University Hospitals Bristol NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS MEETING

Date: Thursday 30 October 2014
Time: 14:00-15:30
Venue: Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

This meeting is held in public. We would like to request that members of the Trust and members of the public who have any questions that they would like to ask at the meeting, submit them to the address below at least 48 hours before the meeting.

Distribution

Chair:	John Savage	Chairman
Members:	All members of the Council of Governors	
In attendance:	Members of the Trust Board of Directors	
	Debbie Henderson	Trust Secretary
	Julie Dawes	Interim Trust Secretary
	Paul Tanner	Head of Finance
	Sarah Murch	Membership PA/Administrator (minute taker)
Apologies from governors:	Graham Briscoe	Public Governor
	Anne Skinner	Patient Governor
	Florene Jordan	Staff Governor
	Abbas Akram	Appointed Governor
Copy for Information:	Fiona Reid	Head of Communications

Contact for apologies or any enquiries concerning this meeting should be made to: Sarah Murch, Membership PA/Administrator, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU
Telephone: 0117 34 23764 Email: Sarah.Murch@uhbristol.nhs.uk

University Hospitals Bristol NHS
NHS Foundation Trust

Agenda for a Council of Governors meeting, to be held on 30 October 2014 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Item	*Sponsor*	*Page*	*Time*
1. Chairman's Introduction and Apologies To **note** apologies for absence received.	Chairman		14:00
2. Declarations of Interest In accordance with Trust Standing Orders, all members present are required to declare any conflicts of interest with items on the Meeting Agenda.	Chairman		14:02
3. Minutes and Actions from the Previous Meeting To consider the minutes of the meeting of the Council of Governors on 30 July 2014 for **approval**, and the minutes of the Annual Members Meeting on 18 September 2014, and the status of Actions agreed.	Chairman	4	14:05
4. Performance Update and Strategic Outlook a) **Chief Executive's report** To receive and **note** an update from the Chief Executive b) **Quarterly Patient Experience and Complaints Reports** To receive and **note** these reports from the Chief Nurse	Chief Executive Chief Nurse	29	14:10
Governors' Questions			
5. Governors' Questions arising from the meeting of the Trust Board of Directors To respond to questions arising from matters of business on the agenda of the preceding meeting of the Trust Board of Directors.	Chairman		14:25
6. Governors' Log of Communications To **note** the current position of the Governors' Log of Communications.	Chairman	68	14:45
Statutory and Foundation Trust Constitutional Duties			
7. Nominations and Appointments Committee report To receive and **note** this report.	Chairman	75	14:50
8. Governor Development Seminar report To receive and **note** this report.	Chairman	76	14:55
9. Governor Project Focus Groups updates To receive and **note** the following reports: a) Annual Plan Project Focus Group b) Quality Project Focus Group	Relevant Group Chair	78	15:00

Draft ver. **2** **Last updated**: 15/10/2014 **Last printed**: 23/10/2014 10:50

Page 2 of 2 of an agenda for a Council of Governors meeting, to be held on 30 October 2014 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Item	*Sponsor*	*Page*	*Time*
c) Constitution Project Focus Group			
10. Governor and Membership Activity Report To receive and **note** these reports	Trust Secretary	82	15:10
11. Council of Governors' Meeting Dates 2015/16 To **approve** the schedule of proposed meeting dates for 2015/16.	Trust Secretary	87	15:15
12. Any Other Business To **note** any other relevant matters.	Chairman		15:20
Members' Questions			
13. Foundation Trust Members' Questions a) To **receive** questions from Foundation Trust members and members of the public present (notified in advance of the meeting). b) To **receive** an update on the outcome of the investigation into the concerns raised at the Annual Members' Meeting regarding the Bristol Eye Hospital Pharmacy.	Chairman		15:25
Close			
14. Date of Next Meeting The next meeting of the **Council of Governors** will be held at 2pm on Thursday 29 January 2015 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU.			

University Hospitals Bristol NHS
NHS Foundation Trust

Minutes for a Council of Governors meeting held on 30 July 2014 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Governors Present	
• Sue Silvey – Lead Governor and Public Governor • Pauline Beddoes – Public Governor • Bob Bennett – Public Governor • Glyn Davies – Public Governor • Clive Hamilton – Public Governor • Tony Rance – Public Governor • Mo Schiller – Public Governor • Edmund Brooks – Patient Governor • Angelo Micciche – Patient Governor • Anne Skinner – Patient Governor • Elliott Westhoff – Patient Governor • Pam Yabsley – Patient Governor • Wendy Gregory – Patient Governor - Carer	• Philip Mackie – Patient Governor – Carer • Sue Milestone – Patient Governor - Carer • Ian Davies – Staff Governor • Thomas Davies – Staff Governor • Florene Jordan – Staff Governor • Karen Stevens – Staff Governor • Ben Trumper – Staff Governor • Abbas Akram – Appointed Governor • Marc Griffiths – Appointed Governor • Jeanette Jones – Appointed Governor • Lukon Miah – Appointed Governor • Bill Payne – Appointed Governor • Tim Peters – Appointed Governor
Board Members Present	
• John Savage – Chairman • Robert Woolley – Chief Executive • Sean O'Kelly – Medical Director • Carolyn Mills – Chief Nurse • Sue Donaldson – Director of Workforce and Organisational Development	• James Rimmer – Chief Operating Officer • Penny Hilton – Fast-track Executive • Emma Woollett – Non-executive Director • David Armstrong – Non-executive Director • Alison Ryan – Non-executive Director • Jill Youds – Non-executive Observer
Others Present or In Attendance	
• Julie Dawes – Trust Secretary • Xanthe Whittaker – Head of Performance Assurance & Business Intelligence/Deputy Director of Strategic Development • Paul Tanner – Head of Finance • Fiona Reid – Head of Communications • Debbie Marks – Membership Administrator • Sarah Murch – Membership Administrator/PA (minute taker)	• Marty McAuley – Trust Secretary of South Western Ambulance Service NHS Foundation Trust • Mary Watkins – Vice Chair/Senior Independent Director of South Western Ambulance Service NHS Foundation Trust • Members of University Hospitals Bristol NHS Foundation Trust and members of the public: Lindsay Winterton, Barbara Pond, Bob Skinner, Garry Williams, Francesco Palma.

Item	*Action*
1. Chairman's Introduction and Apologies The Chairman, John Savage, welcomed everyone to the meeting. Apologies had been	

received from: **Governors**: Graham Briscoe, Mani Chauhan, Sue Hall, Nick Marsh, Jim Petter, Brenda Rowe, John Steeds, Tony Tanner and Lorna Watson. **Trust Board and Others:** Deborah Lee, Guy Orpen, Julian Dennis, Lisa Gardner. *Apologies for absence were **noted**.*	
2. Declarations of Interest In accordance with Trust Standing Orders, all members present were required to declare any conflicts of interest with items on the Meeting Agenda. *There were no declarations of interest.*	
3. Minutes and Actions from the Previous Meeting Governors considered the minutes of the meeting of the Council of Governors on 28 April 2014 and **approved** the minutes as an accurate record of the meeting. The status of the following Actions were noted: *Action 10 - Foundation Trust Constitution revisions*– Governors had been consulted on revisions to the constitution, but the review of the Constitution was still ongoing and therefore would not be discussed at today's meeting. *Action 11 – Jonathan Benger to talk to governors*. This Action was still open.	
4. Election and Appointment of Governors Governors received and **noted** this report. The Chairman offered his congratulations to newly-elected and newly-appointed governors, and also to those who had been re-elected and re-appointed.	
5. Performance Update and Strategic Outlook a) **Chief Executive's report** Governors received and **noted** a verbal update from the Chief Executive, Robert Woolley. Robert wished to highlight several issues: **Infrastructure changes:** Moves into the new ward block extension of the Bristol Royal Infirmary were due to start in August. The moves were complex and had to be very carefully managed, which would mean that clinical teams would be very busy over the next few months. As part of the changes, new signage would be installed across the site. This would be done in stages and would take several months to complete. Helpers would be required to assist people in finding their way around during this time. The Trust had now received planning permission for the new façade of the Bristol Royal Infirmary. Work on this would start in the autumn. **Regulators:** Robert reported that Monitor had been carrying out an informal review of the Trust around performance around A&E waits, referral-to-treatment times for non-admitted patients, cancer targets around 62-day GP referral, and infection control, particularly Cdifficile. Last week Monitor had confirmed that they were satisfied with the plans and proposed to take no formal action at this stage, and the Trust's rating for governance would therefore go 'green' in August. However, Monitor was still monitoring the delivery of the recovery plans, and if the plans were not delivered there could be a formal investigation.	

He reported a request from Monitor and NHS England Local area team for an Operational Resilience and Capacity Plan: a recovery plan around urgent emergency care. The plan would be submitted this week by Bristol Clinical Commissioning Group with input from UH Bristol. Its purpose was to demonstrate how the whole local healthcare system - including commissioners - would help UH Bristol deliver on its A&E target, and it was hoped that this plan would lead to significant change.

Robert informed governors that the Care Quality Commission was going to carry out a planned review of the Trust in the week of 8 September. This would be an extensive inspection, involving 70 inspectors over 5 days, talking to staff, governors and board members. The Trust was sending the message to staff that this was not something to be frightened of: that staff should feel confident to tell the CQC about improvements that they think could be made, and about anything that they were proud of. An action plan had been prepared, led by the Chief Nurse, detailing the Trust's preparation for the inspection, and the Trust was also carrying out a 'Delivering Best Care' week next week, focussing on clinical quality and patient safety, similar to the Breaking the Cycle initiative earlier in the year.

Staff Friends and Family test: Robert reported results from the national staff Friends and Family test, which showed that 77% staff would recommend this Trust as a place to receive care; however, only 55% staff had said that they would recommend it as a place to work. This corresponded to the results of the Trust's own staff surveys and stress audits, and plans were in place to try to improve staff experience.

Signing up for Safety: UH Bristol was one of 20 Trusts which had so far signed up to the national 'Sign up to Safety' initiative. It formed part of the Patient Safety Strategy and involved making a set of public pledges about the Trust's commitment to patient safety.

Review of Children's Heart Services: The review into children's cardiac services had launched and was in the evidence-gathering stage. The Trust had appointed a programme manager to work as the liaison point with the review team. The latest step had been to write out to 8,500 former patients of children's heart services to notify them of the review and ask them if they wanted to contribute comments.

Questions:

1. Wendy Gregory, Patient Carer Governor enquired about the response rate for the staff Friends and Family test. Sue Donaldson, Director of Workforce and Organisational Development, reported that all staff had been asked, and the response rate had been 19% (1,600 people).

2. Florene Jordan, Staff Governor, reported that she had been unsurprised by the results of the Friends and Family test because she had noticed staff feeling demoralised, undervalued and overstretched. In Bristol Royal Hospital for Children in particular, there had been pressures following the transfer of services from Frenchay. On behalf of her constituents she asked for assurance that measures were in place to improve morale and make staff feel valued. Sue Donaldson, Director of Workforce and Organisational Development, agreed that more needed to be done and she described the work that the Trust was already doing. After the results of the Trust staff survey earlier this year, there had been a programme of work to reduce work-related stress, enabling staff to give feedback through listening events, and working with them to understand how teams contributed to delivering the Trust's mission and vision. Sue's current challenge was to engage with each of the Trust's

divisions to describe how the Trust Board was listening to staff and acting on their feedback. An employee assistance programme would also be piloted in the Children's Hospital with the aim of reducing incidence of stress.

Robert Woolley added that there would be a further 'Breaking the Cycle' week in Bristol Royal Hospital for Children and St Michael's Hospital in September, during which he and his Executive colleagues would spend as much time as possible in the two hospitals.

3. Several governors voiced concerns about staffing pressures in the Eye Hospital and requested assurance that these were being resolved. James Rimmer, Chief Operating Officer, explained that the current staff shortages in the Eye Hospital had been due to the requirement to employ staff on an annual basis; however, the Trust was now able to make the posts permanent and he confirmed that they were now being recruited to. Robert Woolley added his commitment that, while all hospitals were under pressure nationally, the Trust would do everything it could to support its staff.

b) University Hospitals Bristol Strategic Plan 2014-2019

Governors received and **noted** this report**.** Robert Woolley introduced this item, explaining that the 5-year Strategic Plan which had now been presented to Monitor was the culmination of 6-9 months of strategic review, with which governors had been involved through the Annual Plan Project Focus Group. Monitor required in the plan a statement from the Board that it believed that the Trust as it currently ran would be a sustainable operation for the next 5 years. However, the Trust Board had chosen instead to state that it would be sustainable for the next five years but only on the assumption that the national savings requirement did not exceed 2.5% in 2015/16 or 2% in the subsequent financial years. As the national savings requirement had been 4% for the past few years, the Trust was therefore signalling to Monitor that it would be sustainable only if the savings challenge came back to a more reasonable level, and by implication, it would not be sustainable if there was a need to save 4% turnover every year for the next 4 years. Robert explained that the Board had made this declaration as a matter of principle and he had felt that it was entirely appropriate. There was also a proviso that the Trust would be sustainable as long as the wider health system collaborated, particularly in terms of dealing with the emergency and urgent pressures from a growing elderly population.

Questions and Comments

1. Wendy Gregory, Patient (Carer) governor, commented that while governors had been involved in the plan through the Annual Plan Project Focus Group, the degree of involvement of governors was not mentioned in the document itself. Robert noted that there was a declaration on Page 2 that confirmed that: 'The Strategic Plan is an accurate reflection of the current shared visions and strategy of the Trust Board having had regard to views of Council of Governors.' He apologised that there was not a more substantial reference to governors' input.

2. Clive Hamilton, Public Governor, enquired about a list of issues in which clinical sustainability had to be maintained (page 27 of pack /page 5 of plan). He noted that the Eye Hospital was not on that list and asked whether there was a sustainability issue relating to the Eye Hospital, due to waiting time issues and also the risk of competition. Robert responded that the Plan was concerned with long-term strategic risk, so while there were pressures in the Eye Hospital, he did not believe that these were not soluble in the short-term. He added that there had been a substantial market analysis behind the document.

c) **Independent Auditor's Report to the Governors on the Quality Report 2013-2014** This report was received and **noted.** The Chief Nurse explained that this was a mandatory external audit to give assurance to the Council of Governors that the Trust was compliant in the areas tested. There had been no areas within the content of the report that did not meet the standards it was tested against. The report had already been seen by governors in the Quality Project Focus Group, and it would also be received at the Annual Members' Meeting in September. d) **University Hospitals Bristol Quality Report 2013-2014** This report was received and **noted**. e) **Achievement on Corporate Quality Objectives – Quarter 1** This report was received and **note**d. *There being no further questions or discussion, the Performance Update and Strategic Outlook was noted.*	
Governors' Questions	
6. Governors' Questions arising from the meeting of the Trust Board of Directors Governors were invited to ask questions arising from matters of business on the agenda of the preceding meeting of the Trust Board of Directors. *There were no questions.*	
7. Governors' Log of Communications Governors received and **noted** the current position of the Governors' Log of Communications**.** Governors were reminded that any question that had not been answered through the Log could be asked during meetings in the normal way. *There being no further questions or discussion, the current position of the Governors' Log of Communications was **noted**.*	
Statutory and Foundation Trust Constitutional Duties	
8. University Hospitals Bristol NHS Foundation Trust Constitution Julie Dawes, Interim Trust Secretary, announced that this item had been withdrawn, as the constitution required further review. She added that none of the changes were significant enough to require approval at the Annual Members' Meeting. The Constitution Project Focus Group was asked to meet to consider further revisions to the Constitution.	
9. Nominations and Appointments Committee report a) Governors received and **noted** this report. b) Governors received and **approved** the recommendation of the Committee to appoint Emma Woollett as Senior Independent Director.	

10. Governor Development Seminar report

Governors received and **noted** this report.

11. Project Focus Group Meeting Accounts

Governors received and **noted** the following meeting accounts:

a. Annual Plan Project Focus Group

Wendy Gregory, new Lead Governor for this group, expressed her thanks to Anne Ford, who had led the group until the end of her term of office in May 2014. Wendy also expressed her appreciation of David Relph's leadership of the group.

b. Quality Project Focus Group

Clive Hamilton, Governor Lead for the Quality Project Focus Group, introduced this item. He described the role of the group and explained that standing items on the group's meeting programme included Histopathology and his own review of the Trust's performance to date (looking at the Trust's Quality and Performance Report). He took the opportunity to comment on some issues from his most recent review:

- He welcomed the reduction in falls and improvement in pressure ulcers.
- He asked for clarification on the changes to the Clostridium Difficile target. Carolyn Mills explained that NHS England had changed the way in which the target had been set: all C difficile cases were now assessed against a set of criteria to identify whether antibiotics had been prescribed under the right conditions. Under this change, the Trust's reported cases had been reduced from 13 to 1, as 12 were considered to have involved the entirely appropriate prescription of antibiotics.
- Clive commended the improvement in medicine safety – a dramatic reduction in omitted doses over 3-4 months – and he voiced his appreciation of the excellent work carried out by pharmacists in this regard.
- Clive asked for an explanation of the increase in MRSA infection. Robert Woolley responded that there had been 3 cases in Bristol Royal Hospital for Children, which had been investigated and no common factors between the cases had been found. However, Trust Board had asked for evidence and had asked them to review their processes anyway.
- Clive enquired why the Trust's performance against Fractured Neck of Femur targets appeared to be slipping again. Sean O'Kelly, Medical Director, confirmed that the Trust had been struggling with its ability to ensure that every patient with Fractured Neck of Femur was taken to theatre within 36 hours, usually due to other cases. Work was ongoing, and capacity should improve later on this year, with other actions being taken to alleviate the position in the meantime.
- Clive noted that the Trust was not meeting the required standards in Dementia care and asked whether recruitment would resolve the issue. Carolyn Mills responded that recruitment alone would not resolve the issue; however, she pointed out that dementia criteria in the performance report, while important, were not indicative of the standards of care that UH Bristol provided. She outlined a number of actions that were in place to resolve the issue.
- Clive enquired whether there was any progress towards compliance for the 62-day

cancer target. James Rimmer responded that an improvement trajectory had gone to the Trust Board containing the key actions and the aim was to have it back on track for October this year.

Clive informed governors that presentations had been requested for forthcoming Quality Project Focus Group meetings on various issues, such as Breaking the Cycle. Carolyn confirmed that these were under consideration.

Sue Silvey, Lead Governor, voiced her appreciation to Clive for his work on his report on behalf of all governors. She also thanked the directors who had given their time to chair or attend the group.

c. Constitution Project Focus Group

Sue Silvey, Governor Lead for the Foundation Trust Constitution Project Focus Group, reported that the group's last meeting had included discussion about changes to the Constitution, meeting attendance and future activity (making the group more focussed).

d. Staff Governors meeting

Florene Jordan, Staff Governor, explained that the meeting had been called to help staff governors decide what their role needed to be, and for the Trust Secretary to help them form an action plan to work on. Their aim was to be a more active and supportive group, and they had agreed to have regular meetings.

Florene reported positive feedback from recent visits of the Chairman and Chief Operating Officer to hospital departments, which had been very much appreciated by staff.

e. Working Group for the forthcoming Annual Members' Meeting

Julie Dawes explained that the working group had been formed to bring together several strands to develop a more structured approach to planning for the Annual Members' Meeting on 18 September. The main presentation had been decided and the working group was now looking at displays and stands for the meeting. It was meeting on a fortnightly basis.

f. Governor Activity report

This was a new report. Wendy asked that the Foundation Trust Governors' Association Development Day on 26 March be included..

*There being no further questions or discussion, the meeting accounts were **noted**.*

12. Project Focus Groups Membership

The group discussed the future membership arrangements of Governor Project Focus Groups.

Julie Dawes explained that this item had resulted from discussion at the Constitution Project Focus Group. Currently each Project Focus Group had three standing members, but all meetings were open to all governors. She asked governors whether they felt that the current arrangements were still appropriate. Governors discussed the issue, and concluded that each Project Focus Group needed a Governor Lead but beyond that, it was up to the individual groups to decide their own arrangements.

13. Council of Governors Register of Interests This report was received and **noted**. Governors were asked to notify Sarah Murch or Debbie Marks if any of their interests changed, so that the Trust could fulfil its statutory requirement to keep the register up to date. It was suggested that Marc Griffiths should add University of the West of England to his interests. Trust Secretariat to update and publish online.	Trust Secretariat
14. Any Other Business a) Tony Rance, Public Governor, asked whether South Bristol Community Hospital was utilised fully, in the light of the pressures at the Eye Hospital. Robert Woolley responded that it was better utilised than when it had been opened, but that it was not utilised as fully as it could be, particularly on the day surgery and endoscopy side, partly because of equipment and design issues. He added that the Trust now had two Executive Directors who were on a national fast-track programme: one of these, Penny Hilton, was leading on issues of how improved staff engagement can improve patient experience, and the other, Aidan Fowler, was leading a review of the way the Trust was using South Bristol Community Hospital. b) Pauline Beddoes, Public Governor, related a personal experience from a friend who had visited Bristol Heart Institute, who had been very pleased with the care she had received but had reported that few of the nurses on duty at the weekend spoke English. She enquired about the required standards of communication for agency nurses. Sue Donaldson agreed to check whether standards around communication were equally as rigorous when the Trust was recruiting through agencies as when recruiting its own substantive staff. c) Wendy Gregory, Patient Carer Governor, related a personal experience which revealed a conflict in communication between South Bristol Community Hospital and her GP. This was noted. d) Julie Dawes, Interim Trust Secretary informed governors that as part of its inspection of the Trust, the Care Quality Commission would expect to meet governors. Details would be confirmed in due course, and the Trust would ensure that there was a briefing session beforehand, possibly at the Governor Development Seminar on 13 August. There was also a 'Well-Led Governance Review' taking place over the coming months, and governors would be involved in a focus group.	
Members' Questions	
15. Foundation Trust Members' Questions a) Governors **noted** proposed future arrangements for dealing with questions from Foundation Trust Members and members of the public. The Chairman explained that the Trust was in the process of strengthening the guidelines under which members of the public could ask questions at meetings held in public. As a result, people would be asked to submit their questions in advance, and perhaps through a governor. b) Governors **received** questions from Foundation Trust members and members of the public present. The Chairman read out one question which had been received in advance from Trust	

member Francesco Palma, regarding the decision to remove Mrs Daphne Havercroft from the Trust's register of members. ***Question:*** *I would be grateful to be informed of the date that the Council of Governors took the decision formally at a Council of Governors meeting in public to support the removal of Mrs D Havercroft from the members register and as required in such situation was this supported by two third of the governors present on the day (If this is a requirement?) that the decision to support such a request by the UBHT Board was made?* The Chairman responded, that while there might be a requirement in other Trusts for approval from two-thirds of governors for removing a member from the register, the UH Bristol Constitution did not have that requirement. It was the role of the Board to make such decisions, and the Board had fulfilled its requirement to inform governors of its decision. He confirmed that in coming to the conclusion that it did, the Board was convinced that it acted properly. However, the Trust was considering arrangements for similar issues arising in the future as part of the review of its constitution. Francesco Palma, who was in attendance at the meeting, added that he felt that the Trust's constitution was outdated in this regard and that revisions to the constitution should be considered to make the Trust more open and transparent. He also suggested that governors could do more to engage their membership. The Chairman thanked him for his comments and said the Trust would take them on board. *There were no further questions from Foundation Trust members.*	
There being no further questions or comments, the Chairman thanked everyone for attending and closed the meeting.	
Date of Next Meeting: The **Annual Members' Meeting** will be held on Thursday 18 September 2014 in Lecture Theatre 1, Education & Research Centre, Upper Maudlin Street, Bristol, BS2 3AE. The next meeting of the **Council of Governors** will be held on Thursday 30 October 2014 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU.	

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Chair Date

University Hospitals Bristol NHS
NHS Foundation Trust

Minutes of the Annual Members' Meeting held on Thursday 18 September 2014 at 17:00 in Lecture Theatre 1, Education Centre, Upper Maudlin Street, Bristol, BS2 8AE

Governors Present

- Sue Silvey – Lead Governor and Public Governor
- Pauline Beddoes – Public Governor,
- Bob Bennett – Public Governor
- Graham Briscoe – Public Governor
- Glyn Davies – Public Governor
- Clive Hamilton – Public Governor
- Mo Schiller – Public Governor
- Angelo Micciche – Patient Governor
- John Steeds – Patient Governor
- Anne Skinner – Patient Governor
- Pam Yabsley – Patient Governor,
- Wendy Gregory – Patient Governor, Carer
- Philip Mackie – Patient Governor, Carer
- Florene Jordan – Staff Governor
- Thomas Davies – Staff Governor
- Karen Stevens – Staff Governor
- Ben Trumper – Staff Governor
- Jeanette Jones, Appointed Governor
- Lukon Miah, Appointed Governor
- Tim Peters, Appointed Governor

Board Members Present

- John Savage – Chairman
- Robert Woolley – Chief Executive
- Deborah Lee – Director of Strategic Development and Deputy Chief Executive
- Paul Mapson – Director of Finance
- Carolyn Mills – Chief Nurse
- Sue Donaldson – Director of Workforce & Organisational Development
- Aidan Fowler – Fast-track Executive
- Emma Woollett – Vice Chair

Others Present or In Attendance

- Julie Dawes – Interim Trust Secretary
- Ian Davies, Senior Manager, PricewaterhouseCoopers
- Andrew Hollowood – Clinical Chair, Surgery Head and Neck Division
- Alan Bryan – Clinical Chair, Specialised Services Division
- Paul Tanner – Head of Finance
- Fiona Reid – Head of Communications
- Lindsay Winterton- Joint Interim Head of Membership and Governance
- Brian Courtney – Joint Interim Head of Membership and Governance
- Sarah Murch – Membership Administrator/PA (minute taker)
- Around 40 members of staff, Foundation Trust members, and members of the public.

