University Hospitals Bristol NHS
NHS Foundation Trust

Unconfirmed Minutes of the Meeting of the Trust Board of Directors held in Public on 22 December 2014 at 10:30, the Conference Room, Trust Head Quarters, Marlborough Street, BS1 3NU

Board members present:
John Savage - Chairman
Robert Woolley – Chief Executive
Deborah Lee - Deputy Chief Executive/Director of Strategic Development
Sue Donaldson – Director of Workforce and Organisational Development
Paul Mapson – Director of Finance & Information
Sean O'Kelly – Medical Director
James Rimmer – Chief Operating Officer
Emma Woollett – Non-Executive Director
David Armstrong – Non-Executive Director
Julian Dennis – Non-Executive Director
John Moore – Non-Executive Director
Guy Orpen – Non-Executive Director
Jill Youds – Non-Executive Director

Present or in attendance:
Helen Morgan – Deputy Chief Nurse
Debbie Henderson – Trust Secretary
Dr Robert Pitcher - Joint Clinical Lead for Cellular Pathology Services
Isobel Vanstone – Interim Corporate Governance PA (Minute Taker)
Penny Hilton – Fast-Track Executive
Fiona Reid – Head of Communications
Fiona Jones – Divisional Director Diagnostic Services and Therapies
John Steeds – Patient Governor
Angelo Micciche – Patient Governor
Clive Hamilton – Public Governor South Somerset
Pam Yabsley – Patient Governor
Tom Davies – Staff Governor
Graham Briscoe – Public Governor, North Somerset
Jeanette Jones – Appointed Governor
Pauline Beddoes – Public Governor
Florene Jordan – Staff Governor

47/12/14 Chairman's Introduction and Apologies
Apologies had been received from Carolyn Mills (Chief Nurse), Alison Ryan (Non-Executive Director), Lisa Gardner (Non-Executive Director) and Aidan Fowler (Fast Track Executive)

48/12/14 Declarations of Interest
In accordance with Trust Standing Orders, all Board members present were required to declare any conflicts of interest with items on the meeting agenda. No new declarations of interests were received.

49/12/14 Minutes and Actions from Previous Meeting
The Board considered the minutes of the meeting of the Trust Board of Directors held in public on 27 November 2014 and approved them as an accurate record, subject to minor amendments. The Chairman requested that the minutes be circulated after the meeting subject to the amendments. Emma Woollett referred to the approval of the Terms of Reference for the Trust's Remuneration and Nomination Committee and noted that the Board agreed that a further review to include key performance indicators would be carried out over the next 12 months.

50/12/14 Matters Arising
Matters arising and actions complete were noted by the Board.

51/12/14 Histopathology Business Case
Robert Woolley referred to the Histopathology Business Case and the recommendations from the independent enquiry of Histopathology Services in Bristol. The Board fully accepted the recommendations in December 2010, one of which referred to the centralisation of histopathology services under the management of a single organisation. Robert stated that the Trust had worked closely with colleagues in North Bristol NHS Trust (NBT) and it was agreed that NBT were best placed to manage the service. Robert noted a delay during the options appraisal for the centralisation of pathology services across all disciplines, and confirmed that both organisations have put significant effort to developing a free standing business case for the cellular pathology transfer.

Sean O'Kelly provided an overview of the proposed clinical model referred to as 'the conglomerate model', describing how the service will operate with an essential services laboratory on site at University Hospitals Bristol NHS FT (UHB) and a central laboratory at the NBT Site. Sean discussed in detail the services and operational management including arrangements for frozen sections, operational management issues for multi-disciplinary teams, one stop cytology clinics and specimen dissections. Sean confirmed that the proposals allow the benefit of little noticeable difference in delivery for service users.

Emma Woollett queried the impact of the proposals and changes on the whole pathology service. Sean O'Kelly confirmed that this is a distinct service and confirmed that there is no degree of conflict as a result of the proposals.

Jill Youds stated that she wished to understand the difference between integration and conglomeration. Robert Woolley explained that the Business Case had been subject to a full options appraisal and invited Dr Robert Pitcher, Joint Clinical Lead for Cellular Pathology Services to respond. Dr Pitcher stated that the team took part in a series of workshops to analyse the options for the future of cellular pathology. These options included: operating two separate services; a collaborative model working together more; and full integration of services. Dr Pitcher referred to concerns regarding full integration in terms of supporting the clinical services at UHB. The conglomerate model included an emphasis on the need for the specialist teams at UHB and NBT to work together in terms of the immediate services provided i.e., frozen sections. However, it also included the longer term service required to support clinical teams in the future. Dr Pitcher emphasised that the key to delivering an improved, reliable service is the ability to work collaboratively between Trusts and clinical teams. Dr Pitcher also confirmed that the Business Case does not include proposals for higher workforce costs.

