

## COUNCIL OF GOVERNORS

**Meeting to be held on 31 October 2016 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

### AGENDA

NO.	AGENDA ITEM	PURPOSE	SPONSOR	PAGE NO.
<b>1.0 Preliminary Business</b>				
1.1	Introduction and apologies	Information	<i>Chairman</i>	Verbal
1.2	Declarations of Interest	Information	<i>Chairman</i>	Verbal
1.3	Minutes of the last meeting a) 28 July 2016 (Council of Governors) b) 15 September 2016 (Annual Members' Meeting)	Approval	<i>Chairman</i>	3    10
1.4	Matters arising (Action Log)	Approval	<i>Chairman</i>	20
<b>2.0 Holding Non-executive Directors to account</b>				
2.1	Holding to account report	Assurance	<i>Interim Head of Membership &amp; Governance</i>	21
<b>3.0 Non-Executive Director appointments (appraisal review)</b>				
3.1	Nominations and Appointments Committee report	Assurance	<i>Chairman</i>	23
<b>4.0 Constitutional/forward plans</b>				
4.1	Governor Project Focus Group reports a) Quality Focus Group b) Strategy Group c) Constitution Focus Group	Assurance	<i>Governor Group Leads</i>	25
4.2	Elections 2017	Information	<i>Interim Head of Membership &amp; Governance</i>	31
<b>5.0 Member/Public interests</b>				
5.1	Membership engagement report	Information	<i>Interim Head of Membership &amp; Governance</i>	33

<b>6.0 Appointment of External Auditor</b>				
6.1	Appointment of External Auditor report	Assurance	<i>Chairman</i>	37
<b>7.0 Training and development</b>				
7.1	Governor Activity report a) Attendance and training matrix	Information	<i>Interim Head of Membership &amp; Governance</i>	45
7.2	Governor Development Seminar report	Information	<i>Interim Head of Membership &amp; Governance</i>	48
7.3	Governor Compliance report	Information	<i>Interim Head of Membership &amp; Governance</i>	50
<b>8.0 Performance Update and Strategic Outlook</b>				
8.1	a) Chief Executive's report	Information	<i>Chief Executive</i>	Verbal
	b) Quarterly Patient Experience and Complaints Reports	Information	<i>Chief Nurse</i>	Attached
8.2	Independent Review of Children's Cardiac Services in Bristol	Assurance	<i>Chief Nurse</i>	52
<b>9.0 Items for Information</b>				
9.1	Governor Meeting Dates 2017	Information	<i>Interim Head of Membership &amp; Governance</i>	77
9.2	Governors' Log of Communications	Information	<i>Chairman</i>	79
<b>10 Concluding Business</b>				
10.1	Governor Questions arising from the meeting of the Trust Board of Directors	Information	<i>Chairman</i>	Verbal
10.2	Foundation Trust Members' Questions	Information	<i>Chairman</i>	Verbal
10.3	Any Other Business	Information	<i>Chairman</i>	Verbal
10.4	Date and time of next meeting  Tuesday 31 January 2017, 2.00 – 3.30pm, Conference Room	Information	<i>Chairman</i>	Verbal

**Minutes of the Council of Governors Meeting held on 28 July 2016 at 2:00pm in the Conference Room, Trust Headquarters, Marlborough Street, BS1 3NU**

**Present:**

John Savage – Chairman  
Angelo Micciche – Joint Lead Governor and Patient Governor  
Mo Schiller – Joint Lead Governor and Public Governor  
Clive Hamilton – Public Governor  
Graham Briscoe – Public Governor  
Ray Phipps – Patient Governor  
Karen Stevens – Staff Governor  
Florene Jordan – Staff Governor  
Carole Dacombe – Public Governor  
Garry Williams – Patient Governor, Carers of 16 years and over  
Tim Peters – Appointed Governor  
Andy Coles-Driver – Staff Governor  
Malcolm Watson – Public Governor  
Rashid Joomun – Patient Governor  
Mily Yogananth – Staff Governor  
Lorna Watson – Patient Governor, Carers of under 16 years  
Jeanette Jones – Appointed Governor  
Edmund Brooks - Patient Governor  
Tom Frewin – Public Governor

**In Attendance:**

Robert Woolley – Chief Executive  
Sean O’Kelly – Medical Director  
Paul Mapson – Director of Finance and Information  
Alex Nestor – Head of Human Resources/Deputy Director of Workforce Development  
Alison Grooms – Deputy Chief Operating Officer  
Alison Ryan - Non-executive Director  
David Armstrong – Non-executive Director  
Helen Morgan – Deputy Chief Nurse  
Pamela Wenger – Trust Secretary  
Kate Hanlon – Interim Head of Membership and Governance  
Sarah Murch – Membership and Governance Administrator  
Debbie Marks – Membership Support Assistant (minutes)  
Michael Lyall – Foundation Trust member

**01/07/16 Chairman’s Introduction and Apologies**

The Chairman, John Savage, welcomed everyone to the meeting. Apologies for the meeting had been received from Bob Bennett – Public Governor, Hussein Amiri – Public Governor, Kathy Baxter – Patient Governor, Sue Milestone – Patient/Carer Governor, Pauline Beddoes – Public Governor, Marc Griffiths – Appointed Governor, Emma Roberts – Appointed Governor, Jonathan Seymour-Williams – Public Governor, Sue Silvey – Public Governor, Anne Skinner – Patient Governor, Maria Wahab – Staff Governor, Sue Donaldson – Director of Workforce and Organisational Development, Owen Ainsley – Interim Chief Operating Officer, Carolyn Mills – Chief Nurse, Paula Clarke –

Director of Strategy, Guy Orpen - Non-executive Director, Emma Woollett - Non-executive Director and Jill Youds - Non-executive Director.

### **02/07/16 Declarations of Interest**

In accordance with Trust Standing Orders, all those present were required to declare any conflicts of interest with items on the meeting agenda. Pam highlighted there are reports in relation to John Savage, as Chairman, and several governors regarding terms of nominations; under agenda item 5. There were no other declarations of interest.

### **03/07/16 Minutes from Previous Meeting**

Governors considered the minutes of the meeting of the Council of Governors on 28 April 2016 and approved them as an accurate record of the meetings. The Chairman thanked the administration team on producing, and improving, the accuracy of minutes. It was:

#### **RESOLVED:**

- **That the minutes of the Council of Governors meeting held on 28 April 2016 be approved as an accurate record of proceedings**

### **04/07/16 Matters Arising/Action Log**

The Action Log was noted. There was one action outstanding from January's meeting which related to Trust Board/governor photos being visible in appropriate areas of the hospital. Kate Hanlon, Interim Head of Membership and Governance, confirmed this action will be taken forward following the Youth Council elections at the end of August.

### **05/07/16 Nominations and Appointments Committee Report**

Pam Wenger, Trust Secretary, introduced the Nominations and Appointments Committee report from the meeting held on 27 June. At their last meeting the Nominations and Appointments Committee had considered the annual appraisal papers for John Savage and Emma Woollett. The Committee were unanimous in recommending John Savages' continuation for a further year, in line with code of governance, until May 2017. The committee also recommended that the Council of Governors continue the appointment for Emma Woollett as Vice Chair and Non-executive Director. The Council of Governors approved both recommendations.

Kate Hanlon confirmed there were 4 vacancies on the Nominations and Appointments Committee for patient/public governors. These vacancies were advertised to all governors in June of whom 4 governors expressed interest – Carole Dacombe, Graham Briscoe, Sue Milestone, and Garry Williams. Since that time, Sue Milestone has withdrawn her name and Malcolm Watson expressed his interest in joining the Committee. The group accepted these four governors as committee members. It was:

#### **RESOLVED:**

- **That the Council of Governors receive the report to note.**
- **That the Council of Governors formally approve the recommendations to continue the appointment of John Savage as Chairman and Emma Woollett as Vice-Chair and Senior Independent Director**
- **That the Council of Governors approve the appointments of Garry Williams, Graham Briscoe, Carole Dacombe and Malcolm Watson as Committee Members.**

### **06/07/16 Governor Development Seminar report**

Kate Hanlon, Interim Head of Membership and Governance, introduced the report of the Governor Development Seminar which took place on 13 June. This seminar partly served as an induction day for new governors and included a brief overview of the Trust, governor's role and responsibilities. Other topics included accountability, representation of members, statutory duties and a discussion around how to make the most of being a governor; thus ensured the day was also useful for existing governors. Kate informed the group she is currently exploring governor skills audits; unfortunately only 4 have been returned so far. She requested that governors to return their skills audit to her as soon as possible, the results of these audits will help to define the programme for the next governors' development seminar.

Clive Hamilton commented his name was missing off the attendance list for June's meeting – Kate agreed to amend the notes.

Kate concluded by saying the next seminar is to be held on Tuesday 11 October, 10:00 – 16:00. It was:

#### **RESOLVED:**

- **That the Council of Governors receive the Governor Development Seminar report for information**

### **07/07/16 Governor Groups Meeting reports**

Written reports had been circulated for all groups.

#### **a) Governors' Strategy Group**

Clive Hamilton, Chair of the Governors' Strategy Group, introduced the report of the group's meeting on 10 June – Clive's first meeting as the new Lead Governor for the group. Clive also pointed out this was the first meeting with Paula Clarke (Director of Strategy and Transformation) in attendance as the Executive Lead for the group. Paula set out a new meeting structure to manage and oversee the development and implementation of the Trust's strategic agenda. The proposed groups within this structure are to be Strategy Steering Group, Clinical Strategy Group and IDEA Group (Image, Design, Environment and ARTS Reference group).

The meeting covered discussions around Phase 5 redevelopment update, Business Planning – the 5 year Sustainability and Transformation Plan, the Strategic Planning and Implementation Governance Structure and NHS England's Five Year Forward View. Future items to be covered at the Governors Strategy Group include South Bristol Community Hospital, Weston Hospital and Workforce Agenda.

#### **b) Quality Focus Group**

Clive Hamilton, Lead Governor for the Quality Focus Group introduced a report of meetings held on 05 May and 08 July. Clive's role as Lead Governor for this group ended on 31 May and Marc Griffiths, Appointed Governor, commenced the Lead Governor role as of 01 June. In Marc's absence at today's meeting Clive updated the group on both meetings.

The meeting on 05 May consisted of discussions around:

- UH Bristol Staff Survey Results 2015
- Quality and Performance Report – summary by Clive
- Update on the Governors Quality Statement for the Quality Report 2015/16
- Report from the Chair of Quality and Outcomes Committee
- Update from the Medical director on Cellular Pathology Service.

Governors warmly thanked Clive for his diligent work for the Quality Group during his time as Chair and governor lead of the group.

The meeting on 08 July was chaired by Marc Griffiths who thanked Clive for his help and support in writing the Quality and Performance Report Summary. Ray Phipps, Patient Governor, commented how useful he finds the summary reports. Items discussed at this meeting included the Quality report, National Patient Survey Results and Infection Control Report.

The group then continued to have discussions in relation to:

- *Disinvestment* - Robert Woolley, Chief Executive, explained specialised services and NHS England, in their specialised commissioning role, are looking at streamlining the ways specialised services are provided across the south west. Their strategy is to ask smaller trusts to divest themselves of services in order they can be concentrated in the bigger regional centres, of which UH Bristol is one and would therefore benefit. Local services are put out to a competitive tender process; these local services include central health services, child community health and adolescent services.
- *NHS England Funding* – Robert Woolley confirmed NHS England funding covers all UH Bristol A&E performance (BRI, Children’s Hospital and Bristol Eye Hospital).
- *Metro Mayor* – Malcolm Watson informed the group that three local authorities (Bristol, Bath and South Gloucestershire) voted to go ahead with the Government's devolution deal. North Somerset had been included in the original plan, but its councillors voted last week to opt out, and will now be on their own as a unitary authority. The project is out to public consultations, which will last six weeks, with a final decision being taken in October. If accepted there will be Mayor Election in May over the 3 principal authorities, there can then be no involvement from North Somerset for 4 years, until the next mayor election cycle.
- *Centralisation of Emergency Services* – Robert explained that North Bristol Trust’s arrangement is fixed for 30 years therefore centralisation is not presently possible.

Clive further announced that the Quality Focus Group’s next meeting would take place on 01 September at 13.30-15.30, and will include an information session on quality metrics and data by Xanthe Whittaker - Associate Director of Performance.

c) Constitution Focus Group

Angelo Micciche, Lead Governor for the Constitution Focus Group, introduced the report of the meeting held on 23 June. Of particular note was the Constitution 2015 paper. The group discussed several proposals and amendments to the Constitution; given the limited time available, it was agreed to discuss these changes in length at the next Constitution Focus Group meeting on 01 September.

It was also noted the editorial group will merge back within the Constitution Focus Group. It was:

**RESOLVED:**

- **That the Council of Governors receive the following updates to note:**
  - **Governors’ Strategy Group**
  - **Quality Focus Group**
  - **Constitution Focus Group**

**08/07/16 Membership and Governance Engagement**

Kate Hanlon, Interim Head of Membership and Governance, introduced the reports on Membership and Governor activity in the period April - July 2016. Kate acknowledged member numbers are declining and declared membership engagement is a priority for the Constitution Focus Group. An autumn membership recruitment drive is being put into place which involves UH Bristol Membership team and governor representation at various events; for example Doors Open Day, Conversations at the Children’s Hospital and Healthy City week. She also highlighted that the Trust held a successful Health Matters Event for its members on 14 July on the topic of Dementia. It was:

**RESOLVED:**

- **That the Council of Governors receive the report on membership and governor engagement to note**

**09/07/16 Governors Elections 2016**

Kate Hanlon introduced a report on the progress of the 2016 governor elections. 15 governor roles were available for re-election. In total, 29 people stood for election; 10 governors were elected in a ballot and 4 were re-elected unopposed. Due to the vacancy in the staff governor role (nursing and midwifery) and the passing of Phil Mackie (Patient governor for carers of patients under 16 years), elections were re-run in June for these two seats, linking in with divisional nursing and midwifery leads to promote the staff governor seat and also organisations including Healthwatch and Voscur to promote the patient governor seat. One staff governor was elected unopposed. The patient governor seat remains vacant.

Jeanette Jones informed the group of a Women's and Children's event taking place on 16 September as an idea opportunity for engaging with members and promoting the patient governor role. Lorna Watson and Mo Schiller both expressed an interest in promoting membership and recruitment in this area. It was:

**RESOLVED:**

- **That the Council of Governors receive the report on Governor Elections 2016 to note**

**10/07/16 External Auditors – Extension of Contract**

The Council of Governors received the recommendation from the Audit Committee to re-appoint PricewaterhouseCoopers for a further 12 months as external auditors, from 01 July 2016–30 June 2017. Pam Wenger pointed out part of the original contract was to allow an extension for one year with the process of tendering being scheduled for 2017. It was:

**RESOLVED:**

- **That the Council of Governors receive the recommendation from the Audit Committee to re-appoint PricewaterhouseCoopers for a further 12 months from 01 July 2016 – 30 June 2017**

**11/07/16 Review of Governor Compliance**

Kate Hanlon introduced the Governor Compliance report. Kate confirmed her continuation of seeking replacements for appointed governors from South Western Ambulance Service NHS Foundation Trust and Bristol City Council. She is working closely with both organisations to fill these vacant positions.

Kate also confirmed all governors' DBS (Disclosure and Barring Service) checks are complete; subject to the finalisation for 2 governors. The majority of new governors have also attended, or have dates for, trust induction. It was:

**RESOLVED:**

- **That the Council of Governors receive the review of governor compliance to note**

**12/07/16 Governors' Log of Communications**

Governors received an updated report of the questions that governors had asked directors via the Governors' Log of Communications. There were no questions. It was:

**RESOLVED:**

- **That the Council of Governors receive the Governors' Log of Communications report to note**

**13/07/16 Performance Update and Strategic Outlook**

**Item 13a – Chief Executive's Report**

Robert Woolley, Chief Executive, explained the items he planned to mention (financial reset, sustainability and transformation plan, implications of special measures for North Bristol Trust and the 2 CCG's) have already been covered in this meeting by way of questions. He also stated he gave a full report to Trust Board today regarding the independent review of children's cardiac services and welcomed questions from governors:

- Garry Williams wanted to express his thanks to all staff at the Bristol Heart Institute for their care and support given to his son over the past 20 years.
- Responding to a query by Clive Hamilton regarding consent forms in relation to congenital heart disease and the risk of mortality in children, Sean O'Kelly clarified the consent process is currently being looked at. Sean confirmed some procedures do have a significant result of death; therefore the plan is to make the whole consent procedure a process of engagement and clarification with parents and to enable consultants to support parents.
- Clive Hamilton mentioned the Kennedy Report and highlighted the recommendation by Care Quality Commission for one named executive who has responsibility for ensuring the interests of children are preserved and prioritised. Robert Woolley certified this is the responsibility of the Chief Nurse and also pointed out that the Trust Board of Directors will plan to take reports from developments in children's services in future meeting agendas.

**Item 13b - Quarterly Patient Experience and Complaints Reports**

Helen Morgan, deputy Chief Nurse, introduced the Quarterly Patient Experience and Complaints reports, which had both previously been received at the Public Trust Board meeting earlier that day. She highlighted all the trust's key survey metrics which remained "green" in Quarter 4; indicating a high quality patient experience at UH Bristol. Helen also updated the group on the commencement of SMS messaging for patients who have been treated in the emergency department, of which the feedback has been encouraging.

**Item 13c – University Hospitals Bristol Quality Report 2015-2016**

The Quality Report was received and noted.

**Item 13d – Independent Auditor's Report to the Governors on the Quality Report 2015-2016**

The Independent Auditor's Report was received and noted.

**RESOLVED:**

- **That the Council of Governors received the Chief Executive's Report to note**
- **That the Council of Governors receive the University Hospitals Bristol Quality Report 2015-2016 to note**
- **That the Council of Governors receive the Independent Auditor's Report to the Governors on the Quality Report 2015-2016 to note**

**14/07/16 Governors' Questions arising from the meeting of the Trust Board of Directors**

John Savage opened the floor to discussion and questions from governors.

- a) Mily Yogananth, Staff Governor, raised a query regarding ORLA Healthcare. Alison Grooms answered Mily's query by confirming patients who are suitable for ORLA should be recognised whilst they are in the emergency department. Mily pointed out a patient had been



transferred to ORLA from an inpatient ward. Alison agreed this is not usual practice and agreed to look into this particular episode.

The group continued to have various discussions around savings for the Trust and re-investment.

**15/07/16 Any Other Business**

There was no other business.

**16/07/16 Foundation Trust Members' Questions**

There were no questions.

**Meeting Close and date of next meeting**

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

The next meeting will be the Annual Members Meeting to be held at 17:00 on Thursday 15 September 2016 in Lecture Theatre One, Education Centre, Upper Maudlin Street, Bristol, BS2 8AE.

