

## Minutes of a Public Meeting of the Trust Board of Directors held on 27 March 2012 at 10:30 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

<b>Board Members Present</b>	
<ul style="list-style-type: none"> <li>• Emma Woollett – Chair (<i>deputising for John Savage</i>)</li> <li>• Iain Fairbairn – Senior Independent Director</li> <li>• John Moore – Non-executive Director</li> <li>• Kelvin Blake – Non-executive Director</li> <li>• Lisa Gardner – Non-executive Director</li> <li>• Paul May – Non-executive Director</li> <li>• Selby Knox – Non-executive Director</li> </ul>	<ul style="list-style-type: none"> <li>• Robert Woolley – Chief Executive</li> <li>• Deborah Lee – Director of Strategic Development</li> <li>• James Rimmer – Chief Operating Officer</li> <li>• Paul Mapson – Director of Finance</li> <li>• Sean O’Kelly – Medical Director</li> <li>• Steve Aumayer – Director of Workforce and Organisational Development</li> </ul>
<b>Present or In Attendance</b>	
<ul style="list-style-type: none"> <li>• Mark Callaway – Head of Division – Division of Medicine</li> <li>• Peter Wilde – Head of Division – Specialised Services</li> <li>• Helen Morgan – Deputy Chief Nurse (<i>deputising for Alison Moon</i>)</li> <li>• Charlie Helps – Trust Secretary</li> <li>• Victoria Church – Management Assistant to the Trust Secretary</li> <li>• Claire Buchanan – Head of Human Resources / Deputy Director of Workforce and Organisational Development</li> </ul>	<ul style="list-style-type: none"> <li>• Fiona Reid – Head of External Relations</li> <li>• Christine Perry – Director of Infection Prevention and Control</li> <li>• Mo Schiller – Public Governor</li> <li>• Gayle Johnston – BT</li> <li>• Sue Silvey – Public Governor</li> <li>• Ken Booth – Public Governor</li> <li>• John Steeds – Patient Governor – Local</li> <li>• Florene Jordan – Staff Governor</li> <li>• Clive Hamilton – Public Governor</li> <li>• Vicki Mathias – Bristol Evening Post</li> </ul>
<i>Item</i>	<i>Action</i>
<p><b>1. Chairman’s Introduction and Apologies</b></p> <p>The Vice Chair, Emma Woollett, noted apologies received from Alison Moon and John Savage. <i>John Savage later joined the meeting part way through Item 5.</i></p> <p>Emma Woollett noted that this was Steve Aumayer’s last Board meeting and registered the Board’s gratitude to Steve for his contribution to the Trust Board. His deputy, Claire Buchanan was welcomed to the meeting.</p>	
<p><b>2. Declarations of Interest</b></p> <p>In accordance with Trust Standing Orders, all members present are required to declare any conflicts of interest with items on the Board Meeting Agenda. No declarations of interest were made.</p>	
<p><b>3. Minutes and Matters Arising from Previous Meetings</b></p> <p>The Board considered the Minutes of the Public meeting of the Trust Board of Directors dated 28 February 2012 and <b>approved</b> them as an accurate record.</p>	