Item	*Actions*
1. Introduction and Apologies The Chairman, John Savage, welcomed members of the Trust Board, Council of Governors, Foundation Trust Members and members of the public to the meeting. Apologies for absence were received from: **Governors:** Abbas Akram, Edmund Brooks, Ian Davies, Sue Hall, Nick Marsh, Bill Payne, Jim Petter, Tony Rance, Brenda Rowe, Tony Tanner, Lorna Watson and Elliott Westhoff. **Trust Board and others:** Sean O'Kelly (Medical Director), James Rimmer (Chief	

Operating Officer), and David Armstrong, Julian Dennis, Jill Youds and Alison Ryan (Non-executive Directors)

Apologies for absence were ***noted.***

2. Minutes of the previous Annual Members Meeting: 19 September 2013

Members **approved** the minutes of the previous Annual Members Meeting as an accurate record of items transacted.

3. Independent Auditor's Report to the Governors

Members received the Independent Auditor's Report from Ian Davies, Senior Manager, PricewaterhouseCoopers**.**

Ian Davies had been invited to formally report on the Independent Auditor's Report, published in the Annual Report and Accounts. The report detailed what had been audited, what the audit involved, and it set out the opinions and conclusions of the auditors. The report was issued on 28 May and the audit was undertaken at the end of April and through most of May. Ian confirmed that the Auditor's opinion on the Trust's financial statements was an unqualified one that the financial statements were true and fair in every area.

The Independent Auditor's Report was ***noted.***

4. Presentation of the Annual Report and Accounts for 2013/14

Robert Woolley, Chief Executive, and Paul Mapson, Finance Director, jointly presented the 2013/14 Annual Report and Accounts for University Hospitals Bristol NHS Foundation Trust (UH Bristol).

Review of 2013/14: Robert Woolley, Chief Executive

All present had been provided with two documents: the 'Annual Review' – a summary of the highlights of the 2013/14 Annual Report, and 'Rising to the Challenge' – a summary of the Trust's strategic vision over the next 5-10 years.

Robert Woolley summed up the year 2013/14 as characterised by:

- An unrelenting focus on care quality and patient safety
- Rising to an unprecedented financial challenge
- Major changes to NHS architecture
- The expanded role of Governors and Governor elections
- The renewal of UH Bristol's shared Mission and Vision statements as part of the review of the Trust's 5-year strategy.

Robert shared the Trust's revised Mission and Vision statements with those present:

Mission: to improve the health of the people we serve by delivering exceptional care, teaching and research every day.

Vision: for Bristol, and our hospitals, to be among the best and safest places in the country to receive care.

The Trust's model for delivering the mission and vision was the Transforming Care programme, which had six components: delivering best care, improving patient flow, delivering best value, renewing our hospitals, building capability, and leading in partnership. Robert outlined the Trust's progress in each of these areas.

Delivering Best Care:

- UH Bristol had participated in the South West Adult Patient Safety Programme for several years, and last year significant progress had lifted the Trust's score to 4.5 out of 5, alongside a reduction in falls, improvement in nutritional assessment, and a reduction in hospital-acquired infection rates.
- Mortality rates were significantly lower than expected.
- Intelligent Monitoring statistics from the Care Quality Commission had given the Trust a risk score of 3 out of 162.
- New facilities had included the midwifery-led birthing unit at St Michael's Hospital (which opened in June 2013 and had delivered 1000 babies in a year), and the Bristol Gamma Knife Centre which opened in October at the Bristol Haematology and Oncology Centre, and which provided a very precise means of targeting brain tumours.

Improving Patient Flow:

- There had been during the year a major clinician-led project across the Trust to try to ensure that emergency patients could receive care when it was needed. As part of this, an Older Persons' Admissions Unit and a new Discharge Lounge had opened.
- The Trust had made significant inroads into joint working with colleagues in the Clinical Commissioning Group, Bristol Community Health and Social Services to secure additional nursing home places in Bristol.
- At the end of March the Trust had undertaken a rapid improvement event: 'Breaking the Cycle Together' – a week of learning in which all managers had focussed purely on standards of care and patient flow through the Bristol Royal Infirmary (BRI) and the Oncology Centre. There had been a positive effect on morale and standards of care, and the initiative would be repeated in Bristol Royal Hospital for Children and St Michael's Hospital at end of September.

Delivering Best Value: Robert reminded members that the Trust was operating in a very challenging financial environment. While the government had protected the NHS budget in real terms, it was not sufficient to keep pace with the level of inflation, and that meant that an unprecedented level of annual savings was required. The Trust had however achieved its plan last year nonetheless.

Renewing our hospitals: The year had seen remarkable progress in site development with the opening of the BRI Welcome Centre, the redevelopment of the Bristol Haematology and Oncology Centre, and significant progress on the construction of the BRI ward block. Bristol Royal Hospital for Children (BRHC) had been through a significant internal redesign and reconfiguration in preparation for the transfer of specialist paediatrics from Frenchay Hospital in May. As a result of the transfer, BRHC was now the trauma centre for children in the South West of England.

Building Capability: Robert spoke about the importance of developing leadership skills at every level of the organisation in order to ensure a patient-focussed culture. UH Bristol was taking a comprehensive approach to improving staff experience and engaging with staff; however, he recognised that there was still a lot of work to do in this regard as staff were challenged and under stress. He spoke about the 'Recognising Success' staff awards

ceremony and its role in recognising individuals and teams who had gone the extra mile in patient care.

Leading in Partnership: As a major teaching Trust in the South West, UH Bristol had a responsibility to engage with its partners to improve health services across the region. To this end, formal partnerships had been established with Bristol Community Health and North Bristol Trust. UH Bristol had also been the driving force behind the Bristol Acute Services Review last year.

- There had been significant progress in terms of the region's research delivery and development agenda, both through Bristol Health Partners and also in UH Bristol's achievement of hosting status for 2 networks: CRN (Clinical Research Network for the West of England and CLAHRC (Collaboration for Leadership in Applied Health Research and Care).
- Two UH Bristol clinicians were playing national roles – Jonathan Benger (National Clinical Director for Urgent Care and Jackie Cornish (National Clinical Director for young people).
- The Trust also enjoyed fruitful partnerships with charities Above and Beyond and Grand Appeal, among others.

Robert concluded that 2013/14 had been a challenging yet successful year for the Trust. Looking forward, he expected in 2014/15 to see very high levels of demand for hospital services. UH Bristol, he said, would have to rise to the challenge of delivering best care and improving patient flow in the face of continuing financial constraints and uncertainty in the political landscape as the general election approached. There would be a particular focus on greater engagement with staff, and also on more extensive engagement with colleagues in the health and social care system to rise to the challenge of ensuring the success of the Bristol health community as a whole.

Annual Accounts 2013/14: Paul Mapson, Director of Finance

Paul Mapson reported that the results for 2013/14 had demonstrated that UH Bristol had delivered the 6th year of its financial strategy as a foundation trust and the 11th year of breakeven or better (before technical items).

UH Bristol had delivered an income and expenditure surplus of £6.188m, against the plan of £5.922m before exceptional items. The exceptional items charge of £12,063m had led to a reported shortfall of £5.875m.

The Trust had reported a Continuity of Services Financial Risk Rating of 4, and EBITDA (operating surplus) of £35.2m (6.46%). It had achieved cash releasing savings of £16.9m, while capital expenditure was £65m, with a healthy cash position of £47.5m and a strong Balance Sheet. Total income had been £554.4m, and total expenditure was £548.2m. The accounts had received an unqualified audit opinion.

Paul provided more detail on the breakdown of income and expenditure, and also on the historic and forecast position, the risk rating, the savings programme, and the Trust's financial strategy and financial priorities. He invited anyone who wanted more information to contact him.

The 2014/15 forward position was for a planned surplus of £5.8m, and planned savings of £20.8m. Paul explained that the macro-economic outlook was still difficult in relation to public spending plans; however, the Trust would continue its approach of applying

sound financial management principles and methodology while not compromising on clinical quality and standards. He identified two significant issues to be resolved in 2015/16: the Better Care Fund, and the level of efficiency requirement in 2015/16 tariffs.

The Chairman thanked Paul for his role in the Trust's remarkable feat of achieving its plan in the face of significant financial pressures.

*The Governors formally **received** the Annual Report and Accounts for the period April 2013 to March 2014, including the Quality Report and the Independent Auditor's Report.*

5. Quality and Patient Safety Review

Members received the Quality and Patient Safety Review from Carolyn Mills, Chief Nurse to **note**.

Carolyn explained that the Trust's aim was that care should be safe, effective and caring. UH Bristol's commitments in these three areas was as follows:

Safe: Patients will be kept safe from avoidable harm

Effective: Patients will receive the right care (according to scientific knowledge and evidence-based assessment) at the right time in the right place, with the best achievable outcome.

Caring: Patients will be treated as individuals and have their individual needs addressed, be treated with compassion, respect and dignity, be kept fully informed in decision-making about their care, and have any concerns about their care addressed as early as possible.

Carolyn emphasised that a culture of openness and learning was vital in ensuring quality of care.

Carolyn reviewed the Trust's 16 priorities that had been identified for quality improvement last year, and the improvements that had been achieved. She then outlined the approach for 2014/15, which would focus on public consultation and five main objectives:

- Making sure patients were cared for on the right ward for their clinical condition
- Minimising patient moves between wards
- Reducing the number of cancelled operations
- Improving the efficiency and experience of patient discharge
- Renewing the Trust's approach to patient and public partnership.

The Quality and Patient Safety review was noted.

6. Governors' Review

Members received the Governors' Review from Sue Silvey, Lead Governor to **note**. Sue shared with members some of the highlights from 2013/14, which had been, as usual, a busy year for governors. Governor elections had been held in May 2014, and Sue welcomed the new governors that had been elected.

Governors discharged their responsibilities through three Project Focus Groups focussing on different areas of their remit: Quality, the Annual Plan and strategic issues, and the Trust's Constitution and membership issues. Involvement in these groups had enabled governors to contribute to the Trust's Annual Plan and its Quality Report.

Governors had also been involved in the appointment of Non-executive Directors and the Trust Secretary and the Chairman's Appraisal through their Nominations and Appointments Committee.

Membership: There had been 21,172 patient, public and staff Foundation Trust members at the end of March 2014, compared with 21,065 in 31 March 2013. As it had exceeded its public membership target, the Trust's focus was now to sustain and actively engage with its membership community. Membership engagement activities in 2013/14 had included the organisation of several Health Matters Events – talks for members on various aspects of the Trust's work. These were proving popular, with 120 people attending a session on Dementia care in November. This year the Trust had stopped producing its Membership Newsletter and governors were instead contributing to the Trust's regular magazine, Voices, which was now sent to all members three times a year. This had until now been a staff magazine but governors had felt that members would find its information on the work of the Trust interesting and informative.

Looking forward, the main focus for governors for 2014/15 was to review the Trust's constitution and the Membership Engagement Strategy, formalise the recruitment and appraisal process for the Trust Chair and Non-executive Directors, formalise the induction, training and development, and appraisal process for governors, review Council of Governors engagement with Board members and specifically holding the Non-executive Directors to account, and developing a process for reviewing the effectiveness of the work of the Council of Governors and its project focus groups.

The Governors' Review was noted.

7. Presentation: Overview of the Trust's Strategic Development Schemes and Associated Service Transformation

Members received a presentation from Deborah Lee, Director of Strategic Development and Deputy Chief Executive and divisional representatives to **note.**

Deborah explained that the building development programme was now nearing completion, marking the end of an 11-year strategy. She outlined the extent of the improvements and the £230m investment, broken down as follows:

- Bristol Heart Institute: £60m
- Welcome Centre: £6m
- Bristol Haematology and Oncology Centre: £16m
- Centralisation of Specialist Paediatrics: £32m
- Helideck: £3m
- BRI Redevelopment (Ward Block): £85m
- BRI Phase 4 – Queens and King Edward Building: £25m
- Queens façade: £3.5m

Deborah described how this investment had enabled the Trust to transform the way in which services were delivered to patients, and introduced two clinicians to explain the effect of the site improvements on their work. Andrew Hollowood, Consultant Surgeon, outlined the achievements in the Surgery Head and Neck Division, and Alan Bryan, Consultant Cardiac Surgeon discussed the developments in relation to Specialised Services such as Bristol Heart Institute.

The Chairman thanked the speakers for their presentation, and reminded members that they could come to the quarterly Council of Governors meetings to learn more about developments in the Trust.

8. Questions and Concluding Remarks

Six questions had been submitted in advance. *These questions and their responses are attached to these minutes as Appendix A.*

There were three further questions from the floor.

Questions:

1. Following on from one of the questions that had been submitted in advance, Foundation Trust member Paul Thomas enquired whether the Trust's impact assessment procedure required closer scrutiny following the closure of the Eye Hospital Pharmacy. His concern was that, as a result of the closure, patients who had poor vision following surgery were now required to walk across busy roads to the BRI Pharmacy.

Deborah Lee responded that an impact assessment had been carried out before any decisions had been taken. The effect on patients with poor vision had been recognised, and three alternative solutions had been provided by way of mitigation: patients could leave their prescription in a drop-box in the Eye Hospital and it would then be delivered to one of 20 pharmacies in the area, they could arrange for prescriptions to be posted to them, or they could arrange for them to be delivered to their house. She added that the consolidation of the pharmacies had enabled the Trust to save £100,000 in the first 5 months of this year.

2. A Foundation Trust member asked the Chief Executive to expand on the nature of UH Bristol's partnership with North Bristol Trust.

Robert Woolley responded that UH Bristol had signed a partnership agreement with North Bristol Trust (NBT) at the end of 2010, and had established a Programme Board which identified areas of co-operation and collaboration. Some of these were the fruition of plans already discussed, while others related to new opportunities, for example, the transfer of breast services and urology from the Bristol Royal Infirmary to NBT's new Southmead Hospital, and the transfer of Head and Neck and Ear, Nose and Throat surgery from NBT to UH Bristol.

The two Trusts also collaborated in their membership of Bristol Health Partners, they had appointed a joint director of Research and Innovation across the research departments of both Trusts, and they had also submitted a joint bid to be part of the development of genomics research locally.

The positive effects of this increased co-operation had been a greatly improved level of communication, and it had also meant that UH Bristol had been able to do work that would not otherwise have been possible.

3. A Foundation Trust member enquired about the future of the 18th century Old Building of the BRI.

Robert Woolley responded that UH Bristol was currently considering a number of options, but that it seemed unlikely that the building itself could be conserved due to its poor condition. Discussions were taking place with partners about collaborative efforts and opportunities, and had taken appropriate external advice, and public consultation would follow when there were clear proposals.

Concluding Remarks: Drawing the meeting to a close, the Chairman asked members to remember that the NHS had been a significant expression of social responsibility made 70 years ago when the country was bankrupt. It had been a definite intention to

understand that when sick people needed particular care, the nation as a whole would take responsibility and ensure that it was provided. He pointed out that access at the point of need was a remarkable achievement for a nation, and in his view, UH Bristol was making the best contribution that it could. While it was not perfect, and required constant effort, it was however making progress in an environment of constantly increasing expectations, and he felt privileged to play a part in its work. ***The Chairman and Lead Governor thanked everyone for attending and closed the meeting.***	

University Hospitals Bristol NHS
NHS Foundation Trust

Annual Members' Meeting – 18 September 2014 – Pre-notified Questions from Trust Members

(as at 12 Noon on 18 Sept 2014)

NAME		PRE-NOTIFIED QUESTION	TRUST RESPONSE	LEAD(S) FOR RESPONDING
A: Matters Arising from the previous Minutes – 19 September 2014				
Garry Williams *FT Member and former governor – Patients – Carers of patients over 16 years* *Raised 4 questions. (Q1 and Q2 are matters arising from the previous annual members meeting).*	1.	**Trust Constitution – Significant Transactions** Suggested that the Trust might wish to consider putting an exact figure on the current threshold of significant transactions on the basis that the quoted percentage of 25% would mean very little to the membership. **Answer given in 2013**: The former Trust Secretary responded that the threshold of 25% was derived from Monitor's Risk Evaluation for Investment Decisions (REID) guidelines for FTs and that perhaps more time should be spent considering a more meaningful figure.	• The threshold of 25% remains in line with guidelines issued by Monitor's Risk Evaluation for Investment Decisions (REID). • It would not be practical to put a £cash figure as opposed to a percentage (%) as the financial calculation in each transaction will vary. These are complex, by their nature, and each investment decision is different. • Can confirm that the Trust's current approach is fully consistent with other FTs and in accordance with legal advice received.	Julie Dawes
	2.	**Provision of UHB officers to less robust Trusts/Potential Constitution Implications** Referred to recent suggestions in the media that successful Trusts might be invited to provide officers to less robust Trusts. He enquired as to the extent that this could affect the constitution and UH Bristol's executive team. **Answer given in 2013:** The former Trust Secretary responded that this was a new suggestion, which had not yet been defined in terms of process, but that he looked forward to seeing how it worked in practice.	• This remains an informal arrangement • A number of Trust's placed into special measures during 2013/14 routinely had Transformation or Improvement Directors, appointed by the NHS Trust Development Authority (for NHS Trust) or Monitor (for NHS Foundation Trusts). These Transformation/ Improvement Directors generally came from a variety of backgrounds, some from existing successful Trusts on a 'temporary' basis. • NHS Trusts placed in special measures were routinely "buddied" with a successful FTs, as a	Julie Dawes

NAME		PRE-NOTIFIED QUESTION	TRUST RESPONSE	LEAD(S) FOR RESPONDING
			means of helping them to recover. • These are not issues that impact in any way on the Constitution of the FT concerned. • Can confirm that to date, no member of the UHB executive team have been approached to provide support and assistance to a failing Trust, however if invited to do so in the future, the Board of Directors can assure member that it would ensure that an effective executive team remained in place at all times to manage the affairs of the Trust.	
B: Questions notified to the Trust prior to the meeting viA email or telephone				
Garry Williams (see above)	3.	**Provider Contracts - Patient and Public Involvement** Will the Board please comment on the way that Provider Contracts are written and monitored to ensure that Patient/Carer comment and input is recorded and heeded? (e.g. provision of patient TV/telephone services, regulation of car parking on Trust property, special minibus services, the new BRI Welcome Centre).	• Provider to provider contracts vary depending on the nature of the provider but typically fall into two main types. 1)Inter NHS Service Level Agreements govern service provision between NHS providers and are not typically legally binding. 2)Legally binding contracts between NHS and non-NHS organisations. • Both types of contract will include a set of Key Performance Indicators with remedies within the contract for failure to achieve the standards set. Where relevant, these will include measures relating to quality and notably patient experience. In the Welcome Centre example, disabled patients were involved in specifying the service required from any prospective pharmacy provider to ensure appropriate access for patients.	Deborah Lee

NAME	PRE-NOTIFIED QUESTION		TRUST RESPONSE	LEAD(S) FOR RESPONDING
Garry Williams (see above)	4.	**Overview and update on the Trust's premises and** services Will the Board please give a brief overview and update of the premises and services they control, those where they share control and service delivery, and issues that may lead the Trust to accept new wider responsibilities e.g. Weston General Hospital?	The Trust has responsibility for the management of the following premises • Bristol Royal Infirmary • Bristol Haematology & Oncology Centre • Bristol Eye Hospital • Bristol University Dental Hospital • Bristol Royal Hospital for children • Bristol Heart Institute • St Michaels Hospital • Central Health Clinic The Trust holds a five year contract for the delivery of services, including the role of Lead Provider for South Bristol Community Hospital and also provides its services from a range of other hospitals and community premises around the region. With respect to shared control of service delivery. The Trust delivers services in partnership with other providers however, governance requirements mean that service activity is always "owned" by a single provider rather than through any model of "shared control".	Deborah Lee
Paul Thomas *FT Member - Public – Rest of England and Wales* (1 question)	5.	**Closure of the BEH Pharmacy.** Q5.1: What progress in the mitigation being undertaken on account of the 'problems' identified in the impact assessment; and Q5.2: How much money has been saved.	• The key adverse impact identified pertained to ease of access for patients who typically used BEH pharmacy for their outpatient dispensing. A range of alternatives have been established including the "drop box" whereby prescriptions are left at BEH and delivered to one of 20+ Boots pharmacies across Bristol for patient collection (on average 20 patients a day use this option), a home delivery service (5	Deborah Lee

NAME		PRE-NOTIFIED QUESTION	TRUST RESPONSE	LEAD(S) FOR RESPONDING
			delivered in August) and a prescription postal service (29 delivered in August). • It is not possible to confirm the savings which arise from individual former pharmacies around the site. However, the Trust's overall saving from the diversion of prescribing to the Boots Welcome Centre Pharmacy is £237k for the first 5 months of the year however this saving is shared with commissioners who received £96K of the saving so a net saving to the Trust of £141k.	
Vivienne Corbin *FT Member – Patient - Local* (3 questions)	6.	**Attacks on Staff** Can the Trust provide any statistics regarding attacks on their staff, and have there been any successful prosecutions?	• I have looked at the last 4 years data the Trust has supplied to NHS Protect and this has been widely publicised by Department of Health. • The Trust assault levels are on par with Trusts of similar size employee numbers. • You will also see from the Table attached that in the majority of assault cases these are due to cognitive impairment, such as dementia, substance abuse detoxing or under the influence of anaesthetics. • A positive spin on this is where we have been able to take action UH Bristol has been in the top 6 Acute Trusts for the last 2 years in being awarded sanctions in court against offenders.	Sue Donaldson
	7.	**Income from Overseas Tourists** In relation to overseas tourists receiving NHS Care at UH Bristol – can the Trust reclaim the money?	• The Trust can reclaim the cost of treatment from patients that are not entitled to free NHS care. People that are not entitled to free care include some, but not all, overseas tourists. People from overseas that are entitled to free care include; Anyone from a country belonging to the	Paul Mapson Paul Tanner

NAME	PRE-NOTIFIED QUESTION	TRUST RESPONSE	LEAD(S) FOR RESPONDING
		European Economic Area who presents a European Healthcare Insurance Card (EHIC) Anyone from a country that has a bi-lateral healthcare agreement with the UK Anyone in the UK under a student visa • When patients are first added to the Trust's Patient Administration System (PAS) they are asked to confirm they have resided legally at their current UK address for the last 12 months; If they have they are entitled to free treatment If they have not, an interview with an Overseas Patient Officer is arranged to determine if they must pay for treatment • If it is determined that the patient must pay for treatment the Overseas Patient Officer informs the patient's consultant and; If the treatment is non-urgent it is postponed until payment is made in advance If the treatment is immediately necessary or cannot wait until the patient returns to their home country, and the patient is unable to pay in advance, the patient is sent an invoice and expected to pay after the treatment • Patients that are sent invoices for their treatment are initially pursued for payment by the Trust's finance department, however the Trust uses an external agency to trace and pursue patients that cannot be found. The Trust also registers patients that have an outstanding debt with the UK Borders Agency who intercept them as they enter or leave the UK and request payment. Registering a debt with the UK Borders Agency can also affect	

<table>
<tr><th>NAME</th><th colspan="2">PRE-NOTIFIED QUESTION</th><th>TRUST RESPONSE</th><th>LEAD(S) FOR RESPONDING</th></tr>
<tr><td></td><td></td><td></td><td>future visa applications.
• The Trust reported the following income for treatment charged to patients from overseas in its annual accounts;
– 2010/11 £289k
– 2011/12 £257k
– 2012/13 £78k
– 2013/14 £108k</td><td></td></tr>
<tr><td></td><td>8.</td><td>Ambulance Waiting Times
There have been media reports of problems at North Bristol Trust in terms of ambulance queues, and long waiting times. Is this affecting UH Bristol?</td><td>• Our emergency department staff work hard to ensure patients are seen within four hours, and we constantly monitor our performance against this national standard
• Also supplied performance at a Trust level against the A&E 4-hour standard for April to June
<table><tr><td>Apr-14</td><td>May-14</td><td>Jun-14</td></tr><tr><td>94.51%</td><td>94.28%</td><td>95.21%</td></tr></table>We have seen some impact on our ED as a result of ambulance delays at NBT.
• Healthcare sectors have informal and formal escalation arrangements to help alleviate ED pressures across the sector.
• Informal “border” divert - ambulance crews convey some pts who would usually be taken to Trust X but because there is a long queue they make a decision to take patients to Trust Y. We are likely to have had some pts who would usually have gone to NBT but we do not measure of report this unless the patient numbers are high.</td><td>Deborah Lee</td></tr>
</table>

NAME	PRE-NOTIFIED QUESTION	TRUST RESPONSE	LEAD(S) FOR RESPONDING
		• A formal divert can be requested if the queue is very long, the ED is overcrowded, capacity is unlikely to be released to cope with the pressure and there are concerns for patient safety. A formal divert must be agreed with the receiving Trust before it is implemented and it is usually limited to a set period of time to allow the diverting Trust to recover. We have accepted a time limited, formal divert from NBT within the last 7 days.	

Action Log for a Council of Governors Meeting to be held on 30 October 2014 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Ref	Date of meeting originating action	Minute number	Description	Action by	Date to come back to Council of Governors	Date Action completed	Comments
10	28/04/2014	7	Charlie agreed to circulate the Foundation Trust Constitution to governors following incorporation of the revisions discussed. He asked for any feedback to be sent to him in the next two weeks, after which the constitution would be distributed for broader consultation.	Trust Secretariat	29/01/2015		Following earlier consultation with governors, it is intended that the Constitution will be further consolidated by the Constitution Project Focus Group meeting on 4 December with a view that the final version will be submitted to the next Council of Governors' meeting in January for approval.
11	28/04/2014	11c	Wendy Gregory asked whether Jonathan Benger, a Consultant in the BRI Emergency Department, could be approached to give a talk to governors.	Trust Secretariat	29/01/2015		To be incorporated either into a Governor Development Seminar or Health Matters Event in 2015.
12	30/07/2014	13	It was suggested that Marc Griffiths should add University of the West of England to his interests. Trust Secretariat to update and publish online.	Trust Secretariat	30/10/2014		Completed.