DRAFT

**Minutes of the Annual Members Meeting held on Thursday 15 September 2016 at 17:00  
in the Conference Room, Trust Headquarters, Marlborough Street, BS1 3NU**

**Present:**

UH Bristol Board Members

John Savage – Chairman  
Robert Woolley – Chief Executive  
Paul Mapson – Director of Finance & Information  
Sean O’Kelly – Medical Director  
Carolyn Mills – Chief Nurse  
Paula Clarke, Director of Strategy & Transformation  
Owen Ainsley – Interim Chief Operating Officer  
Alex Nestor – Acting Director of Workforce and Organisational Development  
Emma Woollett – Non-executive Director  
Alison Ryan – Non-executive Director  
Guy Orpen – Non-executive Director  
John Moore – Non-Executive Director

UH Bristol Governors

Mo Schiller – Joint Lead Governor  
Angelo Micciche – Joint Lead Governor  
Clive Hamilton – Public Governor  
Graham Briscoe – Public Governor  
Tom Frewin – Public Governor  
Malcolm Watson – Public Governor  
Jonathan Seymour-Williams – Public Governor  
Rashid Joomun – Patient Governor  
Anne Skinner – Patient Governor  
Sue Milestone – Patient/Carer Governor  
Lorna Watson – Patient/Carer Governor  
Garry Williams – Patient/Carer Governor  
Karen Stevens – Staff Governor  
Florene Jordan – Staff Governor  
Mily Yogananth – Staff Governor  
Maria Wahab – Staff Governor  
Tim Peters – Appointed Governor  
Jeanette Jones – Appointed Governor  
Beatrice Lander – Appointed Governor

Others:

Pam Wenger – Trust Secretary  
Kate Hanlon – Interim Head of Membership and Governance  
Sarah Murch – Membership and Governance Administrator (minutes)  
Fiona Reid – Head of Communications  
Kate Parraman - Deputy Director of Finance  
Alison Grooms - Deputy Chief Operating Officer  
Ruth Newbury-Ecob – Consultant (Clinical Genetics) - *guest speaker*  
Ian Davies – Senior Manager, PricewaterhouseCoopers LLP - *external auditor*  
Approximately 20 public, patient and staff members of University Hospitals Bristol NHS Foundation Trust were also in attendance.

## **Chairman's Introduction and Apologies**

The Chairman, John Savage, welcomed everyone to the meeting. He launched proceedings with a short film - 'We are Proud to Care' - which was made this year to demonstrate the value of the work of the Trust and its staff, portraying a 24-hour period in the life of the hospitals.

Apologies had been received from:

**Trust Board:** David Armstrong – Non-executive Director, Jill Youds, Non-executive Director.

**Governors:** Hussein Amiri, Kathy Baxter, Pauline Beddoes, Bob Bennett, Edmund Brooks, Andy Coles-Driver, Carole Dacombe, Ian Davies, Marc Griffiths, Ray Phipps, Emma Roberts and Sue Silvey.

### **1. Minutes of the Previous Meeting**

The minutes of the Annual Members Meeting on 15 September 2015 were accepted as an accurate record of proceedings.

### **2. Independent Auditor's Report**

Members received the External Auditor's Report from Ian Davies, Senior Manager at PricewaterhouseCoopers.

Ian outlined the conclusions to the two formal reports that had been issued by the auditors: one on the financial statement, and one on the Quality Report, both of which were published in the Annual Report and Accounts.

The first had concluded that the financial statements of the Trust were true and fair and that they had been properly prepared in accordance with the requirements of regulatory and accounting standards. The report provided detail on the key risk areas and their response to those risks in two particular areas: income and expenditure recognition and property valuation.

Their report on the Quality Report had not identified anything to indicate that the report excluded any of the required factors, and that the report was inconsistent with any of the documents that they had reviewed, or that any indicator tested was not prepared in accordance with the guidance. However, the External Auditors had drawn an adverse conclusion on one indicator that they had reviewed: the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period.

There were no questions. The Chairman thanked Ian Davies for attending.

### **3. Presentation of the Annual Report and Accounts for 2015/16**

Robert Woolley, Chief Executive, and Paul Mapson, Finance Director, jointly presented the 2015/16 Annual Report and Accounts.

Robert Woolley began with a review of the past year at UH Bristol. He reminded members of the mission of the Trust: to improve the health of the people we serve by delivering exceptional care, teaching and research every day, and the Trust's vision: for Bristol, and our hospitals, to be among the best and safest places in the country to receive care.

He introduced the Trust's 'transforming care' programme, which focused the Trust's attention on six key areas: delivering best care, improving patient flow, delivering best value, renewing our hospitals, building capability and leading in partnership. His presentation looked at the highlights of the year under these headings.

### **Delivering Best Care**

- The Trust had committed to 'Sign up to Safety': a national patient safety campaign that aimed to reduce avoidable harm in the NHS in England.
- In September 2015 the Trust had launched a new transport service for critically ill children in the South West of England and Wales: WATCh (Wales & West Acute Transport for Children) which retrieved children who were critically ill or injured from district general hospitals without paediatric intensive care facilities.
- The Trust had been selected by NHS England to evaluate two innovative new treatments: stereotactic ablative body radiotherapy (SABR), and the MitraClip procedure for people with severe cardiac problems.
- UH Bristol had successfully led a collaborative bid on behalf of 17 organisations to establish a Genomic Medicine Centre in the West of England.
- Patients had consistently rated care as good, with inpatient and outpatient satisfaction at 98%
- UH Bristol had established an Involvement Network to involve members of the public more in the work of the Trust.
- The Care Quality Commission Maternity Survey in 2015 had rated St Michael's Hospital maternity services at equal first in England.

### **Improving Patient Flow**

There had been challenges in this area, mainly due to increased demand for services. The Trust had therefore experienced difficulties in meeting targets in relation to A&E waits, referral to treatment times and cancer standards. There were some positive developments:

- The Trust had launched a planned care bed model, which had yielded positive results and which was shortlisted in the Health Service Journal's *Value in Healthcare* award
- The Trust had employed various approaches to solve patient flow problems, including an extension of the 'Breaking the Cycle Together' initiative introduced in 2014/15 – a week of action in which all members of staff focused on solving and unblocking the things that get in the way of good patient care.
- Careful preparation for winter 2015/16 had resulted in fewer discharge delays despite a 10% increase in A&E admissions.

### **Renewing our hospitals**

- A new pre-operative assessment unit in the Bristol Royal Infirmary (BRI) brought together the surgical admissions suite and the pre-operative assessment clinic, providing a better environment for the patients and also a better flow of patients through the surgical suite.
- A Therapeutic Apheresis Unit had opened in Bristol Haematology and Oncology Centre
- Services were being transferred from the BRI Old Building.
- Work had started on the new façade of the BRI Queen's Building
- And finally, a new restaurant ('*DeliMarché*') had opened on level 9 of the BRI, providing a relaxed space for staff, patients and visitors with one of the best views of Bristol.

### **Building Capability**

During the year, the Trust continued to focus on staff engagement and education, learning and development. Though there was still more to do in this area, the NHS Staff Survey and Staff Friends and Family Test had showed improved staff engagement scores. Recognition schemes for staff included local and corporate *Recognising Success* staff award schemes.

## **Leading in partnership**

Robert reminded members that the Trust had a duty as a major teaching hospital to share best practice, lead networks and plan improvements to care in the region alongside community partners, GPs, Clinical Commissioning Groups, and local authorities. The Trust was also continuing to collaborate with universities on clinical research and professional education and training, and in particular:

- UH Bristol in partnership with the University of Bristol, had been awarded a biomedical research centre by the National Institute for Health Research which would bring in £21m over five years.
- UH Bristol had also just been identified as a national digital exemplar of hospital trusts (one of only 12 in the country), which were tasked with defining the ways in which use of data could support and improve care.

Robert concluded his part of the presentation by expressing concern about national policy in relation to NHS funding, and the resulting impact on waiting times, care, and the financial position of providers. He suggested that an honest national debate was needed to decide how the NHS should be funded and the priority that it should take in the national agenda. He assured members that the Trust would continue to look after its staff as a priority, and that the Trust was also now determined to partner with patients, to ensure that they were partners in care rather than passive recipients.

He informed members that in order to deal with the financial challenges on a local level, the Trust was leading a five-year strategic plan with other health partners: a 'Sustainability and Transformation Plan' for Bristol, North Somerset and South Gloucestershire. More information about this plan would be made public in the coming months.

## **Delivering Best Value**

Robert then handed over to Paul Mapson, Director of Finance and Information, who gave the financial report for the year.

Paul began by reminding the meeting that in 2015/16 the NHS had faced its most difficult year yet financially. In a year in which the vast majority of acute trusts were in deficit, he was pleased to report that UH Bristol had managed to achieve a surplus (one of only 17 acute trusts in the country to do so).

In 2015/16, the Trust had delivered the eighth year of its financial strategy as a foundation trust and the thirteenth year of breakeven or better (before technical items). Paul's presentation included the following highlights:

- UH Bristol had delivered a net income and expenditure surplus of £3.460m, against a plan of break-even before technical items
- Technical items (impairments, profit on asset disposal, donations and depreciation on donated assets) net surplus of £8.713m led to a reported Trust overall surplus of £12.173m.
- The Trust had a Financial Sustainability Risk Rating of 4
- EBITDA (operating surplus) was healthy at £35.102m (5.86%)
- The Trust had achieved savings of £16.440m
- Capital expenditure was £23.786m. The Trust had planned to spend more on capital but some had slipped into 2016/17 due to deferment of some of the schemes
- There was a healthy cash position of £74.011m and strong working capital at £30.491m
- Total income was £599.5m (excluding technical items), and total expenditure was £596m (excluding technical items).

The accounts had received an unqualified audit opinion.

Paul explained that UH Bristol had managed to achieve a surplus when other Trusts were in deficit because it had been able to build up a strong position in years when NHS growth was strong, meaning that in leaner years it had been able to eke out its position. However, he cautioned that 2016/17 was likely to be the last year in which this flexibility could be used, and he echoed Robert's words that a debate about NHS funding was going to be necessary in the coming year.

He provided a breakdown of income and expenditure (noting that expenditure on drugs was increasing significantly year on year) and more details about the Trust's capital programme and savings programme (in which he noted that the Trust was struggling to meet savings in relation to pay).

He discussed the Trust's progress against its financial strategy. In particular, most projects outlined in the Trust's eight-year capital development strategy had now been completed:

- The BRI Redevelopment new ward block in February 2015
- Centralisation of specialist paediatrics in May 2014
- Bristol Haematology and Oncology Centre development in March 2014
- BRI Welcome Centre in December 2013
- South Bristol Community Hospital in March 2012
- Conversion of the King Edward Building and decommissioning of the BRI Old Building (due to be completed in November 2016).

Still to come was the building of a multi-storey car park on Marlborough Hill, due to be completed in late 2018.

In his forward look to 2016/17, Paul explained that the Trust was originally projecting an Operating Plan surplus of £14.2m. This had been revised to a planned surplus of £15.9m (in line with guidance from NHS Improvement). However, these figures included £13.0m of Sustainability and Transformation Funding (STF), allocated by the government. The Trust had been asked to hold this money this year as a surplus to spend in future years, and its receipt was dependent on the delivery of certain performance and financial targets.

Paul voiced concern about the macro-economic outlook, which was still enormously challenging for the NHS. The NHS provider deficit in 2015/16 was £2.4bn compared with £0.8bn the year before, and the system was still under pressure, with public spending falling far below the investment required. There was also still uncertainty about the potential effects of the UK's recent vote to leave the European Union.

He concluded that the Trust would nevertheless continue its approach of applying sound financial management principles, governance and methodology and would not compromise on clinical quality and standards.

*The Board, Governors and Members formally **received** the Annual Report and Accounts for the period 2015/16 including the Quality Report and the Independent Auditor's Report.*

#### **4. Quality Report 2015/16**

Members received a presentation on the Trust's Quality Report from Dr Sean O'Kelly, Medical Director. Sean explained that the Quality Report formed part of the Annual Report and was an assessment of the quality of the Trust's services, focussing on patient safety, patient experience, clinical effectiveness and performance against national access targets.

He presented graphs showing reductions in 2015/16 in patient falls, hospital-acquired pressure ulcers, number of reported cases of Clostridium difficile, and a general reduction in the past few years in the percentage of medication incidents causing moderate or greater harm.

In relation to 'Friends and Family' test scores (the number of patients who would recommend the service to their friends and families - a key measure of patient satisfaction), results showed that the Trust was generally in line with or above the national average. In the BRI's Emergency Department, scores were lower in the later period, though this was possibly because the Trust had installed new electronic devices to make it easier for people to respond to the test while waiting for treatment.

According to the Hospital Level Mortality indicator, a standard measure to measure the effectiveness of clinical care, UH Bristol was still performing consistently better than average.

The Quality Report outlined the Trust's progress against last year's quality objectives, which were to:

- Reduce the number of cancelled operations
- Minimise inappropriate patient moves between wards, including out of hours
- Ensure patients are treated on the right ward for their clinical condition
- Improve patient discharge
- Improve the quality of patient appointment letters
- Improve the quality of written complaints responses
- Improve the management of sepsis
- Improve the experience of cancer patients
- Reduce appointment delays in outpatients, and to keep patients better informed about any delays.

The report also included objectives for the coming year (some of which had been carried forward as they required further improvement):

- Reduce cancelled operations
- Ensure patients are treated on the right ward for their clinical condition
- Improve the timeliness of patient discharge
- Reduce appointment (in-clinic) delays in outpatients, and keeping patients better informed about any delays
- Improve the management of sepsis
- Ensure public-facing information displayed in our hospitals is relevant, up-to-date, standardised and accessible
- Reduce the number of complaints received where poor communication is identified as a root cause
- Ensure inpatients are kept informed about what the next stage in their treatment and care will be, and when they can expect this to happen
- Fully implement the Accessible Information Standard, ensuring that the individual needs of patients with disabilities are identified so that the care they receive is appropriately adjusted
- Increase the proportion of patients who tell us that, whilst they were in hospital, we asked them about the quality of care they were receiving
- To reduce avoidable harm to patients
- To improve staff-reported ratings for engagement and satisfaction.

*The Board, Governors and Members formally **received** the Quality Report for the period 2015/16.*

## **5. Membership and Governors' Review**

John Savage, Chairman, introduced Mo Schiller and Angelo Micciche, Joint Lead Governors for 2016/17, who gave a presentation on the key achievements from the past year and key objectives for the next.

Mo Schiller, Joint Lead Governor, outlined some of the ways in which governors had discharged their responsibilities over 2015/16. They had contributed to the Trust's Annual Planning process, and overseen the creation of the corporate quality objectives, informing and contributing to the Trust's Quality Account. They had engaged in the Non-executive Director appraisal process and succession planning, and approved the extension of the appointment of the external auditors in 2015 for 12 months.

In relation to their role in representing and communicating with their membership, governors had contributed to the Trust's 'Voices' magazine and participated in patient/staff activity: e.g. Patient-Led Assessments of the Care Environment visits, 15 steps assessments (first impressions of ward or department). They had supported three well-attended Health Matters events (talks and workshop sessions open to members and the public, and Doors Open Day tours of the new ward block in September 2015). A small working group had revised election materials in preparation for 2016 elections, and governors had also helped to develop more consistent branding for membership materials.

Governors' objectives for 2016/17 included rolling out membership branding across all marketing materials to ensure consistency, targeted membership recruitment and engagement focused on underrepresented groups, improving their working relationship with young governors, building on strong relationships with the Board, strengthening governance arrangements to enable governors to better hold Non-executive Directors to account, reviewing the Membership Engagement & Governor Development strategy, and agreeing the appointment process for the Chairman and also for the External Auditors in 2017.

Mo then handed over to Angelo Micciche, Joint Lead Governor, to review the Trust's membership over the year. Angelo reported that membership numbers at 31 March 2016 were 21,889 including: 6,386 public members, 4,635 patient and carer members and 10,868 staff members. This was a broadly representative membership, although the slight decline in membership numbers (public and patient/carer) continued. There would be a focus in 2016/17 on targeting underrepresented areas. In the year 1 April 2015 to 31 March 2016 there were no governor elections at UH Bristol, however, planning was undertaken in the latter half of the year to support governor elections in Spring 2016, which included the use of e-voting for the first time. Following these elections, 11 newly-elected governors had joined the Council of Governors in June 2016. He added that for members who were interested in finding out more about governor elections, there would be another opportunity to stand for public, patient, carer and staff governor roles in early 2017.

The Chairman thanked all governors, present and past, for their contribution to the work of the Trust.

*The Board, Governors and Members formally **received** the Membership and Governors' Report for the period 2015/16.*



## 6. Clinical Presentation - West of England Genomic Medicine Centre

Sean O’Kelly, Medical Director, introduced Dr Ruth Newbury-Ecob, professor of genetics at the University of Bristol and Consultant Geneticist at UH Bristol, who was in attendance to give a presentation on clinical genetics and the 100,000 genome project.

Ruth talked enthusiastically about the West of England Genomic Medicine Centre (WEGMC), which was set up at the end of 2015 to provide a Genomic Medicine Centre (GMC) service to the population in Bristol and parts of Gloucestershire, Somerset and Wiltshire. The centre was formed via a collaboration of 20 different organisations, including UH Bristol.

It was part of the Government’s 100,000 Genomes Project, which aimed to sequence 100,000 genomes from around 70,000 people. Participants were NHS patients with a rare disease, plus their families, and patients with cancer. It was expected to result in better, more precise diagnosis, and more personalised treatment. In her presentation, Ruth explained the aims and structure of the project, and the benefits that it could bring.

### Questions:

- a) John Steeds, Foundation Trust Member, enquired whether there was a local strategy to directly recruit people with specific conditions, and also enquired whether the project was only running until 2017. Ruth clarified that the project was only funded until 2017, though negotiations were underway to extend it to 2018. There were various ways in which they publicised the scheme to people with particular conditions, primarily through discussions between doctors and their patients, but also through wider advertising which was now resulting in a number of enquiries.
- b) Keith Hall, Foundation Trust Member, enquired whether there was a particular reason why cancer was chosen, as opposed to mental health, for example. Ruth responded that it would currently be difficult to use genome sequencing for conditions that were likely to be made up of many genes with environmental interaction. It was intended to look at this at some stage in the future.
- c) Alison Ryan, Non-executive Director, enquired whether the project intended to develop capability in genetic engineering. Ruth replied that this was not the intention. The work centred around identifying genetic mutations that could provide useful information, and there was no direct link to genetic modification. However, she acknowledged that all the information available would be ultimately shared in the public domain.
- d) Malcolm Watson, Public Governor, noted that while the presentation had concentrated on the genome in the causative and the pre-dispositional sense, it had not discussed genomics in the process sense: with all cancer for example being a genetic disease. Ruth acknowledged this and explained that this was why two samples were taken from cancer patients – one from the person’s blood DNA, and one from their tumour DNA – to attempt to show where mutations were occurring.
- e) Tom Frewin, Public Governor, enquired how far the research was at the moment knowledge for knowledge’s sake. Ruth responded that it was difficult to judge at present, but the objectives were very clear: the data was not primarily collected for research, but instead to use genomic sequencing to get answers for patients. Wendy Gregory, Foundation Trust member, added that as the mother of a daughter with a

genetic condition, she wholeheartedly welcomed the project as she could see significant advantages to patients and their families, particularly in terms of early diagnosis.

The Chairman thanked Ruth Newbury-Ecob on behalf of all present.