<p>All items on the Board Schedule of Matters Arising were noted as complete as reflected in the Schedule.</p>	
<p><b>4. Chief Executive's Report</b></p> <p>The Board received and considered a report by the Chief Executive, which included the activities of the Trust Management Executive to <b>note</b>.</p> <p>Robert Woolley highlighted the following items:</p> <ul style="list-style-type: none"> <li>• The Health and Social Care Act 2012 was expected to gain Royal Assent by April, which meant that by 2013 Primary Care Trusts would be abolished, and replaced by Clinical Commissioning Boards; education and training would pass to Health Education England and existing NHS trusts would be governed by the Provider Development Agency, to obtain Foundation Trust status, ideally by April 2014.</li> <li>• Monitor's new role as licensor of Foundation Trusts would commence from January 2013.</li> <li>• By October 2012, local accountability mechanisms are expected; the Trust would continue to work with LINKs during the formation of HealthWatch.</li> <li>• It was to be a "momentous week in the history of University Hospitals Bristol NHS Foundation Trust", as the doors of the new South Bristol Community Hospital open on Friday 30 March, with the Trust as Lead Provider. The coming weeks would see a transfer of some services from the Bristol Royal Infirmary and Bristol General Hospital to South Bristol Community Hospital. The Board would be routinely updated of progress in this regard.</li> </ul> <p>The Board discussed the Chief Executive's briefing, including:</p> <ul style="list-style-type: none"> <li>• Kelvin Blake commented that South Bristol Community Hospital was a fantastic opportunity for people to get care "closer to home" and for the development of Bristol healthcare in general.</li> <li>• Governor Mo Schiller, who was in attendance, asked if any of the "redundant equipment" could be provided to "third-world countries". James Rimmer responded that there were plans to re-use some of the equipment elsewhere and that the remainder would be redeployed appropriately, possibly to charitable causes, in accordance with the Trust's formal arrangements.</li> <li>• The Chair registered the Board's excitement at the opening of South Bristol Community Hospital.</li> </ul> <p><i>There being no further questions or discussion, the Board resolved to <b>note</b> the Chief Executive's Report.</i></p>	
<p><i>Quality, Performance and Compliance</i></p>	
<p><b>5. Summary Quality and Performance Report</b></p> <p>The Board received and considered this report by members of the Trust Executive to <b>note</b>.</p> <p><b>a. Overview</b></p> <p>The Director of Strategic Development, Deborah Lee, introduced the item</p>	

and noted that overall, the ‘health’ of the Organisation had showed a “slight deterioration”.

- Deborah Lee reported that data accuracy errors relating to ‘complaints resolution’ noted in the previous month had led to a review of data quality assurance of the process, which had been strengthened as a result. She confirmed that there had been an error in the last month’s report but that the cumulative figure reported was now correct.
- Data quality concerns with respect to Serious Incidents had been ruled-out and the higher figure reported in the previous month was confirmed as accurate. The reasons for the spike in the number of Serious Incidents were given in the Quality report.
- Paul May confirmed that the causes and solutions relating to Serious Incidents had been reported to the Quality and Outcomes Committee, which had received assurances regarding the actions being taken to resolve the “spike” in figures.
- Deborah Lee reported exceptions around falls, pressure ulcers, and the Hospital Standardised Mortality Ratio, but noted that the ratio was significantly better than would generally be expected for an acute trust the size of University Hospitals Bristol NHS Foundation Trust.
- One Cancer standard was not met in January 2012, but all standards remained on-track for achievement in the Quarter as a whole. The Accident and Emergency 4-hour standard could not be achieved, so the Trust now forecast an Amber-Green risk rating for Monitor’s Compliance Framework at the end of Quarter 4. Significant actions were in-place to restore performance.

#### **b. Patient Experience**

The Deputy Chief Nurse, Helen Morgan, presented the Patient Experience Report, which recounted the experiences of an 11-year-old boy and his mother at the Children’s Hospital.

- The organisational learning point centred around cases when patients were transferred from intensive care areas to wards as their condition improved, and the impact this had on patients and their families as the nurse:bed ratio decreased.
  - A number of learning points were identified at ward, divisional and organisational level and these were documented in the report.
- Further discussion included:
- Kelvin Blake recounted his personal experience of being in hospital, and the difference made by staff visiting him from previous wards he had been in. Kelvin was pleased that the issue was being highlighted at Trust Board and emphasised that care received on the wards tied-in with the Trust Values.
  - Lisa Gardner related her personal experience regarding the noise on the wards, especially at night. She noted that noise was often not generated by staff, but that the environment was inherently noisy due to the equipment. Helen Morgan added that it was important for staff to explain to patients what certain noises on the ward were, as a way of countering the disturbing effect of unknown noises.
  - Following a comment about high visitor numbers on the wards

potentially being disruptive to other patients by Paul May, Helen Morgan said that ward visiting hours were being reviewed and had been discussed at the Nursing and Midwifery Committee.

Helen Morgan highlighted the contribution provided by the Bristol General Hospital, through patient anecdotes included on page 44 of the Board pack.

### **c. Quality**

The Medical Director presented the Quality element of the Summary Quality and Performance Report.

