

**Minutes of a Public Meeting of the Trust Board of Directors held on
28 February 2013 at 10:30 in the Conference Room, Trust Headquarters,
Marlborough Street, Bristol, BS1 3NU**

Board Members Present	
<ul style="list-style-type: none"> • John Savage – Chairman • John Moore – Non-executive Director • Lisa Gardner – Non-executive Director • Paul May – Non-executive Director • Guy Orpen – Non-executive Director 	<ul style="list-style-type: none"> • Robert Woolley – Chief Executive • Alison Moon – Chief Nurse • Deborah Lee – Director of Strategic Development and Deputy Chief Executive • Paul Mapson – Director of Finance and Information • Sean O’Kelly – Medical Director
Present or In Attendance	
<ul style="list-style-type: none"> • Alex Nestor – Deputy Director of Workforce & Organisational Development • Ian Barrington – Divisional Manager, Women’s & Children’s Services • Fiona Reid – Acting Head of Communications • Charlie Helps – Trust Secretary • Victoria Church – Management Assistant to Trust Secretary • Garry Williams – Patient Governor • Mani Chauhan – Patient Governor • Peter Holt – Patient Governor 	<ul style="list-style-type: none"> • Wendy Gregory – Patient & Carer Governor • John Steeds – Patient Governor – Local • Joan Bayliss – Community Governor • Neil Auty – Patient and Tertiary Governor • Florene Jordan – Staff Governor • Sue Silvey – Public Governor • Anne Ford – Public Governor • Ken Booth – Public Governor • Carol Roberts – GlaxoSmithKline
<i>Item</i>	<i>Action</i>
<p>1. Chairman’s Introduction and Apologies</p> <p>Apologies were noted from James Rimmer, Claire Buchanan, Emma Woollett, Iain Fairbairn and Kelvin Blake.</p> <p>With regret, John Savage informed the Trust Board that it was Alison Moon’s final meeting in her role as Chief Nurse. John said that Alison had brought a “fresh approach” to the role and that although she would be missed, Alison would still work with UH Bristol in her new role. The governors also acknowledged Alison’s contribution to the Trust and were sad to see her go.</p>	
<p>2. Declarations of Interest</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>3. Minutes and Actions from Previous Meetings</p> <p>The Board considered the Minutes of the Public meeting of the Trust Board of Directors dated Monday 28 January 2013 and approved them as an accurate record.</p> <p>Status of Actions</p>	

<p>An action had been overlooked from page 3, bullet point 2 of the previous minutes. Following a request for John Moore regarding future management arrangements for discharge, James Rimmer planned to bring a paper to the Quality and Outcomes Committee in April.</p> <p>Ken Booth, a Public Governor for Bristol, who was present, asked if visits to Guys’ and St Thomas’s had been undertaken regarding tissue viability and infection control. Alison Moon confirmed that the infection control visit went ahead, but the tissue viability visit had been re-scheduled to April at Guys’ and St Thomas’s request and UH Bristol was remaining in contact with them in the interim.</p> <p>Guy Orpen declared an interest through his University work and its partnership with the Trust, regarding the currently Red-rated National Institute for Health Research (NIHR) and notable fluctuations of Clinical Trials. He requested additional focus regarding these elements of activity at a future Board meeting, which John Savage and Robert Woolley agreed was “suitable and wholly appropriate”. This would be added to a future Board agenda.</p>	<p>Chief Executive</p>
<p>4. Chief Executive’s Report</p> <p>The Board received a report by the Chief Executive, which included the activities of the Trust Management Executive to note.</p> <p>Robert Woolley highlighted the following items:</p> <ul style="list-style-type: none"> • The NHS Staff Council had reached agreement to make some changes to the Agenda for Change pay framework. The proposals particularly reinforced that increments staff obtained when progressing through NHS ‘spine’ points should be explicitly related to individual performance. The Royal College of Nursing had arranged for many nursing staff to sign individual ‘Valentine’s Day’ cards to Board members, which did not support further changes to the pay framework. Robert Woolley circulated these to the Board during the meeting. • The South West Pay Consortium remained an issue of concern for staff. It planned to publish its reports today, which had been deferred during national negotiations. Executives would consider the reports in due course and planned to be explicit and open to staff in this regard. • Monitor had published its new provider licence and as a Foundation Trust, UH Bristol would be issued a new licence to operate from 01 April. The Board had already been briefed about the new Risk Assessment Framework that underpinned compliance with the licence. Monitor also planned to review the Trust’s Governance Risk Rating due to the Trust’s non-compliance with Methicillin-Resistant Staphylococcus Aureus (MRSA) and Accident & Emergency 4-Hour targets. • The transfer of Head & Neck Services from North Bristol NHS Trust to UH Bristol would commence on 25 March and Breast Services and Urology had planned a parallel move to North Bristol NHS Trust. This was the culmination of at least 12 months’ planning agreements. • Referring to Alison Moon’s departure, Robert Woolley stated that, following interviews, the panel had decided not to make an appointment at 	