University Hospitals Bristol NHS
NHS Foundation Trust

Cover Sheet for a Report for a Council of Governors Meeting to be held on 30 October 2014 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Item 4b Patient Complaints and Experience Quarterly Report

Purpose

The attached reports describe patient-reported feedback from complaints and surveys during the first quarter of 2014/15. The reports are presented to together to enable and encourage discussion about triangulation of themes, however it should be remembered that the nature of the data presented in the two reports is different. In particular, the 'agenda' for survey data is largely set by the Trust (albeit in response to themes raised by patients previously), i.e. the Trust is seeking feedback about predetermined themes; whereas the complaints agenda is set entirely by the people who use our services. The patient experience report includes an analysis of free-text comments received from service users (see section 7); during the next quarter, we will be looking at whether and how the free-text themes used in this report might be aligned more closely to those used by the Patient Support and Complaints Team (as reflected in the complaints report).

Abstract

The patient experience report shows that when we ask for comments from service users without setting any theme or agenda, the most common feedback is praise for our staff – and overwhelmingly so. Suggestions for improvement are usually about reducing waiting/delays and improving communication; in other words, the same as two of the three high level themes that are regularly identified in our complaints reports (the third complaints theme being clinical care). When we ask service users how they would rate us overall, 98% tell us that our services are either good, very good or excellent, and our Friends and Family Test scores are consistently better than the national average. Our inpatient tracker indicator also provides robust assurance of consistent high levels of reported patient experience. Analysis of key patient experience indicators can now be viewed at ward level: this tends to show consistent patterns of reported experience (e.g. wards who score well on the FFT also tend to score well in our own survey, and so forth), and also enables a degree of triangulation with reported complaints (if a ward is experiencing increased numbers of complaints, we can check whether there has been a similar shift in their patient survey scores to help build a wider picture of patient experience and consider whether any supportive intervention might be required, such as the Patient Experience at Heart programme).

The Q1 complaints report indicates the beginnings of an upward trend in the number of complaints received by the Trust, which we know has continued in Q2. Complaints about appointments and admissions increased in Q1 and emerge as a recurring theme in the Divisional 'hot spot' analysis provided in the report. With regards to our internal management of complaints, Q1 saw an improvement in the proportion of complaints responded to within the timescale agreed with the complainant, but also an increase in the number of complainants telling us that they were unhappy with the Trust's response letter (although these monthly figures fluctuate and remain broadly comparable to benchmark trusts).

Recommendations

To note the report.
Report Sponsor
Carolyn Mills, Chief Nurse
Appendices
Q1 Complaints Report Q1 Patient Experience Report

Previous Meetings

Date the paper was presented to the relevant Group or Committee:

Other	Senior Leadership Team	Quality & Outcomes Committee	Finance Committee	Audit Committee	Trust Board of Directors
Patient Experience Group 14/8/14	17/9/14	25/9/14			30/9/14

University Hospitals Bristol NHS
NHS Foundation Trust

Complaints Report

Quarter 1, 2014/2015

(1st April – 30th June 2014)

Authors: **Tanya Tofts, Patient Support and Complaints Manager**
Chris Swonnell, Head of Quality (Patient Experience and Clinical Effectiveness)

1. Executive summary

The Trust received 427 complaints in Quarter 1 of 2014/15 (Q1), which equates to 0.25% of patient activity, against a target of 0.21%. In the previous quarter, the Trust had received 415 complaints, representing 0.24% of patient activity.

The Trust's performance in responding to complaints within the timescales agreed with complainants was 86.3% compared to 84.7% in Q4 of 2013/14.

In Q1, there was an increase in complaints relating to appointments and admissions; these accounted for more than a third of complaints received by the Trust. There was also a significant rise in complainants telling us that they were unhappy with our investigation of their concerns: 21 compared to 14 in Q4.

This report includes an analysis of the themes arising from complaints received in Q1, possible causes, and details of how the Trust is responding.

2. Complaints performance – Trust overview

The Board currently monitors three indicators of how well the Trust is doing in respect of complaints performance:

- Total complaints received, as a proportion of activity
- Proportion of complaints responded to within timescale
- Numbers of complainants who are dissatisfied with our response

The table on page 3 of this report provides a comprehensive 12 month overview of complaints performance including these three key indicators.

2.1 Total complaints received

The Trust's preferred way of expressing the volume of complaints it receives is as a proportion of patient activity, i.e. inpatient admissions and outpatient attendances in a given month.

We received 427 complaints in Q1, which equates to 0.25% of patient activity. This includes complaints received and managed via either formal or informal resolution (whichever has been agreed with the complainant)[1]; the figures do not include concerns which may be raised by patients and dealt with immediately by front line staff. The volume of complaints received in Q1 represented an increase of approximately 3% compared to Q4 (415), a 28% increase on Q3 (333) and a 19% increase on the corresponding period a year ago.

The Trust's current target is to achieve a complaints rate of less than 0.21% of patient activity, i.e. broadly-speaking, for no more than 1 in every 500 patients to complain about our services (although every complaint we receive is one too many).

[1] Informal complaints are dealt with quickly via direct contact with the appropriate department, whereas formal complaints are dealt with by way of a formal investigation via the Division.

Table 1 – Complaints performance

Items in italics are reportable to the Trust Board.

Other data items are for internal monitoring / reporting to Patient Experience Group where appropriate.

	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
Total complaints received (inc. TS and F&E from April 2013)	105	96	123	115	120	109	104	127	124	164	131	130	166
Formal/Informal split	73/32	49/47	68/55	60/55	54/66	63/46	55/49	55/72	62/62	89/75	60/71	64/66	64/102
Number & % of complaints per patient attendance in the month	*0.19% 105 of 53853*	*0.16% 96 of 59079*	*0.23% 123 of 53002*	*0.20% 115 of 56869*	*0.19% 120 of 62480*	*0.19% 109 of 58783*	*0.20% 104 of 52194*	*0.21% 127 of 59288*	*0.23% 124 of 54507*	*0.28% 164 of 58180*	*0.24% 131 of 54981*	*0.23% 130 of 57463*	*0.28% 166 of 60027*
% responded to within the agreed timescale (i.e. response posted to complainant)	*66.67% (42 of 63)*	*80.28% (57 of 71)*	*77.20 % (44 of 57)*	*87.8% (43 of 49)*	*84.9% (62 of 73)*	*82.2% (37 of 45)*	*88.1% (37 of 42)*	*76.1% (51 of 67)*	*92.0% (46 of 50)*	*88.7% (47 of 53)*	*93.1% (54 of 58)*	*82.5% (47 of 57)*	*83.3% (50 of 60)*
% responded to by Division within required timescale for executive review	55.55% (35 of 63)	74.65% (53 of 71)	92.98 % (53 of 57)	83.7% (41 of 49)	69.9% (51 of 73)	66.7% (30 of 45)	57.1% (24 of 42)	77.6% (52 of 67)	86.0% (43 of 50)	71.7% (38 of 53)	82.8% (48 of 58)	86.0% (49 of 57)	91.7% (55 of 60)
Number of breached cases where the breached deadline is attributable to the Division [2]		4 of 14	1 of 13	4 of 6	10 of 11	5 of 8	3 of 5	7 of 16	2 of 4	3 of 6	2 of 4	2 of 10	6 of 10
Number of extensions to originally agreed timescale (formal investigation process only)	5	10	9	7	14	14	9	16	13	11	5	21	8
Number of Complainants Dissatisfied with Response	*6**	*6* 2**	*11* 1**	*1* 4**	*7* 8**	*2* 3**	*6* 6**	*6* 3**	*3* 5**	*5* 2**	*6* 10**	*4* 2**	*11* 4**

* Dissatisfied – original investigation incomplete / inaccurate ** Dissatisfied – original investigation complete / further questions asked

[2] The total number of cases where the complainant did not receive their response on time was 7. Of these, 5 delays were attributable to the Divisions. The remaining 2 cases were delayed at Exec level during the sign-off procedure.

Figures 1 and 2 show the increase in the volume of complaints received towards the end of 2013/14 continuing into the first quarter of 2014/15.

Figure 1: Number of complaints received

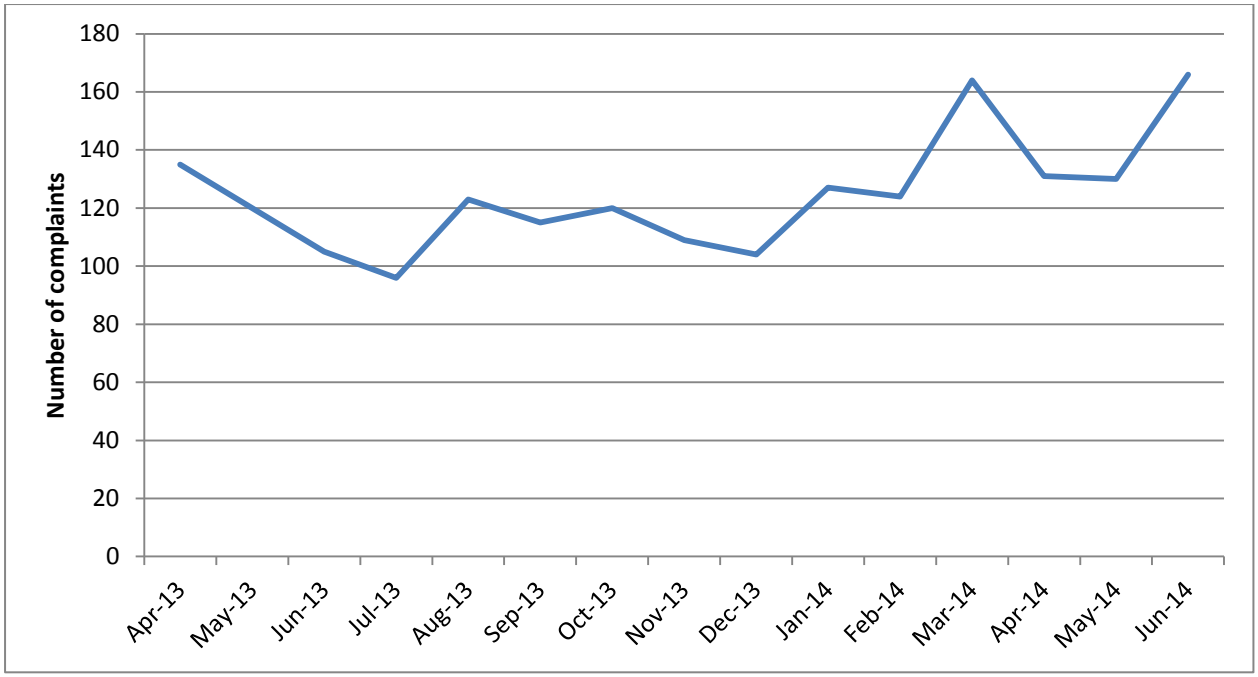
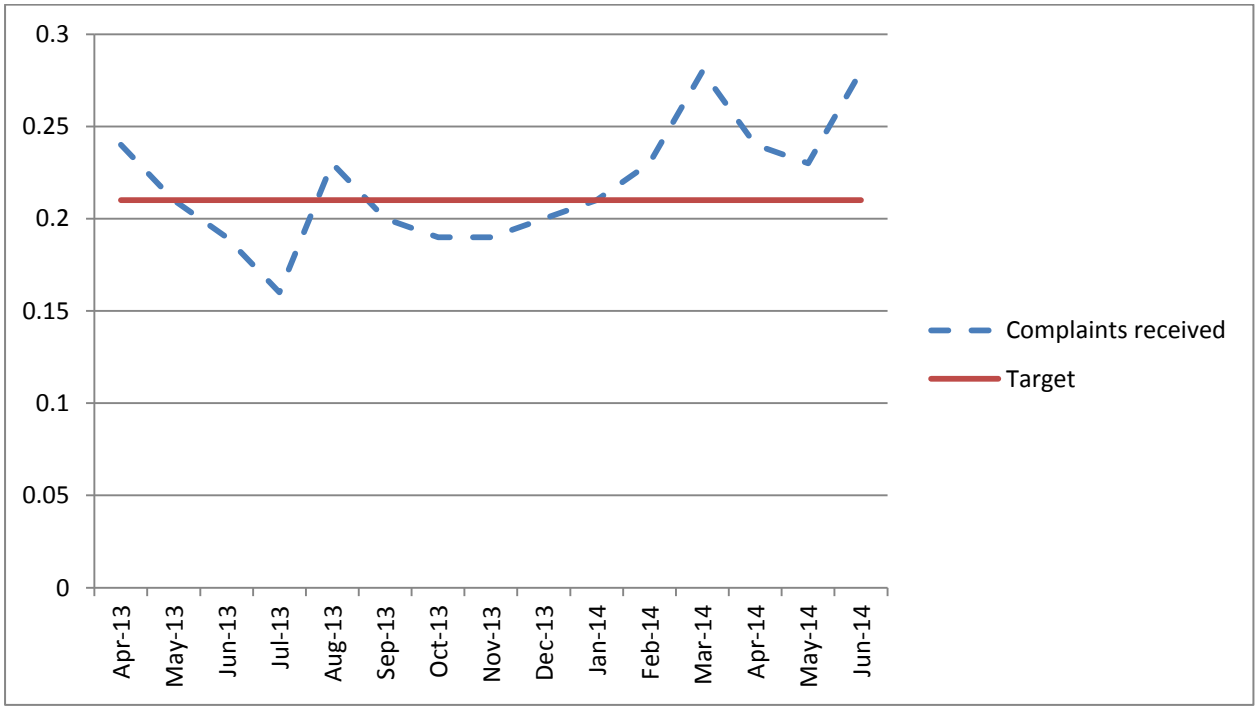


Figure 2: Complaints received, as a percentage of patient activity

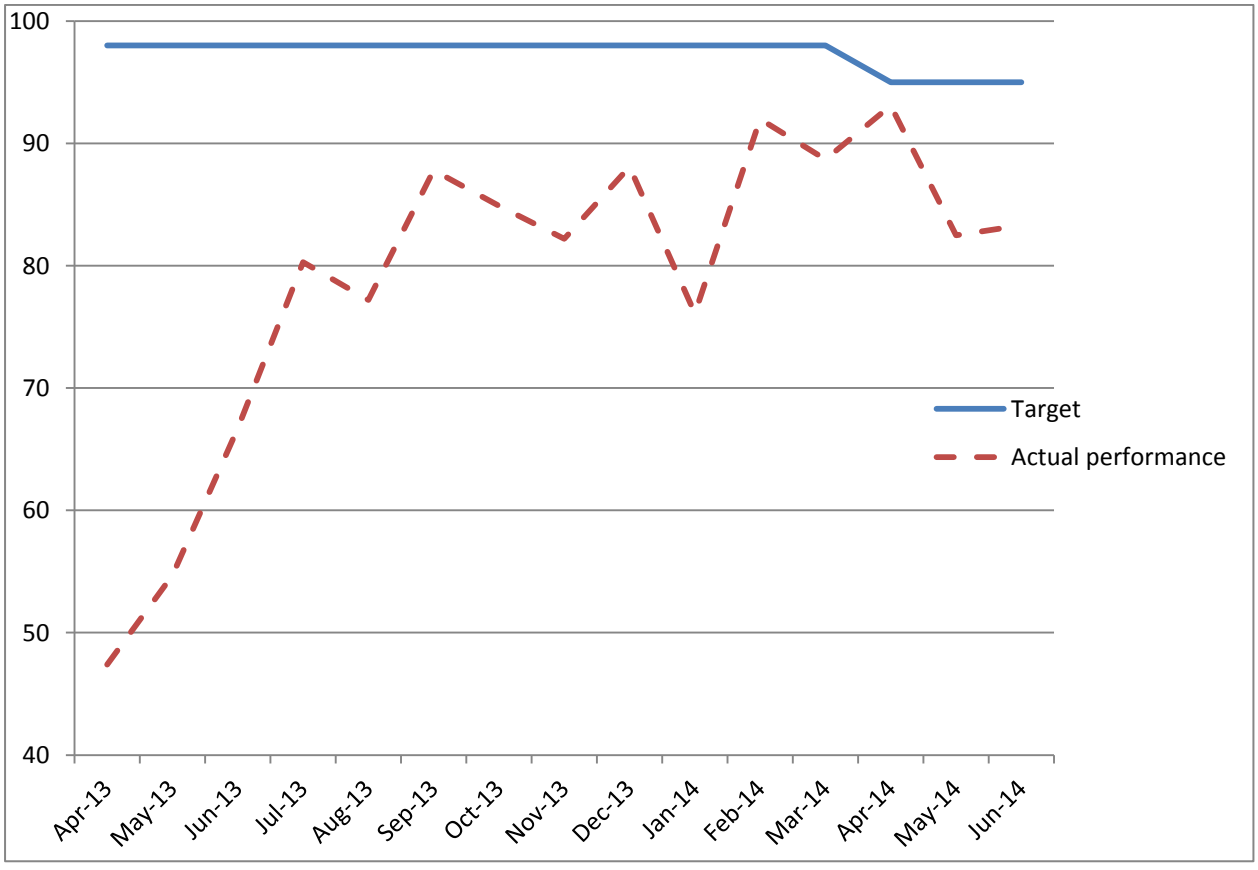


2.2 Complaints responses within agreed timescale

Whenever a complaint is managed through the formal resolution process, the Trust and the complainant agree a timescale within which we will investigate the complaint and write to the complainant with our findings. The timescale is agreed with the complainant upon receipt of the complaint and is usually 30 working days in Medicine and Surgery Head and Neck[3] and 25 working days in other areas[4].

Until Q1 2014/15, our target was to respond to at least 98% of complainants within the agreed timescale. From Q1, this target has been adjusted slightly downwards to 95%. The end point is measured as the date when the Trust's response is posted to the complainant. In Q1 86.3% of responses were made within the agreed timescale, compared to 84.7% in Q4. This represents 24 breaches out of 175 formal complaints which were due to receive a response during Q1[5]. Divisional management teams remain focussed on improving the quality and timeliness of complaints responses. Figure 3 shows the Trust's performance in responding to complaints in Q1.

Figure 3. Percentage of complaints responded to within agreed timescale



[3] Based on experience, due to relative complexity
[4] 25 working days used to be an NHS standard
[5] Note that this will be a slightly different figure to the number of complainants who *made* a complaint in that quarter.

2.3 Number of dissatisfied complainants

We are disappointed whenever anyone feels the need to complain about our services; but especially so if they are dissatisfied with the quality of our investigation of their concerns. For every complaint we receive, our aim is to identify whether and where we have made mistakes, to put things right if we can, and to learn as an organisation so that we don't make the same mistake again. Our target is that nobody should be dissatisfied with the quality of our response to their complaint. Please note that we differentiate this from complainants who may raise new issues or questions as a result of our response.

In Q1, there were 21 cases where the complainant felt that the investigation was incomplete or inaccurate. This represents a significant increase on Q4 (14 cases). There were a further 16 cases where new questions were raised, compared to Q4 (10 cases).

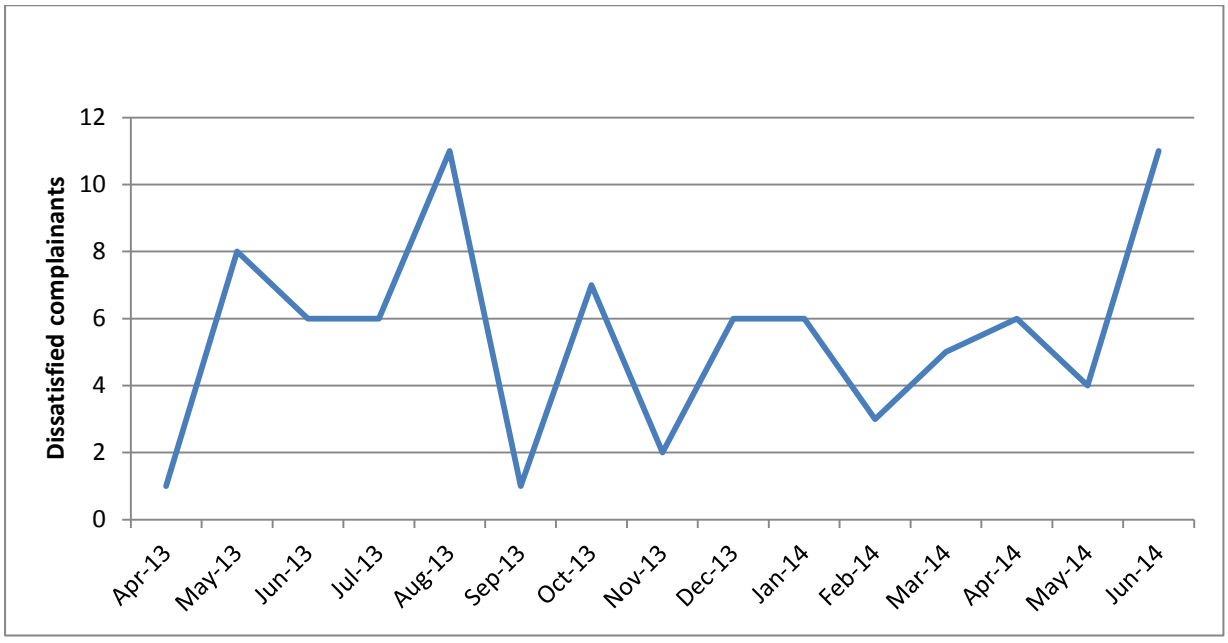
The 21 cases where the complainant was dissatisfied were associated with the following lead Divisions:

- 8 cases for the Division of Surgery, Head & Neck (compared to 5 in Q4);
- 5 cases for the Division of Medicine (compared to 4 cases in Q4);
- 5 cases for the Division of Women & Children (compared to 3 in Q4);
- 2 cases for the Division of Specialised Services (compared to 1 in Q4);
- 1 case for the Division of Diagnostics & Therapies (compared to 1 in Q4); and
- 0 cases for the Division of Facilities & Estates (compared to 0 in Q4).

A validation report is sent to the lead Division for each case where an investigation is considered to be incomplete or inaccurate. This allows the Division to confirm their agreement that a reinvestigation is necessary or to advise why they do not feel the original investigation was inadequate.

The number of dissatisfied complainants increased overall in 2013/14 and, despite a decrease in the second month of Q1, has increased again towards the end of the quarter. No discernible reason has been identified for this increase and there is no particular trend identified within any of the Divisions or in particular departments. Although the Division of Surgery, Head & Neck has seen an increase in the number of dissatisfied complainants, this has been in proportion with the increase in the number of complaints received overall by the Division. However, actions agreed to address this increase are detailed in section 3.6 of this report.

Figure 4. Number of complainants who were dissatisfied with aspects of our complaints response



2.4 Complaints themes – Trust overview

Every complaint received by the Trust is allocated to one of six major themes. The table below provides a breakdown of complaints received in Q1 compared to Q4. Complaints about 'appointments and admissions' and 'clinical care' increased in Q1, both in real terms and as a proportion of total complaints received. The reverse was true of complaints about 'attitude and communication'.

Category Type	**Number of complaints received – Q1 2014/15**	**Number of complaints received – Q4 2013/14**
Appointments & Admissions	152 (35.6% of total complaints) ↑	133 (32% of total complaints)
Attitude & Communication	91 (21.3%) ↓	119 (28.7%)
Clinical Care	132 (30.9%) ↑	115 (27.7%)
Facilities & Environment	27 (6.3%) ↓	30 (7.2%)
Access	9 (2.2%) ↓	10 (2.4%)
Information & Support	16 (3.7%) ↑	8 (2%)
Total	**427**	**415**

Each complaint is then assigned to a more specific category (of which there are 121 in total). The table below lists the six most consistently reported complaint categories. In total, they account for 78% of the complaints received in Q1 (335/427). Two other complaints categories were notable in Q1: Communication – Administrative (17) and Attitude of Nursing Staff (16). These themes will be included in the next quarterly report if significant numbers of related complaints continue to be reported.

Sub-category	**Number of complaints received – Q1 2014/15**	**Q4 2013/14**	**Q3 2013/14**	**Q2 2013/14**
Cancelled or delayed appointments and operations	129 ↑ **(16 % increase *compared to Q4*)**	111	86	95
Clinical Care (Medical/Surgical)	54 ↑ **(15% increase)**	47	45	30
Communication with patient/relative	27 ↓ **(15% decrease)**	32	14	15
Attitude of Medical Staff	20 ↓ **(33% decrease)**	30	13	18
Clinical Care (Nursing/Midwifery)	30 ↑ **(15% increase)**	26	23	32
Failure to answer telephones	4 ↓ **(78% decrease)**	18	16	19

This data reveals an increase in complaints about cancelled or delayed appointments and operations for the second successive quarter; and for the third successive quarter, an increase in complaints about clinical care (medical/surgical). On the positive side, there has been a significant decrease in complaints about failure to answer telephones (down 78% compared to Q4).