- The Antibiotic-Prescribing Compliance standard had not been sustained from the previous period, but efforts to improve compliance continued. Sean O’Kelly had met with the Deanery and agreed ways in which they could contribute to achieve compliance.
- Stroke Care had shown increased improvement, but was still not at target level. Sean O’Kelly reassured the Trust Board that the percentage of patients receiving thrombolysis scans received the necessary imaging within one hour.
- Sean O’Kelly highlighted the pressures seen in January and February due to outbreaks of norovirus.

Discussion commenced:

- Paul May confirmed that the Quality and Outcomes Committee planned to assess the contingency arrangements in-place when wards were closed.
- John Moore requested further data regarding junior doctor engagement to Antibiotic Prescribing Compliance, which Sean O’Kelly confirmed he would provide. Deborah Lee added that the Operating Plan sign-off process had been looking at Antibiotic Compliance as a ‘live’ issue.
- Referring to the increase in inpatient falls in January and February, Helen Morgan highlighted the plan to continue to pursue the ‘Being the Best Programme’.
- Responding to questions by Kelvin Blake and Iain Fairbairn, Helen Morgan confirmed that patient falls were generally more concentrated in the Division of Medicine, due to the nature of the patients’ conditions. Iain Fairbairn responded that it was important to learn lessons identified in root cause analyses.
- Helen Morgan raised the subject of pressure ulcers, saying that two wards had been identified as needing further support, and she planned to contact the Tissue Viability Nurse, to undertake a more detailed review. Helen also noted that the recent increased flow of patients through the Emergency Department may have led to issues with skincare pressure assessments.
- Kelvin Blake noted Helen Morgan’s comments, before discussing the importance of targeting measures depending on an individual’s needs.
- Chris Perry, who was in attendance, reported that she had attended an Strategic Health Authority (SHA) learning event regarding pressure ulcers, and as a result, had been reassured that the Trust’s practices were consistent with other Trusts in terms of approaches to eliminating pressure ulcers.
- Peter Wilde reassured the Board that the ‘embedding’ process regarding

pressure ulcers was working well.

#### **d. Workforce**

The Director of Workforce and Organisational Development, Steve Aumayer, introduced the Workforce element of the Summary Quality and Performance report.

The main points he highlighted were:

- There had been an increase in staff sickness absence, predominantly as a result of colds and influenza.
- Commencement of the Occupational Health Pilot was planned for April in the Divisions of Medicine and Women's and Children's Services; the Pilot planned to look at early intervention in sickness absence.
- A drop in appraisal rates to below 80%.
- An increase in Bank and Agency staffing had been seen, but there had been no increase in workforce costs, as a result of holding of vacancies. The Trust Board were told to expect a significant reduction in the use of Bank and Agency staff in the new financial year.
- The Staff Survey had been received on pre-release and results were being digested. University Hospitals Bristol NHS Foundation Trust remained in the highest 20% of trusts regarding staff engagement in the Survey. Full results would be reported to Board at a later date.
- In response to a request for clarity by Governor Clive Hamilton, who was in attendance, Steve Aumayer did not think there was any association between the fall in appraisal rates, sickness absence and the achievement of Workforce Costs and Workforce Numbers (compared with budget). Appraisals had been simplified and it was felt that workforce costs and levels would not drive sickness levels. The results of the Staff Survey would be made available to the Governors' Quality Working Group.
- Selby Knox commented that the aim of appraisals was to identify obstacles discouraging better performance. He felt that staff at the Trust might respond better to a challenging figure over 80%.
- Steve Aumayer agreed with this "reasonable point". Changes to the process of setting and achieving targets needed simplification and embedding into daily management operations. Selby Knox agreed that making the process more effective was essential, but time-consuming and not easy.
- Paul May reported that the Quality and Outcomes Committee had received a report on 'supporting attendance', which included detailed statistics and analysis regarding short and long-term sickness. As a Trust we were "above average" and the Occupational Health Pilot would emphasise key areas of concern. The Committee planned to receive an update report in the coming months.

#### **e. Access**

The Chief Operating Officer, James Rimmer, introduced the Access element of the Performance Report, and reported that, whilst Referral to Treatment Time standards were being achieved and Cancer Standards remained on-track, there were four exception reports:

- **Last-Minute cancelled Operations / 28-Day Re-Admissions** showed a

significant improvement compared to last year, although the Trust was still below the national standard.

- **Reperfusion times (Call to balloon time of 150 minutes)** – there was still a challenge to meeting the standard out of hours; this was being reviewed by the divisional team.