<p>this time. As such, the recruitment process would continue with the support of a professional search firm and there were plans to secure an interim Chief Nurse until a permanent appointment was made.</p> <p>Comments:</p> <ul style="list-style-type: none"> • Responding to a question from Garry Williams, a Patient Governor, who was present at the meeting, Robert Woolley clarified that the Agenda for Change pay framework was confined to certain staff, such as nursing and therapy staff, administration and clerical staff, managers and ancillary staff, but not medical staff who were on other frameworks. 	
<p><i>Quality, Performance and Compliance</i></p>	
<p>5. Process for Responding to the Mid Staffordshire NHS Foundation Trust Public Inquiry Report (the “Francis Report”)</p> <p>The Board received this report by the Chief Executive to note.</p> <p>The “Francis Report” was published on 06 February 2013 and contained 290 recommendations. An assessment was undertaken to identify which recommendations were relevant to UH Bristol, as an acute provider, and how to assess and take these forward.</p> <p>A further review was scheduled to discuss which of these recommendations required follow-up, prior to the Government’s formal response. A work programme would then be established and brought to Board for approval.</p> <p>Following a recommendation by the Secretary of State and current NHS Chief Executive, the Trust planned to undertake ‘listening events’ with staff, to gauge opinion regarding issues raised in the Report.</p> <p>A progress report would be given at the next Trust Board meeting.</p> <p><i>There being no further questions or discussions, the Board resolved to note the process for responding to the Mid Staffordshire NHS Foundation Trust Public Inquiry Report (the “Francis Report”).</i></p>	
<p>6. Quality and Performance Report</p> <p>The Board received and reviewed this report by members of the Trust Executive. It was noted that the Quality and Outcomes Committee continued to consider the performance report in detail prior to the meeting of the Trust Board.</p> <p>a. Patient Experience</p> <p>The Chief Nurse, Alison Moon, presented the Patient Experience report which came from the Division of Women’s & Children’s Services. The report highlighted:</p> <ul style="list-style-type: none"> • The importance of a calm, supportive and professional approach to care and involving patients in decisions about their care; • The importance of excellent communication skills and individualised care being provided by skilled staff; • That staff made a difference to their patients’ experience by treating them with compassion, care, dignity and professionalism; • The amount of work undertaken within the services which focussed on kindness and compassion. 	

b. Overview

The Director of Strategic Development, Deborah Lee, introduced the item, reporting that overall, there had been an improvement in the “health of the organisation”.

- The Board were made aware of concerns which had been raised regarding data quality regarding complaints reporting. This was being addressed for reporting for future periods;
- Of positive note both Patient Falls and Pressure Ulcers showed an improved picture;
- The Trust’s Hospital Standardised Mortality Ratio (HSMR) remained within a green threshold, which reflected that UH Bristol had a lower rate of death than might be expected in a Trust of this size and complexity. This related to the “Francis Report”, and emphasis regarding using HSMR as a measure of underlying quality of the organisation;
- Sickness Absence remained red rated, but was a variable picture across the Trust;
- Finance was a mixed picture due to a number of amber rated measures, however, achievement of the Financial Risk Rating at year end was predicted at 3, as set out in this year’s financial plan;
- The Monitor Governance Risk Rating for Quarter 4 was currently forecast as amber-red, due to year to date performance of breaching the annual objective of MRSA. The Trust predicted failure of the 62-Day Cancer standard as a result of a legacy issue from Quarter 3;
- Accident & Emergency targets were at high risk for Quarter 4, due to the performance lost during the black escalation period from 05 – 13 February. Of note, the Trust had rapidly recovered its performance following de-escalation and positive factors arose from this recovery response. The Divisional Manager of the Division of Women’s and Children’s Services, Ian Barrington, added that during this period, pressure on the system had impacted on performance in a number of areas, however, he emphasised the “outstanding clinical engagement, patient safety, excellent cross-divisional working and quick recovery” from black escalation. An exercise was underway to review the actions taken during the escalation.
- Of note, the Children’s Emergency Department had a difficult period in December 2012, but recovered well during January and February 2013.

