

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

**Board members present:**

John Savage - Chairman  
Robert Woolley – 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  
Emma Woollett – Non-executive Director  
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  
Jill Youds – Non-executive Director  
Lisa Gardner - Non-executive Director  
Kelvin Blake Non-executive Director

**Present or in attendance:**

Helen Morgan – Deputy Chief Nurse  
Aidan Fowler – Fast Track Executive  
Julie Dawes – Interim Trust Secretary  
Debbie Henderson – Trust Secretary  
Brian Courtney – Joint Interim Head of Membership and Governance (minutes)

**07/10/14 Chairman’s Introduction and Apologies**

Apologies had been received from Carolyn Mills (Chief Nurse) and Deborah Lee (Deputy Chief Executive/Director of Strategic Development)

John Savage passed on his thanks to Julie Dawes for her work as interim Trust Secretary and wished her well for the future. Also he wanted to record his thanks to Kelvin Blake following his decision to stand down as Non-Executive Director. John commended Kelvin on his dedication to the Trust and wished him well for the future.

**08/10/14 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.

**09/10/14 Minutes and Actions from Previous Meeting**

The Board considered the minutes of the meeting of the Trust Board of Directors held on 30 September 2014 and approved them as an accurate record, subject to the following amendments:  
Page 6, Actions – 322, 344 and 358 should be recorded as closed

Pg. 10: First para to read ‘predicted’ not ‘hoped’

Second para amended to ‘the Trust is developing plans for full RTT recovery which will extend beyond November into Q4 at a minimum’

Fourth Para should read ‘NHS capacity’

Fifth Para, second sentence to be amended to read ‘arranging treatment elsewhere was challenging as the majority of patients choose to remain with UHB’. It was:

**RESOLVED:**

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

**10/10/14 Matters Arising**

The action notes were received and closed actions were amended accordingly with regard to actions 372, 322, 344, 358, 349, 355, 356 and 373.

With regard to action 221 regarding the Partnership Programme Board, it was noted that work on business case with North Bristol NHS Trust continues with completion envisaged for November.

With regard to action 321, Sue Donaldson referred to discussions at the Quality and Outcomes Committee and recommended that the culture audit not be undertaken at the current time, given the forthcoming, trust wide staff census.

With regard to action 335, Sue Donaldson confirmed that the outcome of training bid is still awaited.

**11/10/14 Chief Executive’s Report**

Robert Woolley provided the Board with a verbal update on key issues including the recent industrial action and confirmed that appropriate measures were in place to minimise impact on Trust business. It was confirmed that although some operations were rescheduled, none were cancelled and Robert took an opportunity to commend staff who had taken steps to minimise potential inconvenience to patients.

The Board were assured that the Trust continues to take all necessary steps with regard to Ebola and the Trust is working with Avon and Somerset Partnership on system wide readiness. All protective equipment has been reviewed and some additional equipment has been ordered.

Robert referred to NHS England’s recently published 5-year forward look. The document has been positively received in terms of setting out the scale of the change required including the financial challenges in the future and the requirement for significant financial savings. Robert made particular reference to the 7 new models of care which focus on integration of care across health communities. Robert referred to a meeting for South of England providers and CCGs at which, the messages were the need to maintain operational and financial strength as winter approached, and a need for NHS organisations to work together for the benefit of the whole health community. A formal letter has been received which commends the approach taken by the Trust and its commissioners.

James Rimmer noted that further work is required to address performance issues relating to A&E and RTT and referred to a second tranche of winter funding.

Robert referred to the recent visit by Sir Ian Kennedy and Eleanor Grey QC to paediatric cardiac services and noted their focus on improvements implemented since 2012. Feedback has been positive and it was noted that the Review Team were in the process of appointing clinical advisors. Robert noted that plans to interview were unlikely to take place before January and, as a consequence, the report will be delayed until the summer of 2015. The delay in interviews was disappointing due to the continuing uncertainty and the impact this was having on the families and staff concerned.

