was a variance amongst Trusts in the inclusion of informal complaints. UH Bristol was reviewing the separating out formal and informal complaints. Carolyn Mills advised that she thought there was national grading, but would check if it was used in the quarterly report.

John Moore noted a potential discrepancy between the report stating complaints as % activity and the graph that formed part of the Quality and Performance Report. Carolyn Mills to check.

Action 350: Carolyn Mills to check for national complaints grading and advise.

Action 351: Carolyn Mills to check the numbers reported in the complaints report against those reported in the patient complaints graph within the Quality & Performance report.

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

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14. Transforming Care Report

The Board received and reviewed this report from the Chief Executive for assurance.

The Chief Executive advised the Board that;

- A significant review of the role and content of the Transforming Care Programme had led to an appropriate challenge at the Board around when the review would stop and how to demonstrate the progress in transforming care at UH Bristol, in line with the vision to be the best and safest hospital trust in the country.
- Simon Chamberlain, the programme director, had undertaken a lot of work to bring the programme to the place described in the report. Executive focus had been placed on limiting the priorities to 10 key work streams, which would be acted on for a limited period before the focus of transformational activity moved onto different priorities.
- In response to the challenge that the Board required to see a forward plan and progress, colleagues had developed milestones against objectives. These were subject to constant monthly review at the Programme Board.

Non-executive Directors were pleased to receive the report but Emma Woollett noted that out of the 10 priorities only two were led by clinicians. The Chief Executive explained that each priority had Executive ownership and project leadership that had clinical engagement at its core. Dr Anne Frampton had been appointed as a Clinical Champion for transforming care and was sitting on the Programme Board.

Finally, given the success of the Breaking the Cycle week, a Delivering Best Care week had been planned using similar methodology and principles.

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

15. Report from the Academic Health Science Network

The Board received this report from the Chief Executive for information.

The Chief Executive provided the report and advised that the Academic Health Science Network Board were keen that constituent Boards received their report of activities for information.

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

16. Finance Report

The Board received this report from the Director of Finance and Information for assurance.

Paul Mapson reported a relatively good financial position for the quarter with a small variance on the year to date position of £400 000. He said that he was still projecting reaching the year end plan with a £5.8m surplus. There had been slight variances on divisions around delivery of savings plans and the delivery of activity.

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

17. Finance Committee Chair 's Report

Emma Woollett as acting Chair of the Finance Committee, advised the Board that;

- The Committee had examined an update of profitability and efficiency with the key highlights looking at the reference cost index. The Division of Medicine appeared to still be an outlier with a high cost metric around nursing costs. Surgery Head and Neck showed a loss for surgery at the Bristol Royal Infirmary and surplus on activity at the Dental and Eye hospitals. The Division of Women's and Children's had reduced profitability and risks around speciality tariffs.
- Much discussion had taken place on nursing staffing within the Division of Medicine with a need for greater control in scheduling rosters. KPIs had been put in place to be reviewed after six months.

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- The Trust surplus to date was just over £1m with a continuity of service rating of four.
- There had been more cautious optimism on divisional ability to deliver operating plans than there had been in the past, with Specialised Services giving significant achievement that was worthy of mention as they were 'back on track' after a struggle.
- Savings were £3m to date which, although slightly behind were expected to improve over the period. The income and expenditure and cash positions were satisfactory.
- The Committee had received the proposed report for Monitor and recommended to the Board that they declare a continuity of service rating of 4.

John Moore noted deterioration in June for the Division of Surgery Head and Neck. Paul Mapson explained that signs of improvement could be seen and an operating plan showing improvement through to year end was in place. He said that mechanisms for monitoring were in place and that there was focus in the division surrounding bringing capacity to bear and delivering activity.

The Chairman noted that the Trust consistently managed to keep the finances in order when some Trusts are unable to do so.

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

18. Quarterly Capital Projects Status Report

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

Xanthe Whittaker highlighted:

- The successful completion of the Bristol Haematology and Oncology Centre scheme and the Centralisation of Specialist Paediatrics transfer
- Good progress with the completion of ward block levels 5 and 6 at the Bristol Royal Infirmary with levels 7 and 8 to be completed shortly.
- Some delays to some aspects of the ward programme to be dealt with during the condensed commissioning period.
- Two additional capital schemes had commenced. The surgical admission suite at the Bristol Royal Infirmary and the conversion of the Queens Lecture Theatre into office accommodation. These were both on track for completion in Q3.
- Some risks were identified in the report.

Emma Woollett requested feedback from the Gateway Review of the Centralisation of Specialist Paediatrics. The Chief Executive advised that post project evaluation reports would follow in due course.

