

**Unconfirmed Minutes of the Meeting of the Trust Board of Directors held in Public on
29 January 2015 at 10:30, the Conference Room, Trust Head Quarters, Marlborough
Street, BS1 3NU**

Board members present:

John Savage – Chairman
Robert Woolley – Chief Executive
Deborah Lee – Deputy Chief Executive/Director of Strategic Development
Sue Donaldson – Director of Workforce and Organisational Development
Paul Mapson – Director of Finance & Information
Sean O’Kelly – Medical Director
James Rimmer – Chief Operating Officer
Carolyn Mills – Chief Nurse
Emma Woollett – Non-Executive Director
David Armstrong – Non-Executive Director
Julian Dennis – Non-Executive Director
John Moore – Non-Executive Director
Guy Orpen – Non-Executive Director
Jill Youds – Non-Executive Director
Alison Ryan – Non-Executive Director
Lisa Gardner – Non-Executive Director

Present or in attendance:

Debbie Henderson – Trust Secretary
Isobel Vanstone – Corporate Governance Administrator (Minute Taker)
Penny Hilton – Fast-Track Executive
Aidan Fowler – Fast-Track Executive
Fiona Reid – Head of Communications
Sue Silvey – Public Governor/ Lead Governor
Florene Jordan – Staff Governor
Karen Stevens – Staff Governor
Brenda Rowe – Public Governor
Clive Hamilton – Public Governor
Bob Bennett – Public Governor
Pam Yabsley – Patient Governor
Anne Skinner – Patient Governor
John Steeds – Patient Governor
Wendy Gregory – Carer Governor
Marc Griffiths – Appointed Governor
Jeanette Jones – Appointed Governor
Mo Schiller – Public Governor
Bob Skinner – Trust Member

55/01/15 Chairman’s Introduction and Apologies

There were no apologies for absence.

56/01/15 Declarations of Interest

In accordance with Trust Standing Orders, all Board members present were required to declare any conflicts of interest with items on the meeting agenda. No new declarations of interests were received.

57/01/15 Minutes and Actions from Previous Meeting

The Board considered the minutes of the extra-ordinary meeting of the Board of Directors held in public on 22 December 2014 and approved them as an accurate record, subject to the following:

Page 9 – with regard to cancer targets should read “3 ‘potential’ breaches”. It was:

RESOLVED:

- **That the minutes of the meeting held 22nd December 2014 be agreed as an accurate record of proceedings, subject to amendments outlined in the minutes**

58/01/15 Matters Arising

Matters arising and actions complete were noted by the Board. With regard to action point 33/11/14, it was agreed to amend the completion date to April following a review of the structure and format of the Quality and Performance Report. It was:

RESOLVED:

- **That the completion date for action point 33/11/14 be amended to April following a review of the structure and format of the Quality and Performance Report**

59/01/15 Chief Executive Report

Robert Woolley gave an overview of the key issues addressed by the Senior Leadership Team in December 2014 and January 2015 and referred to the cancellation of the planned industrial action. Robert provided assurance that contingency plans were in place in the event of any forthcoming action. Robert also reported that the Children’s Neuro Rehabilitation Unit had opened which will enhance and improve the care delivered for patients suffering from brain injuries and other neurological conditions in the region.

Robert referred to the 100,000 Genomes Project and the proposals regarding a submission to develop an NHS Genomic Medicine Centre for the West of England, working with North Bristol Trust. Robert noted the deadline for the second wave for tender submission as April 2015.

Board members were provided with a verbal update on progress relating to development of the Operating Plan and challenges around uncertainty in the external environment, particularly in relation to the proposals for the national tariff which is yet to be confirmed. Robert noted that uncertainty regarding the tariff will impact on the Trust’s ability to develop planning scenarios to enter into contract negotiations with the Commissioners.

With regard to performance, the Senior Leadership Team had agreed to declare the standards failed in Quarter 3 to be the Referral to Treatment Non-Admitted, Admitted and ongoing pathways standards, the Accident and Emergency 4-hour standard and the 62-day GP and screening cancer standards. Robert also confirmed the recommendation to inform Monitor of planned ongoing failures and specific risks to the achievement of the 62 day screening and

GP cancer standards and the Accident and Emergency 4-hour standard as part of the narrative that accompanies the declaration. Robert also confirmed that challenges relating to Referral to Treatment times and the A&E 4-hour standard are of national concern.