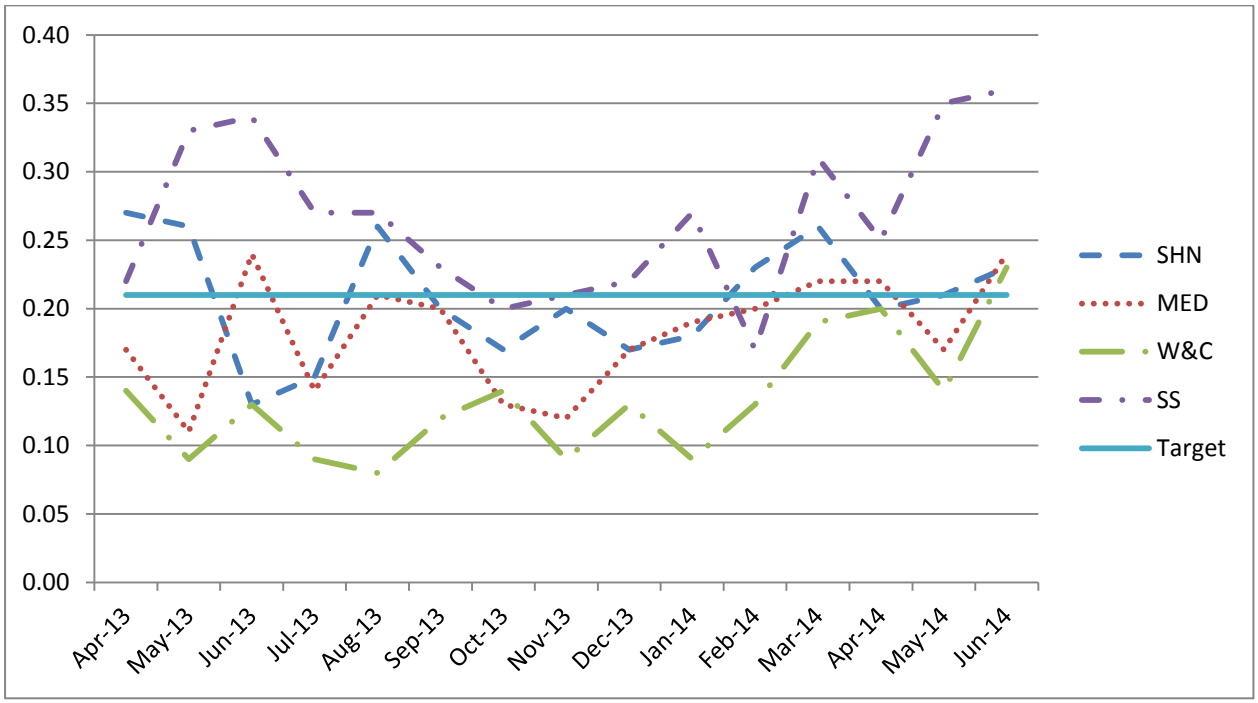
Concern	**Action**
Increase in complaints about cancelled or delayed appointments.	These issues are being addressed through the Trust's Transformation programme, and in the case of outpatients, through improvement activities which originated from the Productive Ward project. Divisions have been asked to comment about the increases in complaints about clinical care later in this report (Section 3.3).
Increase in complaints regarding clinical care (medical/surgical)	The Associate Medical Director (AMD) oversees a system to monitor complaints where individual medical staff are cited. Medical staff are interviewed by the AMD or Medical Director if patterns of repeated behaviour are identified which give cause for concern. Divisions have been asked to comment about the increases in complaints about clinical care later in this report (Section 3.3).

3. Divisional performance

3.1 Total complaints received

A divisional breakdown of percentage of complaints per patient attendance is provided in Figure 5. This shows an upturn in the volume of complaints received in all bed-holding Divisions at the end of Q1.

Figure 5. Complaints by Division as a percentage of patient attendance



It should be noted that data for the Division of Diagnostics and Therapies has been excluded from Figure 5. This is because this Division's performance is calculated from a very small volume of outpatient and inpatient activity. Complaints are more likely to occur as elements of complaints within bed-holding Divisions. Overall reported Trust-level data includes Diagnostic and Therapy complaints, but it is not appropriate to draw comparisons with other Divisions. For reference, numbers of reported complaints for the Division of Diagnostics and Therapies since July 2013 have been as follows:

Table 2. Complaints received by Diagnostics and Therapies Division since July 2013

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Number of complaints received	3	6	4	12	9	11	14	11	7	9	6	8

3.2 Divisional analysis of complaints received

Table 3 provides an analysis of Q1 complaints performance by Division. The table includes data for the three most common reasons why people complain: concerns about appointments and admissions; concerns about staff attitude and communication; and concerns about clinical care.

Table 3.

	Surgery Head and Neck	**Medicine**	**Specialised Services**	**Women and Children**	**Diagnostics and Therapies**
Total number of complaints received	156 (169) ↓	81 (77) ↑	73 (56) ↑	69 (48) ↑	23 (32) ↓
Total complaints received as a proportion of patient activity	0.21% (0.22%) ↓	0.21% (0.21%) =	0.33% (0.25%) ↑	0.19 (0.14%) ↑	N/A
Number of complaints about appointments and admissions	80 (83) ↓	24 (23) ↑	26 (23) ↑	19 (8) ↑	6 (10) ↓
Number of complaints about staff attitude and communication	34 (47) ↓	32 (20) ↑	15 (13) ↑	11 (20) ↓	5 (16) ↓
Number of complaints about clinical care	44 (39) ↑	19 (34) ↓	26 (20) ↑	37 (20) ↑	10 (6) ↑
Areas where the most complaints have been received in Q1	Ear Nose and Throat – 28 (20) ↑ Bristol Eye Hospital – 38 (62) ↓ Trauma & Orthopaedics – 29 (30) ↓ Upper Gastro-Intestinal – 12 (14) ↓ Bristol Dental Hospital – 25 (19) ↑	A&E – 15 (15) = Diabetes/Endocrinology Clinic – 2 (3) ↓ Ward 15 – 2 (5) ↓ Ward 26 – 3 (5) ↓ Respiratory Department (including Sleep Unit) 10 – (8) ↑ Dermatology – 8 (7) ↑ Ward 17 (MAU) – 7 (4) ↑	Chemotherapy Day Unit and Outpatients – 7 (11) ↓ Bristol Heart Institute Outpatients – 16 (11) ↑ Cardiology GUCH Services – 11 (6) ↑ Ward 52 – 5 (5) = Ward 53 – 4 (8) ↓ Ward 61 – 5 (5) = Ward 62 & 62a – 7 (4) ↑	Outpatient clinics – 35 (16) ↑ Ward 78 – 5 (4) ↑ Ward 30 – 0 (7) ↓ Children's ED & Ward 39 – 8 (6) ↑	Audiology – 2 (12) ↓ Physiotherapy (Adult) – 4 (5) ↓ Radiology – 12 (7) ↑
Notable deteriorations compared to Q4	ENT and Bristol Dental Hospital	Ward 17 (MAU)	Cardiology GUCH Services BHI Outpatients	Outpatient clinics	Radiology
Notable improvements compared to Q4	Bristol Eye Hospital	Ward 26	Ward 53	Ward 30	Audiology

3.3 Areas where the most complaints were received in Q1 – additional analysis

3.3.1 Division of Surgery, Head & Neck

Complaints by category type [6]

Category Type	Number and % of complaints received – Q1 2014/15	Number and % of complaints received – Q4 2013/14
Access	3 (1.8% of total complaints) =	3 (1.8% of total complaints) =
Appointments & Admissions	76 (48.5%) ↓	79 (46.7%) ↑
Attitude & Communication	32 (20.6% ↓	45 (26.6%) ↑
Clinical Care	41 (26.7%) ↑	38 (22.5%) ↑
Facilities & Environment	3 (1.8%) =	3 (1.8%) ↑
Information & Support	1 (0.6%) =	1 (0.6%) ↓
Total	**156**	**169**

Top six sub-categories

Sub-category	Number of complaints received – Q1 2014/15	Number of complaints received – Q4 2013/14
Cancelled or delayed appointments and operations	76 ↑ (7% increase compared to Q4)	71 ↑ (58% increase compared to Q3)
Clinical Care (Medical/Surgical)	19 =	19 ↓ (24% decrease)
Communication with patient/relative	10 ↓ (37.5% decrease)	16 ↑ (300% increase)
Attitude of Medical Staff	9 ↓ (18% decrease)	11 ↑ (38% increase)
Clinical Care (Nursing/Midwifery)	8 ↑ (14% increase)	7 ↑
Failure to answer telephones	1 ↓ (85% decrease)	7 ↑

Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
The Ear Nose & Throat Service received 28 complaints, an increase of 40% compared to Q4. This follows a previous improvement in Q4 compared to Q3, i.e. data has fluctuated. All complaints received in Q1 related to cancelled or delayed appointments, the majority of which were appointments for the nurse-led ear cleaning /suction clinic.	This is due to a chronic understaffing issue in the nurse led clinics due to long term sickness and difficulty recruiting suitable candidates.	Staff nurse who was on long term sick leave is now back at work on a staged return. The unit is undertaking a capacity diagnostic to understand what extra resources are needed to resolve this problem.
Bristol Dental Hospital received 25 complaints in Q1; an increase of 31% compared to Q4. 13 (52%) of these	Due to difficulty in recruiting to a restorative consultant, there has been a lack of availability of clinic slots and	Recruitment is ongoing – additional clinics have been arranged during the undergraduate holidays to clear the backlog. Complaints are being

[6] Arrows in Q1 column denote increase or decrease compared to Q4. Arrows in Q4 column denote increase or decrease compared to Q3. Increases and decreases refer to actual numbers rather than to proportion of total complaints received.

complaints were for Adult Restorative Dentistry. Of the total complaints received by BDH, 12 were in respect of cancelled or delayed appointments, 10 related to clinical care and three were about attitude of staff.	this has led to a backlog of patients waiting to be seen.	managed on a case by case basis and urgent clinical issues are being addressed immediately.

3.3.2 Division of Medicine

Complaints by category type

Category Type	Number and % of complaints received – Q1 2014/15	Number and % of complaints received – Q4 2013/14
Access	1 (1.2% of total complaints) =	1 (1.3% of total complaints) ↓
Appointments & Admissions	22 (27.2%) ↑	19 (24.7%) ↑
Attitude & Communication	30 (37%) ↑	18 (23.4%) ↑
Clinical Care	17 (21%) ↓	32 (41.5%) ↑
Facilities & Environment	7 (8.6%) ↑	6 (7.8%) ↑
Information & Support	4 (5%) ↑	1 (1.3%) ↑
Total	**81**	**77**

Top six sub-categories

Category	Number of complaints received – Q1 2014/15	Number of complaints received – Q4 2013/14
Cancelled or delayed appointments and operations	9 ↓ (40% decrease compared to Q4)	15 ↑ (36% increase compared to Q3)
Clinical Care (Medical/Surgical)	10 ↓ (9% decrease)	11 ↑ (83% increase)
Communication with patient/relative	7 ↑ (75% increase)	4 ↓
Attitude of Medical Staff	4 ↓ (20% decrease)	5 ↑
Clinical Care (Nursing/Midwifery)	5 ↓ (44% decrease)	9 ↓
Failure to answer telephones	1 ↓ (66% decrease)	3 ↑

Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
Complaints received by the Respiratory Department (including the Sleep Unit) have continued to increase. There were 10 complaints in Q1 compared to eight in Q4 and four in Q3. Four of the complaints received in Q1 were in respect of clinical care; two were attributed to staff attitude and two to cancelled or delayed	Two complaints were for the Respiratory Department, four for the Sleep Unit and four for Ward 10. In respect of the outpatient complaints, one was closed as a patient misunderstood the information they had been given and four related to appointment issues and Outpatient departments. There were four complaints in respect	A process mapping review is underway in respect of the Sleep Unit and will be completed by the end of 2014/15.

appointments.	of the ward – one of these was a request for information (which was subsequently managed in a meeting); one related to a family requiring support following a bereavement; one was about cigarette usage and one remains under investigation and appears to be a misunderstanding around the provision of a waiting area.	
Ward 17 (MAU) received seven complaints in Q1. These were spread across a number of categories, with four being about staff attitude and communication.	Two of the complaints related to food quality and pathway information, so were not ward specific. Other complaints related to ward noise, the attitude of nursing and medical staff, and communication with a patient involving the need to move them to a side room.	The ward will soon be moving to a new environment with more side room provision. Issues around specific staff involved in complaints have been managed locally.
Note: in the Trust's monthly survey, Ward 17 achieves a high patient-reported score for kindness and understanding and a mid-range aggregate patient experience tracker score.		
The number of complaints received by Dermatology increased slightly again to eight in Q1, compared to seven in Q4 and three in Q3. Five of the complaints received in Q1 were about cancelled or delayed appointments and procedures.	The service is experiencing some pressures at the moment with an increase in activity, some of which is related to the service transfer from Weston General Hospital. Concerns have been raised around new appointment waiting times and difficulties contacting the clinic co-ordinator.	A new locum consultant is starting in the department on 1st September 2014. Issues around nursing vacancies have been addressed. One 1.0WTE clinic coordinator has been appointed. A capacity review of the department is currently being undertaken.

3.3.3 Division of Specialised Services

Complaints by category type

Category Type	Number and % of complaints received – Q1 2014/15	Number and % of complaints received – Q4 2013/14
Access	1 (1.4% of total complaints) =	1 (1.8% of total complaints)
Appointments & Admissions	26 (35.6%) ↑	21 (37.5%)
Attitude & Communication	15 (20.6%) ↑	12 (21.4%)
Clinical Care	26 (35.6%) ↑	19 (33.9%)
Facilities & Environment	3 (4.1%) =	3 (5.4%)
Information & Support	2 (2.7%) ↑	0 (0%)
Total	**73**	**56**

Top six sub-categories

Category	Number of complaints received – Q1 2014/15	Number of complaints received – Q4 2013/14
Cancelled or delayed appointments and operations	24 ↑ (41% increase compared to Q4)	17 ↑ (42% increase compared to Q3)
Clinical Care (Medical/Surgical)	10 ↑ (43% increase)	7 ↑

Communication with patient/relative	7 ↑ (40% increase)	5 ↑
Attitude of Medical Staff	1 ↓ (50% decrease)	2 ↑
Clinical Care (Nursing/Midwifery)	8 ↑ (166% increase)	3 ↑
Failure to answer telephones	2 ↑ (100% increase)	1 ↓

Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
The number of complaints received in Cardiology GUCH Services increased again to 11 in Q1 compared to six in Q4 and two in Q3. Five of the complaints received in Q1 were attributed to cancelled or delayed appointments or procedures. A further three were in respect of communication and two were about lost or delayed test results.	The recent growth in the outpatient follow-up backlog has led to patients' routine follow-ups being delayed. This has been compounded by long term secretarial vacancies.	The service has now appointed a fourth ACHD (Adults with Congenital Heart Defects) consultant, who will commence in post on 24th August and will focus on addressing the follow-up backlog. The ACHD service also appointed a replacement support secretary to cover the vacant post. Unfortunately the individual appointed chose not to take up the post and therefore the department will be re-advertising.
Complaints for Bristol Heart Institute increased from 11 to 16 in Q1. Nine of these complaints related to cancelled or delayed appointments or procedures. Two each were attributed to communication and clinical care.	During Q1, the BHI received three formal and 13 informal complaints categorised as "BHI OPD". Of these, three related to the waiting times for complex heart procedures and three related to non-OPD administrative issues. Difficulties with the administration service in Q1 were caused by long term sickness in the secretarial team.	Of the two posts affected by long term sickness, one has been resolved and the member of staff is back in work. The other post is currently being recruited into following the withdrawal of a previously appointed candidate. We anticipate this post being filled substantively by October 2014 and interim arrangements are in place.

3.3.4 Division of Women & Children

Complaints by category type

Category Type	Number and % of complaints received – Q1 2014/15	Number and % of complaints received – Q4 2013/14
Access	0 (0% of total complaints) ↓	2 (4.2% of total complaints) ↑
Appointments & Admissions	19 (27.5%) ↑	6 (12.4%) ↑
Attitude & Communication	11 (16%) ↓	19 (39.6%) ↓
Clinical Care	36 (52.2%) ↑	19 (39.6%) ↑
Facilities & Environment	2 (2.9%) ↑	1 (2.1%) =
Information & Support	1 (1.4%) =	1 (2.1%) =
Total	**69**	**48**

Top six sub-categories

Category	Number of complaints received – Q1 2014/15	Number of complaints received – Q4 2013/14
Cancelled or delayed appointments and operations	15 (50% increase compared to Q4) ↑	10 ↓ (29% decrease compared to Q3)
Clinical Care (Medical/Surgical)	14 (55.5% increase) ↑	9 ↑
Communication with patient/relative	3 (40% decrease) ↓	5 ↑
Attitude of Medical Staff	6 (25% decrease) ↓	8 ↑
Clinical Care (Nursing/Midwifery)	9 (50% increase) ↑	6 =
Failure to answer telephones	0 (100% decrease) ↓	1 =

Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
There has been a significant increase in the number of complaints received by outpatient clinics in the Children's Hospital, from 16 in Q4 to 35 in Q1. The majority of these complaints (10) were in respect of cancelled or delayed appointments or procedures, with nine attributed to clinical care.	Children's outpatient activity has grown substantially since the Centralisation of Specialist Paediatrics (CSP) in May this year. T&O pathways have been particularly challenging and a high number of concerns have been raised. Data quality from North Bristol NHS Trust has been inconsistent, contributing to confusion for our staff and patients.	Work taking place to address teething issues and improve new processes. Working with clinical teams to prioritise patients based on clinical need post-CSP. Ongoing work with NBT to sign off data transfer. Transformation project launching in outpatients to improve many aspects, including patient experience.
Complaints received by The Children's Emergency Department (CED) and Ward 39 (observation unit) increased again in Q1 to eight, compared with six in Q4 and two in Q3. Of the complaints received in Q1, 75% (six) were in respect of clinical care. The remaining two cases were attributed to attitude and communication.	CED has seen an increase in activity of around 20% since May 2014 so a proportional increase in complaints, although not desirable, is not unexpected	Lead Clinician sighted on all complaints to ensure systematic review and learning, with aim of avoiding similar events occurring in future.
Note: in the Trust's monthly survey, Ward 39 achieves high patient-reported scores for kindness & understanding and the aggregate patient experience tracker.		

3.3.5 Division of Diagnostics & Therapies

Complaints by category type

Category Type	Number and % of complaints received – Q1 2014/15	Number and % of complaints received – Q4 2013/14
Access	1 (4.4% of total complaints) ↓	2 (6.2% of total complaints) =
Appointments & Admissions	6 (26%) ↓	7 (21.9%) ↑
Attitude & Communication	5 (21.8%) ↓	14 (43.8%) ↑
Clinical Care	9 (39%) ↑	4 (12.5%) ↓
Facilities & Environment	2 (8.8%) ↓	3 (9.4%) ↑
Information & Support	0 (0%) ↓	2 (6.2%) ↑
Total	**23**	**32**

Top six sub-categories

Category	Number of complaints received – Q1 2014/15	Number of complaints received – Q4 2013/14
Cancelled or delayed appointments and operations	5 =	5 ↓
Clinical Care (Medical/Surgical)	1 ↑	0 ↓
Communication with patient/relative	0 =	0 ↓
Attitude of Medical Staff	0 ↓	4 ↑
Clinical Care (Nursing/Midwifery)	0 =	0 =
Failure to answer telephones	0 ↓	5 ↑

Divisional response to concerns highlighted by Q1 data

Concern	Explanation	Action
The number of complaints received by Radiology rose from seven in Q4 to 12 in Q1. These were spread across a number of categories, with three each relating to clinical care, attitude of staff and lost or delayed test results.	Of the 12 complaints in Q1, four were formal and eight were informal. The four formal complaints included an incorrect diagnosis at Avon Breast Screening Unit (now managed by North Bristol NHS Trust), damaged personal property (patient removed hearing aid and it fell under an MRI scanner), failure of a radiographer to follow a scanning protocol correctly, and delay in reporting a test result. The informal complaints were all dealt with at the time and appropriate action was taken.	In the case of the incorrect diagnosis, the service apologised that the potential diagnosis was not delivered clearly and for the distress caused. Part of the learning was to ensure that there is greater diligence in giving patients clear information. The Audiology Department has offered to source a replacement hearing aid for the patient whose hearing aid was lost underneath the MRI scanner in the BRI. The radiographer who failed to follow the correct procedure has been reminded of the protocol, and learning from the event has been disseminated within the department. The delayed report related to a CT scan and was due to a reporting capacity issue at that time. The service has recruited an additional consultant in this area and plans are in place for further capacity to be introduced.

3.4 Complaints by hospital site

Of those complaints with an identifiable site, the breakdown by hospital is as follows:

Hospital/Site	Number and % of complaints received – Q1 2014/15	Number and % of complaints received – Q4 2013/14
Bristol Royal Infirmary	170 (39.8% of total complaints) ↓	193 (46.5% of total complaints) ↑
Bristol Eye Hospital	38 (8.9%) ↓	60 (14.5%) ↑
Bristol Dental Hospital	26 (6%) ↑	19 (4.6%) ↓
St Michael's Hospital	57 (13.3%) ↑	46 (11%) ↓
Bristol Heart Institute	50 (11.7%) ↑	33 (8%) ↑
Bristol Haematology & Oncology Centre	25 (5.9%) ↑	20 (4.8%) ↓
Bristol Royal Hospital for Children	50 (11.7%) ↑	36 (8.7%) ↑
South Bristol Community Hospital	11 (2.7%) ↑	8 (1.9%) ↓
Total	**427**	**415**

3.5 Complaints responded to within agreed timescale

The Trust's aim is to respond to complaints within the timescale we have agreed with the complainant. Four of the five clinical Divisions reported breaches in Quarter 1, totalling 24 breaches. The Division of Diagnostics & Therapies did not record any breaches for Q1.

	Q1 2014/15	Q4 2013/14	Q3 2013/14	Q2 2013/14
Surgery Head and Neck	**9 (14.3%)**	8 (11%)	6 (10%)	9 (12%)
Medicine	**7 (21.2%)**	7 (21.2%)	11 (25%)	9 (25%)
Specialised Services	**2 (8.7%)**	0	2 (11%)	4 (12.5%)
Women and Children	**6 (19.4%)**	9 (36%)	4 (17%)	7 (28%)
Diagnostics & Therapies	**0 (0%)**	1 (8.3%)	0	0
All	**24 breaches**	25 breaches	23 breaches	29 breaches

(So, as an example, there were seven breaches of timescale in the Division of Medicine in Q1, which constituted 21.2% *of the complaints responses that had been due in Q1*.)

Breaches of timescale were caused either by late receipt of final draft responses from Divisions which did not allow adequate time for Executive review and sign-off, delays in processing by the Patient Support and Complaints team, or by delays in during the sign-off process itself. Sources of delay are shown in the table below.

	Source of delays (Q4, 2013/14)		
	Division	**Patient Support and Complaints Team**	**Executive sign-off**
Surgery Head and Neck	3	0	6
Medicine	2	0	5
Specialised Services	0	1	1
Women and Children	5	0	1
Diagnostics & Therapies	0	0	0
All	10 breaches	1 breach	13 breaches

Actions agreed via Patient Experience Group:

- New KPIs have been agreed in respect of turnaround times for the Patient Support and Complaints Team and for the Executives, in addition to the four working days allowed for the Divisions. The Patient Support and Complaints Team must send the response letter to the Executives for signing within 24 hours of receipt from the Division. The Executives then have up to three working days (maximum) to review, sign and return the response to the Patient Support and Complaints Team.
- Divisions have been reminded of the importance of providing the Patient Support and Complaints Team with draft final response letters at least four working days prior to the date they are due with the complainant.
- The Patient Support and Complaints Team continues to actively follow up Divisions if responses are not received on time; Divisional staff are also reminded of the need to contact the complainant to agree an extension to the deadline if necessary.
- Longer deadlines are agreed with Divisions if the complainant requests a meeting rather than a written response. This allows for the additional time needed to co-ordinate the diaries of clinical staff required to attend these meetings. (Note that deadlines agreed with Surgery, Head and Neck and Medicine are longer than for the other Divisions, to reflect the larger patient numbers and subsequent complaints received by these Divisions).
- Ongoing vigilance to avoid any delays by Patient Support and Complaints Team.

3.6 Number of dissatisfied complainants

As reported in section 1.3, there were 14 cases in Q4 where complainants were dissatisfied with the quality of our response (in addition to the figures shown in the table below, one case was attributable to the Division of Diagnostics & Therapies).

	Q1 2014/15	**Q4 2013/14**	**Q3 2013/14**	**Q2 2013/14**
Surgery Head and Neck	**8**	5	8	10
Medicine	**5**	4	4	3
Specialised Services	**2**	1	3	1
Women and Children	**5**	3	0	2
Diagnostics & Therapies	**1**	1	0	1
All	**21**	14	15	17

Actions agreed via Patient Experience Group:

- Divisions are notified of any case where the complainant is dissatisfied. The 21 cases recorded in Q1 have now either been responded to in full, or have had revised response deadlines agreed with the complainants.
- The Patient Support and Complaints Team continues to monitor response letters to ensure that all aspects of each complaint have been fully addressed – there has recently been an increase in the number of draft responses which the Patient Support and Complaints Team has queried with the Division prior to submitting for sign-off.
- Trust-level complaints data is now replicated at divisional level to enable Divisions to monitor progress and identify areas where improvements are needed. This data will also be used for quarterly Divisional performance reviews.
- Response letter cover sheets are now sent to Executive Directors with each letter to be signed off. This includes details of who investigated the complaint, who drafted the letter and who at senior divisional letter signed it off as ready to be sent. The Executive signing the responses can then make direct contact with these members of staff should they need to query any of the content of the response.

- Training on writing response letters has being delivered to key staff across all Divisions with input from the Patients Association. This training was well received and further training on this subject matter is being planned (training plan to be drafted by end of October 2014).

4. Information, advice and support

In addition to dealing with complaints, the Patient Support and Complaints Team is also responsible for providing patients, relatives and carers with the help and support including:

- Non-clinical information and advice;
- A contact point for patients who wish to feedback a compliment or general information about the Trust's services;
- Support for patients with additional support needs and their families/carers; and
- Signposting to other services and organisations.

In Q1, the team dealt with 174 such enquiries, compared to 161 in Q4. These enquiries can be categorised as:

- 104 requests for advice and information (83 in Q4)
- 60 compliments (70 in Q4)
- 10 requests for support (8 in Q4)

5. PHSO cases

During Q1, the Trust has been advised of new Parliamentary & Health Service Ombudsman (PHSO) interest in five complaints (compared to seven in Q4). Two of these cases were subsequently not upheld and one was partially upheld; we are currently awaiting a decision from the PHSO for the two remaining cases.