He wished to acknowledge the phenomenal amount work that operational/clinical teams had undertaken to prepare, commission and relocate to new premises and that the Division of Medicine's proposed model of acute care had been approved following revised operating plan submission. This meant that the division would have the right staffing and service model going into new facilities in September/October.

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

Corporate Governance

19. Constitutional Review – Proposed Changes

The Chairman advised that this item had been removed from the agenda and asked the group that had looked at the constitution to reform after the afternoon meeting to examine the implications of a question that would be asked at the meeting of Governors.

20. Risk Assessment Framework Monitoring and Declaration – Quarter 1 2014/15 Report

The Board received this report from the Chief Executive for approval.

The Chief Executive advised the Board that Monitor had asked that they self-certify against their governance rating, against the continuity of service rating and confirm that there were no other issues the Board felt needed to be brought to the attention of regulators. He advised that the statement had proceeded through the internal assessment, preparation and sign off process and recommended the Board to approve the declaration for Q1, where for governance the Board reflected the standards failed as Referral to Treatment times for non- admitted patients, the A&E 4 hour standard and the 62-day GP urgent referral standard for cancer patients and declared a continuity of service risk rating of 3 and no other matters.

The Chair of the Quality and Outcomes Committee confirmed that the Committee had examined the statement and confirmed it.

Xanthe Whittaker advised the Board that the 62-day standard had now been achieved by the validation of other providers' pathways.

There being no further questions the Board approved the Risk Assessment Framework.

21. Board Assurance Framework – Quarter 1 Update

The Board received this report from the Chief Executive for assurance.

The Chief Executive presented the assurance framework against the objectives for the current year in the Board's medium term plan. He advised that there was one red rated objective around delivery of the full savings programme for the year and seven amber rated objectives. He explained to the Board that an amber rating represented a slippage to the objective and not the lack of anticipation regarding recovery.

Emma Woollett requested more external assurance and noted that most of the assurance was provided through internal committees. The Chief Executive advised that the Executive would look at that.

Action 357: Executive Directors to look at providing additional external assurance regarding the Board Assurance Framework.

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

22. Corporate Risk Register

The Board received this report by the Chief Executive for assurance.

The Chief Executive advised that 5 new risks had been added to the register in the quarter risks and assessed against the Corporate Risk criteria

- Corridor queue outside the emergency department
- Risk of reputational damage
- Risk of cancelled operations and consequential risk to cancer standards
- Risk of not resolving complaints in time and resource issues within the Patients Complaints Department
- Risks arising from the review of Children's Services.

Chief Executive apologised to the Board for the use of the term 'de-escalated risks' and advised that the process was not one whereby the Executive decided risks were escalated or not but rather that it involved objective assessment against criteria, with participation from respective divisions. It was this process that determined whether risks were included on the Board's risk register or not.

Emma Woollett questioned the presentation of the report and the lack of clarity between mitigations and the overall

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plan to address issues.

The Chief Executive said he would wish to consider if the issues raised were presentational or, whether some risks were ever present. He considered that the ambulance queue, for example, was a constant risk with the Trust running a 24 hour emergency department.

The Trust Secretary advised that the presentation of the register would be examined as part of the Well Led Governance Review.

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

23. Governor's Log of Communications

The Board received this report from the Chairman, to note.

The Chairman reiterated to the Governors that the log must be used. Sean O'Kelly advised that a formal response to Question 89 had been posted.

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

24. Item Removed.

Information and Other

25. Any Other Business

A Governor asked for reassurance as to the evidence available (in terms of data) for the relevance of demand and capacity issues involved in the growing cancer requirements within the region. She said that no evidence had been seen of how people were accessing the Trust's model of care, what the demand was and how it has increased year on year and reflected in the Trust's Strategic Plan. She asked if the Executive or Non-executive had an 'up to date idea' of the position in 2 or 5 years hence.

Chief Executive advised that a full market assessment would have been made as part of the development of the 5 year Plan. Paul Mapson added that single providers would find the analysis hard to make in view of the transfer of services. He explained that the Cancer Network would be a better forum for that analysis and from where the Trust could see what it needed to provide within that framework. The Chairman asked Paul Mapson to ascertain this information.

Action 353: Paul Mapson to ascertain the position regarding cancer activity projections.

There being no further business the Chair thanked everyone for attending and closed the meeting at 13:15.

26. Date of Next Meeting

Meeting of the Trust Board of Directors to be held in Public: 30 September 2014 at 10:30 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol BS1 3NU.

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Chair

.....2014

Date