

MINUTES of a Public Meeting of the Trust Board of Directors held on 28 May 2014 at 10:30 in The Conference Room, Trust Head Quarters, Marlborough Street, BS1 3NU

| Board Members Present | |
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| <ul style="list-style-type: none"> • John Savage – Chairman • Robert Woolley – Chief Executive • Paul Mapson – Director of Finance & Information • Carolyn Mills – Chief Nurse • Sean O’Kelly – Medical Director • James Rimmer – Chief Operating Officer • Sue Donaldson – Director of Workforce and Organisational Development | <ul style="list-style-type: none"> • Lisa Gardner – Non-executive Director • Kelvin Blake – Non-executive Director • Guy Orpen – Non-executive Director • Alison Ryan – Non-executive Director • Iain Fairbairn – Non-executive Director • David Armstrong – Non-executive Director • John Moore – Non-executive Director • Julian Dennis – Non-executive Observer • Jill Youds – Non-executive Observer |
| Others in Attendance | |
| <ul style="list-style-type: none"> • Julie Dawes – Interim Trust Secretary • Xanthe Whittaker – Head of Performance Assurance & Business Intelligence/ Deputy Director of Strategic Development • Sue Silvey – Public governor (Lead governor) • Mo Schiller – Public governor • Anne Ford – Public governor • Clive Hamilton – Public governor • Brenda Rowe – Public governor • John Steeds – Patient governor • Anne Skinner – Patient governor • Pam Yabsley – Patient governor | <ul style="list-style-type: none"> • Peter Holt – Patient governor • Wendy Gregory – Patient governor • Sue Milestone – Patient governor • Florene Jordan – Staff governor • Marc Griffiths – Appointed governor • Jeanette Jones – Appointed governor • Kaj Kamalanathan, Locum Consultant • Alistair Johnstone, Locum Consultant • Bob Skinner, Foundation Trust member • Sarah Murch – Membership PA/Administrator (minutes) |
| <i>Item</i> | <i>Action</i> |
| <p>1. Chairman’s Introduction and Apologies</p> <p>The Chairman called the meeting to order. He extended a particular welcome to Julie Dawes, who had this month joined the Trust as Interim Trust Secretary, replacing Charlie Helps. He said farewell to Iain Fairbairn, whose term of office as Non-executive Director would end on 31 May 2014. He recorded the Board’s gratitude and thanks for everything Iain had done for the Trust.</p> <p>Apologies had been received from Deborah Lee and Emma Woollett.</p> | |
| <p>2. Declarations of Interest</p> | |

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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.

No declarations of interests were received.

3. Minutes and Actions from Previous Meeting

The Board considered the Minutes of the meeting of the Trust Board of Directors dated 28 April 2014 and **approved** them as an accurate record.

Actions:

Action 221: Histopathology Services update. *The Chief Executive reported that work was continuing and that there was no further update to give at this stage.*

Actions 263 and 277: Patient Experience stories. *The Chief Executive reported that the Board had discussed at a recent Board Development Seminar its intentions around hearing from patients about their experiences. It was noted that whilst today's Patient Experience Story was in the traditional style, the Executive Team were currently exploring ways providing more direct feedback from patients at future meetings.*

Action 267: Performance recovery plan for patient access standards, and how this should be reported to Monitor. *The Chief Executive reported that the Board had already approved in the Trust's Annual Plan declaration its forward risks in 2014/15 regarding its achievement of the 4-hour A&E target, the 62-day cancer target and the 18-week Referral-to-treatment time target. The performance recovery paper had been in this regard entirely consistent. However, he took on board the point that had been made about expressing the Trust's determination to meet these standards to Monitor. Item closed.*

Action 273, 274 and 278: Organisational learning and recording actions from meetings. *The Chief Executive confirmed that the Board and the Executive had discussed these three actions and he emphasised that they were committed to learning and demonstrating their learning in an effective way. He asked for the assistance of all Board members in being clear about their conclusions and actions at the end of any discussions. These items were closed.*

Action 282: Funding flow for the National Institute of Health Research Clinical Research Network. *The Chief Executive reported that further details would be brought back in due course to the Audit Committee as requested.*

Action 218: National Cancer Survey and Action Plan – recruitment update. *The Chief Nurse reported progress on the recruitment of a melanoma nurse specialist. The post had been approved, and had been advertised three times, but had not been appointed to yet. The post would sit across the Divisions of Medicine (Dermatology) and Specialised Services (Oncology).*