Robert provided an overview of an inquest held recently in which the Coroner’s judgement showed that no missed opportunities had been identified in the care of the child. Robert confirmed that staff were receiving continuing support throughout the independent review process. Significant investment into the service was continuing, particularly around improving communications,

psychological and bereavement support with parents and families. A Listening Event has been held with families and a further one is scheduled shortly.

Emma Woollett referred to issues regarding essential training and requested an update on compliance. Sue Donaldson confirmed that a comprehensive plan is in place regarding the introduction of a new electronic system and confirmed the current position on compliance of 74%, with a target level of 90%. Trajectories to deliver the target were in place.

With regard to the review team, Kelvin Blake queried if interviews would be retrospective or with families currently using the service. Robert Woolley stated his understanding that the Review Team would cover the period March 2010 – June 2014.

In response to a query from John Moore regarding winter funding and bed capacity, James Rimmer explained that the purpose of the additional winter funding bid was to put in place further resilience into the system including additional nursing resource to support community care beds.

David Armstrong raised the issue of the 5-year plan and queried whether providers could respond collectively. Robert Woolley explained that the Foundation Trust Network would collate a single response. Robert Woolley explained that Simon Stevens had engaged in substantial dialogue with key parties since taking up post and the sector's focus is now how the vision would be delivered. There being no further questions the Chief Executive concluded his report.

### **12/10/14 Patient Experience Story**

The Board received and reviewed this report from the Deputy Chief Nurse. Helen Morgan introduced the Patient Experience Story, advising board members that the story highlighted the care and compassion delivered by staff at UHB. It also highlighted teams working together across specialities to ensure, that the patient received compassionate and high quality care and the family were supported.

Jill Youds said the story displayed tenderness and compassion and would benefit from wider dissemination, particularly via the Matrons, this was supported by Sean O'Kelly as ideal trust wide learning. Alison Ryan said the story had been raised during the CQC visit and had been very positively received. A key point was that decisions had been taken in the organisation by front line staff, who felt empowered by this autonomy.

Guy Orpen emphasises the importance of compassionate care and the story should be shared as widely as possible. Helen confirmed that this had been shared at the End of Life Steering group and more widely across divisions. Alison Ryan suggested the story should be shared with the local HealthWatch.

Wendy Gregory (Governor) said the story highlighted great creativity by staff; however she queried why the patient was admitted to hospital in terms of alternative appropriate treatment. Alison Ryan referred to the potential lack of clarity in the local community regarding the role of hospices. John Moore suggested that staff involved in the patient's care should be commended for their efforts and compassion. In response to Wendy's comments, Robert Woolley agreed that the Executive would review lessons learnt from the story. There being no further questions the Chair drew this item to a close.

### **13/10/14 Quality and Performance Report**

#### **Performance Overview**

Aidan Fowler spoke to the report and noted improvements with regard to delivery of the savings plan which has moved from red to green, with delivery in month at 91%. Year to date position stands at 74.9% and forecast outturn remaining at 81%.

Deterioration occurred in the following areas:

- 30 day re-admissions has moved from green to red, although assurance was provided that this change is marginal, involving only seven further cases;
- Staff sickness had shown a deterioration from 3.6% to 4%;
- SHMI currently stands at 66.7% which is below the national average (80%), and within the normal margins, rated as amber;
- Research studies meeting the 70 day standard has moved from green to amber reflecting changes to thresholds;

Aiden confirmed that overall service performance score remains at 4.