- **Accident & Emergency Maximum Wait (4-Hours)** access time had been knocked off-track by norovirus and the subsequent impact on staffing. Challenges in March were felt to be due to the ‘winding-down’ of services at Bristol General Hospital, and the consequent pressures at the Bristol Royal Infirmary (BRI). Despite this, community-wide contingency plans were in place for the bank holiday weekends in April, May and June of Quarter 1. James Rimmer noted that the 4-hour standard would meet the 95% requirement when measured against the whole year, despite the poor performance in Quarter 4, and the standard was still noted to be on-track for the full-year.

- **Infant Health – Mothers Initiating Breast Feeding** had showed no improvement since last month. The variation in performance would continue to be monitored.

Points of discussion included:

- Lisa Gardner queried why the 4-hour access challenges had been “particularly bad, considering the mild winter, no national flu epidemic, and the reassurance of availability of extra wards and beds”. James Rimmer responded that this year’s performance had been an improvement on previous years; norovirus had a significant impact and more recently the “flex beds” had been utilised to support the handover from Bristol General Hospital to South Bristol Community Hospital, so that overall capacity had been reduced.

- The Head of Division for Medicine, Mark Callaway, informed the Trust Board that more people were being treated in the community, but that meant the acuity of those attending hospital was greater. He added that six wards had been closed on one day in February. In March, the Trust planned to ‘absorb’ Bristol General Hospital patients, prior to the opening of the new South Bristol Community Hospital. For next winter, an increased flexibility would be in place to absorb the additional demand, including front-end inpatient activity and more flex-capacity with inpatient teams. It was noted that other hospitals in the south-west region had “struggled” more than University Hospitals Bristol NHS Foundation Trust with access, and although not ideal, there were plans to learn from the experience, and build in appropriate provisions. James Rimmer agreed, before adding that work with community partners was expected to demonstrate benefit.

- Iain Fairbairn commented that the Non-executive Directors had visited the Emergency Department (ED), Medical Assessment Unit (MAU) and Surgical & Trauma Assessment Unit (STAU) after the previous Board meeting in February and had been enormously impressed with the professionalism of staff and the capability of systems. He asserted that more focus was required to gain the cooperation of community partners, plus emphasis on hospital exits, in addition to entrances.

- John Moore requested that statistics be reported to the Quality and

<p>Outcomes Committee regarding ‘access’ at other Trusts.</p> <p><i>There being no further questions or discussions, the Board resolved to <b>note</b> the Summary Quality and Performance Report.</i></p>	
<p><b>6. Histopathology Action Plan Update</b></p> <p>The Board received the Report by the Chief Executive to <b>note</b>.</p> <p>Robert Woolley presented the scheduled quarterly report on the progress of the Histopathology Action Plan, jointly produced by University Hospitals Bristol NHS Foundation Trust and North Bristol NHS Trust, in response to the recommendations of the Independent Inquiry into Histopathology Services in Bristol.</p> <p>Evidence had been provided to the Histopathology Inquiry Panel, which had been invited back to assess the Trust’s progress with addressing their original recommendations. The Panel would report their findings to the Trust in due course.</p> <p>A decision had been taken to undertake the combining of the two Bristol Histopathology departments into one “leading centre” as part of the Avon Pathology Review. The advantage of this approach was the ability to consult more widely with users, staff and commissioners, and to place the reconfiguration in a broader model of pathology service provision.</p> <p>A wider review of what was expected to be centralised to reach certain milestones was planned for later this year, and while the broader consultation would delay the process of integration, the outcome would be more effective as a consequence of the decision.</p> <p>Discussion included:</p> <ul style="list-style-type: none"> <li>• Kelvin Blake commented that although some matters still needed to be addressed, this update marked the significant progress made.</li> <li>• Paul May confirmed that the Quality and Outcomes Committee would continue to monitor the Action Plan, which he said was “right and proper for a hospital Trust”.</li> <li>• In response to a question from Governor Clive Hamilton, Robert Woolley confirmed that subject to building works, consultation and other factors, the timetable for integration would be Spring 2013.</li> </ul> <p><i>There being no further questions or discussions, the Board resolved to <b>note</b> the Histopathology Action Plan Update.</i></p>	
<p><b>7. Infection Control Annual Programme 2012/13</b></p> <p>The Board received this Report by the Chief Nurse to <b>note</b>.</p> <p>Noting this was her last attendance at a meeting of the Board, the Trust Board registered its thanks to the Director Infection Prevention and Control, Chris Perry, for her contribution to Infection Control at the Trust.</p> <p>Chris Perry presented the high-level Programme, which would be monitored by the Infection Control Group. The Programme was developed to ensure we met legislation and regulatory requirements.</p> <p><i>There being no further questions or discussions, the Board resolved to <b>note</b> the Infection Control Annual Programme 2012/13.</i></p>	