Actions 279 and 281: Infection Control reporting. *The Chief Nurse would report back on these actions to the June Board meeting.*

Action 280: Infection Control: change in cleaning score. *The Chief Nurse reported that a paper had now been approved by the Service Delivery Group and the Infection Control Committee. The Trust would be aligning its cleaning standards against the national specifications for cleanliness, and she advised that the aims for the risk categories would have an impact on the RAG Rating. More detail would be provided in the next Infection*

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| <p><i>Control report to the Board.</i></p> <p>Action 158: Report on Staff Engagement. <i>The Director of Workforce and Organisational Development had provided a paper on staff engagement for today’s meeting. Item closed.</i></p> <p>Action 161: Workforce planning. <i>The Director of Workforce and Organisational Development confirmed that strategy and planning would be discussed at the July Board Development Seminar.</i></p> <p>Matters Arising</p> <p>Referring to Action 263, Jill Youds, Non-executive Observer, reiterated that she would still like to receive a response from the Executive Team about the culture of empathy throughout the organisation. The Chief Executive agreed that a proposal would be presented at a future Board meeting about how the Board could best address patient experience and issues associated with compassionate care. He added that the Trust had agreed to bring in a senior executive from the retail industry who had been placed with the Trust from the NHS Leadership Academy, and who would work specifically on this agenda.</p> <p><i>There were no further Matters Arising.</i></p> | <p>(Action 263)</p> |
| <p>4. Chief Executive’s Report</p> <p><i>The Chief Executive provided the Board with updates on the following matters:</i></p> <ol style="list-style-type: none"> 1. The Chief Executive congratulated North Bristol Trust on the official opening of the Brunel Building at Southmead Hospital this month. He was pleased that UH Bristol had been able to offer support through the very significant changes, particularly through the transfer of Emergency Department services on 19 May. 2. Also during the month, UH Bristol had successfully transferred specialist paediatrics from Frenchay Hospital into new and remodelled facilities in the Bristol Children’s Hospital, which was now officially designated as the main paediatric trauma centre for the South West. The helideck had become operational and had been used for emergency transfers of patients. Redevelopment work was continuing, and the Trust could expect handover of Level 5 of the new ward block on Terrell Street at the end of June. The Chief Executive was pleased to report that an Office of Government Commerce Gateway review around the state of readiness on the Trust’s capital scheme had been rated ‘Green’ and that it was therefore proceeding well. 3. With reference to the proposed review of children’s congenital heart services in Bristol to be overseen by Sir Ian Kennedy, the Chief Executive reported that draft Terms of Reference had been sent by NHS England to the concerned families. Feedback would be received next week, after which a formal announcement would follow. He would inform staff and governors accordingly. 4. The Trust hosted a visit last week from the New Congenital Heart Disease Review team. This was a national review undertaken by NHS England following the demise of the Safe and Sustainable Review into children’s heart surgery, and the new review looked at children’s and adults’ services together. The team visited the Trust’s facilities and discussed services provided with staff, directors, governors, patients and families. They would report back in due course, and the Chief Executive would keep the Board | <p>Action 294</p> <p>Action 295</p> |

updated.

5. The Trust’s celebrations for Nurses Day on 7 May had included a very inspiring talk from Dame Claire Bertschinger. The Chief Executive congratulated the award-winners. There had also been successful celebrations for Clinical Trials Day last week featuring talks from leading clinicians and research-themed events. The Trust’s pharmacy service was among the finalists for the Health Service Journal award for improving safety in medicines. The Chief Executive also reported that CHKS, which supplied the Trust with clinical benchmarking services, had rated the Trust for another year running as one of their top 40 hospitals.

The Chief Executive invited questions. In reference to the Kennedy review of children’s congenital heart services, Guy Orpen, Non-executive Director, asked that those present take note of the Board’s commitment to supporting the staff in paediatric cardiac surgery. While the Board would of course co-operate with the review and be frank with the public, it also had an absolute requirement to sustain the quality of the service, and implicit in that was the morale of the staff. The Chief Executive echoed these sentiments.

There being no further questions the Chief Executive concluded his report.

Delivering Best Care

5. Patient Experience Story

The Board received and reviewed this report from the Chief Nurse.

Carolyn Mills, Chief Nurse, directed the Board to the key issues contained in the story. It had been a complimentary story that had been posted on the Trust’s website by a member of staff who had been very impressed with the care that her young child had received while attending the Emergency Department at Bristol Children’s Hospital and after having been admitted to hospital.