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date original complaint received	Site	Department	Division
14650	CF	MS	23/12/2013	BRI	Upper GI	Surgery, Head And Neck
Not upheld: The PHSO allowed the Trust further opportunity to resolve the issues raised. A meeting was subsequently held with the complainant on 8th May 2014. An action plan was generated and sent to the patient at the beginning of June 2014 and the complainant appears to be satisfied.						
13223	CP		16/05/2013	BEH	Outpatients	Surgery, Head & Neck
Not upheld: Final report received, complaint not upheld and no failings identified.						
10805	AJ	MM-L	17/05/2012	BRI	Ward 9	Surgery, Head & Neck
Open: The Trust has sent copies of all requested documentation to the PHSO – currently waiting to hear whether they wish to investigate.						

Case Number	Complainant (patient unless stated)	On behalf of (patient)	Date original complaint received	Site	Department	Division
13173	MD	JS	08/05/2013	BRI	A&E (BRI)	Medicine
Partially upheld: Some failings were found, specifically in relation to the lack of food and drink provided to the patient. However, the PHSO are satisfied that the Trust has apologised and that the remedial action taken was appropriate and proportionate.						
13987	AB	DJ	10/09/2013	BRI	QDU (Endoscopy)	Surgery, Head & Neck
Open: The Trust has sent the PHSO a copy of our complaint response letter - currently waiting to hear whether they require further information or intend to investigate.						

6. Corporate developments in Q4

During Q4 of 2013/14, a backlog of enquiries to the Patient Support and Complaints Team developed. Causal factors included the re-opening of the drop-in service in a prominent location within the Bristol Royal Infirmary Welcome Centre, staff sickness and an observed increase in the complexity of complaints received. Whilst all enquiries were acknowledged in a timely manner, it was taking up to four weeks for a caseworker to contact the complainant to discuss their concerns and to agree how and when these would be investigated. The Trust agreed to the appointment of three new members of staff to strengthen the team: recruitment is due to be completed by mid-October 2014. In the interim, two temporary caseworkers were initially appointed to enable the team to address the backlog. At the end of Q1, the backlog had reduced significantly, although it has since increased (at the time of writing, in mid-September, it is taking approximately two weeks for caseworker follow-up of complaints enquiries, following the Trust's initial acknowledgement). Operational performance indicators have been introduced to ensure that any deterioration in future performance is identified and escalated for appropriate action. Estates works have been carried out during August to facilitate the arrival of new staff members; this includes provision of a new meeting room for drop-in enquiries.

A formal update of the 2014/15 complaints work plan is being reported separately to the Senior Leadership Team in September.

University Hospitals Bristol NHS
NHS Foundation Trust

Patient Experience Report

Quarter 1, 2014/15

(1st April – 30th June 2014)

Author: **Paul Lewis, Patient Experience Lead (Surveys and Evaluation)**

1. Purpose of this report

This report presents the key quality assurance data arising from the UH Bristol patient experience survey programme, principally: the Friends and Family Test, the monthly inpatient/parent and maternity surveys, and the national patient surveys. Analysis is provided which draws on discussions held at the Trust's Patient Experience Group, where the data is reviewed at each meeting.

2. Executive Summary

Overall, the feedback received via the UH Bristol patient experience surveys show that a positive experience is provided to the majority of patients. However, there is significant variation between wards, and also between individual patients (as demonstrated by the compliments and complaints that the Trust receives - see the linked Quarter 1 Complaints report). By far the most frequent form of feedback received from patients relates to praise for UH Bristol staff, but this praise is often accompanied by suggestions for improvement: most typically relating to better communication and reducing waiting/delays. The Trust typically performs in line with the national average in patient experience surveys, with the exception of the 2013 National Cancer Survey (where a number of below-average scores have been achieved), and the 2012 National Accident and Emergency survey (where UH Bristol was among the best performing trusts in England).

3. Patient experience performance: Trust overview

Charts 1 to 4 (over) show the four headline measures that are used by the Trust Board to monitor the overall quality of patient-reported experience[1]. The scores have been consistently rated "green" in the periods shown[2], indicating that a good standard of patient experience is being maintained. The scores would turn amber or red in if they fell significantly[3], alerting the senior management team to a deterioration in patient experience.

Chart 5 (page 4) shows that 98% of respondents rated their care as excellent, very good, or good in the annual UH Bristol outpatient survey[4]. This is in line with previous results and the national average. A more detailed summary of the outpatient survey results will be provided in the next Quarterly Patient Experience Report (due December 2014), following review at the Patient Experience Group meeting in October 2014.

In Quarter 1 (April to June 2014) there was a CQUIN[5] target associated with the Friends and Family Test (FFT) survey. Acute trusts had to achieve a minimum 15% response rate in Emergency Department areas and 25% in inpatient areas. UH Bristol achieved these targets (18.9% and 41.6% respectively). However, trusts will not be

[1] Kindness and understanding is used as a key measure, because it is a fundamental component of compassionate care. The "patient experience tracker" is a broader measure of patient experience, made up of five key questions from the UH Bristol monthly postal survey: ward cleanliness, being treated with respect and dignity, involvement in care decisions, communication with doctors, and communication with nurses. These were identified as "key drivers" of patient satisfaction via statistical analysis of survey data and a patient focus group; both of which were conducted by the UH Bristol Patient Experience and Involvement Team.

[2] Note: the Friends and Family Test data is available around one month before the postal survey data.

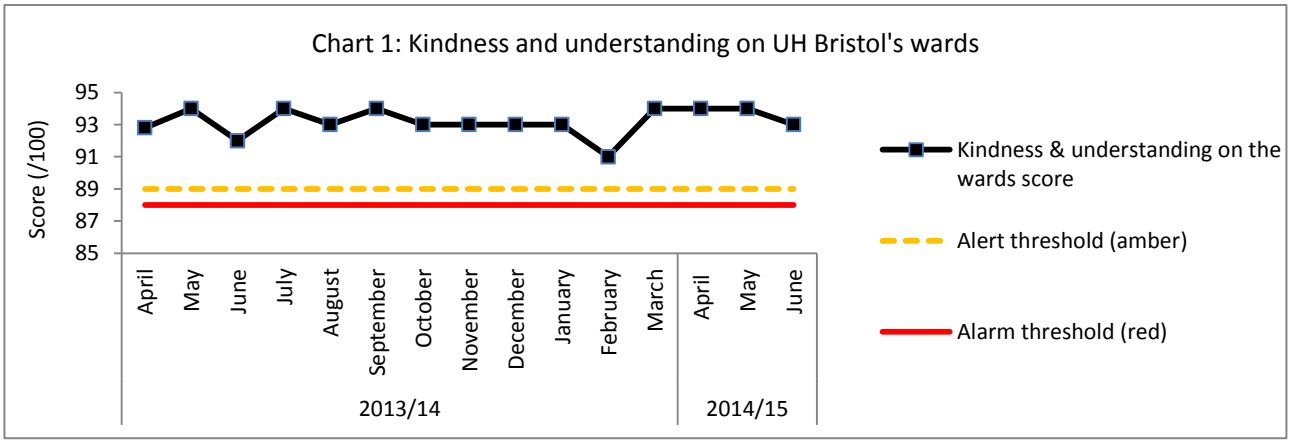
[3] Specifically: if the kindness and understanding score or patient experience tracker score fall to three (amber) or four (red) standard deviations below the UH Bristol annual mean score. This is known as a "statistical control process", and is widely by organisations as a method of quality control. The Friends and Family Test is rated as amber if it falls significantly below the national average, and red if it falls into the lowest 20% of scores nationally.

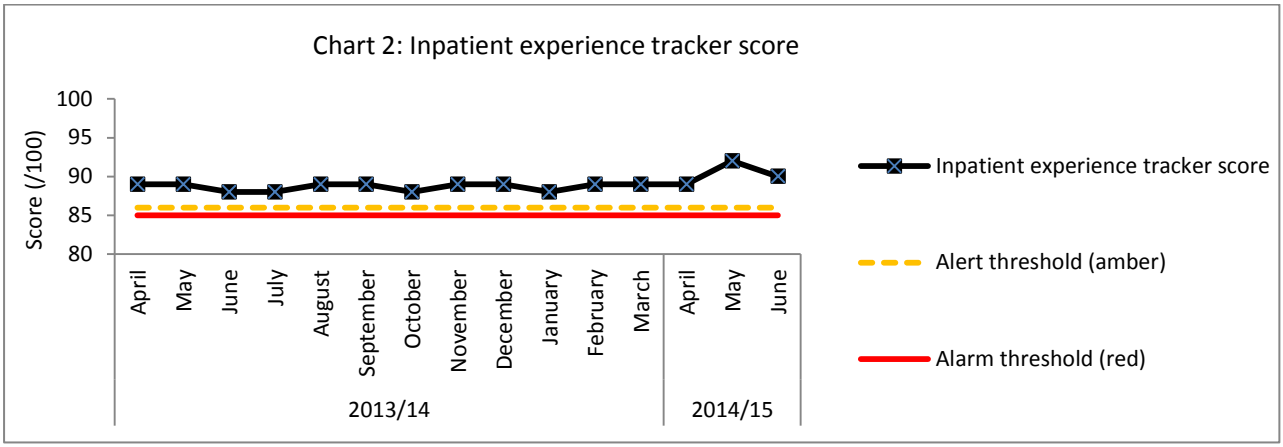
[4] Based on responses from 1,839 patients (or parents of 0-11 year olds) who attended in February 2014.

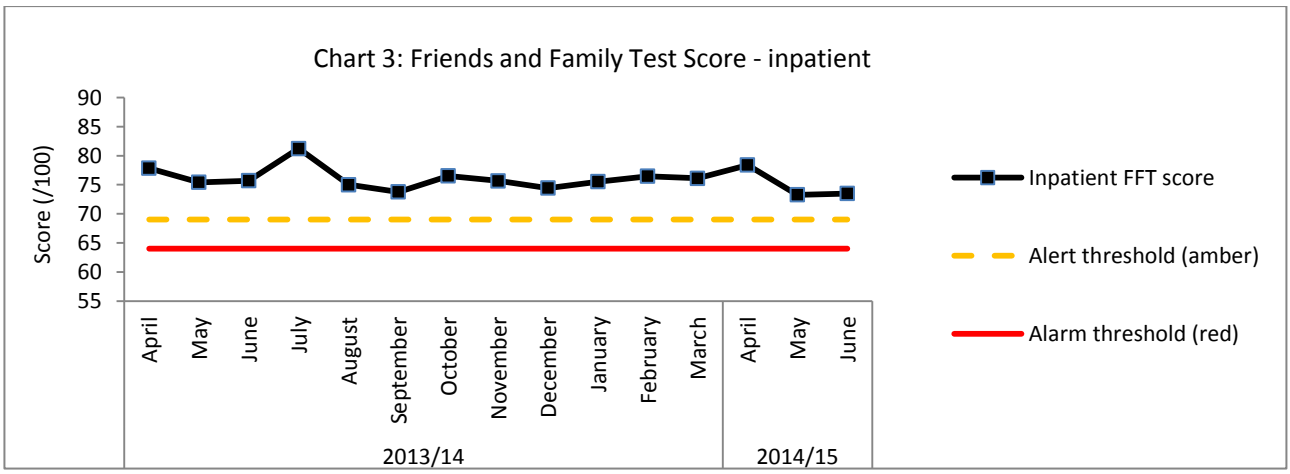
[5] Commissioning for Quality and Innovation: a financial incentive linked to a performance target.

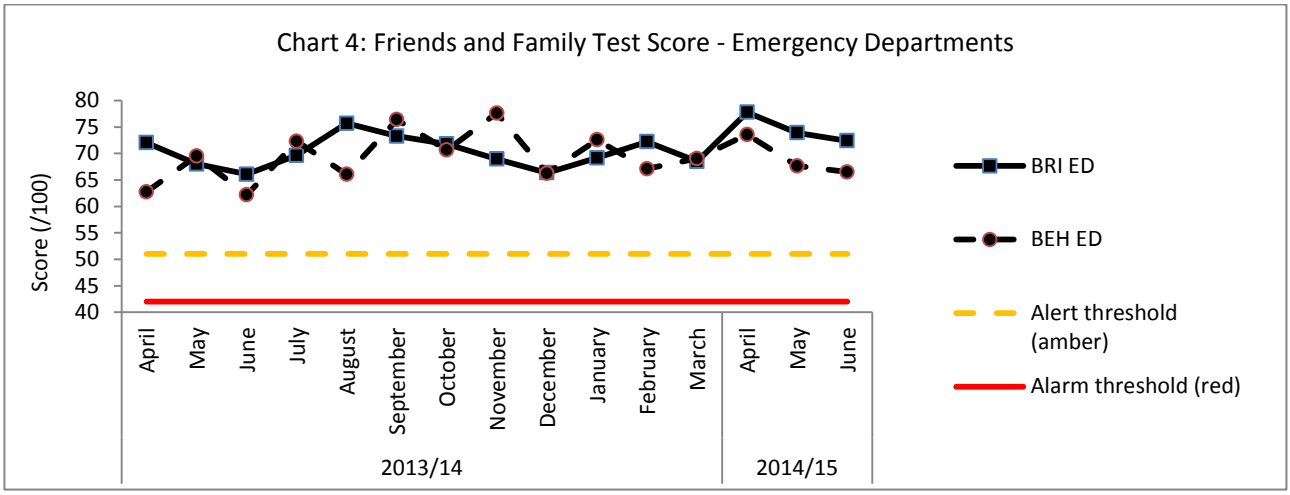
eligible for payment unless they also achieve a Quarter 4 (January to March 2015) response rate of 20% for the Emergency Department FFT and 30% for the inpatient FFT.

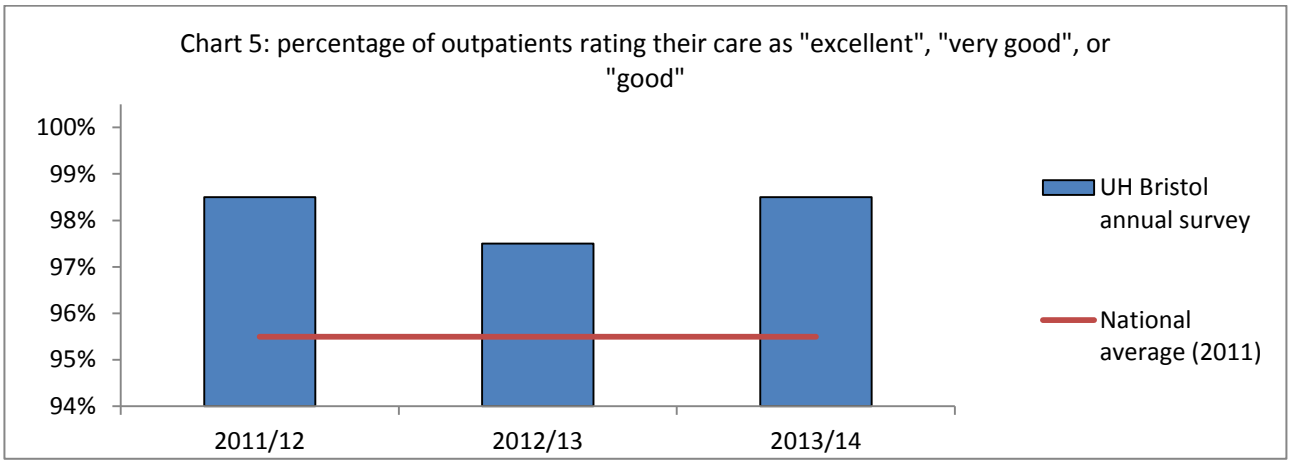
Further information about the surveys used in this report, including the scoring mechanisms used and a description of the wider UH Bristol patient feedback programme, can be found in Appendices C and D. Surveys work most effectively at a population (or "system") level, and tend to offer less insight into the unique experience of each individual patient. Therefore, the survey data presented in this report should be used in conjunction with other sources of information to provide a coherent and reliable view of "quality".











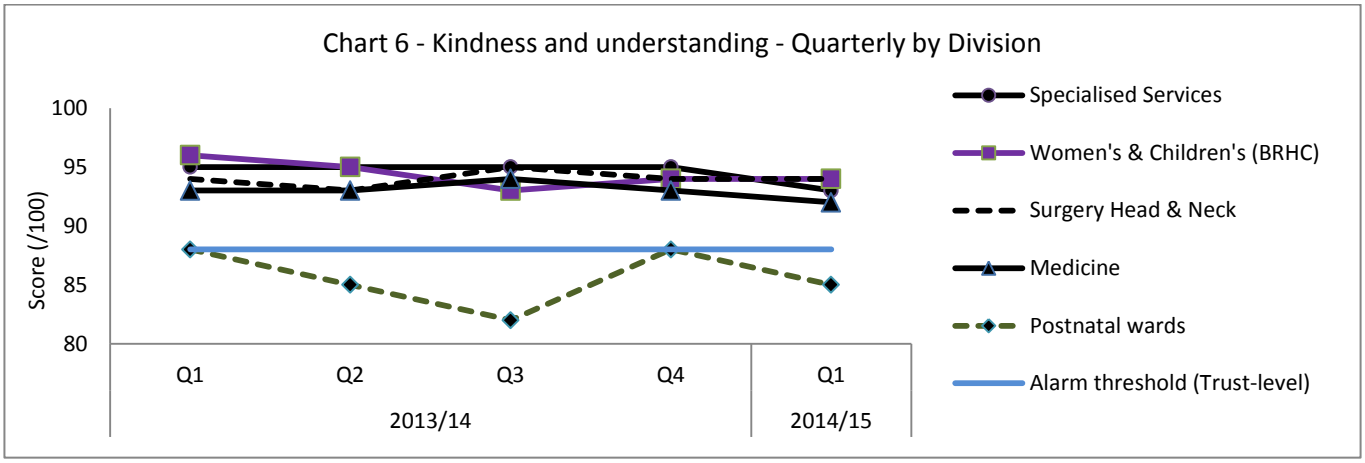
4. Divisional-level data

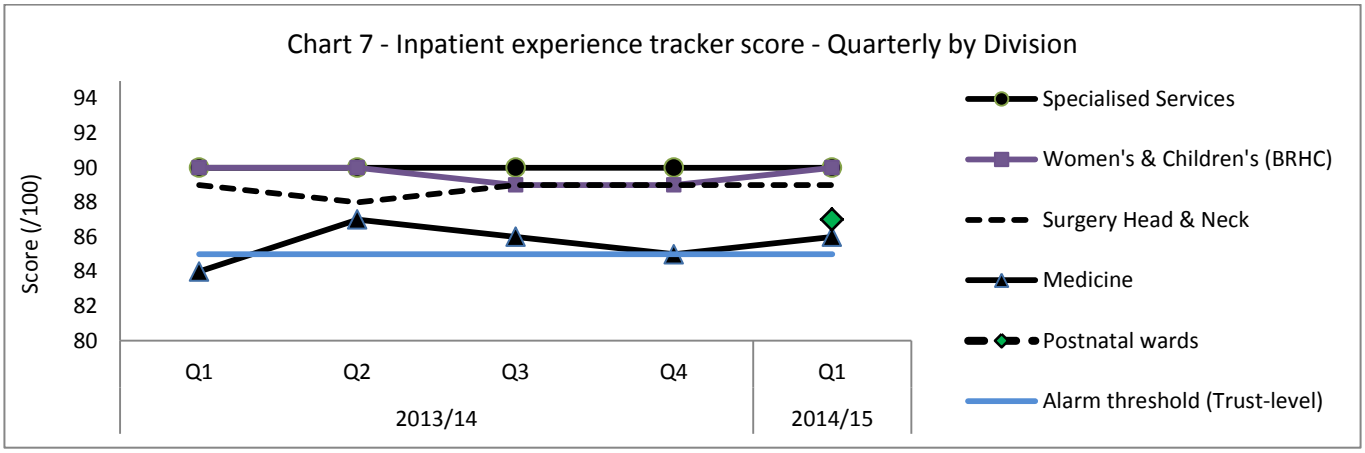
Charts 6-8 provide the headline inpatient quality assurance metrics by UH Bristol Division[6]. The Trust-level "alarm threshold" is shown, but this is a guide only - caution is needed in applying this directly because there is a higher margin of error in the data at Divisional-level. The full Divisional inpatient data for Quarter 1 (April to June 2014) is provided in Appendix B.

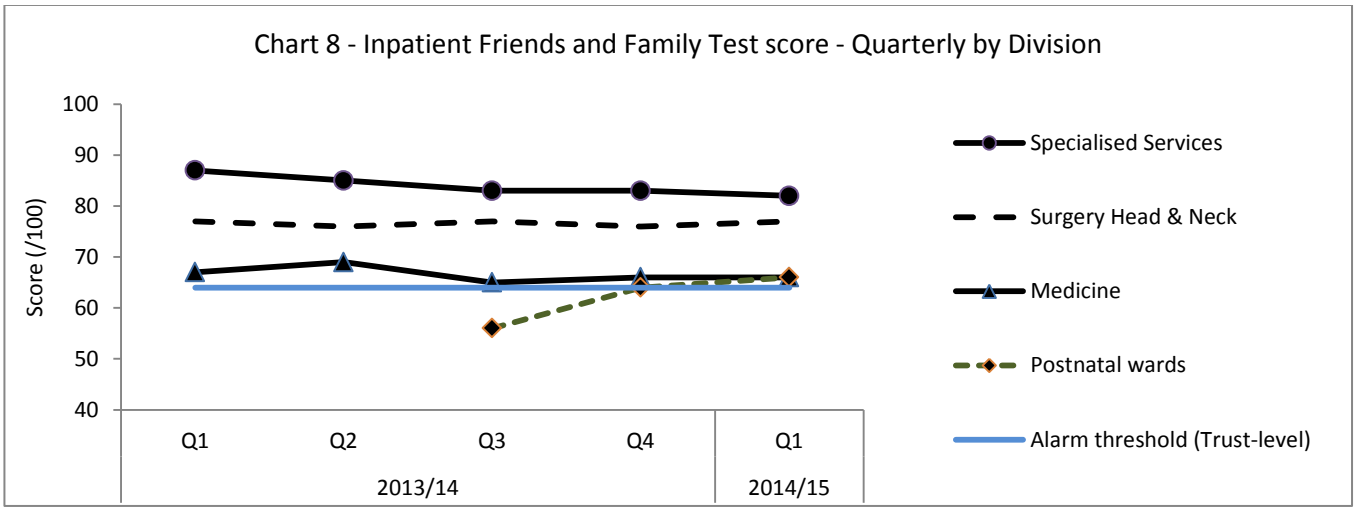
There is a general trend for the best patient experience ratings to occur in the Specialised Services Division, the Bristol Royal Hospital for Children (BRHC) site for the Women's & Children's Division, and the Surgery Head and Neck Division. Conversely, the Division of Medicine tends to attract lower ratings from patients – but still the most frequent type of comment received involves praise for staff (see section 7). One contributing reason for the lower scores may be that the Division of Medicine cares for a relatively high proportion of patients with chronic, complex conditions. Research at a national-level suggests that this is correlated with lower experience ratings. Nevertheless, this research doesn't "explain-away" the lower scores: they are still a valid reflection of people's experiences and there is always room for improvement. The Division of Medicine have been carrying out a number of improvement activities in this respect, primarily relating to South Bristol Community Hospital (see next section) and the wards in the Bristol Royal Infirmary Old Building (see section 6).

[6] Please note: from April 2014, we started collecting the data necessary to calculate the inpatient tracker score on postnatal wards (see chart 7). The Bristol Royal Hospital for Children does not currently run a Friends and Family Test, but this will be implemented at the hospital by 1 April 2015 (starting with day case and outpatient settings in October 2014).

In the Women's and Children's Division, postnatal maternity care also attracts lower service-user ratings. These are explored in more depth in section 6 of this report. However, it should be noted that these scores are in line with, and in some cases better than, the national maternity service average.







5. Hospital-level data

The hospital-level data suggests that the best patient experiences are provided at the Bristol Eye Hospital (BEH – ward 41), the Bristol Royal Hospital for Children (BRHC) and the Bristol Haematology and Oncology Centre (BHOC). South Bristol Community Hospital (SBCH) tends to achieve slightly lower scores, although the great majority of feedback is still positive here. Further analysis of the data concluded that this result is likely to be at least in part a reflection of the patient group (i.e. long-stay, complex health and social care needs - which research has shown is correlated with lower patient experience ratings). Nevertheless, an action plan has been put in place by the SBCH management team that has a particular focus on improving communication and involvement of patients in treatment decisions. This action plan will be monitored by UH Bristol's Patient Experience Group (next review: December 2014).