## **7. Ask the Board – Q&A with Trust Board**

- a) John Steeds, Foundation Trust Member, referred to the financial section of the presentation on the Annual Report and Accounts. He asked for clarification regarding 'other NHS medical services' on the expenditure chart. Paul Mapson, Director of Finance and Information, responded that this referred to non-staff expenditure, for example medical and surgical services, blood services, genetic testing, pathology, diagnostics, and cardiac and other devices. He offered to provide more detail if required.
- b) Garry Williams, Patient-Carer Governor, referred to the forthcoming retirement of John Savage as Chairman in May 2017 and, on behalf of the governors, expressed warm appreciation of John's support for the governors over the years.
- c) There were several questions about the retail and café provision in the Bristol Royal Infirmary. Garry Williams invited the Board to comment on the shops and café in the new BRI Welcome Centre. Robert Woolley expressed the view that the entrance of the hospital had been much improved by the addition of the Welcome Centre, and by inviting commercial retail opportunities, commercial partners had, in effect, paid for the scheme. It provided amenities for patients, public and staff, and the footfall proved they were popular. Keith Hall, Foundation Trust member, commented that the prices in the Costa café were too high for some people. He was, however, pleased to hear that there was a shared patient/staff facility in the DeliMarche café on Level 9 of the BRI, as he was not previously aware of it. Tom Frewin, Public Governor, expressed the view that the food choices in the DeliMarche café were more restrictive than the old Bistro had been. Robert acknowledged this but added that the Trust had thoroughly researched the demand, and had needed to negotiate a commercial arrangement.
- d) Malcolm Watson, Public Governor, noted that over the last few months, there had been at least three local organisations – a provider and two commissioners – that had gone into special measures. Were there any short or long-term implications of this on the finances of UH Bristol? Robert Woolley responded that if the deterioration continued, it would affect the totality of the money available for the population's healthcare in Bristol, North Somerset and South Gloucestershire (BNSSG). The 5-year strategic plan which UH Bristol was leading on behalf of BNSSG was focussed on this and he acknowledged that the problem was difficult and urgent. Paul Mapson confirmed that UH Bristol would still be able to fulfil its own financial plan, but there would be a cost issue to be addressed. While the Trust would not lose income in such a scenario, there might need to be some adjustments to the level of services provided.
- e) Wendy Gregory, Foundation Trust Member, referred to the planned junior doctors' industrial action (four five-day walkouts between now and mid-December) and asked whether the Trust was confident that it had strategies in place that would reassure the public, and enquired about the implications for elective operations. Robert Woolley commented that if the industrial action were to go ahead, it would be extremely challenging for the Trust. He confirmed that contingency planning was underway and

that patient safety would be the Trust's top priority. There would of course be a need to cancel operations, and the waiting list position would take a long time to recover. Sean O'Kelly, Medical Director, added that plans were in place to ensure that all areas would be covered and that there was a strong sense of awareness among all medical staff that this was a challenge. Alison Grooms, Deputy Chief Operating Officer, gave greater detail about the plans and how they would be put into action.

- f) Clive Hamilton, Public Governor, referred to patient flow problems and their effect on waiting times targets, and asked whether there were any specific initiatives that could help. Robert responded that the Trust's partnership with Orla Healthcare to run a virtual ward scheme (whereby patients who need a bed could be provided with hospital care in their own home) was now active and building up in terms of its impact. The Trust was also working with its partners to make sure that all the usual procedures were sufficiently tight as winter approached. However, to manage emergency demand in the long-term would require ensuring sufficient capacity in primary and community care, and sufficient education, advice, support and home care, so that patients would not always need to come to hospital when they had an urgent condition.

Owen Ainsley, Interim Chief Operating Officer, confirmed that there were at present 15 patients in the Orla Healthcare virtual ward scheme, with the aim of increasing this to 35 patients by the new year. Patients were identified at the point of admission to the hospital, and it should represent a significant change to capacity going into the winter period. There was also work ongoing in relation to capacity planning, and regular contact with all partners in the system including Bristol City Council's Health and Social Care.

- g) Tom Frewin, Public Governor, asked the Board to comment as to whether bed numbers had been reduced so far nationally that there was now no slack in the system. Robert Woolley agreed with this view, and he also added that there was now also an unsupportable level of pressure on primary care. There was therefore an enormous level of change required in terms of configuration and resourcing of care, and also in terms of public expectations. Paul Mapson added that the Trust would have neither the staff nor the capital to support additional beds.

There were no further questions.

It was John Savage's final Annual Members Meeting in the role of Chairman. He concluded the meeting with warm words about the value of the NHS in today's society, and the importance of defending it. He thanked everyone for attending and closed the meeting.

The next Annual Members' Meeting/Annual General Meeting will be held at 17:00 on Thursday 14 September 2017 in Lecture Theatre 1, Education Centre, Upper Maudlin Street, Bristol, BS2 8AE.

Council of Governors meeting held on 31 October 2016

Action Log

Outstanding actions following meeting held 28 July 2016					
No.	Minute reference	Detail of action required	Responsible Officer	Completion date	Additional comments
1.	64/01/16	To ensure Trust Board photos, governor photos and governor contact details are visible in appropriate areas of the hospitals.	Pam Wenger, Trust Secretary		Governors' Photo Poster in production and due to be completed w/c 24/10/2016
Completed actions following meeting held 28 July 2016					
		None.	Choose an item.		

**Cover report to the Council of Governors meeting to be held on 31 October 2016 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

		<b>Agenda Item</b>	2.1
<b>Meeting Title</b>	Council of Governors	<b>Meeting Date</b>	31/10/2016
<b>Report Title</b>	Holding to account report		
<b>Author</b>	Kate Hanlon, Interim Head of Membership & Governance		
<b>Executive Lead</b>	Pam Wenger, Trust Secretary		
<b>Freedom of Information Status</b>		Open	

<b>Governor Responsibility</b> (please tick any which are impacted on / relevant to this paper)	
Holding the Non-Executive Directors to account	<input checked="" type="checkbox"/>
Non-Executive Director appointments (appraisal review)	<input type="checkbox"/>
Constitutional/forward plans	<input type="checkbox"/>
Member/Public interests	<input type="checkbox"/>
Significant transaction/private patient increase	<input checked="" type="checkbox"/>
Appointment of External Auditor	<input type="checkbox"/>
Appointment of the Chief Executive	<input type="checkbox"/>

<b>Action/Decision Required</b> (please tick any which are relevant to this paper)			
For Decision	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
		For Approval	<input type="checkbox"/>
		For Information	<input type="checkbox"/>

<b>Executive Summary</b>
<p><b>Purpose:</b> In line with the Trust's Constitution, one of the general duties 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. This new report outlines the forums in which the governors have held Non-executive Directors to account in the last quarter. It is a summary of this one area of governor activity, the overall programme of governor activity is available at item 7.1.</p> <p><b>August – October 2016</b></p> <ul style="list-style-type: none"> <li>• Governors attended the public meetings of the <b>Trust Board of Directors</b> in September to observe the Non-executive Directors holding the Executive Directors to account.</li> <li>• Non-executive Directors attended meetings of the <b>Governors' Quality Focus Group</b> and <b>Governors' Strategy Group</b> in September. The Quality Focus Group receives the Quality and Outcomes Committee Chair's report. These reports provide evidence to give governors assurance that Non-executive Directors are discharging their duties effectively as members of the Board.</li> </ul>

- Governors hold regular and informal **Counsel Meetings** with the Chairman and Non-executive Directors. These are chaired by a Non-executive Director on a rotational basis and provide an informal opportunity to seek information from Non-executive Directors in relation to their areas of focus. There were two Counsel meetings in this period. Assurance was requested around the following areas:
  - *Chairman's/NEDs' Counsel meeting 26/8/2016*: staffing levels within the Women's and Children's Division; the forthcoming CQC Inspection; concerns around the working conditions in the Central Sterile Services Department; the effectiveness of the Governors' Log of Communications as a tool; the Independent Review of Children's Heart Services in Bristol, future plans for South Bristol Community Hospital and Weston General Hospital; the Board Assurance Framework and managing risk.
  - *Chairman's/NEDs' Counsel meeting 27/9/2016*: winter pressures – planning and staffing levels; the performance of the new ORLA virtual ward service; the Trust's procurement processes and value for money, and the utilisation of the Education centre/Simulation centre.
- Governors were due to attend a meeting on 24/10/16 with the Chief Executive and Non-executive Directors to discuss the Paediatric Cardiac Surgery Review.

### Recommendations

Committee Members are asked to:

- **Note the report**

### Intended Audience

(please tick any which are relevant to this paper)

Board/Committee Members	<input checked="" type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input checked="" type="checkbox"/>	Staff	<input type="checkbox"/>	Public	<input checked="" type="checkbox"/>
-------------------------	-------------------------------------	------------	--------------------------	-----------	-------------------------------------	-------	--------------------------	--------	-------------------------------------

**Cover report to the Council of Governors meeting to be held on 31 October 2016 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

		<b>Agenda Item</b>	3.1
<b>Meeting Title</b>	Council of Governors Meeting	<b>Meeting Date</b>	31 October 2016
<b>Report Title</b>	Nominations and Appointments Committee Meeting Report		
<b>Author</b>	Pam Wenger, Trust Secretary		
<b>Executive Lead</b>	Pam Wenger, Trust Secretary		
<b>Freedom of Information Status</b>		Open	

<b>Reporting Committee</b>	Nominations and Appointments Committee
<b>Chaired by</b>	John Savage, Chairman
<b>Lead Executive Director</b>	Pam Wenger, Trust Secretary
<b>Date of last meeting</b>	27/09/2016

**Summary of key matters considered by the Committee and any related decisions made.**

- Appraisal papers were reviewed for Non-executive Directors Alison Ryan, David Armstrong, Lisa Gardner, Guy Orpen and John Moore.
- The Committee discussed and agreed to support the continued appointment of Lisa Gardner until May 2017 and the re-appointment of David Armstrong and Alison Ryan for a further three-year term of office until November 2019.
- Governors agreed that in Alison's case, her three-year term of office could include a one-year sabbatical from November 2017 to November 2018.
- Governors noted that John Savage's final term of office as Chairman was due to end in May 2017, and the final terms of office of Lisa Gardner and Emma Woollett were also due to end in 2017 (May and November respectively). Governors reviewed the revised process to be followed in relation to the appointment of a new Chairman and two new Non-executive Director Observers. They agreed the timeline, job descriptions, and the approach to utilise an external recruitment agency to identify potential candidates. They also agreed to support the recruitment of a third Non-executive Director observer if it was felt necessary.

**Key risks and issues/matters of concern and any mitigating actions**

None.

**Matters requiring Committee level consideration and/or approval**

The Committee made the following recommendations for approval by the Council of Governors:

- To **approve** the continued appointment of Lisa Gardner until May 2017.
- To **approve** the re-appointment of David Armstrong and Alison Ryan for a further three-year term of office until November 2019.
- To **approve** the approach to utilise an external recruitment agency to identify potential candidates.

**Matters referred to other Committees**

None.

**Date of next meeting**

14 December 2016



**Cover report to the Council of Governors meeting to be held on 31 October 2016 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

		<b>Agenda Item</b>	4.1
<b>Meeting Title</b>	Council of Governors Meeting	<b>Meeting Date</b>	31/10/2016
<b>Report Title</b>	Quality Focus Group		
<b>Author</b>	Marc Griffiths, Lead Governor		
<b>Executive Lead</b>	Carolyn Mills, Chief Nurse	Sean O'Kelly, Medical Director	
<b>Freedom of Information Status</b>			

<b>Reporting Committee</b>	Quality Focus Group
<b>Chaired by</b>	Marc Griffiths, Lead Governor
<b>Lead Executive Director</b>	Carolyn Mills, Chief Nurse
<b>Date of last meeting</b>	01/09/2016

**Summary of key matters considered by the Group and any related decisions made.**

- **Quality and Performance Report** – Xanthe Whittaker (Associate Director of Performance) gave an in-depth presentation on 'Understanding Performance' for governors.
- **Consultation Quality Strategy 2016 – 2020**; Chris Swonnell (Head of Quality - Patient Experience and Clinical Effectiveness) presented this document to governors for consultation. The group discussed it in length and voiced their comments.
- **Report from Chair of Quality And Outcomes Committee** - Alison Ryan, Quality and Outcomes Committee (QOC) Chair, introduced the written report from the meeting held on 26 August 2016. Items included were Referral to Treatment Times, Heygrove Theatres, Information Technology and the Reviewed Savings plan and the impact on patient safety. Alison also updated the group on the Serious Incident Process Outcome.
- **Any Other Business**: The governors log items were noted. The group also discussed next meeting agenda items. Requests included Paediatric Cardiac Review, National Cancer Survey, British Orthopaedics Association Review re fractured neck of femur and The Big Hand System.

**Key risks and issues/matters of concern and any mitigating actions**

- None

**Matters requiring Committee level consideration and/or approval**

- None

<b>Matters referred to other Committees</b>	
• None	
<b>Date of next meeting</b>	<b>08/11/2016</b>

**Cover report to the Council of Governors meeting to be held on 31 October 2016 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

		<b>Agenda Item</b>	4.1
<b>Meeting Title</b>	Council of Governors Meeting	<b>Meeting Date</b>	31/10/2016
<b>Report Title</b>	Governors' Strategy Group Meeting Report		
<b>Author</b>	Clive Hamilton, Lead Governor		
<b>Executive Lead</b>	Paula Clarke, Director of Strategy		
<b>Freedom of Information Status</b>			

<b>Reporting Committee</b>	Governors' Strategy Group
<b>Chaired by</b>	Clive Hamilton, Lead Governor
<b>Lead Executive Director</b>	Paula Clarke, Director of Strategy
<b>Date of last meeting</b>	07/09/2016

**Summary of key matters considered by the Committee and any related decisions made.**

- **Transformation Priorities 2016/17.** Simon Chamberlain (Director of Transformation) gave a presentation titled 'Improving Patient Flow'. Topics covered included: children's hospital flow programme; ward processes background; ward processes improvement project on B404; impact on timely discharges, and plans for the weekend event held in May and recommendations made.
- **5 Year Sustainability and Transformation Plan.** Sarah Nadin, Head of Strategy and Business Planning updated the group on this item. Sarah explained the Sustainability and Transformation Plan (STP) is a five year forward plan translated into a local plan to secure a health and social care system. Key headlines in the presentation were National Context, Local Context and Internal Impact.
- **Strategic Capital Process.** Sarah Nadin talked the group through her next presentation titled 'Renewing our Hospitals - Strategic Capital Process'. Sarah highlighted the five key areas for development through 2016/17 and concluded by informing the group of the next steps.
- **Any other business.** Clive Hamilton (Governor) presented a list of objectives he requested to be included in the Strategy Group's Terms of Reference. Terms of Reference for all focus groups will be an agenda item at the next Constitution Focus Group meeting on 14 December.
- **Proposals for future programme items.** NHSi operational plan, Financial Outlook 2016/17, Weston General Hospital, South Bristol Community Hospital, Procurement Strategy and Education & Research Centre Strategy.

<b>Key risks and issues/matters of concern and any mitigating actions</b>	
<ul style="list-style-type: none"> <li>• None.</li> </ul>	
<b>Matters requiring Committee level consideration and/or approval</b>	
<ul style="list-style-type: none"> <li>• None.</li> </ul>	
<b>Matters referred to other Committees</b>	
<ul style="list-style-type: none"> <li>• None.</li> </ul>	
<b>Date of next meeting</b>	<b>06/12/2016</b>

**Cover report to the Council of Governors meeting to be held on 31 October 2016 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

		<b>Agenda Item</b>	4.1
<b>Meeting Title</b>	Council of Governors Meeting	<b>Meeting Date</b>	31/10/2016
<b>Report Title</b>	Constitution Focus Group Meeting Report		
<b>Author</b>	Angelo Micciche		
<b>Executive Lead</b>	Pam Wenger, Trust Secretary		
<b>Freedom of Information Status</b>			

<b>Reporting Committee</b>	Constitution Focus Group
<b>Chaired by</b>	Angelo Micciche
<b>Lead Executive Director</b>	Pam Wenger, Trust Secretary
<b>Date of last meeting</b>	01/09/2016

**Summary of key matters considered by the Committee and any related decisions made.**

- **Membership Profile.** Kate Hanlon (Interim Head of Membership and Governance) talked the group through the membership report and reminded governors of upcoming events.
- **Draft membership materials.** Kate handed around copies of the proposed new membership form and the new logo for posters. She welcomed comments from governors.
- **Review of UH Bristol Constitution.** The group held a lengthy discussion regarding proposed changes to the UH Bristol Constitution. Please see below for the full list of changes.
- **Audit Chair's Report.** There was no report available as there hadn't been an Audit Committee meeting since the last Constitution Focus Group meeting. However, Pam Wenger did inform the group that, on 28 July, the Council of Governors received (and approved) the recommendation from the Audit Committee to reappoint PricewaterhouseCoopers for a further 12 months as external auditors, from 01 July 2016 – 30 June 2017.
- **Future Activity and work programme for the group.** Angelo Micciche (Lead Governor) introduced this item. Topics raised were Governor Skills audit, Presentation/talk which gives a deeper insight into audit within the trust, Voices – agenda item for December meeting; Health matters, Engagement strategy and Counter fraud/cyber security.
- **Any other business.** Kate reminded the group of details for the Annual Members' Meeting which took place on 15 September. She also informed governors she has commenced looking at the skills audits which have been submitted so far.

**Key risks and issues/matters of concern and any mitigating actions**

- Kate Hanlon to include a definition for 'Carer' within UH Bristol Constitution.

### **Matters requiring Committee level consideration and/or approval**

- Changes to UH Bristol Constitution to be approved by the Council of Governors and then presented to Trust Board in November 2016. Changes are as follows:
  - I. 8.2.2 registered volunteers at the Trust or individuals who work at the Trust on behalf of a voluntary organisation. Removal of this section was APPROVED.
  - II. 10.1 An individual who has, within the preceding three years, attended any of the Trust's hospitals as either a patient or as the carer of a patient may become or continue as a Member. The group AGREED to remove the words 'within the preceding three years'.
  - III. 27.1 An individual who becomes a member of the corporation on or before the closing date for the receipt of nominations by candidates for the election is eligible to vote in that election. Recommendation - Amend the Constitution to include a minimum age for voting rights. The group AGREED the minimum age for voting will be 16 years old.

### **Matters referred to other Committees**

- None.

**Date of next meeting**

**14/12/2016**

**Cover report to the Council of Governors meeting to be held on 31 October  
2016 at 14:00 in the Conference Room, Trust Headquarters, Marlborough  
Street, Bristol, BS1 3NU**

		<b>Agenda Item</b>	4.2
<b>Meeting Title</b>	Council of Governors	<b>Meeting Date</b>	31/10/2016
<b>Report Title</b>	Governor Election Report		
<b>Author</b>	Kate Hanlon, Interim Head of Membership & Governance		
<b>Executive Lead</b>	Pam Wenger, Trust Secretary		
<b>Freedom of Information Status</b>		Open	

<b>Governor Responsibility</b> (please tick any which are impacted on / relevant to this paper)	
Holding the Non-Executive Directors to account	<input type="checkbox"/>
Non-Executive Director appointments (appraisal review)	<input type="checkbox"/>
Constitutional/forward plans	<input checked="" type="checkbox"/>
Member/Public interests	<input checked="" type="checkbox"/>
Significant transaction/private patient increase	<input type="checkbox"/>
Appointment of External Auditor	<input type="checkbox"/>
Appointment of the Chief Executive	<input type="checkbox"/>

<b>Action/Decision Required</b> (please tick any which are relevant to this paper)			
For Decision	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>
		For Approval	<input type="checkbox"/>
		For Information	<input checked="" type="checkbox"/>

<b>Executive Summary</b>
<p><b>Purpose:</b> To note the timetable for the UH Bristol Governor Elections in 2017.</p> <p>There will be <b>13</b> public, patient and staff seats up for election in 2017.</p> <p><b>TIMETABLE (55 days)</b>            Notice of Election / nominations open: Tuesday 7 Mar 2017            Nominations deadline: Tuesday 4 Apr 2017</p> <p>Notice of Poll published: Thursday 27 Apr 2017            Voting packs despatched: Friday 28 Apr 2017            Close of election: Wednesday 24 May 2017</p> <p>Declaration of results: Thursday 25 May 2017            New Governors take up office: Thursday 1 June 2017</p> <p>The Council of Governors is also asked to note that the terms of office of all Appointed Governors (with the exception of the Youth Council governors) will also end on 31 May 2017.</p>

Appointments to these posts will be discussed at the December Constitution Focus Group.  
 Constitution Focus Group will also review timetable for election information events.