The Chairman welcomed the story, adding that while the Patient Experience Story at the Public Trust Board meeting generally focussed on areas in which there had been problems, it was useful on occasion to be reminded that the Trust actually received much more positive feedback than complaints.

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

6. 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, reported that whilst it was acknowledged that the Committee had sought assurance on whether the Risk Register was sufficiently up-to-date, assurance was provided by the Executive Team that further work in conjunction with the Audit Committee was still required to ensure that the two committees were properly aligned in order to oversee the Trust’s risk management assurance process.

The Committee had also enquired about the Trust’s processes for identifying serious incidents, and had received assurance that staff knew when and how to report serious incidents and that the process was audited.

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In a discussion about the Quality and Performance Report, the Committee specifically emphasised that its focus on meeting targets for Clostridium difficile and 62-day cancer waits was due to the impact of these on patients, rather than because they were on the Monitor framework. The Committee had welcomed signs of improvement in many areas, such as the fact that progress trajectories were now reported in the Access report.

The Committee had received the National Inpatient Survey and had also received a detailed report on Workforce which had been very useful. The Committee had also looked in some detail at the learning points in a report on Serious Untoward Incidents, though these had appeared to be mainly isolated incidents with little common learning.

Finally, the Committee had reviewed the current cycle of reports received by the committee and had identified a number omissions, in particular for issues regarding external partners. It was noted that the Terms of Reference were in the process of being reviewed by the Committee and would be submitted to the Board in due course for the required approval.

Performance Overview

Xanthe Whittaker, Head of Performance Assurance & Business Intelligence/ Deputy Director of Strategic Development reported that the overall health of the organisation had stayed broadly similar to that reported last month. Following reductions in the level of patient complaints and hospital acquired pressure sores, six of the seven indicators of patient experience, quality of care and clinical effectiveness were now GREEN rated. This reflected the sustained improvements seen across a range of quality indicators in recent months including falls, pressure sores and antibiotic prescribing compliance, for which further details were provided in the exception reports contained in the Quality & Performance Report.

The length of stay of patients discharged in the month increased in April. This was primarily due to more long stay patients being discharged in the period. Importantly though, there were fewer long stay patients in hospital at month-end than reported in the previous three months. Although the improvement in this, and other measures of patient flow, had translated into better performance against the A&E 4-hour maximum waiting time standard, the 95% national standard was narrowly missed in April. It was confirmed that the Referral to Treatment Time (RTT) Non-admitted and 62-day GP cancer standards were currently on track with our recovery trajectory.

Xanthe reported that the Trust had an overall score against Monitor's Risk Assessment Framework of 3.0. This would equate to a GREEN rating, in the absence of the repeat failures of two standards for which Monitor had requested further information. The standards failed for the quarter to date were the A&E 4-hour standard, the RTT Non-admitted standard and the 62-day cancer standards.

The number of Clostridium difficile cases was currently above the internally set target for the month, and was following the seasonal trends seen in previous years. However, at present the number of reported cases was below the centrally set limit of 10 cases for the quarter, and below Monitor's minimum reporting level of 12 cases. Work was continuing, nonetheless, to identify the causes of any cases deemed on further investigation to be avoidable, in order to put preventative measures in place where possible. This included ongoing work with Commissioners and the community to try to reduce the number of patients coming into hospital with Clostridium difficile.

Board Review

Kelvin Blake, Non-executive Director, noted that the Trust was making good progress regarding care of the elderly and dementia care, but he appealed for greater compassion to be evident in the action plan. Carolyn Mills responded that, while the Exception Report necessarily comprised a very clear set of actions, she did not believe that there was any evidence that staff were not compassionate in this area. Robert Woolley pointed to the Trust Values, adding that perhaps the Board needed to be able to describe how it was seeking to influence the culture of the organisation and set the expectations for the type of care that staff should provide.

John Moore, Non-executive Director, welcomed the news that there were fewer long stay patients in hospital at month-end, and enquired whether this was due to relationships with external bodies being established or whether it was a seasonal effect. James Rimmer responded that there was new structural behaviour, and in particular there were two key factors, the Green to Go list, and the Long Length of Stay list, both of which were showing improvement, but that it was too early to say whether they were fully embedded. In response to an additional question by John Moore, James added that there was an improved relationship with Bristol City Council's Social Care, particularly through the Breaking the Cycle initiative, and that the data showed a significant improvement, but again, he would caution that the improvements were not yet fully embedded.