c. Quality and Outcomes Committee Chair’s Report

The Chair of the Quality and Outcomes Committee, Paul May, presented his report, explaining that:

1. The meeting had a quorum of members, and the Chairman was also in attendance as an observer.
2. As it was Alison’s last meeting, she was thanked for her leadership, team working and dedication to Quality within the Trust.
3. Matters discussed included:
 - Benchmarking;
 - The impact of the black escalation on performance;

- Plans to prepare for the Francis Report;
- Endoscopy follow up;
- Agency staffing;
- To review progress with the Accident & Emergency 4 hour standard;
- Safeguarding training;
- Risks concerning midwife recruitment.

4. Quality & Performance Report issues:

Quality

- The Committee was pleased to note the progress being achieved in the following: Midwife Recruitment, the Endoscopy recovery plan, Hospital Standardised Mortality Ratio, Pressure Ulcers, Falls, Clostridium Difficile, Patient Surveys, Antibiotic Prescriptions and Stroke Care. All of these issues were scrutinised and would remain under review by the Committee;
- The Complaints system regarding the administration and responses to unsatisfied complainants was being reviewed. The Committee agreed it would seek regular three monthly reports regarding serious and moderate incidents and any themes arising;

The regular achievement of the cleanliness targets was commended and it was suggested that the Trust should be more ambitious regarding the 'very high risk' areas, therefore a recommendation from Quality and Outcomes Committee was for all of these areas to achieved 95% consistently.

Workforce

- Workforce plans which linked to delivery plans were produced and the Committee planned to review these at their next meeting;
- The Committee noted that benchmarking had been undertaken regarding sickness, but no simple solutions had been found;
- Work continued regarding staff stress levels;
- Following questions regarding patterns of sickness and staff morale, the structure of the HR Governance Board and the sharing of good practice was examined;
- A European Working Times report did not indicate significant worries but red rated issues were being dealt with;
- Agency staffing issues were a major concern, particularly regarding quality and costs. It was noted that new tendering procedures were being implemented, together with a priority review of need patterns, in order to significantly reduce agency needs in future;
- Achievement of appraisal rates was commended.

Access

- Two periods of black escalation were reported. As a consequence there had been a significant impact on elective surgery, but teamwork, clinical engagement and cross divisional support was reported and a post-event review would be held to pick up on any lessons learned;
- From a patient perspective, as efforts were being made to try and keep

some elective admissions, some cancellations were late;

- Certain procedures had minimised the impact of the escalation and the Committee thanked everyone for their efforts;
- The performance turnaround regarding targets had been significant to prevent breaches and the Committee reinforced the need to maintain quality during this period;
- Monitor had been notified of the escalation and a visit to them was planned in March;
- As a consequence of black escalation it was important to note that a fluctuation might be seen in February's quality indicators;
- An emergency access joint internal/consultant project had started, which would run for five months. This was discussed regarding the impact on next year and relations with the Trust's social partners;
- The impact on cancer targets was discussed;
- Endoscopy recovery plan progress was reviewed.

5. Clinical Quality Group

The report was discussed and noted. There were issues regarding Safeguarding training, development post the "Francis report", Clinical Audit, and performance non-compliance procedures.

6. Quality Objectives

The Committee reviewed the progress report and benchmarking data.

7. Care of the Elderly

The report would be held for a future meeting regarding the eight recommendations in the "Francis report" and the Board requested for this issue to be investigated.

8. Committee Terms of Reference

No recommendations were made to change the Terms of Reference, but the Committee expected that the Board would need to keep it under review, post "Francis".