Emma Woollett referred to the Partnership Review Report and the Bristol, North Somerset and South Gloucestershire System Leadership Group, formerly Healthy Futures Programme Board (HFPB), rated as a high risk. Robert Woolley noted that the HFPB had been disbanded following the demise of the Primary Care Trusts and that the high risk rating reflected the recent formation and infancy of the new group. It was:

RESOLVED:

- **That the Board receive the Chief Executive's Report to note**

60/01/15 Patient Experience Story

Carolyn Mills provided an overview of the report which reflected the care and compassion in non-clinical practice in UH Bristol and emphasised the importance of listening to the needs and preferences of our patients and their carers.

The story referred to a family with two children with complex disabilities visiting the Bristol Royal Hospital for Children following a period of receiving care outside of the Bristol Royal Infirmary. Their experience suggested that the Trust was failing in its support of patients with disabilities and the story illustrated how, by working together, practical improvements can be made to enhance the patient experience. James Rimmer confirmed that facilities for patients with a disability will be reviewed on an annual basis. Alison Ryan stated it was very important for patients to be clear on facilities available to them.

Board members took an opportunity to thank the family and patients involved for sharing their story with the Board. It was:

RESOLVED:

- **That the Board receive the Patient Experience Story for review**

61/01/15 Care Quality Commission Action Plans

Carolyn Mills confirmed that the Trust had submitted action plans to the Care Quality Commission on 12 January 2015 and noted that the plans were presented to the Board for assurance and addressed the internal compliance themes, which are largely concerned with improving the flow of patients through the hospitals back into the community.

Carolyn confirmed that completion of the actions will be monitored on a monthly basis by the Senior Leadership Team and the Quality and Outcomes Committee of the Board, commencing with progress reports from February.

Jill Youds felt that the actions were broad and felt encouraged by the system wide approach. James Rimmer reported that use of a system which provided weekly information on the key issues to be addressed is in place and provided a significant level of detail in order to monitor progress appropriately. James confirmed that the Urgent Care Working Group had responsibility to oversee these action plans from an external perspective. It was:

RESOLVED:

- **That the Board receive the Care Quality Action Plans for assurance**

62/01/15 Q2 Complaints and Patient Experience Reports

Carolyn Mills spoke to the report and with regard to the patient experience report, provided an overview of Trust and ward level feedback which reflected positive performance for the period.

Carolyn reported that complaints relating to delays had increased slightly month on month. With regard to specific areas whereby a high number of complaints have been reported, Carolyn confirmed that the patient experience team would work with these areas to identify areas of concern and where improvements can be made.

Emma Woollett commented on an informative report and queried if there had been evidence of an increase in complaints due to the failure to deliver the Referral to Treatment standard. Carolyn Mills confirmed that a high number of complaints received were due to cancelled operations.

Following a query from John Moore regarding the increase in complaints received for Specialist Services, Carolyn confirmed that this related to an increase in activity during quarter 2 and noted that this had decreased in Quarter 3. It was:

RESOLVED:

- **That the Board receive the Quarter 2 Complaints and Patient Experience Reports**

63/01/15 Quality and Performance ReportOverall Performance

Deborah Lee spoke to the report and noted a significant decrease in the number of complaints where performance had moved from red to amber. The Summary Hospital Mortality Indicator (SHMI) had deteriorated within the period moving from a SHMI score of 66.0 to a draft position of 86.9. Deborah confirmed that the total number of deaths was marginally above the Trust average in November. However, a higher proportion of cases had not been clinically coded at the point of data submission. It was confirmed that following completion of full clinical coding, the SHMI scores will improve. The Trust's performance remained significantly better than the national average.

Deborah reported that issues relating to patient flow remained challenging with an increase in time to initial assessment in the Emergency Department resulting in continued under-performance relating to the A&E 4-hour standard. Board members were notified of an increase in emergency admissions during December, particularly in relation to patients aged 75 and over. This had led to an increase in bed occupancy and more patients outlying from their speciality wards. Deborah reported a reduction in long stay patients at the end of December. However, an increase in higher dependency elderly patients with complex care packages for discharge had resulted in an increase of delayed discharges and longer stays during January.