Jill Youds, Non-executive Observer, welcomed the impressive set of actions around dementia, and also wished to commend the staff on Ward 7 for their very pro-active approach to dealing with falls.

Guy Orpen enquired whether the Quality and Outcomes Committee would also be reviewing performance indicators that were not required by Monitor, but which were very useful, for example, the Green To Go list, and Alison replied that it would.

With reference to the Workforce statistics, Lisa Gardner, Chair of the Finance Committee, reported that the Finance Committee had discussed numbers of staff and overage, particularly in Medicine. She observed that, while nursing staff were being recruited to 120% in order to provide cover for those going off sick, it had come to light that in the event that a member of staff was off sick, cover was still being drafted in from Bank and Agency. Sue Donaldson confirmed that the Executive team were aware of this, and were working with the Divisions to reduce the historical reliance on temporary staff as substantive staff numbers are increased.

Clive Hamilton, Public Governor, referred to the Serious Incident Themes report, and particular the two serious drug incidents that had resulted in major and moderate harm. He voiced his concern and asked when the outcome of these inquiries would be known. Sean O'Kelly, Medical Director, confirmed that investigations were underway and, once complete, the investigation reports would be considered by the Patient Safety Group and Clinical Quality Group to make sure that those groups for the appropriate action. Alison Ryan confirmed that the Quality and Outcomes Committee would also receive these reports and seek the necessary assurance. The Chairman assured those present that the Trust was very mindful that they were not just dealing with incidents and signing them off, but that they were concerned with the patient's journey and their final outcome.

Anne Skinner, Patient Governor, wished to pass on some positive feedback from ward interviews on Wards 22-23 that she had taken part in. She had observed excellent care and

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she praised the nurses and the general atmosphere. She enquired whether all staff training covered dementia issues, and Carolyn Mills confirmed that it was covered in Corporate Induction for all members of staff, with a greater level of detail for those who required it.

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

7. National Staff Survey Results and Action Plan

The Board received and noted this report from the Director of Workforce and Organisational Development.

The Director of Workforce and Organisational Development, Sue Donaldson, introduced the item by explaining that the summary paper on the 2013 National Staff Survey Results was an overview of a more detailed discussion that had taken place in the Quality and Outcomes Committee in April. There had also been other discussions in committees across the Trust which were ongoing, including in the Senior Leadership Team, the Transformation Board, and with Staff Side representatives. The paper had been informed by the work of Michael West (Professor of Organisational Psychology at Lancaster University Management School, Visiting Fellow at the King's Fund and author of '*Quality and Safety in the NHS: Evaluating progress, problems and promise*'). The overall programme of work was largely a cultural change programme rather than an immediate fix to a few problems, although as it was recognised that cultural change took time, some early priorities were being established.

She wished to highlight in particular that the Trust recognised that there was a significant link between staff engagement and patient experience. It was intended to explore this link in more depth using additional resources that had been made available through the Fast Track Executive Programme. She asked the Board to support the programme of work.

Jill Youds, Non-executive Observer, welcomed the report's understanding of the clear connection between staff experience and patient experience. She sought clarification from the Chief Executive as to the general level of commitment around the broader Senior Leadership Team to this agenda. The Chief Executive gave assurance that the entire Senior Leadership Team was fully committed to it.

With reference to the report's table setting out the overall trends in the findings relating to UH Bristol and the staff survey over the last five years, John Steeds, Public Governor, observed that staff experience appeared to be declining across the board, and commented that the issues raised appeared the same as they had been a year previously.

Marc Griffiths, Appointed Governor, welcomed the report, particularly in relation to work-related stress and wellbeing. He too, was keen to see that the work would have the commitment and support of the Senior Leadership Team to ensure that it was carried out.

Alison Ryan, Non-executive Director, reminded those present that the line management lower down had the biggest impact on front-line staff. She assured members that the Quality and Outcomes Committee recognised that staff issues were the key to getting patient care right; however, the tension arose in the need to achieve a balance between the immediate unremitting clinical pressures of patient care, and the investment in time that was required to develop competencies and reduce stress.