**Recommendations**

Governors are asked to:

- **Note the timetable for the 2017 governor elections.**

**Intended Audience**

(please tick any which are relevant to this paper)

Board/Committee Members	<input type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input checked="" type="checkbox"/>	Staff	<input type="checkbox"/>	Public	<input type="checkbox"/>
-------------------------	--------------------------	------------	--------------------------	-----------	-------------------------------------	-------	--------------------------	--------	--------------------------



**Cover report to the Council of Governors meeting to be held on 31 October 2016 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

<b>Meeting Title</b>	Council of Governors	<b>Agenda Item</b>	5.1
<b>Report Title</b>	Membership engagement report		
<b>Author</b>	Kate Hanlon, Interim Head of Membership & Governance		
<b>Executive Lead</b>	Pam Wenger, Trust Secretary		
<b>Freedom of Information Status</b>	Open		

<b>Governor Responsibility</b> (please tick any which are impacted on / relevant to this paper)	
Holding the Non-Executive Directors to account	<input type="checkbox"/>
Non-Executive Director appointments (appraisal review)	<input type="checkbox"/>
Constitutional/forward plans	<input type="checkbox"/>
Member/Public interests	<input checked="" type="checkbox"/>
Significant transaction/private patient increase	<input type="checkbox"/>
Appointment of External Auditor	<input type="checkbox"/>
Appointment of the Chief Executive	<input type="checkbox"/>

<b>Action/Decision Required</b> (please tick any which are relevant to this paper)			
For Decision	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>
For Approval	<input type="checkbox"/>	For Information	<input checked="" type="checkbox"/>

<b>Executive Summary</b>	
<p><b>Purpose:</b> The Trust has a formal requirement to maintain a Foundation Trust membership and a responsibility to engage with its membership. This report provides the Council of Governors with current membership details, a summary of membership engagement since the last Council of Governors meeting on 28 July 2016 and an update on progress against the Membership Engagement and Governor Development Strategy (April 2015).</p>	
<b>Recommendations</b>	
<p>Committee Members are asked to:</p> <ul style="list-style-type: none"> <li><b>Note the report</b></li> </ul>	
<b>Intended Audience</b> (please tick any which are relevant to this paper)	
Board/Committee Members	<input checked="" type="checkbox"/>
Regulators	<input type="checkbox"/>
Governors	<input checked="" type="checkbox"/>
Staff	<input type="checkbox"/>
Public	<input checked="" type="checkbox"/>

## Membership engagement and governor activity report

### 1.0 SITUATION

The Trust has a formal requirement to maintain a Foundation Trust membership and a responsibility to engage with its membership. This report provides the Council of Governors with current membership details, a summary of membership engagement since the last Council of Governors meeting on 28 July 2016 and an update on progress against the Membership Engagement and Governor Development Strategy (April 2015).

### 2.0 BACKGROUND

#### Current membership numbers

At 18 October 2016, Foundation Trust membership stands at 21,339 members (6,305 public members; 4,511 patient members; 10,523 staff members).

This compares with membership at 15 July 2016 of 21,388 members (6,324 public members; 4,539 patient members and 10,525 staff members). Committee members are reminded that that staff numbers are largely unchanged since May 2016, which was the date of the last refresh of the database.

Membership can be broken down as follows:

<b>Member Type Breakdown</b>	<b>Total</b>
<b>Public Constituencies</b>	<b>6,305</b>
Out of Trust Area (not England or Wales)	6
Bristol	3,097
North Somerset	1,240
South Gloucester	1,222
Rest of England and Wales	740
<b>Patient Constituencies</b>	<b>4,511</b>
Unspecified	25
Carer of patients 16 years and over	203
Carer of patients 15 years and under	527
Patient – Local	3,756

<b>Staff Classes</b>	<b>10,523</b>
Medical and Dental	1,325
Nursing and Midwifery	3,000
Other clinical healthcare professionals	2,985
Non Clinical Healthcare Professionals	3,213

## Areas of progress against the Membership Engagement and Governor Development Strategy

### *Membership sign up process*

- Redesign of membership materials, including membership application form, banners, posters, in line with membership branding and for simplicity and consistency between paper application form and web application form.
- We are streamlining the membership section of the Trust website, removing pages that attract few page views, thereby improving navigation.

### *Membership engagement and recruitment*

- Patient and Public members with email addresses (2,710) have received regular email bulletins:
  - 17/08/16 included feedback on the dementia care event, details of the young governor election, opportunity to input on the Trust Carers' Strategy, and details of the Annual Members' Meeting.
  - 05/09/16 invite to the Annual Members' Meeting sent on behalf of John Savage.
  - 22/09/16 included a look back on the Annual Members Meeting, details about the Healthcare Change Makers, Healthy Cities Week 2016 and the upcoming back care event.
- At the end of September, patient and public members aged between 14 and 18 (a total of 443 members) received either an email or letter about the Youth Involvement Group, the latest Youth Involvement Group newsletter, and an introduction to the new young governors.
- The Annual Members' Meeting held on 15 September.
- Governors were active in promoting Foundation Trust membership at several events in the last quarter:
  - **Doors Open Day** on Saturday 10 September (Simulation Centre, Education

& Research Centre)

- ‘**Conversations at the Children's Hospital**’ fortnight of events 14-23 September

- **UH Bristol Healthy City Week** Expo at the Bristol Heart Institute on 21 October. For a full list of governor activity see item 7.1 on the agenda.

### *Membership magazine*

- Governors contributed to an article in September/October Voices magazine explaining how they fulfil their duties in terms of holding Non-executive Directors to account, and engaging the members of the community they represent. This edition of the magazine has been sent to all members either electronically or via mail.

### **Areas of focus for the next quarter**

- Targeted use of marketing materials, using MES – to look at boosting underrepresented categories of membership.
- Health Matters (Back Care) event in November and planning Health Matters events in to 2017, including an event focused on young people.
- Staff survey within UH Bristol re Foundation Trust membership and staff governors, supporting drop-in ‘clinics’ for staff with staff governors in November 2016.
- Review of Membership Engagement and Governor Development Strategy.
- Planning governor election information events.
- Voices mailing to all members – Jan/Feb 2016.

## **3.0 ASSESSMENT**

- 3.1 This programme of work is on target. It will be reviewed at the next Constitution Focus Group as part of the work to review the Membership Engagement and Governor Development Strategy (2015).

## **4.0 RECOMMENDATIONS**

Committee Members are asked to:

- **NOTE** the contents of the report.

**Cover report to the Council of Governors meeting to be held on 31 October 2016 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

		<b>Agenda Item</b>	6.1
<b>Meeting Title</b>	Council of Governors	<b>Meeting Date</b>	31 October 2016
<b>Report Title</b>	Appointment of the External Auditor		
<b>Author</b>	Pam Wenger, Trust Secretary		
<b>Executive Lead</b>	Pam Wenger, Trust Secretary		
<b>Freedom of Information Status</b>		Open	

<b>Governor Responsibility</b> (please tick any which are impacted on / relevant to this paper)	
Holding the Non-Executive Directors to account	<input type="checkbox"/>
Non-Executive Director appointments (appraisal review)	<input type="checkbox"/>
Constitutional/forward plans	<input type="checkbox"/>
Member/Public interests	<input type="checkbox"/>
Significant transaction/private patient increase	<input type="checkbox"/>
Appointment of External Auditor	<input checked="" type="checkbox"/>
Appointment of the Chief Executive	<input type="checkbox"/>

<b>Action/Decision Required</b> (please tick any which are relevant to this paper)			
For Decision	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>
		For Approval	<input checked="" type="checkbox"/>
		For Information	<input type="checkbox"/>

<b>Executive Summary</b>
<p><u>Purpose:</u> The purpose of this report is to present the outline process for consideration in relation to the appointment of External Auditors.</p> <p><u>Key issues to note</u> The current contract for the external auditors commenced on 30 June 2012 initially for a period of three years with the option to extend for 2 x 12 months. The contract will expire on 30 June 2017.</p> <p>The Constitution requires the Council of Governors to appoint or remove the external auditor of the Trust at a general meeting of the Council of Governors. It is therefore proposed that a task and finish group “<i>Auditor Selection Panel</i>” is established and that the Council of Governors consider the appropriate membership.</p> <p>Independent guidance on the governors’ role in relation to the external auditor is available in the 2013 publication: ‘Your Statutory Duties – A Reference Guide for NHS Foundation Trust Governors’ (published by NHS Improvement – formerly Monitor). This guidance will be circulated to all governors in due course.</p>

There has been a recommendation by the Audit Committee to utilise the existing framework agreement in place for External Audit Services as it offers value for money (VFM) as the tendering process has already been undertaken and reduces the costs for both the Trust and the Supplier; they also significantly reduce the risk of legal challenges. This process would still require the same level of evaluation as OJEU.

Consistent with the process that was undertaken in 2012, it is recommended that a task and finish group “*Auditor Selection Panel*” is established. The Council of Governors are required to confirm that the Chairs of each of the Focus Groups (Constitution, Strategy and Quality) are invited to become members of the group. The terms of reference are attached at Annex (i).

**Recommendations**

Governors are asked to:

- **Approve** the process and timescale for the appointment of External Auditors;
- **Confirm** the use of the framework agreement as the preferred procurement route; and
- **Approve** the Terms of Reference for the Auditor Selection Panel.

**Intended Audience**

(please tick any which are relevant to this paper)

Board/Committee Members	<input type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input checked="" type="checkbox"/>	Staff	<input type="checkbox"/>	Public	<input type="checkbox"/>
-------------------------	--------------------------	------------	--------------------------	-----------	-------------------------------------	-------	--------------------------	--------	--------------------------

**Date papers were previously submitted to other committees**

Nominations and Appointments Committee	Quality Focus Group	Governor Strategy Group	Constitution Focus Group	Audit Committee
				18 October 2016

## **APPOINTMENT OF EXTERNAL AUDITORS**

### **1. SITUATION**

The purpose of this report is to present the outline process for consideration in relation to the appointment of External Auditors.

The current contract for the external auditors commenced on 30 June 2012, initially for a period of three years with the option to extend for 2 x 12 months. At the end of the three year primary term, the Trust, following the recommendation of the Audit Committee, reviewed the effectiveness of the incumbent External Auditor and recommended to the Council of Governors approval of entering into the secondary terms; these were subsequently approved. The contract will expire on 30 June 2017.

### **2. AUDITOR SELECTION PANEL**

The Constitution requires the Council of Governors to appoint or remove the external auditor of the Trust at a general meeting of the Council of Governors. The Code of Governance for NHS Foundation Trusts advises that the Council of Governors should take a lead in agreeing with the Audit Committee the criteria for appointing, reappointment and removal of the auditors and the Audit Committee should make recommendations to the Council of Governors.

Consistent with the process that was undertaken in 2012, it is recommended that a task and finish group "*Auditor Selection Panel*" is established. The Council of Governors are required to confirm that the Chairs of each of the Focus Groups (Constitution, Strategy and Quality) are invited to become members of the group. The terms of reference are attached at Annex (i).

The selection panel will be:

Mr John Moore (Chair of Panel), Lisa Gardner, Non-Executive Director, Alison Ryan, Non-Executive Director (Chairs of the Trust Board Committees)  
Chairs of the Governor Focus Groups

The following shall attend in an advisory capacity:

- Paul Mapson, Director of Finance, University Hospitals Bristol NHS Foundation Trust or nominated deputy
- Jennifer McCall, Director of Audit, Audit South West or nominated deputy
- Lucy Barker, Head of Non Clinical Purchasing, Bristol & Weston NHS Purchasing Consortium or nominated deputy
- Pam Wenger, Trust Secretary, University Hospitals Bristol NHS Foundation Trust

### 3. PROPOSED PROCUREMENT TIMETABLE

The following timetable sets out the process that would need to be followed:

Audit Committee to agree the process	18 October 2016
Council of Governors to agree process and terms of reference for the Task and Finish Group	31 October 2016
First meeting of the task and finish group	November 2016
Prepare and agree tender documentation – scoring and evaluation processes	December 2016
Tendering process commences	February 2017
Agreement of preferred supplier	March/April 2017
Sign off by Audit Committee	11 April 2017
Recommendation and sign off by Council of Governors	28 April 2017
Contract commences	30 June 2017

### 4. RECOMMENDATIONS

Members are asked to:

- **Approve** the process and timescale for the appointment of External Auditors;
- **Confirm** the use of the framework agreement as the preferred procurement route; and
- **Approve** the Terms of Reference for the Auditor Selection Panel.

#### Annexes

Annex (i) Terms of Reference



<b>Terms of Reference - External Auditor Selection Panel</b>
--

<b>Version Tracking</b>				
<b>Version</b>	<b>Date</b>	<b>Revision Description</b>	<b>Editor</b>	<b>Approval Status</b>
1.0	20/10/2008	Terms of Reference - External Auditors Appointment Project Group	AR	Approved
2.0	15/05/2009	Terms of Reference widened to allow for any Governor to join the Group	AR	Approved
2.1	30/11/2011	Redraft for External Auditor Selection panel	TSec	Approved
2.2	13/09/2016	Redraft for 2017 appointment of External Auditors	TSec	For Adoption

## Table of Contents

<b>1. Purpose of the Panel.....</b>	<b>3</b>
<b>2. Role and Function.....</b>	<b>3</b>
<b>3. Membership.....</b>	<b>3</b>
<b>4. Quorum.....</b>	<b>3</b>
<b>5. Duties.....</b>	<b>4</b>
<b>6. Administration.....</b>	<b>4</b>
<b>7. Accountability and Reporting.....</b>	<b>4</b>

## **1. Purpose of the Panel**

1.1. The purpose of this Panel is to assess tenders from applicants for the role of External Auditor to the Trust (with effect from 30 June 2017).

## **2. Role and Function**

2.1. The **role of the Panel** is to assess the tenders submitted by applicants.

2.2. The **function of the Panel** is to enable the Audit Committee to make a recommendation to the Membership Council to appoint one of the candidates as the Trust's External Auditor.

## **3. Membership**

3.1. The following shall be members of the Panel:

- 3.1.1. John Moore, Non-executive Director and Chair of the Audit Committee (Chair of the Panel)
- 3.1.2. Lisa Gardner, Non-executive Director, Chair of the Finance Committee, member of the Audit Committee
- 3.1.3. Alison Ryan, Non-executive Director, Chair of Quality and Outcomes Committee
- 3.1.3. Chair of the Governors' Quality Focus Group
- 3.1.4. Chair of the Governors' Strategy Group
- 3.1.5. Chair of the Governors' Constitution Focus Group

3.2. All members of the Panel and those present are required to declare in advance any interests in any of the applicants to the Trust Secretary, and if necessary, may be required to withdraw from the process.

## **4. Quorum**

4.1. The quorum necessary for the transaction of business shall be two [2] members of the Audit Committee, one of whom shall be the Chair of the Committee, and two [2] Governors.

4.2. The following shall attend in an advisory capacity:

- 4.2.1 Paul Mapson, Director of Finance, University Hospitals Bristol NHS Foundation Trust or nominated deputy
- 4.2.2 Jennifer McCall, Director of Audit, Audit South West or nominated deputy
- 4.2.3. Lucy Barker, Head of Non Clinical Purchasing, Bristol & Weston NHS Purchasing Consortium or nominated deputy
- 4.2.4. Pam Wenger, Trust Secretary, University Hospitals Bristol NHS Foundation Trust

## **5. Duties**

### 5.1. The Panel shall:

- 5.1.1. Adopt these Terms of Reference,
- 5.1.2. Comply with the provisions of the NHS Foundation Trust Code of Governance, the Foundation Trust Constitution and the procurement regulations set out in Standing Financial Instructions (as advised by the Trust Secretary and the Head of Non Clinical Purchasing),
- 5.1.3. Agree the criteria for assessing the tenders submitted by applicants,
- 5.1.4. Receive and assess the tenders and presentations by applicants,
- 5.1.5. Score applicants in accordance with the agreed criteria,
- 5.1.6. Produce a report to the Audit Committee setting out the Panel's recommendations.

## **6. Administration**

6.1. The Membership and Governance Administrator shall administrate the work of the Panel. This shall include distribution of working materials, recording action notes of the proceedings of the Panel, and recording names of those present and those in attendance.

## **7. Accountability and Reporting**

7.1. The Panel is accountable to the Council of Governors for discharging the duties set out in these Terms of Reference.

7.2. The Audit Committee shall make its recommendations in a report to the Council of Governors on behalf of the Panel for consideration on 28 April 2017.