Chart 9: Kindness and understanding score by hospital (last four quarters; with Trust-level alarm limit)

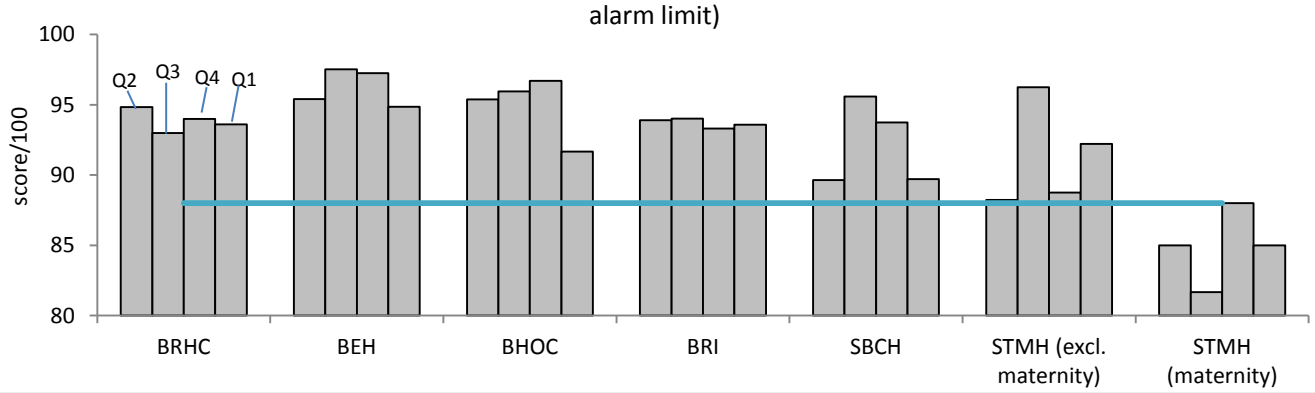


Chart 10: Inpatient experience tracker score by hospital (last four quarters; with Trust-level alarm limit)

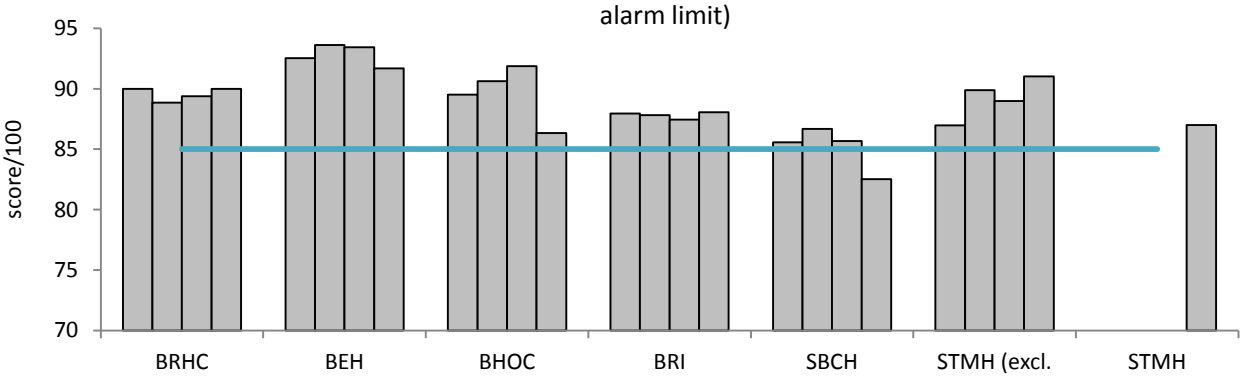
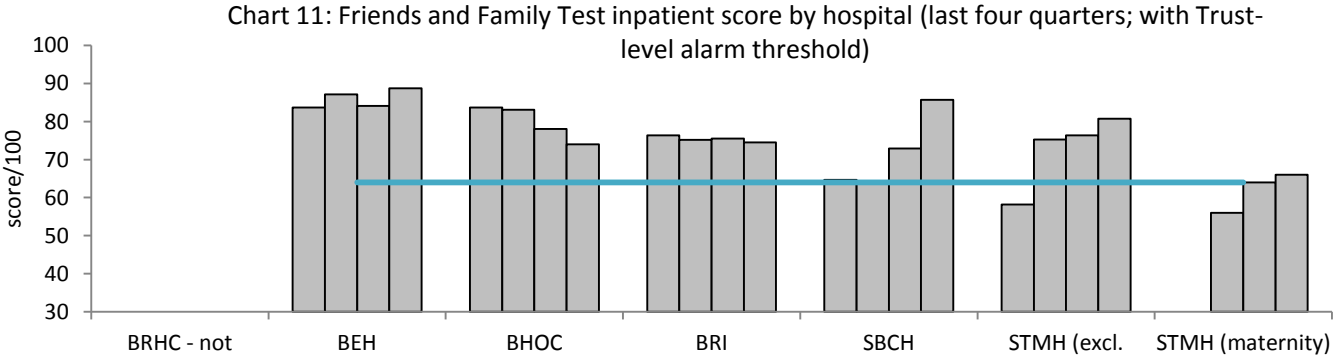


Chart 11: Friends and Family Test inpatient score by hospital (last four quarters; with Trust-level alarm threshold)



6. Ward-level data

The ward-level inpatient survey and Friends and Family Test data is presented in charts 11 to 13 (over). As the sample sizes are relatively small at this level, the data has to be aggregated to a six-month overview so that a clearer pattern emerges. It is also important to look for consistency across the surveys ("triangulation"). In doing this it can be seen that some wards consistently achieve lower scores – particularly the postnatal wards and the wards in the Old Bristol Royal Infirmary Building.

Postnatal wards (Wards 71, 74 and 76)

It should be noted that experience scores on UH Bristol's postnatal wards are at least in line with, and in some cases better than their national benchmarks (see Section 8). The majority of women state that they have a positive experience of postnatal wards at UH Bristol: 90% rating their care as excellent, very good, or good[7]. However, postnatal ward satisfaction scores are typically lower than other inpatient areas of the Trust. Since 2011/12, ongoing service improvement work has been undertaken at St Michael's Hospital in response to these results, including:

- In-depth analysis of survey data and regular "deep-dive" interviews with women on the postnatal wards
- Reconfiguration of the postnatal wards, based on service-user feedback
- Recruitment to additional midwifery and midwifery support worker posts
- Running workshops for doctors, midwives and midwifery support workers, focussing on how their role impacts on patient experience
- Identifying a consultant-level patient experience champion who leads patient experience and involvement initiatives in postnatal care
- A focus by the Facilities Department on improving food and cleanliness on the postnatal wards

These activities resulted in improvements in local survey scores, and a "kindness and understanding" score that was rated better than the national average by the Care Quality Commission in the 2013 national maternity survey (having been on the verge of being among the worst quintile of trusts nationally in 2011). There have also been improvements in satisfaction with food quality and availability, as monitored through the UH Bristol monthly maternity survey. Through the national maternity survey action plan (see Section 8) and Divisional quality objectives, there will be a continued focus on improving experiences of maternity care in 2014/15.

Bristol Royal Infirmary Old Building (Wards 21,23,22,26)

The wards in the Bristol Royal Infirmary Old Building tend to achieve lower patient experience scores than other areas of the Trust. However, the vast majority of comments received from patients via the Friends and Family Test survey contain praise for staff in these areas. The most common improvement theme is about the need to improve the ward "environment" i.e. issues associated with the wards being in a very old building. This will be directly addressed when the wards are moved out of the Old Building during 2014. Nevertheless, as a result of the survey data, the Head of Nursing for the Division of Medicine is leading a "Quality Review" for these wards. To date one full review, for Ward 26, has been completed. This involved patient interviews, a "15 steps challenge" [8] and an analysis of wider quality data. This process broadly corroborated the survey feedback in respect of good-quality care being provided in a challenging environment. The Patient Experience Group is receiving the outcomes of these Quality Reviews, and a brief summary will be provided in future Quarterly Patient Experience Reports.

[7] UH Bristol maternity survey - January to June 2014.

[8] The 15 steps challenge is carried out by volunteers. It is essentially a systematic assessment of the ward "environment". This methodology is part of the UH Bristol core patient experience programme – see Appendix C.

Chart 11: Kindness and understanding ratings by ward (January-June 2014, with Trust-level alarm threshold)

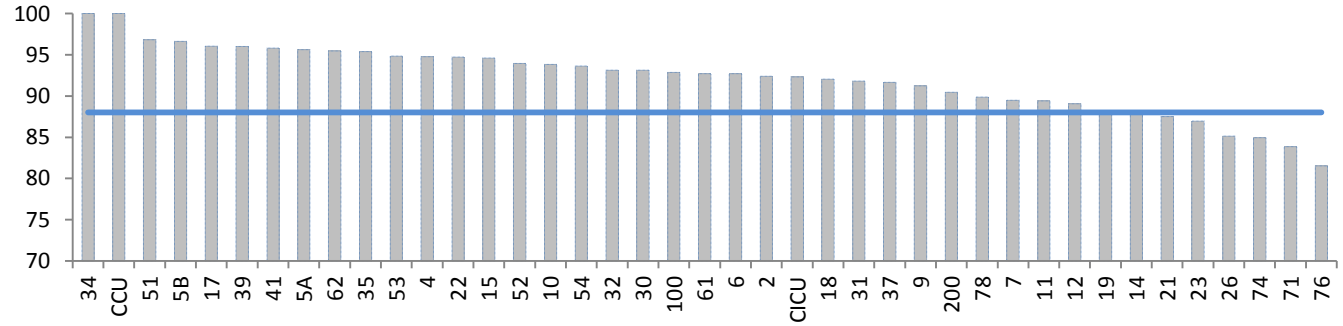


Chart 12: Patient experience tracker score by ward (January-June 2014, with Trust-level alarm threshold)

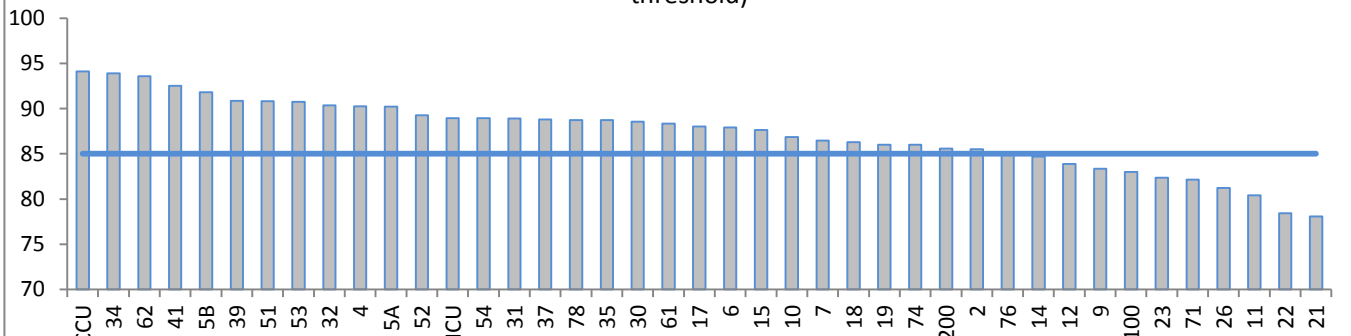


Chart 13: Friends and Family Test score by ward (January to June 2014, with Trust-level alarm threshold) - excludes Bristol Royal Hospital for Children

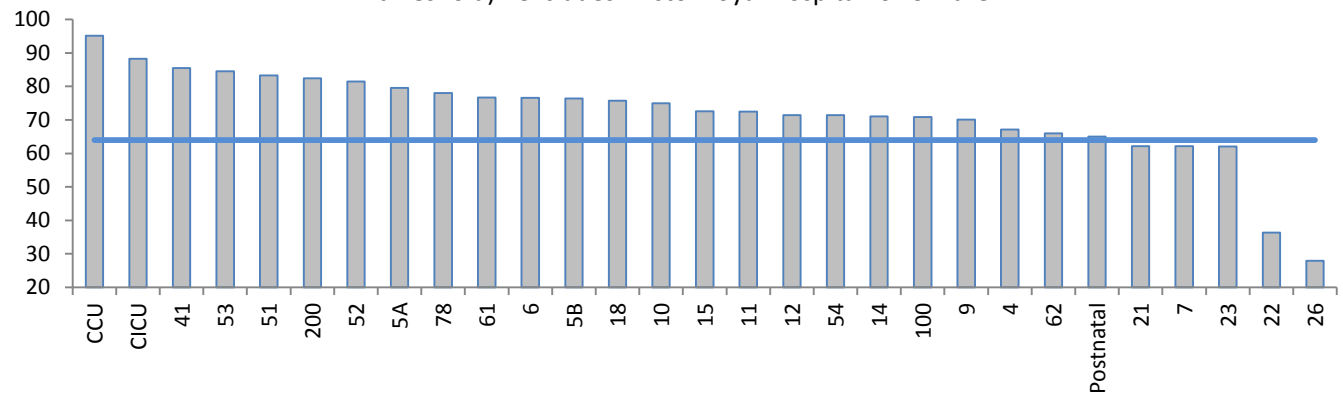


Table 1 (over) provides an indication of ward performance over the last four quarters on the "kindness and understanding" question. At this level there can be quite large movements in scores from quarter-to-quarter, much of which can be attributable to margin of error in the data (i.e. not a "real" change in service standards). Therefore, it is important to look for consistency in the scores (i.e. more than one quarter shaded red or green). The margin of error also makes it difficult to determine the trend over time for individual wards, but an attempt has been made to do this in Table 1 by highlighting any large differences in scores between Quarter 2 2013/14 and Quarter 1 2014/15. Overall though, the picture is of relatively little substantive change in the ward scores over the twelve-month period shown.

Table 1: Quarterly ward "kindness and understanding" score. The top five scores in each quarter are shaded green, the lowest five scores are shaded red. The "direction of travel" highlights changes of more than 10 points between Quarter 2 2013/14 and Quarter 1 2014/15. Please note that Wards 5a and 5b are now closed.

Ward	*June-September 2013 (Q2)*	*October-December 2013 (Q3)*	*January-March 2014 (Q4)*	*April-June 2014 (Q1)*	*Direction of travel (Q2 13/14 to Q1 14/15)*
2	91	90	93	92	*- (no change)*
4	92	91	98	93	-
6	97	96	92	93	-
7	93	83	86	92	-
9	90	91	85	95	-
10	95	98	95	92	-
11	91	92	92	87	-
12	93	98	88	91	-
14	99	90	88	89	-
15	91	93	94	95	-
17	97	96	95	97	-
18	93	97	93	91	-
19	89	88	86	89	-
21	95	85	92	85	-
22	83	89	94	95	Better
23	86	89	83	91	-
26	98	91	81	88	-
30	95	95	93	93	-
31	96	95	95	89	-
32	97	95	92	94	-
34	83	95	100	100	Better
35	93	90	97	94	-
37	88	88	88	95	-
39	98	94	95	97	-
41	95	98	97	95	-
51	96	96	96	97	-
52	93	94	93	95	-
53	96	97	95	95	-
54	91	95	93	94	-
61	96	95	96	89	-
62	95	98	98	93	-
71	85	77	86	84	-
74	87	87	88	85	-
76	88	76	81	82	-
78	87	93	88	92	-
100	93	98	90	94	-
200	88	90	94	84	-
5A	93	94	95	96	-
5B	95	96	98	95	-
CCU	88	94	100	100	Better
CICU	100	92	91	93	-

7. Themes arising from inpatient free-text comments in the monthly postal surveys

At the end of our postal survey questionnaires, patients are invited to comment on any aspect of their stay – in particular anything that was worthy or praise or that could have been improved. All comments are reviewed by the relevant Heads of Nursing and shared with ward staff for wider learning. In the twelve months to June 2014 around 5,000 written comments were received in this way. The over-arching themes from these comments are provided below. Please note that "**valence**" is a technical term that identifies whether a comment theme is positive (i.e. praise) or negative (improvement needed).

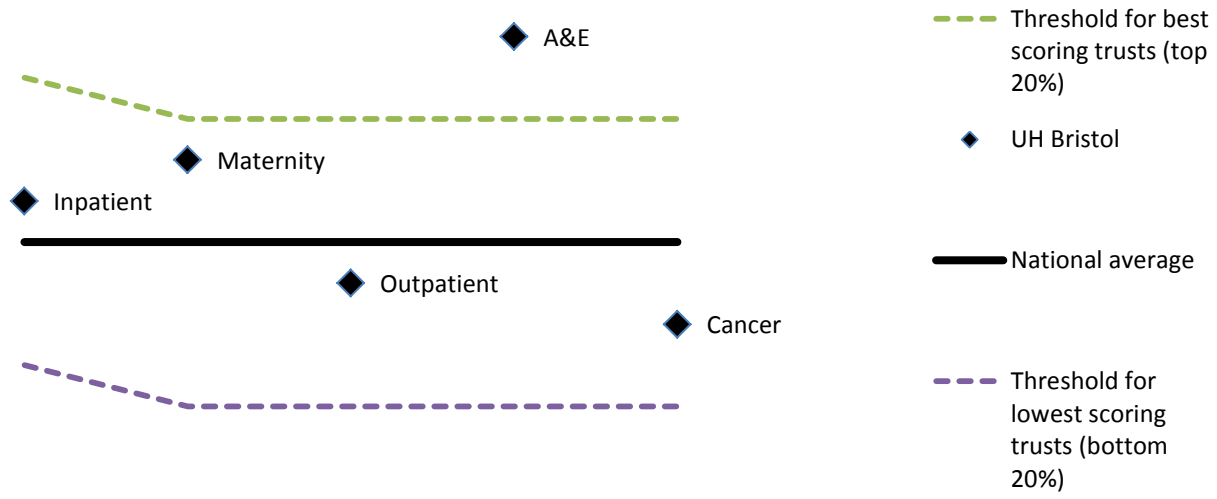
All inpatients/parent comments (excluding maternity)			
Theme	**Valence**	**% of comments[9]**	
Staff	Positive	62%	*62% of the comments received contained praise for UH Bristol staff, making this by far the most common theme. Improvement themes centre on communication, staff, waiting/delays, and food.*
Staff	Negative	10%	
Waiting/Delays	Negative	10%	
Communication	Negative	8%	
Food/catering	Negative	8%	
Division of Medicine			
Theme	**Valence**	**% of comments**	*Negative comments about "staff" are often linked to other thematic categories (e.g. poor communication from a member of staff). This demonstrates that our staff are usually the key determinant of a high quality patient experience.*
Staff	Positive	60%	
Staff	Negative	11%	
Waiting/delays	Negative	9%	
Division of Specialised Services			
Theme	**Valence**	**% of comments**	*Negative comments about staff also often relate to a one-off experience with a single member of staff, showing how important each individual can be in a patient's experience of care.*
Staff	Positive	64%	
Waiting/delays	Negative	10%	
Staff	Negative	9%	
Division of Surgery, Head and Neck			
Theme	**Valence**	**% of comments**	*Improving patient flow (including delays at discharge) is a key priority for the Trust. A number of major projects are being undertaken in relation to this during 2014/15.*
Staff	Positive	62%	
Waiting / Delays	Negative	11%	
Food / catering	Negative	10%	
Women's & Children's Division (excl. maternity)			
Theme	**Valence**	**% of comments**	*This data includes feedback from parents of 0-11 year olds who stayed in the Bristol Royal Hospital for Children. Again the themes are similar to other areas of the Trust.*
Staff	Positive	66%	
Staff	Negative	12%	
Waiting/delays	Positive	10%	
Maternity comments			
Theme	**Valence**	**% of comments**	*For maternity services, the two most common themes relate to praise for staff and praise for during birth.*
Staff	Positive	66%	
Care during labour	Positive	37%	
Information/advice	Negative	16%	

[9] Please note that the method of calculation has changed from previous reports. Each patient comment may contain several themes within it, and each of these themes is given a code (e.g. "staff positive"). We had previously reported the number of times a code appeared as a percentage of all the codes applied (e.g. 35% of all the thematic codes relate to praise for staff). We now report the number of times a code appears as a percentage of the total comments received for the Trust or Division (e.g. 60% of the 4,212 inpatient comments contained the "staff positive" thematic code).

8. National patient survey programme

Along with other English NHS trusts, UH Bristol participates in the Care Quality Commission (CQC) national patient survey programme. This provides useful benchmarking data, a summary of which is provided in chart 14 below. Although this is a rather blunt analysis[10], it is useful for illustrative purposes and shows that UH Bristol broadly performs among the mid-performing trusts nationally. The main exception here is the 2012 national Accident and Emergency survey, where UH Bristol was among the very best performers in England. The national cancer survey on the other hand tends to produce scores that are slightly lower than is typical for UH Bristol. As with all national survey results received by the Trust, a detailed analysis was carried out of the national cancer survey and an action plan put in place. These reports and action plans are signed-off by the Trust Board, and subsequently monitored by the Patient Experience Group. In terms of patients with cancer, the action plan has mainly focussed on increasing access to Clinical Nurse Specialists and improving information provision. A list of the national patient surveys, along with key issues and actions arising from them, is provided in Appendix A.

Chart 14: UH Bristol National Survey Results (indexed to national mean score)



It is interesting to ask: how good is the national average? This is a difficult question to answer as it depends on exactly which aspect of patient experience is being measured. However, the national inpatient survey asks people to rate their overall experience on a scale of 1-10, and the table below shows that around a quarter give UH Bristol the very highest marks (presumably reflecting an excellent experience), with around half giving a "good" rating of eight or nine.

Rating (0-10, with 10 being the best)	UH Bristol	Nationally
0 (I had a very poor experience)	0%	1%
1 to 4	5%	6%
5 to 7	23%	21%
8 and 9	47%	44%
10	26%	27%

[10] This analysis takes mean scores across all questions and trusts in each survey. The national mean score across all trusts is then set to 100, with upper and lower quintiles and the UH Bristol mean scores indexed to this.

Appendix A: summary of national patient survey results and key actions arising for UH Bristol

Survey	*Headline results for UH Bristol*	*Report and action plan approved by the Trust Board*	*Action plan progress reviewed by Patient Experience Group*	*Key issues addressed in action plan*	*Next survey results due (approximate)*
2013 National Inpatient Survey	59/60 scores were in line with the national average. One score was below the national average (privacy in the Emergency Department)	May 2014	Quarterly	• Privacy in the Emergency Department • Awareness of the complaints process • Delays at discharge • Explaining potential medication side effects to patients at discharge	March 2015
2013 National Maternity Survey	14 scores were in line with the national average; 3 were better than the national average	January 2014	Six-monthly	• Continuity of antenatal care • Communication during labour and birth • Care on postnatal wards	January 2016
2012/13 National Cancer Survey	45/60 scores were in line with the national average; 15 scores were below the national average	November 2013	Six-monthly	• Patient access to Clinical Nurse Specialists • Information provision • Linking with community healthcare providers	August 2014
2012 National Accident and Emergency surveys	21/37 scores in line with the national average; 16 scores were better than the national average	January 2013	Six-monthly	• Awareness of the complaints process • Waiting times in the Emergency Dept. and being kept informed of any delays • Patients feeling safe in the Department • Explaining potential medication side effects to patients at discharge	December 2014
2011 National Outpatient Survey	All UH Bristol scores in line with the national average	March 2012	Six monthly	• Waiting times in the department and being kept informed of any delays • Telephone answering/response • Cancelled appointments • Copy patients in to hospital letters to GPs	Unknown

Appendix B: Full quarterly Divisional-level inpatient/parent survey dataset (Quarter 1 2014/15)

The following table contains a full update of the inpatient and parent data for April to June 2014. Where equivalent data is also collected in the maternity survey, this is presented also. All scores are out of 100 (see Appendix E), with 100 being the best. Cells are shaded amber if they are more than five points below the Trust-wide score, and red if they are ten points or more below this benchmark. See page 12 for the key to the column headings.

	MDC	SHN	SPS	WAC (excluding maternity)	Maternity	Trust (excluding maternity)
Were you / your child given enough privacy when discussing your condition or treatment?	91	89	92	89	n/a	90
How would you rate the hospital food you / your child received?	61	60	61	62	56	61
Did you / your child get enough help from staff to eat meals?	79	87	87	70	n/a	81
In your opinion, how clean was the hospital room or ward you (or your child) were in?	91	91	94	92	88	92
How clean were the toilets and bathrooms that you / your child used on the ward?	89	88	90	89	81	89
Were you / your child ever bothered by noise at night from hospital staff?	77	86	84	81	n/a	82
Do you feel you / your child was treated with respect and dignitity on the ward?	93	95	96	94	89	95
Were you / your child treated with kindness and understanding on the ward?	92	94	95	93	84	93
How would you rate the care you / your child received on the ward?	83	86	89	87	78	86
When you had important questions to ask a doctor, did you get answers you could understand?	85	86	86	88	88	86
When you had important questions to ask a nurse, did you get answers you could understand?	83	88	87	91	88	87
If you / your family wanted to talk to a doctor, did you / they have enough opportunity to do so?	73	72	72	73	70	73
If you / your family wanted to talk to a nurse, did you / they have enough opportunity to do so?	80	82	85	87	87	83
Were you involved as much as you wanted to be in decisions about your / your child's care and treatment?	78	82	84	86	85	83
Do you feel that the medical staff had all of the information that they needed in order to care for you / your child?	85	87	87	85	n/a	86
Did you / your child find someone to talk to about your worries and fears?	66	69	72	80	78	71

	MDC	SHN	SPS	WAC (Excl. Maternity)	Maternity	Trust (excl Mat.)
Staff explained why you needed these test(s) in a way you could understand?	83	86	86	90	n/a	86
Staff tell you when you would find out the results of your test(s)?	70	68	69	77	n/a	70
Staff explain the results of the test(s) in a way you could understand?	77	75	77	81	n/a	77
Did a member of staff explain the risks and benefits of the operation or procedure in a way you could understand?	78	91	94	95	n/a	91
Did a member of staff explain how you / your child could expect to feel after the operation or procedure?	66	74	75	81	n/a	75
Staff were respectful any decisions you made about your / your child's care and treatement	89	93	92	92	n/a	92
During your hospital stay, were you asked to give your views on the quality of your care?	76	77	68	84	74	77
Do you feel you were kept well informed about your / your child's expected date of discharge?	84	88	87	91	n/a	88
On the day you / your child left hospital, was your / their discharge delayed for any reason?	65	69	55	65	58	64
% of patients delayed for more than four hours at discharge	17	17	16	24	40	18
Did a member of staff tell you what medication side effects to watch for when you went home?	51	62	57	61	n/a	58
Did a member of staff tell you who to contact if you were worried about your / your child's condition or treatment after you had left hospital?	74	84	85	89	n/a	83
Total responses	*463*	*549*	*356*	*408*	*263*	*2039*

Key: MDC (Division of Medicine); SHN (Division of Surgery, Head and Neck); SPS (Specialised Services Division); WAC (Women's and Children's Division, excludes maternity survey data); Maternity (maternity survey data); Trust (UH Bristol overall score from inpatient and parent surveys)

Appendix C – UH Bristol corporate patient experience programme

The Patient Experience and Involvement Team at UH Bristol manage a comprehensive programme of patient feedback and engage activities. If you would like further information about this programme, or if you would like to volunteer to participate in it, please contact Paul Lewis (paul.lewis@uhbristol.nhs.uk) or Tony Watkin (tony.watkin@uhbristol.nhs.uk). The following table provides a description of the core patient experience programme, but the team also supports a large number of local (i.e. staff-led) activities across the Trust.