**8. Outpatient Feedback, including Results of the 2011 National Outpatient Survey**

The Board received the Survey by the Chief Nurse, to **note**.

The Deputy Chief Nurse, Helen Morgan, informed the Trust Board that the National Outpatient Survey results for 2011 showed that University Hospitals Bristol NHS Foundation Trust remained commensurate with other trusts.

Over 2,000 ‘patient experiences’ had been received from patients, with a “wealth of rich narrative”.

Paul May said that the survey results had been brought to the March Quality and Outcomes Committee prior to the Trust Board meeting and there had been a constructive challenge to waiting times targets.

The Outpatient Action Plan would be monitored by the Productive Outpatient Group and would also be received at the Patient Experience Group.

- Reiterating that the Quality and Outcomes Committee had previously seen the survey, Paul May felt that the 2,000 responses received from patients was a “significant return” for a survey. He said that the Trust had to achieve step-change to consider outpatients, and highlighted a need for continuous improvement.

- James Rimmer agreed with Paul May’s comments, adding that it was disappointing to be within the average of NHS trusts. He felt that University Hospitals Bristol NHS Foundation Trust should set more challenging targets, particularly around letting patients know when clinics were running later where the national best performance was still less than 50%. This would require a culture change if it was to be achieved, he said.

- John Moore said he felt passionately about setting standards of customer service that represented Trust ambitions for quality and service.

- James Rimmer responded to a question by Lisa Gardner, saying that he knew of no ‘block-booking’ at the Trust. Iain Fairbairn questioned this, due to anecdotal information he had received, and James Rimmer agreed he would investigate this. Paul Mapson confirmed that there would be no block-booking allowed in new information technology systems.

- Robert Woolley commented that the report was a great source of intelligence, and an action plan would follow. He emphasised the necessity to overhaul the approach to managing outpatients, and said that the first step would be to centralise outpatient bookings. He confirmed this was a high priority matter for the Executive.

- Governor, Mo Schiller, who was in attendance, confirmed that the report contained the same findings that governors had highlighted through their own surveys in the past three years.

*There being no further questions or discussions, the Board resolved to **note** the Outpatient Feedback, including Results of the 2011 National Outpatient Survey.*

Chief Operating Officer

**9. Patient Experience and Involvement Strategy**

The Board received and considered the Strategy sponsored by the Chief Nurse for **approval**.