**Cover report to the Council of Governors meeting to be held on 31 October 2016 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

<b>Meeting Title</b>	Council of Governors	<b>Agenda Item</b>	7.1
<b>Report Title</b>	Governor activity report		
<b>Author</b>	Kate Hanlon, Interim Head of Membership & Governance		
<b>Executive Lead</b>	Pam Wenger, Trust Secretary		
<b>Freedom of Information Status</b>	Open		

<b>Governor Responsibility</b> (please tick any which are impacted on / relevant to this paper)	
Holding the Non-Executive Directors to account	<input checked="" type="checkbox"/>
Non-Executive Director appointments (appraisal review)	<input type="checkbox"/>
Constitutional/forward plans	<input type="checkbox"/>
Member/Public interests	<input checked="" type="checkbox"/>
Significant transaction/private patient increase	<input type="checkbox"/>
Appointment of External Auditor	<input type="checkbox"/>
Appointment of the Chief Executive	<input type="checkbox"/>

<b>Action/Decision Required</b> (please tick any which are relevant to this paper)			
For Decision	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>
For Approval	<input type="checkbox"/>	For Information	<input checked="" type="checkbox"/>

<b>Executive Summary</b>									
<p><b>Purpose:</b> The Council of Governors has responsibilities that are set out in Acts of Parliament such as the <i>Health and Social Care Act 2012</i>. The attached report provides a summary of how governors have discharged their responsibilities in the areas of:</p> <ul style="list-style-type: none"> <li>Engagement with their members</li> <li>Holding Non-executive Directors to account</li> <li>Strategic and other responsibilities.</li> </ul>									
<b>Recommendations</b>									
<p>Committee Members are asked to:</p> <ul style="list-style-type: none"> <li><b>Note the report</b></li> </ul>									
<b>Intended Audience</b> (please tick any which are relevant to this paper)									
Board/Committee Members	<input checked="" type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input checked="" type="checkbox"/>	Staff	<input type="checkbox"/>	Public	<input checked="" type="checkbox"/>

Governor Activity - 21 July 2016 - 21 October 2016	Public Governors										Patient Governors				Carers 16+	Carers -16	Staff Governors				Appointed Gvs																	
	Pauline Beddoes	Malcolm Watson (elected 1/6/16)	Clive Hamilton	Sue Silvey	Mo Schiller	Carole Dacombe (elected 1/6/16)	Bob Bennett	Graham Briscoe	Tom Frewin (elected 1/6/16)	Husein Amiri (elected 1/6/16)	Jonathan Seymour-Williams (elected 1/6/16)	Anne Skinner	Rashid Joomun (elected 1/6/16)	Angelo Micciche	Edmund Brooks	Ray Phipps	Kathy Baxter (elected 1/6/16)	Garry Williams (elected 1/6/16)	Sue Milestone	vacancy	Lorna Watson	Ian Davies	Karen Stevens	Andy Coles-Driver (elected 1/6/16)	Florene Jordan	Milly Yogananth (elected 1/6/16)	Maria Wahab (elected 1/6/16)	Marc Griffiths	Emma Roberts (appointed 1/6/16)	Vacancy (SWASFT)	Tim Peters	Jeanette Jones	Carole Johnson (from 1/9/2016)	Beatrice Lander (from 1/9/16)	Olivia Garrett (from 1/9/16)			
<b>Council of Governors</b>																																						
28-Jul-16		X	X		X	X		X	X			X	X	X	X		X				X		X	X	X								X	X				
15-Sept-2016 ANNUAL MEMBERS MEETING		X	X		X			X	X	X	X	X	X				X	X			X		X		X	X	X					X	X		X			
<b>Nominations and Appointments Committee (Committee members only)</b>																																						
27 Sept 2016		X		X	X	X		X				X		X			X																					
<b>Governor Development Seminar</b>																																						
11 Oct 2016		X	X		X		X		X			X	X	X	X	X	X	X						X		X												
<b>Quality Focus Group</b>																																						
01 Sept 2016		X	X	X	X	X		X		X		X			X	X	X				X	X		X	X			X										
<b>Governors Strategy Group</b>																																						
07 Sept 2016		X	X	X	X		X	X	X						X	X										X												
<b>Constitution Focus Group</b>																																						
01 Sept 2016		X	X		X			X		X	X		X	X	X	X	X				X	X		X	X													
<b>Chairman's and NEDs' Counsel/Govs Informal Meeting</b>																																						
26 Aug 2016		X	X	X	X	X	X	X		X	X		X		X	X	X								X											X		
27 Sept 2016		X	X	X	X	X	X		X	X		X	X	X	X	X	X						X			X												
<b>Public Trust Board meetings (Gvs may attend as observers: apologies are not recorded)</b>																																						
28 July 2016		X	X		X	X		X	X			X	X		X		X				X		X	X	X													
29 Sept 2016		X	X		X		X					X	X																						X			
<b>Chair and Chief Exec Walkrounds (2 governor observers per walkround)</b>								X																		X												
01-Sep-16																																						
11-Oct-16					X						X																											
<b>Members' Events</b>																																						
<b>Other regular meetings or events</b>																																						
Quarterly Staff Governors meetings with Chief Exec-6/9/16																								X		X												
<b>Ad-hoc meetings/events</b>																																						
Meeting between governors and CISC Volunteers - 20/7/16						X								X																								
Youth Council governor event - 28/7/16						X																				X												
Royal College of Nursing centenary celebrations - 16/8/2016														X																				X				
Central Sterile Services Dept visit for governors - 18/8/16											X		X				X								X													

Governor Activity - 21 July 2016 - 21 October 2016	Public Governors										Patient Governors				Carers 16+		Carers -16		Staff Governors				Appointed Govs																																		
	Pauline Beddoes	Malcolm Watson (elected 1/6/16)	Clive Hamilton	Sue Silvey	Mo Schiller	Carole Dacombe (elected 1/6/16)	Bob Bennett	Graham Briscoe	Tom Frewin (elected 1/6/16)	Husein Amiri (elected 1/6/16)	Jonathan Seymour-Williams (elected 1/6/16)	Anne Skinner	Rashid Joomun (elected 1/6/16)	Angelo Micciche	Edmund Brooks	Ray Phipps	Kathy Baxter (elected 1/6/16)	Garry Williams (elected 1/6/16)	Sue Milestone	vacancy	Lorna Watson	Ian Davies	Karen Stevens	Andy Coles-Driver (elected 1/6/16)	Florene Jordan	Milly Yogananth (elected 1/6/16)	Maria Wahab (elected 1/6/16)	Marc Griffiths	Emma Roberts (appointed 1/6/16)	Vacancy (SWASFT)	Tim Peters	Jeanette Jones	Carole Johnson (from 1/9/2016)	Beatrice Lander (from 1/9/16)	Olivia Garrett (from 1/9/16)																						
Doors Open Day - 10/9/16				X		X						X			X	X											X																														
50th anniversary of open heart surgery event and tour - 22/9/16										X							X																																								
Conversations at the Children's Hospital - 14-23/9/16				X																X																																					
UH Bristol Privacy and Dignity Day - 7/10/16																X																																									
Patients and Doctors as Partners in Learning - 12/10/16				X							X																																														
Healthy City Week Expo - BHI - 21/10/16						X										X							X																																		
<b>UH Bristol Governor Representation at External Events</b>																																																									
NHS England Leading Together Programme 2016 - Anne Skinner is UH Bristol governor rep											X																																														
Dhek Bhal Celebrating Age Festival - 26/9/16						X						X																																													
Healthcare Change Maker information session 26 & 27/9/16 (joint venture between UH Bristol/North Bristol Trust and Bristol Community Health)									X																																																
<b>Trust Operational Groups with governor representation</b>																																																									
Carers' Reference Group - gov rep is Anne Skinner											X																																														
Nutrition & Hydration Steering Group - gov rep is Anne Skinner											X																																														
Decontamination Board/Decontamination Group - gov rep is Florene Jordan																									X																																
Patient Experience Group - no governor reps at present as PEG is reviewing its membership																																																									
Clinical Ethics Advisory Group - gov rep is Anne Skinner											X																																														
Carers Strategy Steering Group - gov reps are Lorna, Garry and Sue M																	X	X			X																																				

**Cover report to the Council of Governors meeting to be held on 31 October 2016 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

		<b>Agenda Item</b>	7.2
<b>Meeting Title</b>	Council of Governors	<b>Meeting Date</b>	31/10/2016
<b>Report Title</b>	Governor Development Seminar report		
<b>Author</b>	Kate Hanlon, Interim Head of Membership & Governance		
<b>Executive Lead</b>	Pam Wenger, Trust Secretary		
<b>Freedom of Information Status</b>		Open	

<b>Governor Responsibility</b> (please tick any which are impacted on / relevant to this paper)	
Holding the Non-Executive Directors to account	<input type="checkbox"/>
Non-Executive Director appointments (appraisal review)	<input type="checkbox"/>
Constitutional/forward plans	<input type="checkbox"/>
Member/Public interests	<input type="checkbox"/>
Significant transaction/private patient increase	<input type="checkbox"/>
Appointment of External Auditor	<input type="checkbox"/>
Appointment of the Chief Executive	<input type="checkbox"/>

<b>Action/Decision Required</b> (please tick any which are relevant to this paper)			
For Decision	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>
		For Approval	<input type="checkbox"/>
		For Information	<input checked="" type="checkbox"/>

<b>Executive Summary</b>
<p><u>Purpose:</u> 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. This report provides an update on the governor development seminar programme.</p> <p>There has been <b>one</b> Governor Development Seminar since the last Council of Governors meeting.</p> <p><b>Governor Development Seminar: 11 October 2016</b> This seminar focused on the following topics:</p> <ul style="list-style-type: none"> <li>• An update on the outcomes of the Independent Review of Children’s Cardiac Services in Bristol, including a review of the agreed recommendations. This session was chaired by the Chief Nurse and Senior Responsible Officer for the implementation of Review recommendations; and Cat McElvaney, Review Project Manager.</li> <li>• An interactive workshop session on assessing our patient safety culture – led by Anne Reader, Head of Quality (Patient Safety).</li> </ul>



- An overview of the Board Assurance Framework and the Trust Risk Register and how they inform the work that the Board carries out – led by Sarah Wright, Head of Risk Management.
- An update on the Trust’s programme of work to involve and engage patients and the public, including an overview of how we collect patient feedback and how it’s used; how ways of involved the public are being used to inform the Trust’s priorities and how governors can get involved in this work – led by Paul Lewis, Patient Experience and Involvement Team Manager, and Tony Watkin, Patient and Public Involvement Lead.

•  
**Next session:** The next Governor Development Seminar will be held on Tuesday 17 January 2017 from 10:00-16:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU.

**Recommendations**

Governors are asked to:

- **Note the report**

**Intended Audience**

(please tick any which are relevant to this paper)

Board/Committee Members	<input type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input checked="" type="checkbox"/>	Staff	<input type="checkbox"/>	Public	<input type="checkbox"/>
-------------------------	--------------------------	------------	--------------------------	-----------	-------------------------------------	-------	--------------------------	--------	--------------------------

**Cover report to the Council of Governors meeting to be held on 31 October  
2016 at 14:00 in the Conference Room, Trust Headquarters, Marlborough  
Street, Bristol, BS1 3NU**

		<b>Agenda Item</b>	7.3
<b>Meeting Title</b>	Council of Governors	<b>Meeting Date</b>	31/10/2016
<b>Report Title</b>	Governor Compliance Report		
<b>Author</b>	Kate Hanlon, Interim Head of Membership & Governance		
<b>Executive Lead</b>	Pam Wenger, Trust Secretary		
<b>Freedom of Information Status</b>		Open	

<b>Governor Responsibility</b> (please tick any which are impacted on / relevant to this paper)	
Holding the Non-Executive Directors to account	<input type="checkbox"/>
Non-Executive Director appointments (appraisal review)	<input type="checkbox"/>
Constitutional/forward plans	<input type="checkbox"/>
Member/Public interests	<input type="checkbox"/>
Significant transaction/private patient increase	<input type="checkbox"/>
Appointment of External Auditor	<input type="checkbox"/>
Appointment of the Chief Executive	<input type="checkbox"/>

<b>Action/Decision Required</b> (please tick any which are relevant to this paper)			
For Decision	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>
		For Approval	<input type="checkbox"/>
		For Information	<input checked="" type="checkbox"/>

<b>Executive Summary</b>
<p><b>Purpose:</b> The Council of Governors has responsibilities that are set out in Acts of Parliament such as the <i>Health and Social Care Act 2012</i>. The attached report shows:</p> <ul style="list-style-type: none"> <li>• The current constitution of the Council of Governors</li> <li>• A review of compliance to statutory requirements of all governors.</li> </ul> <p><b>Composition of the Council of Governors</b> Three new governors joined in this period: Beatrice Lander and Olivia Garrett joined on 1 September as the Appointed Governors from the UH Bristol Youth Council for a 12-month term. They replace Isla Phillips and Julia Lee. Councillor Carole Johnson joined as Appointed Governor from Bristol City Council and will serve until 31 May 2017.</p> <p>As of 17 October 2016 there were 33 governors in post and three vacancies, as follows:</p> <p><b>Public Governors:</b> Pauline Beddoes, Malcolm Watson, Graham Briscoe, Clive Hamilton, Carole Dacombe, Tom Frewin, Mo Schiller, Sue Silvey, Bob Bennett, Hussein Amiri and Jonathan Seymour-Williams.</p>

**Patient Governors:** Rashid Joomun, Kathy Baxter, Ray Phipps, Anne Skinner, Angelo Micciche, Edmund Brooks, Garry Williams, Sue Milestone, Lorna Watson and one vacancy.

**Staff Governors:** Mily Yogananth, Karen Stevens, Andy Coles-Driver, Ian Davies, Maria Wahab and Florene Jordan.

**Appointed Governors:** Carole Johnson, Tim Peters, Marc Griffiths, Emma Roberts Jeanette Jones, Beatrice Lander, Olivia Garrett and two vacancies (Voluntary/Community Group representative and South Western Ambulance Service NHS Foundation Trust).

**Appointed governors**

We continue to seek a replacement appointed governor from South Western Ambulance Service NHS Foundation Trust.

The start date of Emma Roberts as the appointed governor for Avon & Wiltshire Mental Health Partnership has been delayed due to a period of sick leave.

**Statutory requirements**

DBS checks have been started for the three new appointed governors, the DBS checks are in progress. Just one governor from the June 2016 intake is still to attend corporate induction, which is booked for December. We are in the process of booking the new appointed governors on the induction programme.

In the meantime we are continuing to work closely with the Voluntary Services team to see where we can improve/streamline the induction process for governors.

**Recommendations**

Governors are asked to:

- **Note the report**

**Intended Audience**

(please tick any which are relevant to this paper)

Board/Committee Members	<input checked="" type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input checked="" type="checkbox"/>	Staff	<input type="checkbox"/>	Public	<input type="checkbox"/>
-------------------------	-------------------------------------	------------	--------------------------	-----------	-------------------------------------	-------	--------------------------	--------	--------------------------

**Cover report to the Council of Governors meeting to be held on 31 October 2016 at 14:00 in the Conference Room, Trust HQ, Marlborough Street, Bristol, BS1 3NU**

		<b>Agenda Item</b>	8.2
<b>Meeting Title</b>	Council of Governors Meeting	<b>Meeting Date</b>	<b>31/10/2016</b>
<b>Report Title</b>	Independent Review of Children's Cardiac Services progress report		
<b>Author</b>	Helen Morgan, Deputy Chief Nurse/Cat McElvaney, Cardiac Review Programme Manager		
<b>Executive Lead</b>	Carolyn Mills, Chief Nurse		
<b>Freedom of Information Status</b>		Open	

<b>Governor Responsibility</b> (please tick any which are impacted on / relevant to this paper)	
Holding the Non-Executive Directors to account	<input checked="" type="checkbox"/>
Non-Executive Director appointments (appraisal review)	<input type="checkbox"/>
Constitutional/forward plans	<input type="checkbox"/>
Member/Public interests	<input type="checkbox"/>
Significant transaction/private patient increase	<input checked="" type="checkbox"/>
Appointment of External Auditor	<input type="checkbox"/>
Appointment of the Chief Executive	<input type="checkbox"/>

<b>Action/Decision Required</b> (please select any which are relevant to this paper)							
For Decision	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>	For Approval	<input type="checkbox"/>	For Information	<input type="checkbox"/>

<b>Executive Summary</b>
<p><u>Purpose</u></p> <p>This paper provides a brief progress report on the actions taken in the last month to:</p> <ul style="list-style-type: none"> <li>- Implement the programme plan, which addresses the recommendations set out in the Independent Review of Children's Services at the BRCH.</li> <li>- Ensure that the programme plan describes and updates the detailed actions, timescales and responsibilities that will ensure recommendations are fully responded to.</li> <li>- Ensure that clinical leaders and service users (young people and family members) are engaged and involved in the development and delivery of the action plans.</li> </ul> <p><u>Key issues to note</u></p> <ul style="list-style-type: none"> <li>- The three Key Delivery Groups are meeting on a monthly basis to monitor progress against the action plans.</li> <li>- An assurance framework for the closure of a recommendation has been developed.</li> </ul>

- There are no risks to the delivery of the actions identified in the plan.
- A plan is in place for involving families with improvement work and also in the Parents and Young Persons reference group, with the first listening event held on October 13<sup>th</sup> 2016.

**Recommendations**

Members are asked to:

- Receive the report for **assurance** and **Note** the actions taken since the publication of the Independent Review of Children’s Cardiac Services and the CQC report.
- Receive the progress report

**Intended Audience**

(please select any which are relevant to this paper)

Board/Committee Members	<input type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input checked="" type="checkbox"/>	Staff	<input type="checkbox"/>	Public	<input type="checkbox"/>
-------------------------	--------------------------	------------	--------------------------	-----------	-------------------------------------	-------	--------------------------	--------	--------------------------

## **Independent Review of Children’s Cardiac Services at the Bristol Royal Hospital for Children (BRCH)**

### **1.0 Introduction**

This paper provides an update to the Council of Governors on development of the programme plan to address the recommendations for University Hospitals Bristol NHS Foundation Trust and South West and Wales Congenital Heart Network as set out in the Independent Review of the children’s cardiac service at the Bristol Royal Hospital for Children and a CQC expert review of clinical outcomes of the children cardiac service published on 30 June 2016. It also provides an update on work to ensure that clinical leaders and service users (young people and family members) are engaged and involved in the development and delivery of the actions within the programme plan.

### **2.0 Programme management**

Work to develop a programme plan which responds to all the recommendations for University Hospitals Bristol NHS Foundation Trust and South West and Wales Congenital Heart Network to improve care and support to children and their families has been completed. The plan describes the detailed actions, timescales and responsibilities that will ensure recommendations are fully responded to. It details where families will be involved to ensure that the actions fully address the body and spirit of the review and meet the needs of families and young people.

There are four key elements to the programme plan reflecting the four delivery groups. Three of the delivery groups have a Senior Responsible Officer (SRO). These are Mr Ian Barrington Divisional Director Women’s and Children’s Division who is the SRO for the Women’s and Children’s independent review delivery group, Dr Jane Luker Deputy Medical Director is the SRO for the trust wide consent independent review delivery group, and Ms Helen Morgan Deputy Chief Nurse is the SRO for the trust wide incident and complaints independent review delivery group.

The Women’s & Children’s Delivery Group is responsible for leading, coordinating and delivering the actions that will be implemented in the Women’s & Children’s division. The Consent Delivery Group is responsible for leading and co-ordinating and delivering the actions related to consent. The Incidents and Complaints Delivery Group is responsible for leading and co-ordinating the delivery of the actions that relate to incident and complaint management.

The fourth delivery group is the parent and young person's reference group. This group will provide a structure (actual and virtual) that will enable parents and young people to be involved and engaged in the implementation of the recommendations and the shaping of future cardiac services. It also has a role to assure the Independent Review of Children's Cardiac Service Steering Group that the views of Parents and Young Persons have been heard and that the development of the actions to implement the recommendations reflects what is important to patients and families.

The tables below details a high level progress update for the whole programme and for the three of the delivery groups. The detailed plan is in appendix 1. The plan shows that all actions will be complete by 30<sup>th</sup> June 2017.