- The Trust had no cases of Grade 3 or 4 Hospital Acquired Pressure Ulcers this month, which was as result of all the work divisions were undertaking. Some organisations only reported Pressure Ulcers under their Patient Safety Thermometer data, but in the spirit of openness, UH Bristol would continue with its more thorough process.

Referring to the exposure of the inaccurate complaints data discussed earlier in the meeting, it was clarified that it there were two inaccurate data indicators in 2012, these being percentage of complaints resolved within timescales, and percentage of complainants dissatisfied with the response. There had since been a change of leadership in the Complaints team and the following actions were also underway:

- 1) January 2013 data had been validated as accurate and showed an improved picture and the governance system had been completely changed to address any issues;
- 2) The Deputy Head of Business Intelligence would commence a review of how Complaints data is captured, extracted and reported. The responsibilities

<p>for managing and reporting the data will be agreed as part of this review, to ensure the process is robust;</p> <p>3) Governance regarding data validity and breaches for complaints had been introduced in line with the governance of other key targets within the Trust, so this situation would not recur.</p> <p>The Chief Nurse would bring a report back to Quality & Outcomes Committee and Trust Board if further problems arose regarding inaccurate complaints data.</p> <p>d. Board Review</p> <ul style="list-style-type: none"> • John Moore added that the Quality and Outcomes Committee also discussed identifying the successes from the periods of black escalations, in order to embed these habits permanently. • John Moore requested that a report to be brought to Trust Board to identify a single solution for agency cost increases. Robert Woolley acknowledged that it was a serious management concern and there were also risks to the continuity of care, but no single solution existed. It was one of the parameters regarding operating plans being developed until the end of March, and the requirement for agency staff was driven by a range of controllable and uncontrollable factors. Paul May supported John's request for a report, but it was agreed that a discussion would commence outside of the meeting. • In response to a question from Lisa Gardner, Robert Woolley confirmed that agency costs were not on the Corporate Risk Register, but their financial impact would be covered by other reported risks. Deborah Lee added that the Division of Medicine had no plans to escalate this issue as a high risk at present. • Lisa Gardner requested clarity regarding the length of time Fractured Neck of Femur patients waited before they were operated upon. Deborah Lee agreed to investigate and would circulate information to Board members before the next meeting. • Referring to page 77 and a complaint regarding the loss of a patient's own drugs, Lisa Gardner asked if local and organisational learning from the complaint had been initiated. Sean O'Kelly would find out if this was the case. • Deborah Lee reported to the Board that she had been involved in discussions with commissioners regarding the Quality Incentive Scheme for 2013/14 and metrics for patients with learning disabilities, as they had proposed to discontinue these. Lately, UH Bristol had been performing poorly on both adult and children's learning disabilities measures, but if a patient's learning disability was identified prior to admission, significant adaptations could be made to their care. Alison Moon said that a 'hospital passport' had been developed with the help of people with learning difficulties, and launched in the last fortnight, which would help meet the needs of these patients though she agreed that further work to improve the proportions of patients with a Learning Disability being assessed on admission was a priority and would be progressed. • Responding to a question from Wendy Gregory, a Patient Carer for Bristol, regarding patients with learning disabilities and the potential 	<p>Director of Strategic Development</p> <p>Medical Director</p>
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<p>contribution to capacity issues at the Trust, Deborah Lee said that discussions with commissioners specifically related to support for patients with enduring learning disabilities and were not concerned with related capacity issues which were not thought to be significant.</p> <ul style="list-style-type: none"> Alison Moon informed the Board that as a result of the periods of 'black' escalation, there may be an impact on some of the quality indicators which would be presented to the March Board meeting. <p><i>There being no further questions or discussions, the Chair concluded this review of the Quality and Performance Report.</i></p>	
<p><i>Finance</i></p>	
<p>7. Finance Report</p> <p>The Board received and considered this report on the activity of the Finance Committee for review. The most recent meeting was held on Friday 22 February 2013.</p> <p>a. Overview – Director of Finance and Information</p> <p>Paul Mapson highlighted the following main headlines from the report:</p> <ul style="list-style-type: none"> The Trust still predicted to hit the year end plan. There was a divisional overspend in the month, which was being matched by corporate factors as they occurred. A concern was not so much hitting this year's position, but maintaining a recurring position into the new financial year. A key factor would be the level of contract activity agreed with commissioners, which was under discussion. Cash Releasing Efficiency Savings (CRES) delivery was also likely to increase in the new financial year; the income position was reasonable in January, but there were concerns regarding February, as a consequence of black escalation. The key concern was income and whether activity was local, Bristol, North Somerset, South Gloucestershire work or tertiary, as only one was subject to a 'capped' contract. Monitor informed the Trust that capital spending was set to fall below 75% of the plan, which was a trigger whether a trust may be in financial difficulty. The Trust had mitigated this slippage in capital by not taking up its strategic loan facility. Capital slippage itself was being investigated, particularly regarding cash flow on some major schemes, as it was more difficult to accurately predict cash flow on these. As the programme for this year was at an unprecedented level, some slippage was attributed to this. The Trust had received winter pressures money of £1.2m in February. <p>b. Finance Committee Chair's Report</p> <p>The Chair of the Committee, Lisa Gardner, presented a verbal report on the meeting of the Finance Committee of 22 February 2013.</p> <ul style="list-style-type: none"> The consequences of black escalation remained to be seen, but the Committee's main concern was divisional plans for next year; Most of the CRES shortfall related to Surgery, Head & Neck; The Committee discussed how financial controls training was implemented across the Trust, and how it could be implemented into job roles. The Finance team would liaise with HR in this regard; 	