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| <p>Kelvin Blake, Non-executive Director, felt that a sense of urgency was required. It was entirely unsurprising, he commented, that NHS staff felt beleaguered, given the lack of pay increases, the financial constraints that they were working under, the increasingly complex nature of their activity, and the significant changes being made to the health service. However, he cautioned that this should not be used as an excuse not to fix what could be fixed at UH Bristol.</p> <p>In response to a question from John Moore, Non-executive Director, about increasing the sample size, Sue Donaldson affirmed that this year’s annual staff survey would be distributed to all members of staff.</p> <p><i>There being no further questions the Chair drew this item to a close, adding that the Board fully welcomed and supported this programme of work and looked forward to seeing the results.</i></p> | |
| <p>8. National Inpatient Survey</p> <p><i>The Board received and noted the report from the Chief Nurse.</i></p> <p>Carolyn Mills, Chief Nurse, explained that this paper provided a summary of the Trust’s performance in the Care Quality Commission’s 2013 National Inpatient Survey of patients’ views about their care. It was noted that the Trust was rated average in terms of performance around patients, with 59 out of 60 scores classed as being ‘about the same as most other Trusts’. However, she explained that the aim was to be ahead of the game, and to this end, the Trust was engaging in benchmarking and learning from other Trusts. She confirmed that no UH Bristol scores had been classed as being ‘better than most other trusts’, but one score had been classified as being ‘worse than most other trusts’: whether patients were given sufficient privacy in the Emergency Department. The team in the Emergency Department was currently looking into this.</p> <p>Carolyn explained that the next step was to pull together the actions linking them with other work. Alison Ryan added that the national survey had been discussed at the Quality and Outcomes Committee meeting on 27 May, and they found it helpful to look at the report in the context of the Trust’s own local patient surveys. It had been noted that it did not seem very representative of the demographics of the community served by the Trust.</p> <p><i>The Board received and noted the report. There being no further questions the Chair drew this item to a close.</i></p> | |
| <p>9. Implications of National Quality Board Guidance – Guidance to nurse, midwifery and care staffing – Capacity and Capability.</p> <p><i>The Board received and noted this report from the Chief Nurse.</i></p> <p>Carolyn Mills, Chief Nurse, explained that this paper had been provided for information. It set out the Trust’s response to the National Quality Board Guidance published last October. There were 10 expectations around actions that the Trust needed to take in relation to ensuring robust and safe staffing levels. She highlight three areas in particular which must be delivered by June 2014:</p> <ul style="list-style-type: none"> • The Public Trust Board would receive a 6-monthly report detailing and evaluating its staff capacity and capability. This would come to the June Board meeting. | <p align="right">Action 297</p> |

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| <ul style="list-style-type: none"> • Displayed on noticeboards outside each ward would be details of planned and actual numbers of staff for each shift and the number of patients on the ward. Pictures of uniforms would also appear on the boards to clarify the different roles. • A committee of the Board would receive on a monthly basis a detailed report around numbers of staff expected to work and numbers actually worked, to be published in the public domain. <p>Guy Orpen, Non-executive Director, asked that the opportunity be taken to update noticeboards to address other issues, such as informing patients how to give feedback on quality of service, or how to raise complaints (both areas in which the Trust scored poorly in the CQC’s 2013 National Inpatient Survey). Carolyn agreed to look into this, adding that it would be helpful to have governors’ views on the kind of information that could usefully be provided on ward noticeboards.</p> <p><i>There being no further questions the Chair noted the report and drew this item to a close.</i></p> | <p>Action 298</p> |
| <p><i>Delivering Best Value</i></p> | |
| <p>10. Finance Report</p> <p><i>The Board received and reviewed this report from the Director of Finance and Information.</i></p> <p>Paul Mapson, Director of Finance and Information, reported that the first month’s results showed a deficit of £0.193m (before technical items), representing an adverse variance of £0.7m against plan. It was reported that there has been an underperformance on income and an underperformance on savings. This was largely due to a shortfall in operating plans, and the Trust was therefore working on delivering more savings to improve this. He added that underachievement early in the year was normal, as savings plans were not phased equally, and some of the increase in activity built into the Trust’s contracts would not be seen until later in the year. It was noted that there were a few issues in cost control which the Trust was trying to address, particularly the use of temporary staff. He also reported that the Trust was still failing a continuity of service rating as there was very good liquidity, it was slightly behind on its capital programme but there was no scheme slippage, and the Trust was working on clearing some of its older debts.</p> <p><i>There being no further questions the Chair drew this item to a close.</i></p> | |
| <p>11. Finance Committee Chair’s Report</p> <p><i>The Board received and reviewed this report from the Chair of the Finance Committee.</i></p> <p>Lisa Gardner, Chair of the Finance Committee, reported that the Committee had registered their concern that the Trust still did not have a balanced Operating Plan. It was noted that the divisions were expected to submit their revised plans to the Executive Team in June 2014, The Committee reviewed in detail the updated Financial Plan, including management of the 2014/15 position and mitigating the known risks.</p> <p>The Committee also considered the changes required to the Capital Investment Policy. They could report that there were no significant issues with it, and recommended its approval.</p> | |