**Table 1: Status overall Trust position (total=32)**

MONTH	Red	Amber	Blue- on target	Green-completed	TBC	Not started
Sept '16	0	0	16	1	11	4
Oct '16	0	0	26	5	1	0

**Table 2: Status Women's & Children's Delivery Group (total= 18)**

MONTH	Red	Amber	Blue- on target	Green-completed	TBC	Not started
Sept '16	0	0	13	1	4	0
Oct '16	0	0	15	3	0	0

**Table 3: Status Consent Delivery Group (total= 5)**

MONTH	Red	Amber	Blue- on target	Green-completed	TBC	Not started
Sept '16	0	0	1	0	1	3
Oct '16	0	0	5	0	0	0

**Table 4: Status Incident and Complaints Delivery Group (total= 5)**

MONTH	Red	Amber	Blue- on target	Green- completed	TBC	Not started
Sept '16	0	0	1		4	
Oct '16	0	0	5	0	0	0

**Table 5: Status Other Actions governed by Steering Group (total=4)**

MONTH	Red	Amber	Blue- on target	Green- completed	TBC	Not started
Sept '16	0	0	1	0	2	1
Oct '16		0	1	2	1	0

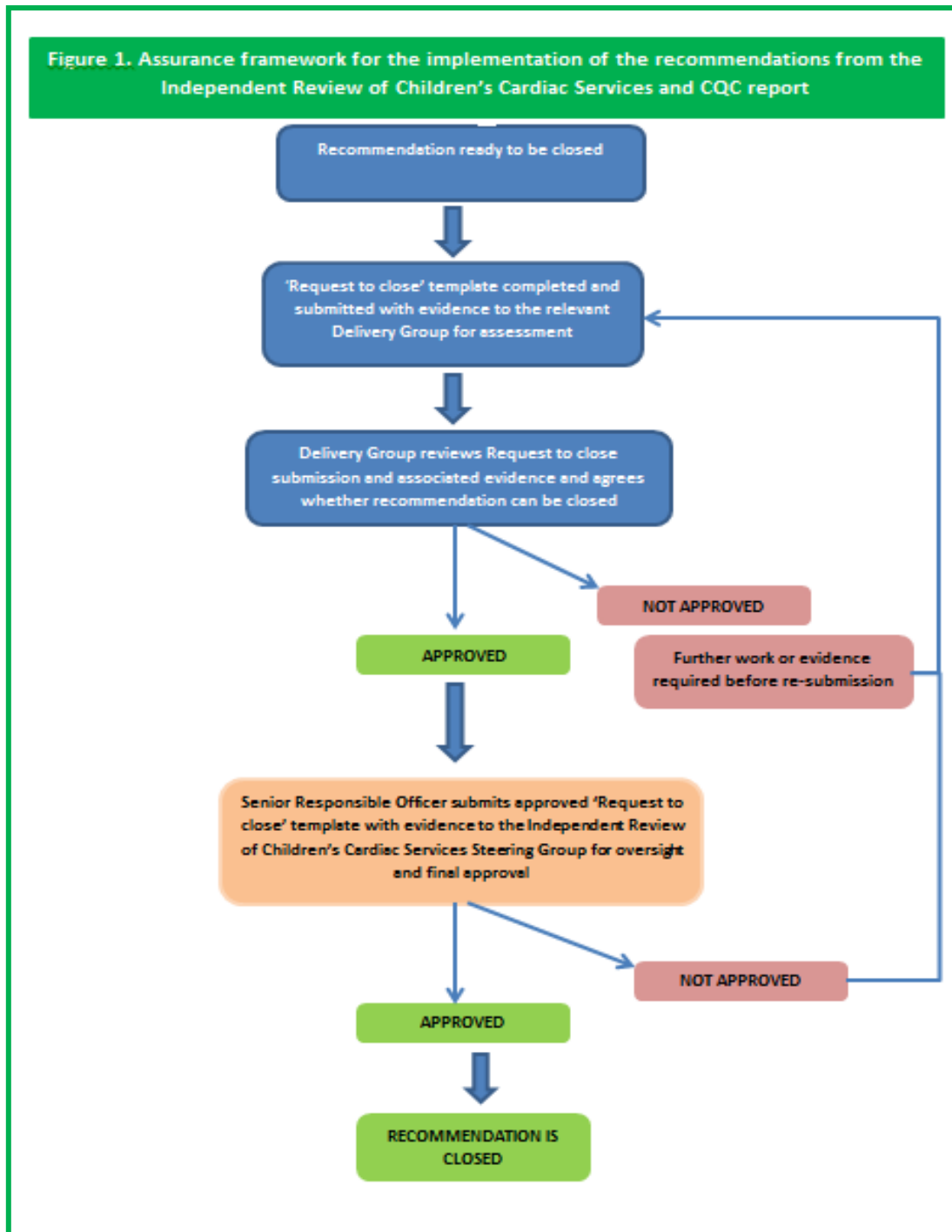
### 3.0 Risks to Delivery

There are no risks to delivery of the actions identified in the plan.

### 4.0 Assurance Framework

A key responsibility of the Independent Review of Children’s Cardiac Service Steering Group is to ensure recommendations have been fully implemented and that there is robust evidence to support implementation, before a recommendation is closed. An assurance framework has been developed to ensure that there is a clear and rigorous process for the closure of a recommendation (see fig 1). The request to close a recommendation template can be found in appendix 2.





## 5.0 Parent and young person’s reference group and family involvement activities

A working group has been set up to lead and coordinate family involvement in the implementation of the recommendations from the Independent Review of Children’s Cardiac Services and the CQC report. The working group includes the Women’s and Children’s Clinical Director, the Children’s Hospital Patient and Family Support Team

Manager and a Specialist Clinical Psychologist. It builds on the strong family involvement work that is already in existence in the Children's hospital.

A listening event was held for parents and families on the 13th of October to engage with families in the service and to understand how they would like to be involved in both overseeing and implementing the review and CQC report recommendations. Families were invited to this event via the Cardiac Support Groups, the Congenital Heart Disease (CHD) Network, the Children's hospital website and Facebook site, as well as flyers in the ward and outpatient areas. Following a very positive event, Parents have indicated the areas they wish to be involved in which include, membership of the Steering Group, a virtual parent's reference group, and reviewing documentation, processes and design work.

Further recruitment will continue via the support groups, the network and the children's cardiac services to ensure inclusivity. The Senior Responsible Officers for the Delivery Groups have been updated on the agreed mechanisms for getting families involved, so they can begin this process of involvement. The next listening event is currently being organised in the South Wales region.

## **6.0 Recommendations closed**

No recommendations were closed during this reporting period.

The Council of Governors is recommended to:

- Receive the progress report

## PROGRESS REPORT AGAINST UH BRISTOL RECOMMENDATIONS FROM THE INDEPENDENT REVIEW OF CHILDREN'S CARDIAC SERVICES – October 2016

### 1. Women's and Children's Delivery Group Action Plan, Senior Responsible Office: Ian Barrington, Divisional Director

Progress overview							Detailed actions				
No.	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
2	That the Trust should review the adequacy of staffing to support National Congenital Heart Disease Audit (NCHDA) audit and collection of data.	General Manager for Cardiac Services	Apr '17	Blue-on target	None	n/a	Review of staffing	Assistant General Manager for Cardiac Services	Sept '17	Green-complete	Staffing review report
							Results and recommendations reported at Women's and Children's Delivery Group in Sept. '16.	Assistant General Manager for Cardiac Services	Sept '17	Green-complete	Women's and Children's Delivery Group Agenda and minutes 20.09.16
							Requirement for additional staff will feed into business round 2016-17	Assistant General Manager for Cardiac Services	Apr '17	Blue-on target	Expression of interest form and Women's and Children's Operating Plan
3	That the Trust should review the information given to families at the point of diagnosis (whether antenatal or post-natal), to ensure that it covers not only diagnosis but also the proposed pathway of care. Attention	Specialist Clinical Psychologist	Apr '17	Blue-on target	Risk that we are unable to complete a visual diagram of pathway due to technical constraints and permission to change website and	n/a	Information given to families at the point of diagnosis reviewed by the clinical team and the cardiac families – remaining information for Catheter Procedures and Discharge leaflet. Website and leaflets updated to reflect improvements	Clinical Team & Cardiac Families	Jan' 16	Green-complete	Revised patient information leaflets
							Review and amendment of Catheter and Discharge leaflet	Cardiac CNS team	Feb' 17	Blue-on target	Revised Catheter and Discharge leaflet
							Enhance existing information with a visual diagram displaying pathways of care.	Specialist Clinical Psychologist	Apr' 17	Blue-on target	Pathway of Care accessible visual

Progress overview							Detailed actions				
No.	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
	should be paid to the means by which such information is conveyed, and the use of internet and electronic resources to supplement leaflets and letters.				funding to do it		Website proposal to be written for new Children's website including cardiac information similar to Evelina to improve accessibility of our information. This will be additional and not essential for delivery of the recommendation	Specialist Clinical Psychologist and LIASE Team leader	tbc		
4	That the Commissioners and providers of fetal cardiology services in Wales should review the availability of support for women, including for any transition to Bristol or other specialist tertiary centres. For example, women whose fetus is diagnosed with a cardiac anomaly and are delivering their baby in Wales should be offered the opportunity, and be supported to visit the centre in Bristol, if there is an expectation that their baby will be transferred to Bristol at some point following the birth	Congenital Heart Disease (CHD) Network Clinical Director	Apr '17	Blue-on target	Risk that we are unable to get commitment / agreement on the changes that are required across the two hospitals / commissioning bodies	n/a	<p>Meeting arranged for 18<sup>th</sup> November with English and Welsh commissioners as well as Bristol and Cardiff trusts to establish:</p> <ul style="list-style-type: none"> <li>a. Commissioner oversight of network</li> <li>b. Commissioner support for IR actions (4,5 &amp;11)</li> <li>c. Establishment of working group(s) to address the specific changes in practices required</li> </ul>	CHD Network Clinical Director and Network Manager	Nov '16	Blue-on target	Agreed pathway of care in line with new CHD standards and in line with patient feedback
							Ahead of the meeting: define specifics of recommendation (e.g. approaches to diagnosis and counselling); options for patient involvement (survey then focus group); CHD standards that relate to this recommendation; examples of practice from other centres	CHD Network Clinical Director and Network Manager	Nov '16	Blue-on target	
							Working groups to define changes / new pathways, taking account of patient feedback	Working groups	Jan '17	Not started	
							Undertake patient survey and focus groups (FI)	CHD Network Manager	Jan '17	Not started	
							New pathways in place (Jan – Apr)	CHD Network Clinical Director and Network Manager	Apr '17	Not started	Summary paper showing previous and new ways of working, detailing an assessment of the benefits

Progress overview							Detailed actions				
No.	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
5	The South West and Wales Network should regard it as a priority in its development to achieve better co-ordination between the paediatric cardiology service in Wales and the paediatric cardiac services in Bristol.	CHD Network Clinical Director	April '17	Blue-on target	As above	n/a	Linked to recommendation no. 4. Actions detailed under recommendation no. 4 will also achieve recommendation no. 5				
7	The paediatric cardiac service in Bristol should carry out periodic audit of follow-up care to ensure that the care is in line with the intended treatment plan, including with regards to the timing of follow-up appointments.	General Manager Cardiac Services	Jan '17	Blue-on target	None	n/a	Audit proposal submitted to the audit facilitator for inclusion on the Children's annual audit plan (completed Aug '16)	Patient Safety Manager	Aug '16	Green-complete	Audit proposal
							Conduct 1 <sup>st</sup> annual audit into follow up care for cardiac patients as per recommendation	Patient Safety Manager	Nov '16	Blue-on target	Audit report
							Report findings of the audit	Patient Safety Manager	Jan '17	Not started	Audit presentation and Cardiac Clinical Governance Agenda and minutes January meeting
							System developed for the regular reporting and review of follow up waiting lists at monthly Cardiac Business meeting (completed Aug '16)	Assistant General Manager for Cardiac Services	Aug '16	Green-complete	Follow up backlog report, Cardiac Monthly Business meeting standard agenda
8	The Trust should monitor the experience of children and families to ensure that	Chief Nurse and Project Lead for Children's	Oct '16	Green-complete		n/a	Baseline assessment (monthly outpatient survey) of current experience of children and families in outpatients reviewed)	Outpatients Experience working group	Aug '16	Green-complete	Outpatient Experience Review paper September 2016, Women's and

Progress overview							Detailed actions				
No.	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
	improvements in the organisation of outpatient clinics have been effective.	Services					Gap analysis of current monitoring vs monitoring required to understand patients experience of the organisation of outpatient's completed	Outpatients Experience working group	Sept '16	Green-complete	Children's Delivery Group meeting agenda and minutes 20.09.16
							Systems in place for regular and specific monitoring, and reviewing and acting on results (FI)	Outpatients & CIU Service Delivery Group	Oct '16	Blue-on target	Women's and Children's Outpatients and Clinical Investigations Unit standard agenda
9	In the light of concerns about the continuing pressure on cardiologists and the facilities and resources available, the Children's Hospital should benchmark itself against comparable centres and make the necessary changes which such an exercise demonstrates as being necessary.	Women and Children's Divisional Director	Jan'17	Blue-on target	Risk that other sites are unable to share data required to complete a comprehensive benchmarking exercise Dependent on the action required to address the gaps it may not be possible to have implemented all the changes in the timescale.	n/a	Undertake benchmarking exercise with other CHD Networks, reviewing a defined list of criteria including aspects such as: job planning, IT and imaging links, information governance. To include site visits as appropriate (Jan)	CHD Network Manager	Jan '17	Blue-on target	
							Identification of actions required to address the gaps (end Jan)	CHD Network Manager	Jan '17	Blue-on target	
							Progress to implementing any changes in practice that are deemed necessary	Women and Children's Divisional Director and CHD Network Manager	Jan '17	Blue-on target	
11	That the paediatric cardiac service benchmarks its	Network Clinical Director	Jan'17	Blue-on target	Linked to recommendation no.9. Actions detailed under recommendation no. 9 will also achieve recommendation no. 11. Risks to delivery, timescales, progress against delivery and evidence will be the same as per recommendation no. 9						

Progress overview							Detailed actions				
No.	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
	current arrangements against other comparable centres, to ensure that its ability, as a tertiary 'Level 1' centre under the NCHD Standards, to communicate with a 'Level 2' centre, are adequate and sufficiently resourced. Benchmarking would require a study both of the technical resources underpinning good communication, and the physical capacity of clinicians to attend planning meetings such as the JCC (Links to recommendation no. 5)										
16	As an interim measure pending any national guidance, that the paediatric cardiac service in the Trust reviews its practice to ensure that there is consistency of approach in the information provided to parents about the involvement of other operators or team members.	Clinical Lead for Cardiac Services and Paediatric Cardiac Surgeon	Dec '16	Blue-on target			Enhance existing guidance to describe team working and in particular the involvement of other operators and team members in patient care. Review by the Trust wide consent group and Cardiac Clinical Governance for approval and then implement.	Paediatric Cardiac Surgeon and Specialist Clinical Psychologist	Dec '16	Blue-on target	

Progress overview							Detailed actions				
No.	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
18	That steps be taken by the Trust to review the adequacy of the procedures for assessing risk in relation to reviewing cancellations and the timing of re-scheduled procedures within paediatric cardiac services.	General Manager for Cardiac Services	Nov '16	Blue-on target			Assessment of current process of risk assessing patients who have been cancelled and the timing of their rescheduled procedure (completed Aug '16)	Cardiac Review Programme Manager	Aug '16	Green-complete	Current process review report
							Develop new and improved process for risk assessing cancelled patients ensuring outcomes of this are documented (Nov '16)	Paediatric Cardiac Surgeon and Cardiac Review Programme Manager	Nov '16	Blue-on target	
20	That the Trust should set out a timetable for the establishment of appropriate services for end-of-life care and bereavement support.	General Manager for Cardiac Services	Nov '16	Blue-on target	None		End-of-life care and bereavement support pathway developed (FI)	General Manager for Cardiac Services	Sept '16	Green-complete	End-of-life and bereavement support pathway
							Implementation and roll out of new pathway	General Manager for Cardiac Services	Dec '16	Blue-on target	
21	Commissioners should give priority to the need to provide adequate funds for the provision of a comprehensive service of psychological support	Commissioners					Previous submission to commissioners for psychological support updated (Sept '16)	Consultant Clinical Psychologist	Sept '16	Green-complete	Submission to Commissions
							Expression of Interest for increased resource to be submitted as part of business planning	Consultant Clinical Psychologist and General Manager for Cardiac Services	Apr '17	Blue-on target	Expression of interest and W&C Business plan
23	That the BRHC confirm, by audit or other suitable means of review, that effective action has been taken to ensure that staff possess a shared understanding of the	General Manager Cardiac Services	Dec '17	Blue-on target	None		Review results of Trust wide Manchester Patient Safety (MAPSAF) to understand current baseline for both team level and divisional staff views on patient safety incident reporting and management	General Manager for Cardiac Services	Sept '16	Green-complete	
							Annual programme- Targeted approach to all staff groups to be developed with implementation of bespoke training and regular updates to clinical staff (on going)	Patient Safety Team Manager	Dec '16	Blue-on target	



Progress overview							Detailed actions				
No.	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
	nature of patient safety incidents and how they should be ranked.										
CQ C.2	Provision of a formal report of transoesophageal or epicardial echocardiography performed during surgery	Cardiology Clinical Lead	Nov '17	Blue-on target			ECHO form for reporting in theatres implemented	Consultant Cardiologist	Aug '16	Green-complete	
							Audit to assess implementation (Nov'16) and request to Steering Group to close	Patient Safety Manager	Nov '16	Blue-on target	
CQ C.3	Recording pain and comfort scores in line with planned care and when pain relief is changed to evaluate practice	Ward 32 Manager	Aug '16	Green-complete			Documentation developed to record pain scores more easily	Ward Manager	tbc	Green-complete	Nursing documentation
							Complete an audit on existing practise and report findings	Ward Manager	Aug '16	Green-complete	Audit of nursing documentation
CQ C.4	Ensuring all discussions with parents are recorded to avoid inconsistency in communication. This includes communications with the Cardiac Liaison Nurses, who should record contacts with families in the patient records (links with review recommendation 12)	Head of Nursing, Women's and Children's	Dec '16	Blue-on target			Work with Cardiac Nurse Specialists to improve recording communication in the patients' medical records and review option of Medway proforma's to support recording in notes	Head of Nursing	Dec '16	Blue-on target	
CQ C.5	Providing written material to families relating to diagnosis and recording this in the records. (links to review recommendation 3)	Cardiology Clinical Lead	Apr '17	Blue-on target			<i>Links to cardiac review recommendation no.3</i>				

Progress overview							Detailed actions				
No.	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
<b>CQ C.6</b>	Ensuring that advice from all professionals involved with individual children is included in discharge planning to ensure that all needs are addressed.	Head of Allied Health Professional	Jan '17	<b>Blue-on target</b>		Agreed mechanism for including AHP advice into discharge planning for children within Cardiac Services	Assessment of current Allied Health Professionals input into discharge planning for Cardiac Services (Oct '16). Audit completed and results to be formulated 27 <sup>th</sup> October 2016.	Head of Allied Health Professional	Oct '16	<b>Blue-on target</b>	Assessment documentation
							Agree with Cardiac Services Team an effective mechanism for including Allied Health Professionals into discharge planning for Cardiac Services. Meeting setup for 4 <sup>th</sup> November.	Head of Allied Health Professional and Cardiology Clinical Lead	Nov'16	<b>Not started</b>	Agreed mechanism for including AHP advice into discharge planning for children within Cardiac Services
							Implement agreed mechanism for including Allied Health Professionals into discharging planning for Cardiac Services	Head of Allied Health Professional and Cardiology Clinical Lead	Jan 17	<b>Not started</b>	Implementation plan delivery report

Key	
<b>R</b>	Red - Milestone behind plan, impact on recommendation delivery date and/or benefits delivery
<b>A</b>	Amber - Milestone behind plan, no impact on recommendation delivery date and benefits delivery
<b>B</b>	Blue - Activities on plan to achieve milestone
<b>TBC</b>	To be confirmed
<b>G</b>	Complete / Closed
<b>FI</b>	Indicates family involvement in the action(s)