<p>The Deputy Chief Nurse, Helen Morgan, presented the strategy, saying that it was a natural progression from the current version, and included a greater emphasis on a “qualitative approach”.</p> <p>Chris Swonnell, who was in attendance, reiterated the salient elements contained in the strategy, particularly the inclusion of the “qualitative approach” and the consultative sources of information. He highlighted the detailed action plan attached.</p> <p>Discussion included:</p> <ul style="list-style-type: none"> <li>• Paul May, the Chair of the Quality and Outcomes Committee, felt that responsibility should sit with the Heads of Divisions, as well as the Heads of Nursing. The importance of surveying staff regarding patient experience was also emphasised. This was noted by the authors.</li> </ul> <p><i>There being no further questions or discussions, the Board resolved to <b>approve</b> the Patient Experience and Involvement Strategy.</i></p>	
<p><i>Finance and Governance</i></p>	
<p><b>10. Committee Chairs’ Reports</b></p> <p>The Board received and considered reports on the activity of Board Committees by their respective Chairs to <b>note</b>.</p> <p><b>a. Finance Committee dated 22 March 2012, including the Report of the Finance Director, as provided in the Finance Committee report pack.</b></p> <p>The Chair of the Committee, Lisa Gardner, presented a verbal report of the meeting:</p> <ol style="list-style-type: none"> <li>1. The Trust had delivered a <b>surplus of £6.566m</b> for the eleven months to 29 February. This is £2.248m or 7.4% better than the Annual Plan projection for this stage of the year. The Trust’s Financial Risk Rating was unchanged at 4 (actual = 3.65). As a result of a number of technical changes to the Trust’s Accounts, the <b>forecast outturn surplus</b> had increased from <b>£7m to £8.5m</b> for the year.</li> <li>2. The Committee were particularly concerned at the gross adverse movement of £595k recorded by the <b>Specialised Services Division</b> in February. This being the overspending before the impact of a favourable Emergency Marginal Tariff adjustment.</li> <li>3. The performance to date for the <b>Surgery, Head and Neck Division</b> was also of concern. With Cash Releasing Efficiency Savings (CRES) slippage projected to be £2.3m, there was a risk of the Division overspending by £2m this year.</li> <li>4. <b>Pay</b> budgets showed an overspending for the month, of £97k, bringing the cumulative overspend to £1.033m. The continued overspending on <b>non-pay</b> budgets up by £847k in the month to £5.275m to-date, remained an issue. It was noted that slippage on CRES at £3.083m accounts for 58% of the adverse position. Significant overspendings were reported this month against Diagnostic and Therapies (£244k), Medicine (£122k), Specialised Services (£187k) and Surgery, Head and Neck (£267k).</li> </ol> <p>The February results are supported by good performance on <b>income budgets</b>.</p>	

Income from Activities showed an over-performance of £0.291m for February (January activity reported a month in arrears). Operating income showed an in-month favourable variance of £0.190m, increasing the cumulative favourable variance to £0.777m to date. Initial indications were that actual activity for February was significantly higher than plan.

5. A presentation was given by the Chief Operating Officer on activity and patient flow for 2010/11 and 2011/12. The presentation summarised the key changes in clinical activity, with information provided on changes in referrals/demand, volumes of service provided and the impact on waiting numbers.

6. A progress report on **CRES** plans and achievement was received. The forecast savings for the year currently totalled £21.234m or 80% of the 2011/12 target of £26.636m. For **2012/13 the CRES target** was £27.6m. It was noted that schemes to deliver savings of £27.1m had been identified in the February submissions from Divisions. This was subject to a preliminary risk assessment, which indicated the schemes could deliver £21.8m or 79% of next year's target. A further submission of CRES plans was made on 22 March.

7. The Finance Committee received a report from the Director of Finance on **Financial Resources 2012/13**. This was approved by the Finance Committee and is the subject of a separate agenda item for consideration and approval by the Trust Board.

8. It was agreed that Committee members should be asked to complete the Annual Self-Assessment checklist. The Trust Secretary planned to summarise and report the feedback obtained to the April meeting of the Finance Committee.

9. A number of minor changes to the Trust's **Capital Investment Policy** were approved by the Committee. The changes are to be considered at the Trust Board meeting.

Discussion included:

- John Moore was keen to understand that the Trust received globally competitive pricing through commercially focussed procurement. Robert Woolley confirmed that both North Bristol NHS Trust and University Hospitals Bristol NHS Foundation Trust identified procurement and Value for Money (VfM) as a matter for focus (through the Partnership Programme Board) and that this could be reported where the Board chose. This would be monitored on behalf of the Trust Board by the Finance Committee.
- The Head of Division for Specialised Services, Peter Wilde, added that competitive costing should not be restricted to procurement. He confirmed that the divisions were working with the Executive to identify ways to approach this differently.

#### **b. Quality and Outcomes Committee dated 26 March 2012**

The Chair of the Committee, Paul May, gave a verbal report on the main issues discussed at the Quality and Outcomes Committee meeting in March. Some major items reviewed at the meeting included:

1. **Patient Experience and Involvement Strategy** – comments made were noted by Executive Directors present at the meeting.