Deborah stated that achievement of the Referral to Treatment time standards remained a challenge and reported failure of all three standards for the period.

Quality and Outcomes Committee Chair's Report

Alison Ryan made reference to the Serious Incident Report and a discussion which took place at the Quality and Outcomes Committee held on 27 January 2015. It was felt by members of the committee that although a great deal of information was provided, the report would benefit from a review to ensure the appropriate level of information was provided with regard to lessons learnt from serious incidents, and in terms of gaining assurance in relation to Trust performance.

With regard to the monthly nurse staffing figures, Alison referred to a lengthy discussion regarding issues relating to ensuring an appropriate level of supervision of nursing staff on the wards. Alison emphasised the importance of monitoring these issues via the Committee in future.

Workforce

Sue Donaldson reported continuing issues related to recruitment and retention and referred to further actions agreed by the Senior Leadership Team to improve retention Trust wide, particularly in relation to Nursing Assistants. In relation to the Operating Plan for 2015/16 Sue highlighted a priority as testing options related to the ability to meet and sustain recruitment levels in order to meet the workforce plan, including consideration of the international market for nursing and theatres staff. Sue expressed that it would be important to understand the international labour market and where there was most likelihood of being successful prior to commencing the exercise.

Access

James Rimmer reported that the dashboard remained challenging but, noted that a majority of the cancer standards had been achieved. He referred to challenges working collaboratively with the private sector but, reported that 140 patients had already been referred.

Lisa Gardner referred to fracture of neck of femur standards and a reported lack of surgical equipment at the weekend. Deborah Lee reported a high demand for the equipment within a 48 hour period and issues relating to timely return of the equipment as a result and provided assurance that amendments had been made to theatre timetables to mitigate this issue recurring in future.

Jill Youds referred to lack of assurance regarding the percentage of complaints responded to within the agreed timescale. Carolyn Mills stated that the decrease related to annual leave at senior manager level during the December period and provided assurance that appropriate key performance indicators were in place to ensure improved performance going forward.

Jill Youds referred to discussions at Quality and Outcomes Committee and Finance Committee regarding workforce constraints and the impact staff shortages can have on income and activity as well as quality. She queried the ability of the Trust to influence this on a sustainable basis as well as the impact on Referral to Treatment and short-term capacity issues to deal with waiting list backlogs. Sue Donaldson indicated that there were clearly challenges, particularly as there was a national problem regarding nursing and theatre staff, but there was considerable work underway across the Trust to mitigate the risks. The work to explore opportunities relating to the international labour market may make a contribution to addressing these issues but it was recognised that this was not the complete solution.

Lisa Gardner queried whether the Trust had seen an increase in the number of staff retiring due to the impact of changes to the pension reform. Sue Donaldson noted that this has not been currently highlighted as an issue, although the number of staff asking to retire and return was being monitored. It was:

RESOLVED:

- **That the Board receive the Quality and Performance Report for assurance**

64/01/15 Performance Recovery Plan Update

James Rimmer reported on the Performance Recovery Plan, outlining the Trust's plan for the key access performance targets for emergency care (A&E 4 hour standard), elective care (18 week referral to treatment times) and cancer (with particular focus on the 62 day referral standard). The paper highlights the current performance issues and the planned improvement trajectories.

A&E 4 Hour Standard

The Trust continues to strive to achieve the 4 hour standard of 95%. The standard has been under increasing strain nationally with the target being failed nationally for the most recent quarter; the Trust achieved 89.6% for quarter 3. A diagnostic of the system using the Alamac Toolkit had identified early discharge, 14 days plus length of stay, admissions exceeding discharges and 'Green to Go' patients as key determinants of performance.

The System-Wide Recovery Plan developed in September 2014 to address underperformance had been strengthened following the CQC report with six areas highlighted for action. The plan is governed by the Urgent Care Working Group which is chaired by Bristol CCG; the Chief Operating Officer is the Trust's representative and the Trust's Senior Responsible Owner for the plan.