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| <p>The Committee reviewed the annual accounts and commended the Finance Team for delivering such a clean set of accounts with no significant issues. The Committee had recommended that Annual Accounts to the Audit Committee held on 27 May 2014 and also the Board for approval</p> <p>It was noted that the Committee had received a report regarding how the reference costs were calculated and had confirmed that they were satisfied with the Trust’s costing processes and systems.</p> <p><i>The Chair invited questions or comments on the Finance Report.</i></p> <p>Marc Griffiths, Appointed Governor, sought assurance that the Board had anticipated that the model of income for students used by HE South West would be changing and Paul Mapson and Lisa Gardner confirmed that they had anticipated this risk.</p> <p>In response to a question from John Moore, Non-executive Director, about whether Month 1 results were difficult to report accurately, Paul Mapson responded that the processes were far better than they used to be, though the results for Month 2 would be more informative about the direction the Trust was going.</p> <p>In response to a question from Clive Hamilton, Public Governor, about what special measures had been adopted to deal with poor savings performance in Surgery Head and Neck, Paul Mapson responded that there was a plan. He added that the operating model needed to be seen in context, and that the plan of Patient Flow was key to this.</p> <p><i>There being no further questions the Chair drew this item to a close.</i></p> | |
| <p>12. Capital Investment Policy 2014/15</p> <p><i>The Board received this report from the Director of Finance and Information.</i></p> <p>Paul Mapson, Director of Finance and Information, introduced this item, adding that he had tabled an extra paper that summarised the changes that were required to the Capital Investment Policy. He explained that the Policy was reviewed on a regular basis and would be followed by a review of the Standing Financial Instructions and Scheme of Delegation In June 2014. The Policy described what schemes would be referred to the Board, and what would be described as high risk investment under Monitor guidance. He explained that the approval thresholds were described, the financial criteria had been changed, and the weightings had been changed to tie in with how the Trust prioritised capital schemes. Monitor had also announced recently a change in the way reportable transactions were made to them in terms of high risk schemes.</p> <p><i>The Board approved the revised Capital Investment Policy.</i></p> <p><i>There being no further questions the Chair drew this item to a close.</i></p> | |
| <p><i>Corporate Governance</i></p> | |
| <p>13. Governor’s Log of Communications</p> <p>A report had been circulated of all recent questions asked by Governors through the Governors’ Log of Communications and responses from Executives that had received. The Chairman commented that Non-executive Directors had been reading the Log and were</p> | |

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| <p>finding it useful. Wendy Gregory, Patient Governor, informed the Board that she had added two supplementary questions to her Log item since the report was printed, and she described her questions to the Board. She also suggested that each Executive response be circulated to all governors as soon as it was received, rather than just to the governor that originated the enquiry. John Savage reiterated his commitment to ensuring that governors' questions were answered formally through the Log procedure, through which the responses were available as a matter of record in the Log.</p> <p><i>There being no further questions the Chair drew this item to a close.</i></p> | |
| <p>14. Annual Review of the Directors' Interests</p> <p><i>The Board received and noted this report.</i></p> <p>It was noted that amendments were required to this report as several Non-executive Directors (Jill Youds, John Moore and Guy Orpen) had more information to add to their Directors' Interests.</p> <p>The Chairman reminded members that it was necessary to declare all current interests and asked Directors to be clear if one of their interests had a direct link to the Trust's work.</p> <p><i>There being no further questions the Chair drew this item to a close.</i></p> | <p>Action 299</p> |
| <p align="center"><i>Information and Other</i></p> | |
| <p>15. Any Other Business</p> <p>Governor Elections: The Chairman provided an update on the recent election results. On behalf of the Board he expressed his sincere gratitude and farewell to those governors who had ended their terms of office on 31 May 2014, and congratulated those who had been successfully re-elected.</p> <p><i>There being no further business the Chair thanked everyone for attending and closed the meeting at 12:02.</i></p> | |
| <p>16. Date of Next Meeting</p> <p>Public Trust Board meeting: 30 June 2014 at 10:30 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol BS1 3NU.</p> | |