2. **Report on Approaches to Supporting Attendance** – the full report detailed causes of absence at the Trust, the duration, Occupational Health processes, staff groups, benchmarks, actions and outcomes. The ‘return to work’ pilot was also discussed.
3. **Care Quality Commission (CQC) Compliance** – The Quality and Outcomes Committee planned to keep this under review. There were no issues to report; the Trust remained compliant with the Care Quality Commission essential standards of quality and safety.
4. **Corporate Risk Register / Histopathology Action Plan Update** – Positive progress was noted for each item.
5. **Serious Incidents** – A very full report had been received which included root cause analyses, ‘lessons-learnt’ and recommendations for each of the cases reported last month..
6. **Outpatient Experience** – A combination of national and local surveys identified matters of concern for patients. Also discussed were: Copy letters to General Practitioners, medication information regarding side-effects and patient appointment delays. Action plans accompanied the report and the Committee agreed to see a follow-up report to the survey containing results by each Division and specialism.

**c. Audit Committee dated 26 March 2012**

The Chair of the Committee, John Moore, gave a verbal report on the main issues discussed at the Audit Committee meeting in March:

1. **External Audit Progress Report & Internal Audit Progress Report** – there was nothing urgent or significant to report to the Trust Board. However, the Committee would like to pass its thanks to the Executive Directors and their teams for reducing the number of items on the ‘Outstanding Recommendations’ list.
2. The Committee approved the **Internal Audit Plan for 2012/13**.
3. The Committee received the **Counter Fraud Report** and approved the plan for 2012/13. Discussions concluded with an agreement that the Finance Director and Counter Fraud team would work together to provide reassurances on the controls & procedures surrounding procurement and purchasing.
4. There was a discussion of the **Internal Audit function** and its independence, value for money and effectiveness. Robert Woolley had agreed to consider how the matter could be addressed.
5. The Committee approved the proposed **Changes in Accounting Practice**, which had been driven by changes in regulations. The Committee was advised that the Trust had challenged the proposed reporting of monies hosted by University Hospitals Bristol NHS Foundation Trust for other organisations, and we await the regulators formal response.
6. The Committee deferred the **Clinical Audit Work-plan and Progress Report**, and requested further details on the recommendations and corrective actions taken as a consequence of the Clinical Audit. It was highlighted that the Quality & Outcomes Committee would discuss these specifics in detail; the Audit Committee required reassurance of the audit process.

<p>7. The <b>Estates Review Report</b> was discussed. It was noted that when comparing the Trust Estates department with other Estates departments within the NHS, we were receiving good value for money, and there are examples of best practice. It was also noted that the majority of concerns raised by Internal Audit had been addressed, and these would soon be formally inspected by Internal Audit. The Customer Satisfaction Survey was also discussed, and Robert Woolley had agreed to present an improvement plan to the next Audit Committee. Finally, the Committee noted that the consultants had met the Terms of Reference for the review, but with hindsight, more specific requirements should have been included and these were discussed. Consequently, Robert Woolley had agreed to consider benchmarking with Estates departments in other local organisations.</p> <p>8. Update on the <b>Appointment of a New External Auditor</b> – Four firms submitted formal tenders which were reviewed &amp; scored by the Selection Panel. Each firm made a presentation to the Selection Panel on Friday 23 March 2012 and further scoring was undertaken. Before a final conclusion was reached, some further information was being sought by Procurement on behalf of the Selection Panel. The Selection Panel consisted of the chairs of each of the three Governor Working Groups and the members of the Audit Committee. The panel was advised by the Head of Finance, the Internal Auditor and the Trust Secretary. The panel planned to present a final recommendation for approval by the Membership Council on 02 May 2012. <i>There being no further questions or discussions, the Board resolved to <b>note</b> the Committee Chairs' Reports.</i></p>	
<p><b>11. Resources Book including Capital Programme</b></p> <p>The Board received and considered this report by the Director of Finance for <b>approval</b>.</p> <p>Paul Mapson had previously briefed the Board on the Resources Book, which set out the Trust budget. Main points included:</p> <ul style="list-style-type: none"> <li>• The budget had marginally changed by £300k, due to technicalities;</li> <li>• A planned surplus of £5.7million was planned;</li> <li>• A major Capital Programme of £77million, which was noted to be the largest programme in the history of the Trust.</li> <li>• A loan of £50million would be drawn-down during the course of 2012.</li> </ul> <p>Paul Mapson was confident of delivery of the plan, despite current challenging economic circumstances. The biggest risk, he said, was to the achievement of Cash Releasing Efficiency Savings. Flexibility would be required around the provision of capacity and earning of income. <i>There being no further questions or discussions, the Board resolved to <b>approve</b> the Resources Book including Capital Programme.</i></p>	