Cancer Standards

The 62 GP/Screening standards remained a challenge due to the complex case mix of patients and late referrals from other providers. James provided an overview of the classification of breaches including those identified as part of a shared pathway. Each Trust shares the breach, in the event of a late referral; this can fully sit with one Trust but only by agreement. The Trust had previously tried to introduce late referral rules across providers but no agreement had been reached.

Referral to Treatment Times (RTT)

James noted performance at the end December as 84.33% for admitted patients, 89.91% for non-admitted, 87.46% for ongoing and 177 patients waiting over 40 weeks. James referred to the Plan for a Plan presented to the October meeting of the Board which provided an overview of understanding of demand and capacity gaps for each specialty and recovery trajectories. James referred to the revised service delivery plans and RTT recovery trajectories. The divisions had submitted a delivery plan for each specialty based on the information available as at 22nd January 2015.

Robert Woolley advised that an Operating Plan Steering Group had been established with Executive and Divisional Directors to help manage the complexity in the model, the risks and uncertainty regarding contracts, and planning for 2015/16. Robert emphasised the need to have a plan which would lead to sustainable performance and management of associated

risks. The Board will be required to approve the plan as part of the Trust's Operating Plan at the March meeting of the Board.

Following a query from John Moore regarding core capacity, Robert stated that the Senior Leadership Team is currently looking core and additional capacity. James Rimmer confirmed that additional capacity from the independent sector will impact positively on performance. With regard to capacity, Deborah Lee referred to the challenges relating to fixed term contracts as opposed to substantive posts and suggested mobilising existing staff.

Jill Youds asked if the trajectories were realistic and Robert Woolley confirmed that senior management, divisional leaders and teams are united in understanding the need for successful delivery of the plan. Robert noted that the plan had been subject to a collaborative approach in the Senior Leadership Team working with the divisions on the scope of the delivery plans. It was:

RESOLVED:

- **That the Board receive the Performance Recovery Plan Update for assurance**

65/01/15 Transforming Care Report

Robert Woolley spoke to the report and highlighted the positive messages with regard to the Operating Model Project. The aim of the project was to ensure that elective and urgent tertiary activity could proceed through periods of high demand for acute medical care. Robert reported that the Trust aimed to achieve this by establishing a managed pathways model across planned care services including a protected bed strategy and supporting scheduling tools and processes.

Following a query from Alison Ryan, Robert confirmed that Simon Chamberlain's team provided skilled transformation capacity for priority projects relevant to business objectives and confirmed that a new approach had been implemented in relation to cultural change. It was:

RESOLVED:

- **That the Board receive the Transforming Care Report for assurance**

66/01/15 Report on Staffing Levels Adult Inpatient Wards including Midwifery, Bristol Children's and Non Ward Based Nursing and Midwifery Workforce January 2015

Carolyn Mills spoke to the report which provided further assurance to support the Trust's delivery in its responsibilities for ensuring safe nurse staffing levels. Carolyn referred to the Board's ability to demonstrate that robust systems are in place to assure themselves that staffing capacity and capability in the Trust is sufficient to deliver safe and effective care.

Jill Youds referred to the operational resilience funding and queried the bank to agency ratio. Carolyn confirmed that recruitment capacity conforms to ratio; however, the Trust does have a reliance on bank staff.

Carolyn referred to risks identified within the division of Medicine with regard to planned and unplanned capacity. John Moore reported that this had been a very encouraging report and provided a strong level of assurance. It was:

RESOLVED:

- **That the Board receive this report for assurance**

67/01/15 Finance Committee Chair's Report

Lisa Gardner reported that John Lund (Finance Manager for Women's and Children's Division) and Ian Barrington (Divisional Director for Women's and Children's Division) had attended the Finance Committee to provide an update on the transfer of all Specialist Paediatrics and noted that this report had been very positive, particularly from the CQC impact on staff morale.

Lisa explained that the Committee had discussed backlogs and capacity issues and noted the uncertainty in relation to planning for 2015/16 financial year. Paul Mapson provided an in-depth review of financial planning based on information currently available. Other items which had been discussed include flexible beds, balance of safety, deficits in divisions and the effects of winter pressure money spent.