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

Alison Ryan, Chair of the Quality and Outcomes Committee and noted that the committee has requested further information and assurance with regard to hotspots. Alison confirmed that the committee has received reports on; the Eye Hospital; Women and Children's Division; and Specialist Services. Key areas discussed in detail at the committee include:

- 62 day cancer waits where the delivery of the trajectory is extremely challenging. It was noted however, that where the Trust controls the complete pathway, the performance stands at 85%, highlighting the need for the Trust to work more closely with partners to improve performance in those areas where the patient pathway involved more than one organisation;
- Dementia CQUIN – A demonstration of the electronic solution would be available in the next week or so for clinical teams to review. Data, outlining ward level progress against the CQUIN was also now available to Divisions;
- Workforce - the Employee Assistance Programme currently piloted in W&C was highlighted. Awaiting a full evaluation and only small numbers of staff have accessed the service. Turnover discussed in some detail, with Sue Donaldson confirming that further work was needed to understand this in more detail. Acknowledged that whilst exit interviews were undertaken, there was more work to do, to ensure they were as effective and informative as possible.
- RTT – considerable work is still required to ensure recovery and revised trajectories are being developed to reflect the decision to treat patients in order of clinical need;
- The local Supervisor of Midwives highlighted the risk with regard to the potential shortfall in the number of supervisors caused by impending retirements;
- An in-depth report regarding how staffing levels in clinical groups were determined;
- A report providing an update on the current position with regard to Histopathology, and concern regarding the impact of staff shortages on the level of double reporting

#### Performance

James Rimmer referred to the A&E system wide plan and the high level RTT plan. Capacity planning was being developed and a report on likely demand would be available in December. James noted that revised trajectories will be available mid-December. James stated the likelihood of RTT standards being met in Q4 was doubtful however, the Trust was aiming for delivery in Q1.

The threat to delivery relates to demand and further work is planned with the System Resilience Group to agree demand management measures. A more detailed plan would be presented to the Quality and Outcomes Committee in January at which time the revised trajectories would be discussed. John Moore expressed concern that performance against the A&E standard reflected the Trusts lowest ever performance and queried whether the additional 100 beds in the community would resolve the issue. James Rimmer reiterated that the winter period would present a significant challenge and noted that all three local Trusts covered by the System Resilience Group had failed the standard in Q2, reflecting an unprecedented position. All partners are now closely involved and the

Trust has sought advice from Monitor and the Area Team as to whether there is any additional actions to be taken.

James reassured members of the Board that the Trust continues to focus on delivery of the plan and confirmed Monitor's confidence in the plan. John Savage emphasised the need to avoid complacency regarding non-delivery of the standard, particularly when benchmarking performance. He sought agreement from the Board that the Trust should see delivery of this standard as an absolute priority. The Board confirmed this view.

Emma Woollett sought assurance that the Trust continued to maintain its standard with regard to double reporting relating to histopathology. Robert Woolley gave absolute assurance that the relevant recommendation of the independent inquiry in to histopathology had not been lost and confirmed that appropriate mitigation was in adopted to deal with staffing gaps while recruitment was underway.

### Workforce

Sue Donaldson provided an update on Workforce activity and reminded members of the Board that this is discussed in detailed at the Quality and Outcomes Committee. A deep dive had taken place into recruitment and the use of agency staff and a further deep dive on retention was now required, following an increase in staff turnover.

Jill Youds referred to queries documented on the Governors Log regarding action being taken on a range of staffing issues. Jill echoed Sue's comments and explained that the Non-Executive Directors had spent considerable time on these issues both at Quality and Outcomes Committee, Finance Committee and Board in recent months. Jill also took an opportunity to commend the work done by the Executive Team on these issues.

Kelvin Blake queried whether the Trust received enough intelligence from staff about the rationale of their decisions to leave the organisation. Sue Donaldson explained the Trust was getting some feedback but this was being strengthened and exit interviews were being improved. There being no further questions the Chair drew this item to a close.

### **14/10/14 Half year Update on Corporate Quality Objectives**

Helen Morgan spoke to the report and highlighted the focus of patient flow through the hospital and on the impact of a number of Transformation Projects. At Q2, three of the objectives were rated red; cancelled operations; minimising the moves of patients; and ensuring patients are treated in the right location. She provided assurance to the Board that despite the red rating, significant progress was being made.

James Rimmer made reference to new models of care being introduced as a result of the move into the new ward blocks. The rating would then improve as the new ways of working embed. Discharges out of hours are currently running at 8.1%, a reduction from 9% in 2013/14. Daily monitoring continues with the aim of preventing discharge of any patient out of hours. Data collection still requires refinement and further information would follow in due course.