<p><b>12. Summary Monitor Quality Governance Framework Self-Assessment Report</b></p> <p>The Board received this report sponsored by the Chairman to <b>note</b>.</p> <p>The Trust Secretary briefed the Board that in seeking additional assurance as to the suitability and efficacy of its provisions for governing quality, the Board commissioned the Quality and Outcomes Committee to conduct a comprehensive assessment using the Monitor Quality Governance Framework as a guide to good practice. He said that Monitor had developed the Quality Governance Framework in response to the findings of their internal audit report into the lessons learned from the failings at Mid Staffordshire NHS Foundation Trust. It is used by Monitor to assess NHS Trusts seeking authorisation as NHS Foundation Trusts; it also forms the basis for Foundation Trust Boards' quarterly self-certification for Quality Governance as set out in the Compliance Framework 2011-12.</p> <p>The Quality and Outcomes Committee report to the Board concluded that the Trust demonstrated 95.2% compliance with the framework and the Committee was confident in management's capacity to achieve 100% compliance within a reasonable timeframe. None of the 4.8% of indicators rated as 'amber-green' were considered likely to pose a significant threat to the management of quality.</p> <p>The Board noted the value of the additional robust assurances the assessment conducted jointly by the Committee and the Executive provided. It was also noted that the report was timely as the 2012/13 Monitor Compliance Framework required the Board to base its self-certifications on quality on an assessment using the Monitor Quality Governance Framework.</p> <p><i>There being no further questions or discussions, the Board resolved to <b>note</b> the Summary Monitor Quality Governance Framework Self-Assessment Report.</i></p>	
<p><i>Monitor Reports</i></p>	
<p><b>13. Report Results of Quarter 3 Compliance Framework Monitoring Exercise</b></p> <p>The Board received the report by the Chief Executive to <b>note</b>.</p> <p>Robert Woolley reported to the Trust Board that Monitor had confirmed the Trust's Quarter 3 declaration.</p> <p><i>There being no further questions or discussions, the Board resolved to <b>note</b> the Report Results of the Quarter 3 Compliance Framework Monitoring Exercise.</i></p>	
<p><i>Risk</i></p>	
<p><b>14. Review of Board Risk Management Strategy</b></p> <p>The Trust Board received and considered this strategy by the Chief Executive for <b>ratification</b>.</p> <p>The Chief Executive reported that the strategy had been developed by the Risk Management Group on behalf of the Board, and took into account the direction developed by the Board at the January 2012 Board Development</p>	

<p>Seminar. The strategy had been approved for presentation to the Board by the Risk Management Group and was presented for approval.</p> <p>The Board considered the strategy document, and noted that the ‘Risk Appetite’ accurately set out the Board’s tolerance and sensitivity to risk. It was noted that the strategy would be supported by an appropriate risk set of procedural documents, including protocols and procedures.</p> <p>Paul May commented that provisions for risk management had “improved significantly during the time Robert Woolley had been Chief Executive at the Trust, and that this was demonstrated in the Risk Management Strategy and Trust Risk Registers”.</p> <p>Robert Woolley thanked Paul May and acknowledged the support of those working in this discipline, and of the Trust Secretary in compiling the procedural documentation.</p> <p><i>There being no further questions or discussions, the Board resolved to <b>ratify</b> the Review of Board Risk Management Strategy.</i></p>	
<p><i>Strategy and Business Planning</i></p>	
<p><b>15. Policy Review – Capital Investment Policy</b></p> <p>The Trust Board received and considered this report by the Director of Strategic Development for <b>approval</b>.</p> <p>It was noted that the policy had previously been reviewed and approved by the Finance Committee for presentation to the Board for approval.</p> <p><i>There being no further questions or discussions, the Board resolved to <b>approve</b> the Policy Review – Capital Investment Policy.</i></p>	
<p><i>Information and Other</i></p>	
<p><b>16. Any Other Business</b></p> <p>There was no other formal business of the Trust Board. However, Mo Schiller congratulated the Learning Difficulties Team on the great progress they had made in the last six months.</p>	
<p><b>17. Date of Next Meeting</b></p> <p><b>Public Meeting of the Trust Board of Directors, Monday 30 April 2012 from 10:30 – 13:30 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU.</b></p>	