## 2. Trust wide Incidents and Complaints Delivery Group Action Plan – Senior Responsible Officer; Helen Morgan, Deputy Chief Nurse

Progress overview							Detailed actions				
No	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
26.	That the Trust should explore urgently the development of an integrated process for the management of complaints and all related investigations following either a death of a child or a serious incident, taking account of the work of the NHS England's Medical Directorate on this matter. Clear guidance should be given to patients or parents about the function and purpose of each element of an investigation, how they may contribute if they so choose, and how their contributions will be reflected in reports. Such guidance should also draw attention to any sources of support which they may draw upon.	Chief Nurse	Jan '17	Blue-on target			26.1 Develop an appendix to the Serious Incident (SI) policy defining "link" between Child Death Review (CDR), complaints and SI investigations / reporting.	General Manager for Paediatric Cardiac Services	July '16	Green-Complete	
							26.2 Develop and implement guidance for staff on standards procedures / practices that need to be followed to provide a high quality and equitable service for all patients / families in the event of a bereavement.	General Manager for Paediatric Cardiac Services	Dec '16	Blue-on target	
							26.3 Develop 'guidance' / information for <b>families</b> how the x3 processes of Child Death Review (CDR) / Serious Investigation (SI) / Root Cause Analysis (RCA) investigation inquests and complaints are initiated / managed and integrate <b>(FI)</b>	Patient Safety Team Manager	April '17	Blue-on target	
							26.4 Develop 'guidance' / information for <b>staff</b> on how the x3 processes of CDR / SI / RCA investigation inquests and complaints are initiated / managed and integrate	General Manager for Paediatric Cardiac Services	Dec '16	Blue-on target	
							26.5 Develop the above <b>staff</b> guidance for adult patients and families (minus CDR).	Head of Quality (Patient Safety)	tbc	Not started	
							26.6 Develop the above <b>family</b> guidance for adult patients and families (minus CDR).	Head of Quality (Patient Safety)	tbc	Not started	
							26.7 Develop a process of identification of a 'case manager' / 'key worker' and 'medical lead' for families / patients undergoing / involved in a number of complex process to be a defined point of contact co-ordinating a communication with the family / patient- <b>Adult</b> services	Head of Quality (Patient Safety) and Head of Quality (Patient	Apr '17	Not started	

Progress overview							Detailed actions				
No	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
								Experience and Clinical Effectiveness)			
							26.8 As above- <b>Children's</b> services	General Manager for Paediatric Cardiac Services	Dec '16	Blue-on target	
							26.9 Review options for how patients / families can participate (if they want to) with the SI RCA process implement preferred options <i>(FI)</i> .	Head of Quality (Patient Safety)	June '17	Not started	
							26.10 Implement a process for gaining regular feedback from patients / families involved in a SI RCAs process to understand what it felt like for them and how we can improve the process for them	Head of Quality (Patient Safety)	Jan '17	Not started	
27	That the design of the processes we refer to should take account also of the need for guidance and training for clinical staff as regards liaising with families and enabling effective dialogue.	Chief Nurse	June '17	Blue-on target			27.1 Guidance developed to medical staff to ensure patients and families are given the option to record conversations when a diagnosis, course of treatment, or prognosis is being discussed	Medical Director	Aug '16	Green-completed	
							As per actions 26.4 and 26.5, included in recommendation no. 26 to develop guidance for staff				
							Develop a framework for training staff to support them to effectively and sensitively manage processes relating to CDR/SI's and complaints	Tbc	June '17	Not started	
28	That guidance be drawn up which identifies when, and if so, how, an 'independent element' can be introduced into the handling of those complaints or	Chief Nurse	Dec '16	Blue-on target			To review UHBristol's previous use of independent review / benchmarking from other trusts to inform above. <ul style="list-style-type: none"> <li>- Complaints</li> <li>- RCA's</li> </ul>	Patient Support and Complaints Manager and Patient Safety Manager	Nov '16 Nov '16	Green-complete	Report of the review undertaken
							Develop guidance for when to access 'independent	Head of		Blue-on	

Progress overview							Detailed actions				
No	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
	investigations which require it.						advise / review' for - Complaints - SI RCAs	Quality (Patient Experience and Clinical Effectiveness) And Head of Quality (Patient Safety)	Oct '16 Dec '16	target	Complaints policy SI policy
29	That as part of the process of exploring the options for more effective handling of complaints, including the introduction of an independent element, serious consideration be given to offering as early as possible, alternative forms of dispute resolution, such as medical mediation.	Chief Nurse	Apr '17	Blue-on target			Consider how an independent review can be introduced for 2 <sup>nd</sup> time dissatisfied complainants / involve users in developing a solution.	Head of Quality (Patient Experience and Clinical Effectiveness)	Oct '16	Green-complete	Complaints policy
30	That the Trust should review its procedures to ensure that patients or families are offered not only information about any changes in practice introduced as a result of a complaint or incident involving them or their families and seek feedback on its	Chief Nurse	Dec '16	Blue-on target			Develop a clear process with timescales trust-wide for feedback to families / patients outcomes involved in SI panels / review and actions ongoing from this and staff (FI)	Head of Quality (Patient Safety)	Apr '17	Not started	
							Inclusion in complaints to get responses as to how complainants can get (where appropriate) involved in developing local solutions to issues raised (FI)	Head of Quality (Patient Experience and Clinical Effectiveness)	Oct '16	Green-complete	

Progress overview							Detailed actions				
No	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
	effectiveness, but also the opportunity to be involved in designing those changes and overseeing their implementation.										

Key	
<b>R</b>	Red - Milestone behind plan, impact on recommendation delivery date and/or benefits delivery
<b>A</b>	Amber - Milestone behind plan, no impact on recommendation delivery date and benefits delivery
<b>B</b>	Blue - Activities on plan to achieve milestone
<b>TBC</b>	To be confirmed
<b>G</b>	Complete / Closed
<b>FI</b>	Indicates family involvement in the action(s)

### 3. Trust wide Consent Delivery Group Action Plan – Senior Responsible Officer: Jane Luker, Deputy Medical Director

Progress overview							Detailed actions				
No.	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
12	That clinicians encourage an open and transparent	Medical Director	Dec '16	Blue on target			12.1 Guidance developed to medical staff to ensure patients and families are given the option to record conversations when a diagnosis, course of treatment, or prognosis is being discussed	Medical Director	Aug '16	Green-completed	Medical Staff Guidance

Progress overview							Detailed actions				
No.	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
	dialogue with patients and families upon the option of recording conversations when a diagnosis, course of treatment, or prognosis is being discussed.						12.2 Review of new existing guidance to reflect the recommendation	Deputy Medical Director	Nov '16	Blue- on target	
							12.3 Incorporate new guidance into existing Children's Consent pathway (existing letter that goes to families before their surgical appointment) (FI)	Consultant Paediatric Cardiac Surgeon	Dec '16	Blue- on target	
13	That the Trust review its Consent Policy and the training of staff, to ensure that any questions regarding the capacity of parents or carers to give consent to treatment on behalf of their children are identified and appropriate advice sought	Deputy Medical Director	Jan '17	Blue-on target	E-learning lead is currently on learn term sick which has led to a delay in updating e-learning material		13.1 Trust wide Consent delivery group set up	Deputy Medical Director	Sept '17	Green-Completed	Terms of reference for Trust Wide Consent Group
							13.2 Review the consent policy and agree a re-write policy or amend existing policy to ensure patients and clinicians are supported to make decisions together	Consent Group	Oct '16	Blue-on target	Revised consent policy ratified by COC
							13.3 Develop training and communication plan	Deputy Medical Director	Dec '16	Blue on Target	Training and communications plan
							13.4 Advice from legal team and safeguarding on revised consent policy and e-learning	Deputy Medical Director	Dec '16	Blue on track	Legal and safeguarding assurance confirmation
							13.5 Update e-learning for any changes to consent policy and process	Deputy Medical Director	Jan '17	Blue on track	Updated E-learning package for consent
14	That the Trust reviews its Consent Policy to take account of	Deputy Medical Director	Linked to recommendation no. 13, actions, timescales and status as detailed under this recommendation – Blue on target, date completion scheduled Jan '17								

Progress overview							Detailed actions				
No.	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
	recent developments in the law in this area, emphasising the rights of patients to be treated as partners by doctors, and to be properly informed about material risks										
17	That the Trust carry out a review or audit of (i) its policy concerning obtaining consent to anaesthesia, and its implementation; and (ii) the implementation of the changes to its processes and procedures relating to consent	Deputy Medical Director	May'17	Blue-on target			17.1 Anaesthetic group to be set up to review current practise in pre-op assessment in relation to consent for anaesthesia and how they can implement a consent for anaesthesia process trust wide (FI)	Consultant Paediatric Cardiac Anaesthetist	Dec '16	Blue on target	
							17.2 Liaise with Royal College of Anaesthesia and other appropriate professional bodies with regarding national policy	Paediatric Anaesthesia consent group	Jan' 17	Not started	
							17.3 Implementation plan for trust wide consent process	Paediatric Anaesthesia consent group	May '17	Not started	
CQC. 1	Recording the percentage risk of mortality or other major complications discussed with parents or carers	Deputy Medical Director	Jan' 17	Blue-on target			1.1 Review trust wide consent form in use to agree whether they should be amended to improve recording of risk	Consent Group	Dec '17	Blue-on target	



Progress overview							Detailed actions				
No.	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
	on consent forms						1.2 Paediatric Cardiac Services to agree whether service would benefit from a bespoke cardiac consent form that includes percentage risk	Consultant Paediatric Cardiac Surgeon	Nov '16	Blue- on target	
							1.3 Cardiac Services- agree and implement process for discussing percentage risk with families (FI)	Consultant Paediatric Cardiac Surgeon	Nov '16	Blue- on target	

Key	
<b>R</b>	Red - Milestone behind plan, impact on recommendation delivery date and/or benefits delivery
<b>A</b>	Amber - Milestone behind plan, no impact on recommendation delivery date and benefits delivery
<b>B</b>	Blue - Activities on plan to achieve milestone
<b>TBC</b>	To be confirmed
<b>G</b>	Complete / Closed
<b>FI</b>	Indicates family involvement in the action(s)

**4. Other Actions Plan – governed by the Independent Review of Childrens Cardiac Services Steering Group**

Progress overview							Detailed actions				
No.	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
22	That the Trust review the implementation of the recommendation of the Kennedy Report that a member of the Trust's Executive, sitting on the Board, has responsibility to ensure that the interests of children are preserved and protected, and should routinely report on this matter to the Board.	Trust Secretary	Sept '16	Green-complete			Review of current arrangements and processes (Sept '16)	Trust Secretary	Sept '16	Green-complete	Executive Lead Role description
24	That urgent attention be given to developing more effective mechanisms for maintaining dialogue in the future in situations such as these, at the level of both the provider and commissioning organisations.	Commissioners and Trust	Tbc	Tbc			Discussion with commissioners on how best to achieve this	Commissioners and Trust	Oct '16	Tbc	
31	That the Trust should review the history of recent events and the contents of this report, with a view to acknowledging publically the role which parents have played in bringing about significant changes in practice and in improving the provision of care.	Chief Nurse	Oct '16	Green-complete			Trust board paper presented in July acknowledging the role which parents have played in bring about significant changes in practice and in improving the provision of care	Chief Executive	July '16	Green-complete	Trust Board Paper and Trust Board Agenda, July '16
							Presentation to Health and Overview Scrutiny Committee	Chief Executive, Medical Director, Chief Nurse and Women's and Children's Divisional	Aug '16	Green-complete	

Progress overview							Detailed actions				
No.	Recommendation	Lead Officer	Completion date of recommendation	Status	Delivery Risks	Revised timescale & reason	Actions to deliver recommendations	By	When	Status	Evidence
								Director			
							Presentation to the Bristol Safeguarding Children's Board	Chief Nurse	Oct '16	Green-complete	
32	That the Trust redesignate its activities regarding the safety of patients so as to replace the notion of "patient safety" with the reference to the safety of patients, thereby placing patients at the centre of its concern for safe care.	Medical Director	Dec '16	Blue- on target			Adoption of the term "Safety of Patients" in place of "Patient Safety" going forward and communication of preferred term Trust wide (Dec '16)	Medical Director	Dec '16	Blue- on target	

Key	
<b>R</b>	Red - Milestone behind plan, impact on recommendation delivery date and/or benefits delivery
<b>A</b>	Amber - Milestone behind plan, no impact on recommendation delivery date and benefits delivery
<b>B</b>	Blue - Activities on plan to achieve milestone
<b>TBC</b>	To be confirmed
<b>G</b>	Complete / Closed
<b>FI</b>	Indicates family involvement in the action(s)

## INDEPENDENT REVIEW OF CHILDRENS CARDIAC SERVICES STEERING GROUP REQUEST TO CLOSE RECOMMENDATION FORM

**PURPOSE**

This document is a request to the Independent Review of Childrens Cardiac Services Steering Group to close a recommendation from the Independent Review action plan. The request to close will have already been presented to, and approved by the relevant delivery group. The Steering Group is responsible for assuring the Trust Board that recommendations have been completed fully with robust evidence to support closing.

**REQUESTED BY****RECOMMENDATION****DATE REQUESTED**

<b>1.</b>	<b>Recommendation no. and detail .</b>
<b>2.</b>	<b>Summary of why recommendation should be closed?</b>
	<i>Please provide a summary of why the recommendation should be closed/how it has been fulfilled.</i>
<b>3.</b>	<b>Evidence to enable closure.</b>
	<i>Please detail the evidence to support the recommendation being closed and attach to the email along with this request form</i>
<b>4.</b>	<b>Actions completed .</b>
<b>5.</b>	<b>Please give details of staff and family representatatives who have been involved in the actions.</b>
<b>6</b>	<b>Benefits of implementing this recommendation</b>
	<i>Please detail any benfits from implementing this recommendation including any patient, family, staff, organisation benefits</i>
<b>7</b>	<b>Please indicate if there is any ongoing evaluation or audit planned</b>

***For completion by Independent Review of Childrens Cardiac Services Steering Group***

Date reviewed	Decision agreed	Rationale

**Cover report to the Council of Governors meeting to be held on 31 October  
2016 at 14:00 in the Conference Room, Trust Headquarters, Marlborough  
Street, Bristol, BS1 3NU**

		<b>Agenda Item</b>	9.1
<b>Meeting Title</b>	Council of Governors	<b>Meeting Date</b>	31/10/2016
<b>Report Title</b>	Governor Meeting Dates 2017-2018		
<b>Author</b>	Kate Hanlon, Interim Head of Membership & Governance		
<b>Executive Lead</b>	Pam Wenger, Trust Secretary		
<b>Freedom of Information Status</b>		Open	

<b>Governor Responsibility</b> (please tick any which are impacted on / relevant to this paper)	
Holding the Non-Executive Directors to account	<input type="checkbox"/>
Non-Executive Director appointments (appraisal review)	<input type="checkbox"/>
Constitutional/forward plans	<input type="checkbox"/>
Member/Public interests	<input type="checkbox"/>
Significant transaction/private patient increase	<input type="checkbox"/>
Appointment of External Auditor	<input type="checkbox"/>
Appointment of the Chief Executive	<input type="checkbox"/>

<b>Action/Decision Required</b> (please tick any which are relevant to this paper)							
For Decision	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>	For Approval	<input type="checkbox"/>	For Information	<input checked="" type="checkbox"/>

<b>Executive Summary</b>									
<u>Purpose:</u> To note the schedule of Governors' Meeting Dates for April 2017 to March 2018.									
<b>Recommendations</b>									
Governors are asked to: <ul style="list-style-type: none"> <li><b>Note the schedule of Governors' Meeting Dates.</b></li> </ul>									
<b>Intended Audience</b> (please tick any which are relevant to this paper)									
Board/Committee Members	<input type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input checked="" type="checkbox"/>	Staff	<input type="checkbox"/>	Public	<input type="checkbox"/>

**Governors' Meeting Dates April 2017- March 2018**

	<b>Council of Governors (preceded by Trust Board)</b>	<b>Governor Development Seminars</b>	<b>Nominations and Appointments Committee (committee members only)</b>	<b>Quality Focus Group</b>	<b>Constitution Focus Group</b>	<b>Governors Strategy Group</b>	<b>Chairman's &amp; Non-executive Directors' Counsel (preceded by Governors' Informal Meeting)</b>	<b>Members' Events</b>	<b>Public Trust Board</b>	<b>Chair and CE Walkabouts (2 governors per walkround) DATES TBA</b>
<b>Chair</b>	John Savage	Kate Hanlon	John Savage	Marc Griffiths	Angelo Micciche	Clive Hamilton	John Savage and Non-executive Directors		John Savage	Robert Woolley
<b>Other Lead</b>	N/A	N/A	N/A	Exec Lead: Sean O'Kelly / Carolyn Mills)	Pam Wenger / Kate Hanlon	Director of Strategy / Head of Business Planning	Mo/Angelo for informal meeting		N/A	N/A
<b>Jan 2017</b>	Tue 31 Jan 2017 14:00-15:30 (CR)	Tue 17 Jan 2017 10am-4pm CR		Thurs 12 Jan 2017 12:00-14:00 (BR)					Tue 31 Jan 2017 11:00-13:00 (CR)	
<b>Feb 2017</b>						Thurs 09 Feb 2017 11:00-13:00 (BR)	Fri 24 Feb 2017 (CR) Governors' Informal Meeting 11:00-12:30 Chairman's & NEDs' Counsel 12:30-13:30	Governor Election Events – dates tbc	28 Feb 2017 11:00-13:00 (CR)	
<b>Mar 2017</b>			Mon 27 Mar 2017 13:30-14:30 CR	Thurs 02 March 2017 11:00-13:00 (CR)	Thurs 02 March 2017 13:30-15:30 (CR)	Fri 10 March 2017 10:30-12:30 (CR)	Mon 27 Mar 2017 (CR) Governors' Informal Meeting 11:00-12:30 Chairman's & NEDs' Counsel 12:30-13:30	Wed 15 Mar Health Matters Event LT1, time tbc  Governor Election Events – dates tbc	30 Mar 2017 11:00-13:00 (CR)	
<b>April 2017</b>	Fri 28 April 14:00-15:30 (CR)	Mon 10 Apr 10am-4pm CR							Fri 28 April 11:00-13:00 (CR)	
<b>May 2017</b>				Tue 2 May 10:30-12:30 (CR)			Mon 22 May (CR) Informal meeting, 11:30-12:30 Governor/NED meeting, 12:30-13:30		Wed 24 May 11:00-13:00 (CR)	
<b>June 2017</b>		Wed 14 June 10am-4pm CR	Tue 27 June 14:00-15:00 (BR)		Wed 7 June 10:00-12:00 (CR)	Wed 7 June 13:00-15:00 (CR)	Tue 27 June (BR) Informal meeting, 11:30-13:00 Governor/NED meeting:13:00-14:00		Thurs 29 June 11:00-13:00 (CR)	
<b>July 2017</b>	Fri 28 July 14:00-15:30 (CR)			Fri 7 July 2017 10:00-12:00 (CR)				Mon 10 July Health Matters Event LT1, time tbc	Fri 28 July 11:00-13:00 (CR)	
<b>Aug 2017</b>							Thurs 24 Aug (CR) Informal meeting, 11:00 -12:30 Governor/NED meeting, 12:30-13:30		NO MEETING	
<b>Sept 2017</b>	<b>Thurs 14 Sept AGM 5pm-7pm LT1 Ed Centre</b>		Tue 26 Sept 14:00-15:00 (BR)	Mon 11 Sept 13:00-15:00 (CR)	Tue 5 Sept 12:30-14:30 (CR)	Tue 5 Sept 10:00- 12:00 (CR)	Tue 26 Sept (BR) Informal meeting, 11:30-13:00 Governor/NED meeting: 13:00-14:00		Thurs 28 Sept 11:00-13:00 (CR)	
<b>Oct 2017</b>	Tues 31 Oct 14:00-15:30 (CR)	Fri 6 Oct 10am-4pm CR							Tues 31 Oct 11:00-13:00 (CR)	
<b>Nov 2017</b>				Wed 8 Nov 12:00-14:00 (CR)			Mon 27 Nov (BR) Informal meeting, 11:30-13:00 Governor/NED meeting: 13:00-14:00	TBC - Health Matters Event	Wed 29 Nov	
<b>Dec 2017</b>			Thurs 21 Dec 13:30-14:30 (CR)		Mon 4 Dec 10:00-12:00 (CR)	Mon 4 Dec 13:00-15:00 (CR)	Thurs 21 Dec (CR) Informal meeting, 11:00-12:30 Governor/NED meeting, 12:30-13:30		NO MEETING	
<b>Jan 2018</b>	Wed 31 Jan 14:00-15:30 (CR)	Thurs 18 Jan 2018 10am-4pm CR		Thurs 11 Jan 14:00-16:00 (CR)					Wed 31 Jan 11:00-13:00 (CR)	
<b>Feb 2018</b>							Fri 23 Feb 2018 (CR) Informal meeting, 11:00 -12:30 Governor/NED meeting, 12:30-13:30		Wed 28 Feb 11:00-13:00 (CR)	
<b>Mar 2018</b>			Tue 27 Mar 14:00-15:00 (BR)	Thurs 8 Mar 10:00-12:00 (CR)	Thurs 8 Mar 12.30-14:30 (CR)	Thurs 15 Mar 2018 10-12:00 (CR)	Tue 27 Mar (BR) Informal meeting, 11:30-13:00 Governor/NED meeting: 13:00-14:00	TBC - Health Matters Event	Thurs 29 Mar 11:00-13:00 (CR)	