Lisa confirmed a submission to Monitor of a Financial Risk Rating of 4. It was:

RESOLVED:

- **That the Board receive the Finance Committee Chair's Verbal Report for assurance**

68/01/15 Finance Report

Paul Mapson reported that the income and expenditure account demonstrated a surplus of £5.8m as at 31 December 2014. This represents a favourable variance of £0.752m against the plan to date. The Divisional position had deteriorated further by £1.548m in December to a cumulative overspend offset by underspend on corporate services together with contributions to the Trust's overall financial position from the corporate share of service agreement income, reserves, capital charges and financing costs.

The Trust remained on target to deliver the planned surplus of £5.8m for the year. With regard to the Operational Resilience funding of £3.942m, £1.231m had been recognised as income to meet additional capacity costs incurred. It is expected that this funding will be fully utilised by 31 March 2015 and will not therefore contribute to the year-end financial position. It was:

RESOLVED:

- **That the Board receive the Finance Report for assurance**

69/01/15 Quarterly Capital Project Status Report

Deborah Lee spoke to the report on progress, issues and risks arising from the Trust's remaining major capital developments governed via the Strategic Development Department and associated programme infrastructure.

Deborah noted that the BRI Terrell Street Development achieved practical completion on the 19th December 2014 with the successful handover of level 9. All cubicles on Ward A600, ITU, had been redeveloped and are complete with a planned occupation date of 3rd February.

Final priorities are to consider how the office space is utilised and finalisation of the plan for the infection control cohort area. It was:

RESOLVED:

- **That the Board receive the Quarterly Capital Project Status Report for assurance**

70/01/15 Monitor Feedback on Q2 Risk Assessment Framework Submission

Robert Woolley referred to the Monitor feedback following the Trust's Quarter 2 submission, submitted to the Board for information. It was:-

RESOLVED:

- **That the Board accepts the Monitor feedback on Quarter 2 Risk Assessment Framework Submission to note**

71/01/15 Q3 Risk Assessment Framework Monitoring and Declaration Report

Robert Woolley referred to the proposed declaration against Monitor's Risk Assessment Framework for Quarter 3 for approval including the following:

- A submission against the 'Governance Rating' reflecting the standards failed in quarter 3 to be, RTT non-admitted, admitted and ongoing pathway standards, the A&E four-hour waiting time standard, and the 62-day GP/Screening cancer standards;
- That the planned ongoing failure of these standards are flagged to Monitor, as part of the narrative that accompanies the declaration;
- That the Board anticipates that the Trust will continue to maintain a Continuity of Services risk rating of at least 3 over the next 12 months; and
- That there are no matters arising in the quarter requiring an exception report. It was:

RESOLVED:

- **That the Board approve the Quarter 3 Risk Assessment Framework Monitoring and Declaration Report for submission by 30th January 2015**

72/01/15 Audit Committee Chair's Report

John Moore provided a verbal update following the meeting of the Audit Committee held 25 January 2015. Reports were received on: Internal Audit; Counter Fraud; Losses and Compensation; Single Tender Actions; Risk Management Group; and Clinical Audit.

John Moore referred to a reference by External Audit regarding a new format to the Annual Report for 2014/15 to align FT reports with those of quoted companies. Debbie Henderson confirmed that this related to a new requirement for an External Audit opinion on the Trust's compliance with Monitor's Code of Governance. Debbie confirmed that this is undertaken each year as part of the production of the Annual Report and will discuss the expectations with the External Auditors regarding the evidence required to provide the opinion.

With regard to Internal Audit, Russ Caton (Internal Auditor) noted delayed audits. It was agreed to reallocate the planned hours for those audits to extend the Estates Audit. John provided an overview of the recently released audits and ratings and noted that the Audit

Committee was reassured that action plans are in place to implement the recommendations, and the Trust will monitor progress on these important issues.

There was considerable discussion around consultant job planning, and the importance of linking the job plans to the Divisional Capacity Plans. John explained that compared to some other trusts, the job planning system was impressive, but it was agreed that further improvements were needed.