<ul style="list-style-type: none"> • An outline of potential changes to the Monitor Risk Assessment framework was provided, in addition to how this might impact the Trust following the completion of consultation at the end of April; • UH Bristol had reviewed how other trusts managed Service Line Reporting and as a consequence the Finance team had arranged to visit Plymouth Hospitals NHS Trust on 17 March to share learning. <p>c. Board Review</p> <ul style="list-style-type: none"> • In response to John Moore’s question regarding the CRES challenges and the savings challenges for non-pay and procurement, Paul Mapson confirmed that a scheduled report to the March Audit Committee would review non-pay in detail. Of positive note Paul emphasised that non-pay had been fully achieving as a work stream, but the ability for greater savings did not relate to negotiation with commercial providers and suppliers, but a clinical change of practice, which was difficult to agree. • Robert Woolley added to Paul’s comments, saying that the National Audit Office had said publicly that they did not consider the NHS as effective in gaining efficiency from procurement contracts and there was a need to identify where to push a “bigger ambition”. John Moore was eager for the Trust to maintain the same ambitious stretch targets for non-pay and external spend as in the previous year. • Referring to the exchange of Head & Neck, Breast Services and Urology, Neil Auty, a Governor Representative, asked if there was a sense as to what CRES UH Bristol were likely to inherit from North Bristol NHS Trust. Paul Mapson explained that there was an issue regarding Ear, Nose & Throat, Head & Neck having a high unit cost index in North Bristol NHS Trust. Once each service was embedded, CRES would be re-examined, but Paul was confident that the transfers should be at a ‘break-even’ position for both trusts in time. • Neil Auty also questioned why there were increases in ‘aged debtors’. Paul explained that some small debts were being dealt with, but the debts were not of significant value. Lisa Gardner added that these debts were discussed at the Finance Committee and there was good engagement between UH Bristol and the finance teams of other local external organisations. <p><i>There being no further questions or discussions, the Chair concluded this review of the Finance Report.</i></p>	
<p><i>Risk</i></p>	
<p>8. Annual Review of Board Risk Management Strategy</p> <p>The Board received and considered this report by the Chief Executive for approval.</p> <p>Robert Woolley explained that a risk manager had been appointed to support Charlie Helps, Deborah Lee and Robert Woolley in the coordination of risk management at corporate level, and to support the Board in its monitoring of risk.</p> <p>This report asked the Board to carry forward the revised Risk Management Strategy, pending any outcome from the Risk Management Group meeting in</p>	

April. <i>There being no further questions or discussions, the Board resolved to approve the Annual Review of Board Risk Management Strategy.</i>	
<i>Information and Other</i>	
9. Any Other Business There was no other business.	
10. Date of Next Meeting Public Meeting of the Trust Board of Directors, Thursday 28 March 2013 from 10:30 – 12:30 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU.	