**Cover report to the Council of Governors meeting to be held on 31 October 2016 at 14:00 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU**

		<b>Agenda Item</b>	9.2
<b>Meeting Title</b>	Council of Governors	<b>Meeting Date</b>	31/10/2016
<b>Report Title</b>	Governors' Log of Communications		
<b>Author</b>	Kate Hanlon, Interim Head of Membership & Governance		
<b>Executive Lead</b>	Pam Wenger, Trust Secretary		
<b>Freedom of Information Status</b>		Open	

<b>Governor Responsibility</b> (please tick any which are impacted on / relevant to this paper)	
Holding the Non-Executive Directors to account	<input type="checkbox"/>
Non-Executive Director appointments (appraisal review)	<input type="checkbox"/>
Constitutional/forward plans	<input type="checkbox"/>
Member/Public interests	<input type="checkbox"/>
Significant transaction/private patient increase	<input type="checkbox"/>
Appointment of External Auditor	<input type="checkbox"/>
Appointment of the Chief Executive	<input type="checkbox"/>

<b>Action/Decision Required</b> (please tick any which are relevant to this paper)							
For Decision	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>	For Approval	<input type="checkbox"/>	For Information	<input checked="" type="checkbox"/>

<b>Executive Summary</b>									
<p><b>Purpose:</b> 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.</p> <p>The Governors' Log of Communications was established as a means of channelling communications between the governors and the officers of the Trust. The log is distributed to all Board members, including Non-executive Directors, when new items are received and when new responses have been provided.</p>									
<b>Recommendations</b>									
<p>Governors are asked to:</p> <ul style="list-style-type: none"> <li><b>Note the report</b></li> </ul>									
<b>Intended Audience</b> (please tick any which are relevant to this paper)									
Board/Committee Members	<input type="checkbox"/>	Regulators	<input type="checkbox"/>	Governors	<input checked="" type="checkbox"/>	Staff	<input type="checkbox"/>	Public	<input type="checkbox"/>

**ID**      **Governor Name**

166      Anne Skinner

**Theme:** Nursing staff**Source:** Governor Direct**Query**      13/10/2016

Following up from log query no. 62 (relating to arrangements for appropriately qualified cover to be available on wards at night to ensure nursing staff can take their meal breaks) it is good to hear that nursing staff are encouraged and expected to take their breaks. However, what measures are in place to ensure that they actually do take proper breaks?

**Division:** Trust-wide**Executive Lead:** Chief Nurse**Response requested:****Response****Status:** Assigned to Executive Lead

165      Anne Skinner

**Theme:** CSSD**Source:** Chairman's Counsel**Query**      13/10/2016

On a visit in August 2016 to the Centralised Sterile Services Department, governors were concerned to see staff working in uncomfortable conditions due to a breakdown in the cooling system. Can you explain why this issue is still ongoing and assure governors and the staff within the department when the cooling system will be fixed?"

**Division:** Trust Services**Executive Lead:** Chief Operating Officer**Response requested:****Response****Status:** Assigned to Executive Lead



**ID**      **Governor Name**  
164      Malcolm Watson

**Theme:** Processes in divisions for early identification of issues

**Source:** Project Focus Group

---

**Query**      **06/10/2016**

In a recent Quality Focus Group meeting, the group received a presentation from Xanthe Whittaker to explain the data in the Quality & Performance reports. While the data in these reports represent aggregated data, I am interested what happens when the 'lower level' data are disaggregated and demonstrate 'aspects that may be falling down'. What processes are in place to identify early identification of issues? What processes are followed within divisions when issues are identified and what actions are taken as a result?

**Division:** Trust-wide

**Executive Lead:** Chief Operating Officer

**Response requested:**

**Response**    **19/10/2016**

For each of the Trust level scorecards that are presented in the Quality & Performance Report there is an equivalent Divisional version. There are also 'directorate' specific versions of the Scorecards, such as Children's Services, Oncology and Cardiac. The scorecards are used by Divisions to understand and improve their performance.

Like the Trust-level scorecards, Divisions use these scorecards to report their performance each month to their Divisional Boards. Divisions also use these scorecards at their monthly and quarterly Exec-led review meetings, at which there are detailed discussions around specialties/areas/sites that are failing the performance standards.

To complement each of the indicators in the Trust and Divisional-level scorecards we have set up a Key Performance Indicator (KPI) report. This provides a detailed breakdown of the performance against that indicator, at a Trust, Division, specialty/site and/or ward level. These are used by corporate teams and Divisions to delve deeper into the data.

We also have a range of Performance Books, which provide a ward or unit level view of performance against a range of indicators (Access, Quality and Workforce) for a given ward or unit each month. Many wards use their Performance Books to understand what issues they have at a local level and importantly, to understand the potential relationship between different indicators (such as workforce indicators and quality indicators). The Performance Books were shared with the CQC at the time of the last inspection and were positively noted in the final published report.

In addition to the above we have a range of bespoke reports, which provide more granular detail of performance. How these are used varies dependent upon the area of performance. But as an example, there is a weekly report that is produced on Referral to Treatment Times (RTT) which gives a breakdown of the number of patients waiting over 18 weeks in every specialty across the Trust. This is used by Divisions to understand whether they need to try to establish additional capacity to treat more patients. It is also used by the corporate team to understand how backlogs are changing across time, and what risk that poses to the achievement of the national standard.

**ID**      **Governor Name**

As is the case for many of the Trust's KPIs, there is a steering group which oversees performance against this indicator. The RTT Steering Group meets monthly and uses both weekly and monthly specialty/Divisional level RTT data to understand and improve performance. From this specialty-level information action plans are developed as appropriate, such as the one currently in use as part of a weekly escalation process to try to restore RTT performance back to the national 92% standard as quickly as possible. This is just one example of how more granular data is made available and used. Similar processes exist for a wide range of the Trust's KPIs.

**Status:** *Awaiting Governor Response*

---

**ID**      **Governor Name**  
163      Clive Hamilton

**Theme:** Risk Management Policy and guidance

**Source:** Governor Direct

---

**Query**      **14/09/2016**

Page 386 of the July 2016 Board report sets out some of the duties, roles and responsibilities of those involved in the risk management process as follows:

"6.14 Wards and department leads

Each manager is responsible for ensuring Risk Assessments are completed with implementation of suitable and sufficient control measures and for communicating the risk assessment to those affected.

Line managers must allocate sufficient time for the risk assessor to ensure that they have enough time to complete their assessor responsibilities within normal working hours."

Firstly, is there a need to define the Ward and Departmental Leads responsibilities more directly?

i.e. "...Risk Assessments are completed and that the resulting control measures are implemented within the agreed time frame and communicated to all staff responsible for implementation."

and

"...Where the Ward Manager or Departmental Lead is unable to ensure suitable and sufficient control measures are implemented, the risk, control measures and time frame target must be escalated to the next in line of supervision and documented to that effect."

Secondly, one of the findings of the Review of Cardiac Services at the Bristol Children's hospital was the inadequate escalation of risks to higher levels of management for mitigation, especially in relation to safe staffing levels on Ward 32.

Are we assured that the current Risk Management policy and guidance is now in place to reduce the likelihood of inadequate risk control escalation procedures?

**Division:** Trust Services

**Executive Lead:** Trust Secretary

**Response requested:**

**Response**      **25/10/2016**

Thank you for the comments which are helpful. We hope that the recent Governor Development Seminar on risk management provided governors with additional context and assurances in relation to the approach to Risk Management.

The specific responses to your questions are below:

**ID**      **Governor Name**

The roles and responsibilities section of the policies was reviewed following some helpful comments received at Trust Board meeting where the policy was approved. A minor amendment was subsequently made to section 6.14 to strengthen the wording following these comments. Whilst we could see the sense in the challenge we did not identify the need for any further amendment at this point as the process of risk escalation is laid out clearly in section 10.4 and the responsibilities of staff are implicit at this point.

Further practical guidance is given to members of staff with risk management responsibilities during training and ongoing support is provided by the central risk management team.

There have been significant improvements in the way in that the risk management process is monitored following the implementation of a new system that has brought a greater level of transparency at all levels. and escalated and this has been noted by the Board. The process for the escalation of risks is considered monthly by the Senior Leadership Team who receive a detailed report of risks requiring escalation and also an oversight of significant risk that are being managed at a divisional level. On a rolling annual basis divisions are required to provide a report to the Risk Management Group on their divisional risks and reporting processes. The Audit Committee received a copy of the minutes of the Risk Management Group which provides the assurances through to the Board on the implementation of the policy. Furthermore, significant work has been undertaken to align the Corporate Risk Register with the Board Assurance Framework.

**Status:** *Awaiting Governor Response*

---

**ID**      **Governor Name**  
162      Clive Hamilton

**Theme:** VTE

**Source:** Governor Direct

---

**Query**      14/09/2016

On page 133 of the July 2016 Board Report it was reported that there were two incidences of venous thromboembolism in the Children's Hospital and that this was unusual so validation was needed.

Were these cases valid, and if so, is there a case for VTE assessment in the Children's Hospital?

**Division:** Women's & Children's Services

**Executive Lead:** Chief Nurse

**Response requested:**

**Response**      19/09/2016

The validation of the two venous thromboembolism (VTE) cases in the July Board report (June data) has taken place. One of the cases was not validated and one was. For the case that was validated the young person had had the appropriate VTE risk assessments completed and thrombo-prophylaxis treatment given as per Trust policy.

The current policy states that clinicians should consider thrombo-prophylaxis in paediatric patients over 40kg, the rationale for that is that they are more physiologically akin to an adult.

**Status:** *Awaiting Governor Response*

---

**ID**      **Governor Name**

**161**      **Clive Hamilton**

**Theme:** Inpatient Food Safety and Nutritional Standards

**Source:** Governor Direct

**Query**      **14/09/2016**

The Trust recently took on a new contract for the supply of frozen meals/food.

Microbiological safety and nutritional quality are important for reducing the risk of harm and as aids to enhanced recovery.

Do we have independent assurance that all food supplied to patients meets microbiological safety requirements and adequate nutritional content?

Clarification question submitted 12/10/16: What independent assurance do we have that the food is microbiologically safe and of acceptable nutritional content? My experience of food safety law enforcement covered ascertaining whether the defence of due diligence was available to food supplied to the public - and this involved independent sampling. Are we doing this?

**Division:** Trust Services

**Executive Lead:** Chief Operating Officer

**Response requested:**

**Response**      **20/09/2016**

Yes. The Trust is undertaking a vigorous procurement process, which encompasses microbiological safety requirements. Our quality in-house dieticians secure and monitor the nutritional standards set by the Trust.

Response updated 19/10/16: We are still in the process of procuring our supplier for patient feeding. However, all the suppliers within the tender process need to adhere to the Health Protection Agency (HPA) guidelines for assessing the microbiological safety of foods (2009), and this would involve the supplier sending their food to be independently tested for microbiological safety.

**Status:** *Awaiting Governor Response*

**ID**      **Governor Name**  
160      Clive Hamilton

**Theme:** Safe Staffing Levels

**Source:** Chairman's Counsel

---

**Query**      14/09/2016

The 'Safe Staffing Levels' report for June 2016 indicates that the Women's and Children's Division had a deficit of 1,084 hours from expected levels of staff amounting to 99% cover.

Three wards were showing more substantial deficits:

Ward 32 - 296 hours or 93% of expected

Ward 34 - 803 hours or 84% of expected

Ward 38 - 278 hours or 94% of expected

Can we have assurance that patient safety was not put at risk as a result of these deficiencies and that High Dependency Care was not compromised?

**Division:** Women's & Children's Services

**Executive Lead:** Chief Nurse

**Response requested:**

**Response**      22/09/2016

The UH Bristol 'Monthly Staffing Report of Nursing and Midwifery Levels June 2016' reported that the Women's and Children's Division had a deficit of 1,084 hours from the expected 77,449 nursing hours planned. The Women's and Children's Division report on staffing levels across 15 clinical areas and in June 2016, 3 of these clinical areas (wards 32, 34, 38) reported a negative variance. The reasons for this are explained as follows:

Ward 32

Ward 32 has 16 beds (11 cardiac speciality and 5 High Dependency beds) and to staff these as planned, if all beds are fully occupied 7 days of the week, requires 6 registered nurses and 1 nursing assistant on the day shift. Throughout June, the number of patients who occupied these beds were on average 10/11 patients meaning that 4/5 beds were 'empty' and therefore required less staffing than planned. The negative balance of 296 hours (or 93% fill rate) is appropriate as the bed occupancy was lower than expected in June, and the number of nurses required to staff 16 beds was reduced in response to this. There were no lower than expected staffing level incidents reported in June and the correct ratio of nurse to patient was provided. Therefore assurance is given that patient safety was not put at risk and High Dependency Care not compromised.

Ward 34

Ward 34, has 16 beds (6 Bone Marrow Transplant and 10 Oncology/Haematology) and to staff these as planned, if all beds are fully occupied all of the week, plans to roster 7 registered nurses and 1 nursing assistant on the day shift and 6 registered nurses and 1 nursing assistant on the night shift. Ward 34 temporarily reduced its beds from 16 to 14 over the summer months. Throughout June, the number of patients who occupied the 14 beds available were on average 10/11 patients meaning that 3/4 beds were 'empty' and therefore required less staffing than planned for the 14 beds. The negative balance of 803 hours (or 84% fill rate) is appropriate. There were no lower than expected staffing level incidents reported in June and the correct ratio of nurse to patient was provided. Therefore

**ID Governor Name**

assurance is given that patient safety was not put at risk or compromised.

Ward 38

Ward 38 has 22 beds (16 neurosurgery and neurology and 6 neuro rehabilitation) and to staff these as planned, if all beds are fully occupied 7 nights of the week, requires 5 registered nurses and 2 nursing assistants on the night shift. Throughout June, the number of patients who occupied these beds were on average 13/14 patients meaning that 8/9 beds were 'empty'. The negative balance of 278 hours (or 94% fill rate) is appropriate at weekends/weekend nights the number of nurses required is less as some of the rehabilitation patients go home as part of their recovery plan. There were no lower than expected staffing level incidents reported in June and the correct ratio of nurse to patient was provided. Therefore assurance is given that patient safety was not put at risk or compromised.

**Status:** *Closed*

---

**159 Andy Coles-Driver**

**Theme:** Renewing our hospitals

**Source:** Governor Direct

---

**Query 30/08/2016**

There have been discussions about the redevelopment of Trust Headquarters and the staff car park. How is this work to be funded? Will any new car park be for staff and/or patients and visitors?

**Division:** Trust Services

**Executive Lead:** *Chief Operating Officer*

**Response requested:**

**Response 13/09/2016**

Response updated 19/10/16 following clarification query from Bob Bennett, public governor: 'Will the car park be restricted to patients, visitors and staff or any combination?'

We are currently undertaking a competitive tender exercise to find a private operator to design, build and operate a car park on the site of the existing staff car park. The new car park would provide approx. 680 car parking spaces for patients and visitors only, and we would seek to re-provide the 140 existing staff car parking spaces. Any proposals resulting from the tender exercise would still be subject to planning.

**Status:** *Closed*

---



**ID**      **Governor Name**  
158      Andy Coles-Driver

**Theme:** Renewing our hospitals

**Source:** Governor Direct

**Query**      30/08/2016

Since the facade work was completed the front of the BRI looks superb, however the top levels under the helideck look unattractive and spoil the whole look. Are there any plans to refurbish the very top of the Queen's Building?

**Division:** Trust Services

**Executive Lead:** Chief Operating Officer

**Response requested:**

**Response**      13/09/2016

There are no plans at present to refurbish the top of the Queen's Building, due mainly to funding.

**Status:** Closed

**ID**      **Governor Name**  
157      Garry Williams

**Theme:** Cataract surgery

**Source:** Governor Direct

---

**Query**      25/08/2016

It could be thought that the scheme to refer 'post op' cataract patients to CCG approved community optometrists could increase the risk of delay and a break in continuity of care, with the associated possibility of errors in clerical/admin aspects, and also for sales pressure upon patients using commercial premises.

If such schemes to relieve pressure on hospital lists are to be urged, they must also proffer rigorous validation and evaluation of the impact on patients and existing professional/clerical back-up within the Trust.

Is evidence being urgently sought of numbers involved, reaction of patients, especially to possible exposure to sales pressure, and as to the way Trust staff are managing this delegation of patient care and associated scrutiny of record-keeping?

**Division:** Surgery, Head & Neck

**Executive Lead:** Chief Operating Officer

**Response requested:**

**Response**      13/09/2016

The CCG has commissioned community optometrists to provide cataract follow-up appointments in place of the Bristol Eye Hospital (BEH) and therefore the new arrangements fall outside of that which the BEH can directly manage. However, while the BEH is not party to the nature of the contract between the CCG and these community providers, it would be highly unusual for any such contract not to include an instance on collecting and acting upon patient feedback. In terms of securing ongoing patient care, through administrative systems put in place, the BEH is able to see which of the patients discharged have booked their follow-up appointment. The BEH will then contact any patient who has not made their appointment within the appropriate clinical timescale to either support them in making a follow-up appointment with their optometrist, or arrange an appointment at the BEH if deemed clinically necessary.

**Status:** Closed

---