Local Counter Fraud Service (LCFS) – the Committee learnt that the Trust and the LCFS was unexpectedly audited by NHS Protect and received a green rating. All recommendations for improvement had been implemented. John referred to ongoing fraud investigations and noted that the Trust continued to take these seriously.

Write-offs during the quarter in relation to losses totalled £120k which is again higher than normal due to clearing an old backlog of bad debts. New procedures are being implemented to reduce these risks.

With regard to Single Tender Actions, John confirmed this as a standing agenda item for the Audit Committee going forward. The Single Tender Action policy was reviewed and proposed changes to our Standing Financial Instructions were discussed.

The Audit Committee received the quarterly minutes and report of the Executive Risk Management Group and it has been agreed that the action log will also be presented to future meetings. The committee were reassured by the reports, and also discussed the escalation procedures between divisional risk registers and the corporate risk register including the importance of triangulation with the Board Assurance Framework.

The Audit Committee received assurance that pace is being maintained in terms of the priority 1 & 2 Clinical Audit Projects. Benchmarking of other trusts clinical audit approach are near completion. It was:

RESOLVED:

- **That the Board receive the Audit Committee Chair's Verbal Report for assurance**

73/01/15 Board Assurance Framework Report

Deborah Lee provided an overview of the Board Assurance Framework and an update on progress against the Trust's objectives at the end of Quarter 3 and assurance of the control of associated risks to delivery. Four objectives were reported as high risk and are therefore rated as red relating to delivery of the savings programme; delivery of the annual quality objectives and quality improvements; delivery of the RTT recovery plans; and improvements to cancer performance targets. It was:-

RESOLVED:

- **That the Board approve the Board Assurance Framework**

74/01/15 Corporate Risk Register

Robert Woolley reported that the Corporate Risk Register contains risks identified as having a potential impact on corporate objectives, including risks identified in and escalated from

divisions. Robert reminded Board members that risks are formally approved for inclusion on and removal from the Corporate Risk Register by the Senior Leadership Team and noted two de-escalated risks and three amendments to corporate risk ratings. No new corporate risks were noted and no risks were closed during the period. It was:

RESOLVED:

- **That the Board receive the Corporate Risk Register for approval**

75/01/15 Revised Trust Constitution

Debbie Henderson spoke to the report which outlined the revised Constitution, Standing Orders and Governors Code of Conduct.

Wendy Gregory referred to the reference to age relating to carer governors and it was agreed to revisit this as part of the annual review in 2015. Following comments received from members of the Council of Governors regarding the document 'Role of Governor', in particular the role of the Lead Governor, it was agreed to separate this document and review it via the Governors' Constitutional Focus Group and submit this to Board of Directors and Council of Governors in April for approval.

Following a query from Clive Hamilton regarding the quoracy of the Board as 50% of voting Board members and the suggestion to increase the number of Non-Executive members within the quoracy, Debbie Henderson noted that the Constitution would be amended to 'two' Non-Executive Directors and one Executive Director and it was agreed that this would be revisited as part of the annual review in 2015. It was:-

RESOLVED:

- **That the Standing Orders be amended to reflect Board quoracy of 50% of voting members of the Board including two Non-Executive Directors and one Executive Director**
- **That the Board approve the revised Trust Constitution, Standing Orders and Governors' Code of Conduct subject to the amendments outlined in the minutes**

76/01/15 Register of Seals

The Board accepted the Register of Seals as a true and accurate record. It was:-

RESOLVED:

- **That the Board receive the Register of Seals to note**

77/01/15 Big Green Scheme Annual Report

It was agreed to defer the Big Green Scheme Annual Report to the next Board Meeting scheduled to take place on 27 February 2015. It was:

RESOLVED:

- **That the Big Green Scheme Annual Report be deferred to the February meeting of the Board**

78/01/15 Governor's Log of Communications

The Chairman reported that the Governor's Log had been acted upon. It was:-

RESOLVED:

- **That the Board receive the Governor's Log of Communications to note**

79/01/15 Any Other Business

There no further issues to report

Meeting close and Date and Time of Next Meeting

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

The next meeting of the Trust Board of Directors will take place on Friday 27 February 2015, 11.00am, the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

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Chair

.....2015
Date