Purpose	Method	Description
Rapid-time feedback	The Friends & Family Test	At discharge from hospital, all adult inpatients, Emergency Department patients, and maternity service users should be given the chance to state whether they would recommend the care they received to their friends and family.
	Comments cards	Comments cards and boxes are available on wards and in clinics. Anyone can fill out a comment card at any time. This process is "ward owned", in that the wards/clinics manage the collection and use of these cards.
Robust measurement	Postal survey programme (monthly inpatient / maternity surveys, annual outpatient and day case surveys)	These surveys, which each month are sent to a random sample of approximately 1500 patients, parents and women who gave birth at St Michael's Hospital, provide systematic, robust measurement of patient experience across the Trust and down to a ward-level.
	Annual national patient surveys	These surveys are overseen by the Care Quality Commission allow us to benchmark patient experience against other Trusts. The sample sizes are relatively small and so only Trust-level data is available, and there is usually a delay of around 10 months in receiving the benchmark data.
In-depth understanding of patient experience, and Patient and Public Involvement	Face2Face interview programme	Every two months, a team of volunteers is deployed across the Trust to interview inpatients whilst they are in our care. The interview topics are related to issues that arise from the core survey programme, or any other important "topic of the day". The surveys can also be targeted at specific wards (e.g. low scoring areas) if needed.
	The 15 steps challenge	This is a structured "inspection" process, targeted at specific wards, and carried out by a team of volunteers and staff. The process aims to assess the "feel" of a ward from the patient's point of view.
	Focus groups, workshops and other engagement activities	These approaches are used to gain an in-depth understanding of patient experience. They are often employed to engage with patients and the public in service design, planning and change. The events are held within our hospitals and out in the community.

Appendix D: survey scoring methodologies

Postal surveys

For survey questions with two response options, the score is calculated in the same was as a percentage (i.e. the percentage of respondents ticking the most favourable response option). However, most of the survey questions have three or more response options. Based on the approach taken by the Care Quality Commission, each one of these response options contributes to the calculation of the score (note the CQC divide the result by ten, to give a score out of ten rather than 100).

As an example: Were you treated with respect and dignity on the ward?

	Weighting	**Responses**	**Score**
Yes, definitely	1	81%	81*100 = 81
Yes, probably	0.5	18%	18*50= 9
No	0	1%	1*0 = 0
Score			*90*

Friends and Family Test Score

The FFT score is calculated as follows:

The percentage of respondents ticking the “extremely likely to recommend the care” option

Minus

The percentage of respondents ticking the “neither likely nor unlikely”, “unlikely”, and “extremely unlikely” response options

Appendix E: ward specialties

The following list of wards has been produced by the UH Bristol Information Technology and Management Department. The list indicates the main specialty of each ward, based on the largest proportion of patients that the ward treated in July 2014.

Site	Ward	Ward main specialty (July 2014)
Bristol Royal Infirmary	2	Colorectal Surgery
Bristol Royal Infirmary	3	General medicine
Bristol Royal Infirmary	4	General medicine
Bristol Royal Infirmary	7	Stroke and General Medicine
Bristol Royal Infirmary	9	Vascular Surgery
Bristol Royal Infirmary	10	Thoracic Medicine
Bristol Royal Infirmary	11	General medicine
Bristol Royal Infirmary	12	Stroke and General Medicine
Bristol Royal Infirmary	14	Trauma and Ortho Surg
Bristol Royal Infirmary	15	Stroke and General Medicine
Bristol Royal Infirmary	17	General medicine
Bristol Royal Infirmary	18	Colorectal Surgery
Bristol Royal Infirmary	19	Accident & Emergency
Bristol Royal Infirmary	21	Stroke and General Medicine
Bristol Royal Infirmary	22	General medicine
Bristol Royal Infirmary	23	Stroke and General Medicine
Bristol Royal Infirmary	26	General medicine
Bristol Royal Hospital for Children	30	Paediatric Medicine
Bristol Royal Hospital for Children	31	Neonatal Surgery
Bristol Royal Hospital for Children	32	Paediatric Cardiac Surgery
Bristol Royal Hospital for Children	34	Paediatric Medical Oncology
Bristol Royal Hospital for Children	35	Paediatric Trauma & Orthopaedics
Bristol Royal Hospital for Children	37	Paed Nephrology
Bristol Royal Hospital for Children	39	Paediatric Medicine
Bristol Eye Hospital	41	Specialist Nurse Eye
Bristol Heart Institute	51	Cardiac
Bristol Heart Institute	52	Cardiac Surgery
Bristol Heart Institute	53	Cardiac
Bristol Heart Institute	54	General medicine
Bristol Haematology & Oncology Centre	61	Clinical oncology
Bristol Haematology & Oncology Centre	62	Clinial haematology
STM	71	Obstetrics
STM	74	Obstetrics
STM	75	Special Care Babies
STM	76	Obstetrics
STM	78	Gynaecology
Bristol Royal Infirmary	99	Upper GI Surgery
South Bristol Community Hospital	100	Acute Rehabilitation

Site	Ward	Ward main specialty (July 2014)
South Bristol Community Hospital	200	Acute Rehabilitation
Bristol Royal Infirmary	25A (Sleep unit)	Respiratory Physiology
Bristol Royal Hospital for Children	33A	Paediatric Neurosurgery
Bristol Royal Hospital for Children	33B	Paediatric Burns
Bristol Royal Hospital for Children	38A	Monitor Neurophysiology
Bristol Royal Infirmary	A700	ENT and thoracic surgery
Bristol Royal Infirmary	A800	Colorectal Surgery
Bristol Heart Institute	Cardiac Intensive Care Unit	Cardiac
STM	Central Delivery Suite	Obstetrics
Bristol Heart Institute	Coronary Care Unit	Cardiac
STM	Midwifery-led Unit	Midwifery Episodes
Bristol Royal Hospital for Children	Paediatric Intensive Care Unit	Paedatric Intensive Care

University Hospitals Bristol NHS
NHS Foundation Trust

Report for a Council of Governors Meeting to be held on 30 October 2014 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Item 6 – Governors' Log of Communications
Purpose
The purpose of this report is to provide the Council of Governors with an update on all questions on the Governors' Log of Communications added or modified since the previous Council of Governors meeting.
Abstract
The Governors' Log of Communications was established as a means of channelling communications between the governors and the officers of the Trust.
Recommendations
The Council of Governors is asked to **note** the report.
Report Sponsor or Other Author
Sponsor: Trust Secretary
Appendices
Appendix A – Governor Log – Items since the previous meeting.

ID Governor Name

106 Clive Hamilton **Title: Safe Staffing Levels**

Query 17/10/2014

The Trust's expected and actual staffing levels for August are displayed on the Trust's web pages at:
http://www.uhbristol.nhs.uk/media/2234372/august_pdf.pdf
The revised format with a comments column is much appreciated as it explains maybe higher than expected shortfalls.
To what if any extent are clinicians engaged in surgical procedures, diagnostic procedures, pharmacy and outpatient clinics covered by this table?
Does the table include all Trust ward locations?
Is there merit in producing a total for all Actual Hours versus all Expected Hours to give a general assessment of safe staffing levels?

Do the Non-Executive Directors have assurance that the August shortfall of expected levels on wards 71-74 at St. Michaels Hospital amounting to a deficit of 1142 hours (22.7%) was adequately covered and the reasons fully assessed for remedial action.

Clive Hamilton 16th October 2014.

Response 23/10/2014

Assigned to Executive Lead 23 October 2014.

Status *Assigned to Executive Lead*

105 Bob Bennett **Title: Patients' problems with appointments at BRI**

Query 15/10/2014

(Reworded by Trust Secretariat by agreement with Bob Bennett) Anecdotal evidence was provided regarding negative patient experience at the Pain Clinic, BRI. Mr Bennett's query related particularly to the appointment process, including non-recording of appointments and staff attitude, resulting in distress and confusion for the patient. Mr Bennett queried whether there was an underlying issue in terms of the reliability of the appointments process, or whether there was a need to review support and training for staff.

Response 24/10/2014

The specific details were submitted to the Patient Support and Complaints Team and have been reviewed. Unfortunately, due to the lack of detail with regard to these incidents, it is not possible to investigate these issues. However, patients can be directed to the Patient Support and Complaints Team should they wish to make a formal complaint. The concerns expressed have also been forwarded to Jenny Holly, Assistant General Manager for the Pain Service.

In the meantime, following initial review, it has been confirmed that there have been no underlying issues identified with regard to the appointments process, and clarification has been provided that all appointments are booked onto the electronic booking system for the area in question. The Trust has in place a robust Induction and comprehensive mandatory training programme, which include Trust Values and Conflict Resolution training. Mandatory training for all staff is delivered every three years to ensure all staff are refreshed on the key messages on a regular basis.

Status *Responded*

104 Clive Hamilton **Title: Workforce statistics - staff turnover**

Query 14/10/2014

Origin - page 79 of Public Trust Board pack September 2014 (Workforce Statistics report)
Rolling turnover of staff is stated as 12.9% in August compared to 12.1% in the previous month. The September Board report for 2010 indicates that staff turnover was 7.7%. Taking the data from successive board reports for September since 2010 the following trend emerges:
2010 ..... 7.7%
2011 ..... 8.5%
2012 ..... 10.8%
2013 ..... 11.6%
On page 79 of the September board report (which relates to data from August) it is noted that the staff turnover rate for University Hospitals Bristol is significantly above the national average rate of 9.5% and that the Trust has therefore set a target of reduction to 10.6% but also mentions a target of 10% by the end of 2014/15; which is correct?
Do the Non-Executive Directors accept the lack of ambition represented by this target in view of the national average and is there assurance that an improved target less than the national average should be the aim?
Clive Hamilton 14th October 2014.

Response 15/10/2014

Assigned to Executive Lead.

Status *Assigned to Executive Lead*

ID	Governor Name		
103	**Clive Hamilton**	**Title:**	**Workforce statistics - staff shortfall**

Query **14/10/2014**

Origin - pages 73-75 of Public Trust Board pack September 2014 (Workforce report)

I need some clarification and assurance regarding the figures quoted at pages 73 to 75 of the September 2014 Board Report.
1. I understand that the trust had a shortfall of 430 full time equivalent staff in August (5.56%); is this correct?
2. On page 75 the August 2013 bank and agency usage is quoted as 474.1 full time equivalents. On page 73 the number of bank and agency staff full time equivalents for August 2014 is quoted as 570.8. This is a 20.4% increase.

Have the Non-Executive Directors assurance that the Trust is sufficiently engaged in programmes to recruit replacement staff, retaining existing staff and forward planning to cope with any shortfalls due to known retirement numbers? Is there assurance that the Mutually Agreed Resignation and unpaid leave Schemes do not have an adverse effect on 1 and 2 above.
Clive Hamilton 14th October 2014.

Response **22/10/2014**

1. I understand that the trust had a shortfall of 430 full time equivalent staff in August (5.56%); is this correct?
2. On page 75 the August 2013 bank and agency usage is quoted as 474.1 full time equivalents. On page 73 the number of bank and agency staff full time equivalents for August 2014 is quoted as 570.8. This is a 20.4% increase.

The vacancy rate reported in August was 5.56%, 430 WTE. Vacancies are the gap between the budgeted establishment and the substantively employed staff. This is different to a "shortfall" because where necessary, vacancies would be covered by bank and agency to ensure that there is no impact on patient care. Some temporary staff usage will always be required and when used appropriately, can be a cost effective way of flexing our workforce to cover peaks and troughs of demand.
Recruiting replacement staff:
Assurance is provided by the plans in place which include:
Focussed effort on reducing the time taken to recruit, supported by procurement of a recruitment management system,

- Divisions will identify key recruitment leads locally to support the co-ordination of divisional recruitment activity and on-boarding of candidates improved resourcing of the Recruitment team;
- Improved marketing of UH Bristol– better targeting within the national labour market

Retaining existing staff
A project group has been established to map the process for gathering exit information to increase the response rates. There are already extensive programmes of work in place as part of the staff engagement programme which are anticipated to impact on turnover, including actions to tackle bullying and harassment including an advice line, divisional engagement activities, for example, listening events, actions to tackle stress at work including stress audits.

Planning for retirements
Each year, in advance of the start of the annual operating planning cycle when divisional workforce plans are developed, HR Business Partners receive a full breakdown of any staff over 55 and are asked to undertake a risk assessment to ensure that there are plans in place to address potential retirements in any difficult to recruit staff groups.

Is there assurance that the Mutually Agreed Resignation and unpaid leave Schemes do not have an adverse effect on 1 and 2 above?

Any application under MARS must demonstrate that the departure of an employee on voluntary terms would be in the financial and operational interests of UH Bristol.

A MAR is only approved where either the post can genuinely be removed from the structure, so that a cost saving to the Trust is made, or where the hours/banding can be reduced, as part of a revised skill mix or where the post will remain but will offer an opportunity to another person at risk of redundancy (so that the Trust avoids a redundancy payment and the individual retains employment). A role which, it is demonstrably necessary, will need to be retained at its current hours and banding (e.g. the majority of front line roles) will be very unlikely to meet the MARS Criteria.

Status *Responded*

ID Governor Name

102 Glyn Davies **Title:** **Delays in responding to complaints**

Query **25/09/2014**

In view of continued public dissatisfaction with delays
in responding to complaints to the Trust,
what steps are being taken to improve performance?

Response **30/09/2014**

Response from Chief Nurse: Since the beginning of 2014, the Trust has been experiencing delays in responding to enquiries to its Patient Support & Complaints Team (which is the Trust's integrated PALS and Complaints function). A backlog of enquiries began to develop around the time when the PSCT relocated to a prominent and highly visible location at the front of the new Bristol Royal Infirmary Welcome Centre in December 2013; this included the re-opening of the drop-in service which had been closed during the second half of 2013 whilst the PSCT was temporarily located in the Chapter House of the Bristol Dental Hospital. More recently, the position has been exacerbated by a significant increase in the number of complaints being received by the Trust: in recent months, 50% more than in the corresponding period 12 months previously.

Throughout 2014, all enquiries to the PSCT have been acknowledged in a timely way, as required by the NHS Constitution. However delays have been occurring in the amount of time it has then taken for a caseworker to follow up the initial enquiry to discuss this in detail and agree a way forward. At the peak of the backlog, it was taking more than four weeks for this follow up conversation to take place. At the time of writing (29th September 2014), the position has improved significantly: follow-up is currently taking approximately five working days, although we continue to be concerned about any delays experienced by people who contact the service.

The Board and Executive team have been monitoring the position closely and have invested resources to ensure the situation improves. In the spring of 2014, the Trust brought in two experienced agency caseworkers to help to deal with the backlog – these staff remained with the PSCT until the summer. In parallel to this, a business case was developed and approved for the recruitment of three additional full-time staff, increasing the PSCT's total staffing capacity by 63%. Recruitment to these positions has been ongoing through the summer of 2014 and will be completed by the end of October 2014, at which point the team will consist of a manager, deputy manager, four caseworkers and three administrators (total 7.8 whole time equivalent). With these staff in post, we are confident that we will be able to remove any remaining delays currently being experienced by people who contact the PSCT and return to a situation of being able to response to enquiries in real time.

Status *Closed*

101 Mo Schiller **Title:** **'Choose and Book' service**

Query **18/09/2014**

Why is it that some of UHB consultants are not available in the "Choose and book" for patients? Is it possible for personal profiles to go on the UHB website so that potential patients can assess their age, experience and particular interest?

Response **10/10/2014**

Response from Medical Director:
Q1: The vast majority of consultants at UHBristol are available for referral on Choose and Book, enabling patients to exercise their right to choose their consultant-led team.

Enabling the naming of a named clinician on Choose and Book (and identifying appropriate appointments) is a technical process that requires the following to be in place:

1. The clinician must have a registration on the NHS Spine as a consultant employed at this Trust
2. The spine registration must identify them as a Choose and Book Consultant
3. The clinician needs to associated with the appropriate services on CaB
4. To identify appointments as belong specifically to them, their spine registration code must be recorded against them correctly in Medway

When a consultant joins the Trust or establishes a new service it is incumbent upon the Clinical Division to contact the Registration Authority Agent to ensure that the spine registration is in place. After that, they must notify the Directory of Services administrator for Choose and Book so that the clinician can be associated with the correct services, and the Medway Support Office to get the spine code added to Medway.

Where clinicians are not named on Medway it is usually for one of 3 reasons:

1. The Division has not notified the relevant teams to get the clinician set up
2. The clinician only offers a tertiary service, and so is not appropriate for Choose and Book
3. The service is booked into generic clinics (for example, cataracts) so no specific clinician (or clinicians) can be identified as delivering the associated appointments.

Q 2
With respect to the UHBristol website, it is possible for Consultant profiles to be included and this is currently part of the programme of work for the Trust's Communications team. Consultants have been encouraged to submit a profile to the Trust for inclusion, though this has not been mandatory, and a number of Consultant profiles have already been uploaded.

Status *Responded*

ID Governor Name

100 Sue Milestone **Title: Delayed appointments at Eye Hospital**

Query 03/09/2014

Patients at the Eye Hospital are finding their appointments delayed. For example if the patient is told he will be given a follow-up appointment in 4 months time it's generally 7 months, or when the patient is told one year it is usually stretched to 18 months. If the patient then calls the hospital he is told it was "mistake".

Is the system delaying check-ups? This particular patient attended in March but the appointment was 6 months overdue. He was then sent by the consultant for treatment as an emergency.

Response 15/09/2014

Within Ophthalmology there currently exist a large number of patients for whom their follow-up appointment is overdue. These patients fall almost entirely under the care of the two high volume Ophthalmic sub-specialties: Glaucoma and medical retina. Historically within both specialties, follow-up capacity has been under-commissioned and therefore there is at present insufficient capacity to follow-up patients in accordance with clinically prescribed timescales.
Within Glaucoma there are three distinct categories: complex, stable and suspect, with complex being the most at risk. The list of overdue patients is stratified in accordance with the level of potential risk to patients and as such the backlog is comprised of the least at risk patients. Nevertheless, this issue has been logged on the Divisional risk register.
This risk is being addressed through the launch of an outreach service based in SBCH, providing additional capacity for stable and suspect Glaucoma patients. This service is due to commence in October. In addition, discussions are underway with CCGs to implement a community based OHT Monitoring scheme. This would involve discharging up to 2000 suspect glaucoma patients to appropriately trained and accredited community based Optometrists. Should indications show that the patient's condition has deteriorated then these patients would be referred back to the Bristol Eye Hospital to be seen by the Glaucoma specialist team.
Within Medical Retina, there are two significant sub-categories of patient: diabetic, and non-diabetic, with the former being more at risk. Again, this is logged on the Divisional risk register. The approach to addressing this is three-fold. Firstly revised follow-up protocols have been issued to junior staff to appropriately reduce the number of follow-up appointments in future. Secondly, the medical skill mix is being revised to shift away from being predominantly delivered by clinical fellows to being delivered by a combination of consultant and nursing staff. Finally a business case to increase consultant resource within this team is being worked up and will be submitted through the appropriate Divisional approval channels.

Status *Responded*

99 Sue Milestone **Title: Insulin Pump Therapy for Type 1 Diabetes**

Query 03/09/2014

Has Insulin Pump Therapy been withdrawn at the BRI as a way of controlling Type 1 Diabetes? If so what is the reason and is it going to be re-instated? (Reasons given to patient are 'staff on long-term sick leave' and 'no funding')

Response 22/09/2014

Insulin Pump Therapy has not been withdrawn at the BRI as a way of controlling Type 1 Diabetes. There has been a reduced service due to long term sickness of staff and difficulty in recruiting to this specialist nurse role. It is hoped that we can increase service provision later this year.

Status *Responded*

98 Graham Briscoe **Title: Budget for Membership and Governors**

Query 08/08/2014

Who sets it and how independent of the Trust Board, CEO and Board Chairman, is the annual operating budget for the running of the Council of Governors / Governors on the Membership Council.

The same question could be asked also for the annual budget for running the Trust Members structure / organisation.

Response 23/10/2014

Revised response received from Paul Tanner, Head of Finance, on 23 October 2014:

The budget for the running of the Council of Governors and Membership is set annually along with all budgets for the organisation. Budgets are set within the overall financial resources which are expected to be available each year. The Trust's Financial Resource Plan is prepared by the Director of Finance and considered by the Finance Committee (chaired by a non-executive director) and approved by the Trust Board.
The budget for the Council of Governors and Membership was prepared in 2008 after reference to other similarly sized foundation trusts at that time. Changes in requirements for this budget are considered each year as part of the annual business planning process.
For 2013/14 the budget demonstrated an underspend at year end, which has continued for the first six months of 2014/15.

Status *Re-opened*

ID	Governor Name		
97	**Graham Briscoe**	**Title:**	**Does the Chairman have a conflict of interest in chairing both Council of Governors and Trust Board?**

Query **08/08/2014**

Does the Trust Board Chairman, who is in NHS Foundation Trust governance terms a NED - (but is seen as a "first amongst equals" in his Board Chair role), not have a major conflict of interest when he Chairs the Council of Governors meetings, in that the Council of Governors is required to be seen to be and to operate independent of the Board (NEDs and EDs). How can the following statement apply (taken from the monitor Guide for NHS Foundation Trust Governors) when the Chair of the Governors Council is a NED of the Trust Board ?
How can he be held to account as a Trust Board NED when he chairs the meeting of the Group that is supposed to hold him (individually) to account?

" The over-riding role of the council of governors is to hold the non-executive directors individually and collectively to account for the performance of the board of directors and to represent the interests of NHS foundation trust members and of the public "

From my personal perspective I consider this aspect to cause a major flaw in the governance arrangements for NHS Foundation Trusts.

Another example :-

Quote (page 8 of the Monitor guide to Foundation Trust Governors)= " It is for the council of governors at a general meeting of the council to appoint or remove the Chair (of the Board) ".... BUT the Board Chair is chair of the council of governors meeting that could be meeting to remove him !

Response **23/09/2014**

The role of the Chair in an NHS Foundation Trust is clearly set out in Code of Governance, published by Monitor - the independent regulator of NHS Foundation Trusts. The Chair leads both the Board of directors and the Council of Governors. . The Chair acts as a key link between the Board and the Council of Governors. In leading the Council of Governors, the Chair is able to fully understand the views of the governing body and relay these to the Board. Similarly in leading the Board he is able to feedback decisions of the Board to the Council of Governors. This twin role is crucial to the successful operation of a Foundation Trust. For your information I have set out the relvenat paragraphs concering the role of the Chair from the Foundation Trust Code of Governance below:

A.3a. states that 'The Chairperson is responsible for the leadership of the board of directors and the council of governors, ensuring their effectiveness on all aspects of their role and leading on setting the agenda for meetings'.

A.5.5 The chairperson is responsible for leadership of both the board of directors and the council of governors but the governors also have responsibility to make the arrangements work and should take the lead in inviting the chief ececutive to their meetings and inviting attendance by other executives and non-executives, as appropriate. In these meetings other members of the council of governors may raise questions of the chairperson or his/her deputy, or any other relevant director present at the meeting about the affairs of the NHS foundation trust.

A.5.8 The council of governors should only excercise its power to remove the chairperson or any other non-executive directors after exhausting all means of engagement with the board of directors. The council should raise any issues with the chairperson with the senior independent director in the first instance.

Status *Responded*

96	**Clive Hamilton**	**Title:**	**Weston-super-Mare Hospital and Aviva**

Query **06/08/2014**

GOVERNORS LOG ITEM 6TH AUGUST 2014 – WESTON-SUPER-MARE HOSPITAL
Now that our trust has tendered a bid to take over running of this hospital, are the Non-Executive Directors satisfied that there will be adequate separation of the treatment pathways between patients attending the Aviva Private Health Insurance Waterside Suite and the NHS patients being treated in the main hospital.
Aviva sales literature indicates that, “by using private facilities within the NHS Trust hospitals on our Trust hospital list, you can reduce your monthly premiums by a further 25%.” Do Non-Executive Directors have assurance that the implications of this statement will not adversely affect NHS service capacity at Weston-Super-Mare and that there will be no waiting list queue jumping as a result.
Clive Hamilton 6th August 2014

Response **12/08/2014**

The Trust has not submitted a bid to take over the running of Weston Hospital though it will be considering its position in this regard, over the coming months – the deadline for submission of bids is 6th October. This Trust has clear policies and procedures to ensure that any form of private practice does not impact adversely on NHS services and such policies would be extended to any new services the Trust undertook to operate.
(Deborah Lee - Deputy Chief Executive and Director of Strategic Development)

Status *Closed*

ID	Governor Name		
95	**Mo Schiller**	**Title:**	**Ward staffing levels**

Query **11/07/2014**

The recent information regarding staffing levels on wards needs greater clarification as it is not clear how this can be interpreted. The public need to have assurance that all wards have the correct compliment of trained/untrained staff.

Response **29/07/2014**

The data set that is published on the Trust webs site and on NHS choices is a nationally mandated data set. From June 2014 all NHS hospitals are required to publish information about the nursing, midwifery, and care staff staffing levels on each ward, along with the percentage of shifts meeting safe staffing guidelines. This initiative is part of the NHS response to the Francis Report which called for greater openness and transparency in the health service. Find out how well a hospital's nursing and midwifery staffing requirements are being met.
Nurses, midwives and care staff are part of a wider team of healthcare professionals providing patient care. Often working alongside therapists, specialist nurses and psychologists, they play an important role in providing high quality and safe care to patients.
Safety of care relates to a number of factors, including the skills and experience of staff and the different needs of patients in their care. Each ward manager works closely with their senior nursing team to make decisions about staff requirements for each shift, and ensure patient needs can be met. The number of staff required at any time is called the planned staffing number.
The data is presented in two ways on NHS Choices:
1. You can see if a hospital's nursing and midwifery staffing requirements are being met overall.
2. For each hospital, you can also see as a percentage of hours in a day or night whether the actual number of nurses on duty met what was planned in a hospital or ward. It is presented for both registered and unregistered nurses.