David Armstrong suggested improvements with regard to the executive summary cover reports for Board and committee reports to incorporate further clarity with regard to internal or external use. Robert Woolley stated a review of the cover papers would be undertaken in due course. Robert clarified the purpose of this report was to provide an update of progress against the 5 key objectives of the Quality Strategy and was for internal use. The report provides a useful medium to triangulate information from other reports to ensure the Board would be sighted on progress in these areas.

Following a query from Clive Hamilton (Governor) regarding the appropriateness of the out of hours discharge performance of 8.1%, Robert Woolley confirmed that the Trust's objective was that no patient would be discharged out of hours. There being no further questions the Chair drew this item to a close.

### **15/10/14 Transforming Care Report**

Robert Woolley highlighted progress to date and stated that the operating model underpins the delivery of many of the transformation projects. Robert drew the Board's attention to the introduction of the managed beds programme in Surgery, Head and Neck and the introduction of Enhanced Recovery in the care of older people in Medicine which was innovative practice.

Julian Dennis suggested that everything being undertaken in the programme should be published, whilst pointing out that carers needed to be fully involved. Kelvin Blake raised the issue of how the Transformation Programme could be taken outside the hospital and extended across the health system. Robert Woolley highlighted Pillar 6 of the programme which referred to leading in partnership. The current review of South Bristol Community Hospital may give the opportunity to develop this area.

Lisa Gardner raised the issue of winter and the impact on the managed beds programme. James Rimmer emphasised the importance of adhering to the plan. David Armstrong felt some of the language was negative and suggested focussing on the Transformation Project at a future Board Seminar. John Savage agreed and it was:

#### **RESOLVED:**

- **That a future Seminar Programme would set aside time to consider the Transformation Programme in depth**

### **16/10/14 Quarterly Capital Projects Status Report**

Paul Mapson outlined progress to date including; the opening of Levels 3 and 4 on 4<sup>th</sup>/5<sup>th</sup> November, the opening of Level 9 on 21<sup>st</sup> January 2015, the opening of ICU at the end of January 2015, and the temporary opening of a link to Level 4 in October. Emma Woollett requested that a tour of the new building be arranged. It was:

#### **RESOLVED:**

- **That a tour of the new building be arranged for Non-Executive Directors**

### **17/10/14 Finance Report**

Paul Mapson stated that the Trust remains financially strong with a surplus of £3.12 million. September improved the overall position due to a significant increase in activity and confirmed that the forecast outturn for year-end remains on track. The divisional position shows a reduction in the rate of overspend. A projection for the year end has been produced reflecting an optimistic, realistic and pessimistic view with possible surpluses of £9.3, £5.8, and £3.0 million respectively. The Board will receive a report in November outlining the plan for 2015/2016.

Paul confirmed that the cash position remains strong. Payment control is being more rigorously enforced, following a number of price increases from suppliers outside the agreed contract levels. Spend on agency remains a concern and action is being taken to control this, particularly around the use of non-contracted agency. There being no questions the Chair drew this item to a close.

### **18/10/2014 Finance Committee Chair's Report**

Lisa Gardner reflected the work of the Finance Committee and noted the following:

- A positive overall position;
- Continuing strong CIPs performance 81%, though next year may present a greater challenge;
- Presentation on staffing and use of agency and triangulation of this with the work relating to recruitment and retention;
- Reference Costs have recently been published.

Lisa also noted that the committee will be considering Service Line Reporting in November/December. Following a query from Alison Ryan regarding the Trusts Q2 position as a potential outlier, Paul Mapson responded that the Trust will be in the upper quartile of financial performers however will not have an adverse effect on the Trust in terms of publicity.

In response to a query from John Moore regarding the improved income in September, Paul Mapson confirmed that this was not as a result of the managed beds project, but rather a significant increase in activity above plan. John Moore stated that the trust should not reduce the savings targets for 2015/16 if the financial outturn was favourable.