Sometimes the actual staffing number is below the planned number. This may be the result of staff sickness, or because there is a lower number of patients on the ward than usual, so staff have been moved to work in another area.
Sometimes the actual staffing number will be higher than the planned number. This may be because there are a lot of patients on the ward who need extra care because of their physical or mental health condition.
Some hospitals will be unable to meet their staffing needs with permanent staff all of the time on every shift.
Information about staffing levels alone cannot tell you whether a hospital is safe or unsafe, but a regular lower percentage of the planned staff being in place is a cause for concern.
We are also displaying information for patients and visitors in all of our wards that shows the planned and actual staffing available at the start of every shift outside all inpatient areas.

Status *Closed*

89	**Clive Hamilton**	**Title:**	**Paediatric Intravenous Phlebitis Assessment controls**

Query **22/05/2014**

Controls for Paediatric Intravenous Phlebitis Assessment include information which is supposed to accompany a patient with an imbedded cannula on ward transfer. Is there assurance that this is being done consistently. Has this process been audited and if so, what information is available about the effectiveness of controls.

Response **30/07/2014**

(Medical Director): All children admitted to the Bristol Royal Hospital for Children (BRHC) have a 'core screening tools for children and young people' document completed. This is a twenty page booklet which allows the outcomes of several screening tools, including the 'paediatric intravenous phlebitis assessment' or 'PIPA', to be recorded formally. PIPA is a structured assessment that occurs for each child with a peripheral cannula during each nursing shift on every ward in the BRHC. Should a child require transfer to another ward within the hospital, this booklet will accompany the child as part of the set of patient records. This process is regularly audited as part of the Trust's 'Quality in Care' programme, with wards performing audits every one to three months, depending on audit results.

Status *Closed*

Nominations and Appointments Committee Report for a Council of Governors Meeting, to be held on 30 October 2014 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Item 7 - Nominations and Appointments Committee Report

Purpose

The purpose of this report is to provide the Council of Governors with an update on the activities of the Governors' Nominations and Appointments Committee.

Abstract

The Nominations and Appointments Committee is a formal Committee of the Council of Governors established for the purpose of carrying out the duties of governors with respect to the appointment, re-appointment, removal, remuneration and other terms of service of the Chairman and Non-executive Directors.

Recommendations

The Council of Governors is asked to **note** the report and **appoint** a governor to the committee.

Report Sponsor or Other Author

Sponsor: Trust Secretary

The Nominations and Appointments Committee has held **no** meetings since the last Council of Governors meeting. There was however a vacancy for an Appointed Governor on the Nominations and Appointments Committee. All Appointed Governors were notified, and Marc Griffiths expressed an interest in joining. The Council of Governors is therefore asked to **appoint** Marc Griffiths to the Committee.

Nominations and Appointments Committee membership would then be as follows:

NAME	CONSTITUENCY
John Savage	Chairman
Mo Schiller	Public: Bristol
Sue Silvey	Public: Bristol
John Steeds	Patient: Local
Anne Skinner	Patient: Local
Pam Yabsley	Patient: Local
Phil Mackie	Patient: Carer of patient under 16yrs
Wendy Gregory	Patient: Carer of patient 16yrs and over
Elliott Westhoff	Patient: Local
Florene Jordan	Staff: Nursing & Midwifery
Ian Davies	Staff: Medical and Dental
Marc Griffiths (tbc)	*Appointed: University of the West of England*
Jeanette Jones	Appointed: Joint Union Committee

The next meeting of the Nominations and Appointments Committee will take place on Friday 19 December 2014 at 13:30-14:30 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU.

University Hospitals Bristol NHS
NHS Foundation Trust

A Governor Development Seminar Report for a Council of Governors Meeting, to be held on 30 October 2014 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Item 8 – Governor Development Seminar Report

Purpose

To provide the Council of Governors with an update on the governor development programme.

Abstract

The governor development programme was established to provide governors with the necessary core training and development of their skills to perform the statutory duties of governors effectively. The programme was co-created with governors using self-assessment and short-life task and finish groups.

Recommendations

The Council of Governors is recommended to **note** the report.

Report Sponsor or Other Author

Sponsor: Trust Secretary

Report

There have been **two** Governor Development Seminars since the last Council of Governors meeting.

Governor Development Seminar: 13 August 2014

Governors attending: Sue Silvey (Lead Governor), Mo Schiller, Brenda Rowe, Glyn Davies, Bob Bennett, Graham Briscoe, Elliott Westhoff, Pam Yabsley, Angelo Micciche, Edmund Brooks, Wendy Gregory, Nick Marsh, Karen Stevens, Thomas Davies, Florene Jordan, Ben Trumper, Marc Griffiths and Tim Peters.

Others present or in attendance: Julie Dawes – Interim Trust Secretary, Paul Tanner – Head of Finance, Carolyn Mills – Chief Nurse, Chris Swonnell – Head of Quality (Patient Experience and Clinical Effectiveness), Robert Woolley – Chief Executive, James Rimmer – Chief Operating Officer, Sue Donaldson – Director of Workforce

Topics discussed:

- Financial overview of University Hospitals Bristol.
- Care Quality Commission – update on the new inspection framework and inspection arrangements for UH Bristol
- Preparation for the Trust's CQC Inspection – including the strategic context and regulatory position, and discussion of what governors could expect from the CQC's focus group session with governors.
- Engagement– Patient and Public involvement, and the Workforce Strategy/staff engagement.

Page 2 of 2 of a Governor Development Seminar Report for a Council of Governors Meeting, to be held on 30 October 2014 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Governor Development Seminar: 7 October 2014

Governors attending: Sue Silvey (Lead Governor), Tony Tanner, Mani Chauhan, Elliott Westhoff, Angelo Micciche, John Steeds, Wendy Gregory, Lorna Watson, Ian Davies, Karen Stevens, Thomas Davies, Ben Trumper Marc Griffiths, Jeanette Jones.

Others present or in attendance: Julie Dawes – Interim Trust Secretary, Lindsay Winterton – Joint Interim Membership and Governance Manager, Robert Woolley – Chief Executive, Sean O'Kelly – Medical Director, Sue Donaldson – Director of Workforce and Organisational Development, Chris Swonnell – Head of Quality (Patient Experience and Clinical Effectiveness), Tanya Tofts – Patient Support and Complaints Manager

Topics discussed:

- Preparation for the Well-led governance review
- The complaints process at UH Bristol
- Overview of Workforce and Organisational Development Strategy and Action plan
- Update on the implementation of the Francis Action plan
- Weston Bid update
- Planning for future Health Matters Events and Governor Development Seminars

The next Governor Development Seminar will be held on 14 January 2015 from 10:00-16:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU. It will include a session on Public Relations and Communications in relation to the role of governor, and a session on governors' responsibilities in relation to the appraisal process of the Chairman and Non-executive Directors.

The Constitution Project Focus Group are scheduled to undertake a review of the future Governor Training and Development programme.

University Hospitals Bristol NHS
NHS Foundation Trust

Annual Plan Project Focus Group Meeting Account for a Council of Governors Meeting, to be held on 30 October 2014 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Item 9a - Annual Plan Project Focus Group Meeting Account

Purpose

To provide the Council of Governors with an update on the meetings of the Annual Plan Project Focus Group.

Abstract

The Annual Plan Project Focus Group provides an opportunity for engagement with governors to develop the Monitor Annual Plan and to contribute to the Trust's strategic objectives.

Aidan Fowler is the Executive Lead for the Annual Plan Project Focus Group and it is chaired by David Relph. The Lead Governor for the group is Wendy Gregory. There are usually 6 meetings a year, and they are open to all governors.

Recommendations

The Council of Governors is asked to **note** the meeting account.

Report Sponsor or Other Author

Sponsor: Trust Secretary/ Governor Lead for Annual Plan Project Focus Group

The Annual Plan Project Focus Group has held **one** meeting since the last Council of Governors meeting.

Annual Plan Project Focus Group: 8 October 2014

Governors attending: Wendy Gregory *(Lead Governor for the Focus Group),* Sue Silvey, Sue Milestone, Pam Yabsley, Bob Bennett, Jeanette Jones and Angelo Micciche.

Others present or in attendance: David Relph – Head of Strategy and Business Planning *(Focus Group Chair)*, Alex Crawford – Deputy Head of Commissioning and Planning, Angela Martin – Membership Administrator, Sarah Murch – Membership Administrator

Topics discussed:

- **Discussion on the Trust Monitor Strategic Plan and the Trust's 2020 strategy:** David Relph, Head of Strategy and Business Planning, gave a presentation to governors on the Trust's five-year Strategic Plan, submitted to Monitor in June. David gave an overview of the key issues in the plan, including how it would tackle the strategic challenges faced by the Trust and how it would be implemented. The Trust was still awaiting feedback from Monitor, which would be shared with governors once received.
- **Weston Area Health NHS Trust update***:* David reminded governors that the Board of UH Bristol had decided that, after considering a detailed evaluation of the risks and benefits of acquiring Weston, that it would not participate further in the process.
- **Timeline and Proposed Workplan**: Governors were asked to communicate any suggestions of future areas of focus for the group to Wendy Gregory, the group's Governor Lead.

The next meeting of the Annual Plan Project Focus Group will be on **Thursday 4 December from 10:00-12:00** in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU.

University Hospitals Bristol NHS
NHS Foundation Trust

Quality Project Focus Group Meeting Account for a Council of Governors Meeting, to be held at 14:00 on 30 October 2014 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Item 9b - Quality Project Focus Group Meeting Account

Purpose

To provide the Council of Governors with an update on the meetings of the Quality Project Focus Group.

Abstract

The objectives of the Quality Project Focus Group are to provide:

a) engagement with governors to develop the Board's Annual Quality Report;
b) regular support to enable governors to understand and interpret the Board Quality and Performance Report;
c) regular support to enable governors to understand and interpret reported progress on the Board's Quality Objectives; and,
d) opportunities for input from governors on quality matters.

The group is jointly chaired by Sean O'Kelly and Carolyn Mills (previously Deborah Lee), and its Lead Governor is Clive Hamilton. Meetings are held bi-monthly and open to all governors.

Recommendations

The Council of Governors is asked to **note** the meeting account.

Report Sponsor or Other Author

Sponsor: Trust Secretary/ Governor Lead for the Quality Project Focus Group

The Quality Project Focus Group has held **one** meeting since the last Council of Governors meeting.

Quality Project Focus Group Meeting: 3 Sept 2014

Governors attending: Clive Hamilton (Lead governor for the group), Sue Silvey, Bob Bennett, Graham Briscoe, John Steeds, Mo Schiller, Lorna Watson, Pam Yabsley, Anne Skinner, Angelo Micciche, Wendy Gregory, Florene Jordan, Sue Milestone and Nick Marsh.

Others present or in attendance:, Sean O'Kelly – Medical Director, Carolyn Mills – Chief Nurse, Chris Swonnell – Head of Quality (Patient Experience and Clinical Effectiveness), Anne Reader – Head of Quality (Patient Safety), Anne Gorman – Interim Deputy Director of Operations, Simon Chamberlain – Transformation Director, and Sarah Murch – Membership PA/Administrator

Topics discussed:

Trust Board Quality and Performance Report: Governors received the August Quality & Performance report. Clive provided a governors' summary of the performance of the Trust and sought assurance on the following key areas: Clostridium difficile (Cdiff) targets, Access targets, MRSA infections, cleanliness monitoring, stroke care, cancelled operations, ambulance handover delays, and the increase in the number of complaints.

Progress on Access standards: Anne Gorman, Interim Deputy Director of Operations, gave governors a brief overview of the current work around Access standards and patient flow being undertaken by the Trust.

Care Quality Commission (CQC) Inspection Update: Chris Swonnell, Head of Quality (Patient Experience and Clinical Effectiveness) gave a brief update on preparations for the CQC visit which was due to take place the following week. Sue Silvey, Lead Governor, reported back from the CQC Inspectors' pre-inspection meeting with governors.

'Breaking the Cycle': Simon Chamberlain, Transformation Director, provided an update on the Trust's 'Breaking the Cycle' week – a quality improvement initiative held at the end of March 2014.

The next meeting of the Quality Project Focus Group will be held on Thurs 13 Nov 2014, 10:00 – 12:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**.**

It will include a presentation from Steve Brown, Director of Pharmacy about medicines safety.

University Hospitals Bristol NHS
NHS Foundation Trust

Constitution Project Focus Group Meeting Account for a Council of Governors Meeting, to be held on 30 October 2014 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Item 9c – Constitution Project Focus Group Meeting Account

Purpose

To provide the Council of Governors with an update on the meetings of the Constitution Project Focus Group.

Abstract

The objectives of the Constitution Project Focus Group are to provide:

(i) engagement with governors in drafting Constitutional changes;

(ii) assessing the membership profile; and,

(iii) advice from governors on communications and engagement activities for Foundation Trust members.

The group meets quarterly and is open to all governors. The Chair of the Group is Julie Dawes, Interim Trust Secretary, and the Lead Governor for the Group is Sue Silvey.

Recommendations

The Council of Governors is asked to **note** the update.

Report Sponsor or Other Author

Sponsor: Trust Secretary/Lead Governor for the Constitution Project Focus Group

The Constitution Project Focus Group has held no meetings since the last Council of Governors meeting.

Future activity and work programme

The following topics have been identified for consideration by the Project Focus Group:

- Constitutional Review
- Monitor's Well Led Governance Review
- Trust Membership Strategy
- Appraisal process for the Trust Chair and NEDs
- Recruitment and selection process for Trust Chair and NEDs
- Policy for Council of Governors' Engagement with the Board (including Governors' Log of Communications/Raising Concerns)
- Governor Induction, Training and Development and Appraisal
- Role Description for Governors and Lead Governor
- Monitor Code of Governance Compliance – Annual Review
- Process for Annual Effectiveness Reviews
- Process for future Constitutional Reviews

All these documents will be required as part of the Well-Led Governance Review.

The next meeting of the Constitution Project Focus Group will be held on Thursday 4 December 2014 from 13:00-15:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU.

Membership Activity Report for a Council of Governors Meeting, to be held on 30 October 2014 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Item 10a - Membership Activity Report

Purpose

To provide the Council of Governors with current membership details, a summary of membership engagement since the last Council of Governors meeting on 30 July 2014, and to launch a review of the Trust's Membership Strategy.

Abstract

The Trust has a formal requirement to maintain a Foundation Trust membership and a responsibility to engage with its membership. Membership statistics and recent engagement, recruitment and involvement opportunities for members are listed below. Potential for improvement has been identified in the way in which the Trust engages with its members and a review of the Trust's membership strategy is therefore underway.

Recommendations

The Council of Governors is recommended to **note** the report.

Report Sponsor or Other Author

Sponsor: Trust Secretary

Report

As of 14 October 2014, Foundation Trust membership currently stood at 20,974 (6,550 public members, 4,870 patient members and 9,554 staff members). This can be broken down as follows:

Member Type Breakdown	Total
Public Constituencies	**6,550**
Out of Trust Area	4
Bristol	3,190
North Somerset	1,292
South Gloucester	1,261
Rest of England and Wales	803
Patient Constituencies	**4,870**
Unspecified	29
Carer of patients 16 years and over	210
Carer of patients 15 years and under	546
Patient - Local	4,085
Staff Classes	**9,554**
Medical and Dental	1,201
Nursing and Midwifery	2,690
Other clinical healthcare professionals	1,882
Non Clinical Healthcare Professionals	3,781

Engagement

18 September 2014	Annual Members' Meeting - *attended by around 75 people including governors, members of the Trust Board, Foundation Trust members and members of the public.*
1 October 2014	Health Matters Event: Gynaeoncology and Cancer Pathways *Hosted by Governors and attended by 45 Foundation Trust members and members of the public.*
30 July-30 October 2014	Youth Council engagement activities, including: - 20/09/14: Young members met to learn about studying medicine - 21/09/14: '15 Steps Challenge' in which young people have gone onto wards and given feedback to staff. Youth Council members also attended other events including: - 24/09/14 –Young Carers Voice meeting - 28/09/14 – Involved in facilitating 'Up the Pace' event for children and young people with pacemakers or ICD's. - 28/10/14 – Young Healthwatch Event -Youth Council are attending involving young people from across city.

Recruitment

11 September 2014	Membership recruitment stall – South West Ambulance Health Fair, College Green.
18 June - 17 September 2014	14 people joined as Foundation Trust members in this period.

Other communications with members

20 August 2014	Members invited to volunteer to help people to find their way round the hospitals in relation to the signage changes.
3 September 2014	Care Quality Commission Listening Event (5pm) – members invited to meet the CQC inspection team at an open event at 5.00pm at Bristol City Hall.
12 September 2014	UH Bristol Signage Changes - notification of changes including link to new map.
6 Oct 2014	Voices magazine sent to members by email or post
10-11 Oct 2014	Festival of Health at (Watershed Cinema, Bristol) – members invited.

Forthcoming events

9 Dec 2014 (3.00-4.30pm)	Health Matters Event – Rheumatology - Rheumatology Consultant Robert Marshall speaking on rheumatoid arthritis. - Talk from Carolyn Mills on Quality of Care at UH Bristol. Education & Research Centre, Upper Maudlin Street, Bristol, BS2 8AE.
2015	Health Matters events in March, July, October and December– topics and dates tba.
2015	Voices magazine – sent to members 3 times a year. Schedule for 2015 as follows: Jan/Feb issue – publication date 29 Jan 2015 May/June issue – publication date 28 May 2015 Sept/Oct issue – publication date 1 Oct 2015

Membership Strategy 2015

Work has commenced on the development of a new membership strategy, led by Lindsay Winterton, Joint Interim Membership and Governance Manager. This will:

- re-evaluate the Trust's approach to membership in the current context
- explore how an improved and consistent approach to membership engagement can be achieved
- identify involvement opportunities for members in other areas of the Trust's work
- identify opportunities for working with internal and external stakeholders e.g. in relation to targeted recruitment of under-represented groups.

Governors will have the opportunity to be involved in the new Membership Strategy through the Constitution Project Focus Group.

It is anticipated that the new Membership Strategy will be ready for approval at the next Council of Governors meeting on 29 January 2015.

University Hospitals Bristol NHS
NHS Foundation Trust

Governor Activity Report for a Council of Governors Meeting, to be held on 30 October 2014 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Item 10b - Governor Activity Report

Purpose

To provide the Council of Governors with a summary of governor activity since the last Council of Governors meeting on 30 July 2014.

Abstract

Governors fulfil their statutory responsibilities through involvement in various meetings and other activities. The Trust also has a responsibility to consult with governors on key issues. A summary of recent activities is below.

Recommendations

The Council of Governors is recommended to **note** the report.

Report Sponsor or Other Author

Sponsor: Trust Secretary

Report

Date	Event
5 August 2014	Annual Members Meeting working group
12 August 2014	Voices Editorial Group meeting
12 August 2014	Staff Governors meeting
13 August 2014	Governor Development Seminar (including preparation for Care Quality Commission visit)
18 August 2014	Annual Members Meeting working group
21 August 2014	Chair & Chief Executive Walkround (Surgery Head and Neck Division)
22 August 2014	- Preparation for Care Quality Commission visit - Governors' Informal meeting - Chairman's Counsel meeting with Governors and Non-executive Directors.
28 August 2014	New Build Site Tour for Governors
2 September 2014	Annual Members' Meeting working group
3 September 2014	Care Quality Commission Inspection Focus Group with governors
3 September 2014	Quality Project Focus Group meeting

Page 2 of 2 of a Governor Activity Summary Report for a Council of Governors Meeting, to be held on 30 October 2014 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

3 September 2014	Care Quality Commission Listening Event– open to public
4 September 2014	New Build Site Tour for Governors
11 September 2014	Membership promotion stall – South West Ambulance Health Fair, College Green.
18 September 2014	Annual Members' Meeting
24 September 2014	Tasting session for new staff and public restaurant in BRI –
25 September 2014	- Governors' Informal meeting (including a talk from Dawn Wilson, Pharmacy Operational Manager, and Liz Mander, Pharmacy Technician about Bristol Eye Hospital Pharmacy) - Chairman's Counsel meeting with Governors and Non-executive Directors
30 September 2014	Public Trust Board meeting
1 October 2014	Health Matters Event: Gynaeoncology and Cancer Pathways
7 October 2014	Governor Development Seminar
8 October 2014	Annual Plan Project Focus Group
9 October 2014	Chair & Chief Executive Walkround – Information Management and Technology
14 October 2014	Staff Governors' Meeting
30 October 2014	Public Trust Board meeting Council of Governors meeting

University Hospitals Bristol NHS
NHS Foundation Trust

Report for a Council of Governors Meeting to be held on 30 October 2014 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

Item 11 – Governors' Meeting Dates
Purpose
The purpose of this report is to inform governors of the proposed meeting dates for 2015-2016.
Recommendations
The Council of Governors is asked to **approve** the proposed meeting dates.
Report Sponsor or Other Author
Sponsor: Trust Secretary
Appendices
Appendix A – Proposed Governors' Meeting Dates 2015-2016

University Hospitals Bristol NHS
NHS Foundation Trust

Governors' Meeting Dates for 2015-2016

DRAFT

	Governor Development Seminars	Public Trust Board	Council of Governors *(preceded by Trust Board)*	Nominations and Appointments Committee	Chairman's Counsel *(preceded by Governors' Informal Meeting)*	Quality Project Focus Group	Constitution Project Focus Group	Annual Plan Project Focus Group	Chair and CE Walkabouts	Events
Chair	**Trust Secretary**	**John Savage**	**John Savage**	**John Savage**	**John Savage**	**Sean O'Kelly/ Carolyn Mills**	**Trust Secretary**	**Deborah Lee/ David Relph**	**Robert Woolley**	
Gov Lead	**Sue Silvey**	**N/A**	**N/A**	**N/A**	**(Sue Silvey for Governors' Informal Mtng)**	**Clive Hamilton**	**Sue Silvey**	**Wendy Gregory**	**N/A**	
April 2015		Thurs 30 April 2015 10:30-13:00 (CR)	Thurs 30 April 2015 14:00-15:30 (CR)				Weds 8 April 2015 13:00-15:00 (BR)		Wed 15 April 2015 14:00-16:00 Surgery Head and Neck	
May 2015		Fri 29 May 2015 10:30-13:00 (CR)			Wed 27 May 2015 12:00-13:00 Governors' Informal Meeting (CR) 13:00-14:00 Chairman's Counsel (CR)	Tues 5 May 2015 13:00 – 15:00 (CR)			Thurs 21 May 2015 14:00-16:00 IM&T	
June 2015	Wed 10 June 2015 10am-4pm (CR)	Tue 30 June 2015 10:30-13:00 (CR)		Tue 23 June 2015 13:30-14:30 (CR)	Tue 23 June 2015 11:30-12:30 Governors' Informal Meeting (CR) 12:30-13:30 Chairman's Counsel (CR)				Mon 8 June 2015 14:30-16:30 Diagnostic and Therapies	
July 2015		Thurs 30 July 2015 10:30-13:00 (CR)	Thurs 30 July 2015 14:00-15:30 (CR)			Tues 14 July 2015 11:00 -13:00 (CR)	Thurs 9 July 2015 14:00-16:00 (BR)		Wed 15 July 10.00 – 12.00 Women's and Children's	Health Matters Event
Aug 2015	Tues 11 August 2015 10am-4pm (CR)				Fri 28 Aug 2015 11:30-12:30 Governors' Informal Meeting (CR) 12:30-13:30 Chairman's Counsel (CR)					
Sept 2015		Wed 30 Sept 2015 10:30-13:00 (CR)	Annual Members Meeting Tue 15 Sept 17:00-19:00 (LT1)		Fri 25 Sept 2015 11:30-12:30 Governors' Informal Meeting (CR) 12:30-13:30 Chairman's Counsel (CR)	Tues 8 Sept 2015 14:00-16:00 (CR)			Tue 22 Sept– 11:00 – 13:00pm Estates and Facilities	
Oct 2015	Tues 6 October 2015 10am-4pm (CR)	Fri 30 Oct 2015 10:30-13:00 (CR)	Fri 30 Oct 2015 14:00-15:30 (CR)				Thurs 8 Oct 2015 10:30-12:30 (CR)	Thurs 8 Oct 2015 13:00-15:00 (CR)	Tue 20 Oct 2015 14:00-16:00 Medicine	Health Matters Event
Nov 2015		Mon 30 Nov 2015 10:30-13:00 (CR)			Tue 24 Nov 2015 11:30-12:30 Governors' Informal Meeting (CR) 12:30-13:30 Chairman's Counsel (CR)	Thurs 5 Nov 2015 14:00-16:00 (BR)			Thurs 19 Nov 2015 10.00 – 12.00 Specialised Services	
Dec 2015				Fri 18 Dec 2015 13:30-14:30 (BR)	Fri 18 Dec 2015 11:30-12:30 Governors' Informal Meeting (CR) 12:30-13:30 Chairman's Counsel (CR)			Thurs 3 Dec 2015 14:00-16:00 (BR)	Wed 9 Dec 2015 14:00-16:00 Surgery Head and Neck	Health Matters Event
Jan 2016	Thurs 14 January 2016 10am-4pm (CR)	Fri 29 Jan 2016 10:30-13:00 (CR)	Fri 29 Jan 2016 14:00-15:30 (CR)			Tues 12 Jan 2016 10:00-12:00 (CR)	Thurs 21 Jan 2016 10:00-12:00 (BR)			
Feb 2016		Mon 29 Feb 2016 10:30-13:00 (CR)		Fri 26 Feb 2016 13:30-14:40 (BR)	Fri 26 Feb 2016 11:30-12:30 Governors' Informal Meeting (CR) 12:30-13:30 Chairman's Counsel (CR)			Tues 9 Feb 2016 09:30-11:30 (BR)		
Mar 2016		Wed 30/3/2016 10:30-13:00 (CR)			tbc	Thurs 10 Mar 2016 13:00-15:00 (CR)		Tues 15 Mar 2016 13:00-15:00 (BR)		Health Matters Event

CR - Conference Room, Trust Headquarters, Marlborough St, Bristol, BS1 3NU BR - Board Room, Trust Headquarters, Marlborough St, Bristol, BS1 3NU LT1 – Lecture Theatre 1, Education Centre, Upper Maudlin St, Bristol, BS2 8AE