#### **19/10/14 Risk Assessment Framework Monitoring and Declaration Report – 2014/15 Q2**

Robert Woolley confirmed that the Trust would declare a risk rating of 4 for Continuity of Service, against a plan of 4. In terms of Governance there remained issues with regard to: RTT admitted, non-admitted, and incomplete pathways; A&E 4hr waiting times; and 62 day cancer referral to treatment times.

The narrative outlined how the Trust will be supporting the plan to address RTT standards and the risk to delivery of the 62-day GP screening cancer standard and the A&E waiting times standard in Q3. Robert also confirmed that there was no requirement to flag any matters arising requiring an exception report to Monitor. Emma Woollett asked if the Trust was at risk of failing to deliver the recovery trajectories. Robert Woolley and James Rimmer confirmed that this risk was being actively discussed with Monitor, who were aware of the position. It was:

#### **RESOLVED:**

- **That the Trust Board approved the Risk Assessment Framework Monitoring report and Quarter 2 declaration to Monitor**

#### **20/10/14 Well Led Governance Review**

Robert Woolley spoke to the report outlining the process of the Trust's forthcoming assessment against the Monitor Well Led Governance Framework. All Foundation Trusts are required to undertake a review, to be independently assessed every three years. The Framework requires Trusts to self-assess against 10 questions within four domains, the outcome of which is then subject to external review by an independent third party. The external assessment will take approximately 8 weeks.

Procurement of the external assessors is currently underway. Robert noted that the process would involve all members of the Board, senior divisional staff and governors. Carolyn Mills will act as executive lead for the project working closely with Debbie Henderson and the Trust Secretariat. Debbie Henderson stated that as the process is evidence based, there would be many requests for information in the forthcoming weeks and asked for support from the Executive team during this time.

#### **21/10/14 Board Assurance Framework Report**

Aidan Fowler spoke to the report and highlighted that there was one red rated area for the savings programme and referred to nine amber rated areas.

Alison Ryan suggested consideration be given to making the document more user friendly. Robert Woolley stated that he would work with Debbie Henderson to see where improvements could be made.

### **22/10/14 Corporate Risk Register**

Robert Woolley apologised for the lateness of the report and noted key changes including the addition of one new risk relating to crowding in the Children's Emergency Department. A series of controls and mitigations are in place including some building works currently underway.

With regard to the Independent Review of Paediatric Congenital Heart Services, it was noted that the description of this risk previously referred only to the impact from an organisational reputation point of view. It has therefore, been re-cast as a risk to patient trust and confidence in the service and workforce retention and recruitment which are the real issues.

Robert referred to the risk to ambulance patients queuing outside the main Emergency Department at the BRI and took the opportunity to reassure the Board that it was not the case and that patients were not waiting more than two hours without assessment, treatment or care. All patients in the queue were either under the care of a paramedic or have been handed over to the care of Emergency Department staff.

### **23/10/2014 Governor's Log of Communications**

The Chairman stated how important the log was for recording queries from members of the Council of Governors. He provided assurance that questions were not being deleted from the log without adequate answers being provided by Executive Team. The log was extremely useful, particularly for Non-Executives. He therefore had asked for the log to be circulated to Non-Executive members of the Board in future.

The Chairman had also had a discussion with the Trust Secretary to ensure that adequate answers to questions raised were provided and answers were not archived inappropriately. John did note that there may be occasions when questions raised are not appropriate for inclusion in the log, however, these issues will be referred direct to the Chairman who would discuss with the Chief Executive and, if appropriate, the answers provided to the Governors in an appropriate setting.

Debbie Henderson explained that a Standard Operating Procedure for the Governors log was under development to enable clarity around the process.

### **Any Other Business**

There was no any other business raised

### **Meeting close and Date and Time of Next Meeting**

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

The next meeting of the Trust Board of Directors will take place on Thursday 27 November 2014, 10.30am, the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

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Chair

.....2014  
Date