John Moore made reference to Appendix 9, Operating Standards and queried the pragmatics of implementing this agreement. Dr Pitcher confirmed that the staff had been part of the design of the operating standards via the Bristol Cellular Pathology Forum, a joint meeting of the Cellular Pathologists and Senior Biomedical Staff in Bristol. It was agreed that the standards are challenging and he referred to concerns referenced in the Business Case relating to turnaround times for pathology and stated that the Trust do not achieve the recommended Key Performance Indicators as outlined by the Royal College of Pathologists. Dr Pitcher confirmed that these standards have been developed to mitigate this. With regard to capacity planning, Dr Pitcher provided assurance that resource is reflected in a new staffing model which supports delivery of the service. It was also confirmed that the Trust does not have an increasing backlog of work which provided further assurance that the Trust has the right level of capacity to manage the work, although the time frames remain an issue. This will be mitigated as part of the new staffing structure and Dr Pitcher confirmed that discussions had already commenced with staff regarding these proposals.

In response to a query from John Moore regarding timescales for achievement of these standards, Dr Pitcher stated that this is dependent on a number of external factors including the Laboratory Information Management System and the building. Dr Pitcher also referred to the need for a clear Service Level Agreement between UHB and NBT.

A discussion took place with regard to funding and financial analysis relating to the project, and Paul Mapson confirmed the costs for the overall service and provided a detailed verbal report outlining the financial analysis. With regard to the cash impact, Paul Mapson confirmed this as £549k plus transitional costs which have been included in the figures for the next financial year.

Following a query from Clive Hamilton with regard to double reporting, Sean O'Kelly felt that the service may have a positive impact on recruitment into posts which have been challenging in the past. Dr Pitcher confirmed that the Service had already recruited 3 pathologists for UHB and one pathologist for the NBT.

John Steeds referred to £616k for capital charges for equipment and asked if this was a one off, shared equally between the two Trusts. Paul Mapson confirmed that this is an ongoing cost for NBT. Paul Mapson noted these costs relate to equipment and building work to accommodate the Service. Deborah Lee confirmed that £549k is the financial impact on UHB. Robert Woolley stated that the financial analysis has been agreed between UHB and NB and noted an inevitable cost pressure as a result of the project and confirmed that NBT Board of Directors have approved the Business Case. Robert provided assurance that both Boards are proceeding on the basis that the benefits in terms of sustainability, critical mass, ability to meet standards, double reporting and improved patient care, are considered appropriate in relation to cost pressures and risk.

Deborah Lee reported on a thorough debate that took place at the Trust's Senior Leadership Team which included input from clinicians to analyse the benefits of the proposals. Deborah confirmed that Mr Andrew Hollowood (Consultant Surgeon) represented the views of the Surgical Service Users who were keen to understand how the frozen section service would operate. Deborah confirmed that following robust debate there was absolute consensus at Senior Leadership Team that the Trust cannot address the issues of lack of resilience and other issues highlighted by the review in the absence of these proposals. Deborah also stated

that in order to provide an improved service for patients, it is recommended that the Trust support the Business Case.

Emma Woollett referred to previous discussion and consideration of the options for improvement to cellular pathology following the recommendations highlighted by the Histopathology Inquiry Report, and noted that the Board, including Non-Executive Directors have had appropriate oversight in preparation for these proposals. Emma requested further assurance as to how the Trust will continue that oversight. Robert Woolley clarified that the Board are asked to approve the Business Case; however, the proposals are subject to a satisfactory Service Level Agreement which would specify the Operating Standards, KPIs and the process by which the Trust will monitor compliance and an appropriate level of assurance going forward. Robert confirmed that NBT are also in agreement with this position. Robert reported that a working group has been established to design the contract specification and SLA. Guy Orpen asked whether the SLA will include planned timelines for compliance with the Key Performance Indicators for the Royal College of Pathologists and Robert confirmed that this would need to be agreed between the Trust and its partners.

The Chairman and Board took an opportunity to congratulate Dr Pitcher and everyone who had been involved with the development of the Business Case. The Chairman recommended the approval of the Business Case and the Board also thanked Dr Pitcher for his leadership, Mark Orrell, Laboratory Manager and Fiona Jones, Divisional Director of Diagnostics and Therapies. It was:

RESOLVED:

- **That the Board approve the business case for Histopathology and Cellular Pathology Service Transfer subject to the development of a robust Service Level Agreement**

52/12/14 Care Quality Commission (CQC) Draft Action Plan

Sean O'Kelly referred to the outcome of the recent CQC review and the requirement for the Trust to produce an action plan by 12 January 2015. He stated that the CQC have specified 'must do' actions in terms of regulatory compliance around patient flow and system wide working. Sean also noted that the outcomes highlighted 'should do' actions, and Robert Woolley expressed the importance of addressing these in addition to 'must do' actions. Sean provided assurance that actions have been noted and an action plan is being compiled which is realistic and measurable to aid implementation going forward.

James Rimmer confirmed that the issues relating to flow are being addressed following the Quality Summit by the Urgent Care Working Group (UCWG), which is chaired by the Commissioners. The UCWG will report to the Systems Resilience Group which is the Bristol, North Somerset and South Gloucestershire wide group.

James confirmed that all partners had responded to the recommendations and noted significant challenges relating to discharge planning and social care. It was noted that the new commissioning models will commence on 1st October 2015 as well as the Mental Health Act Assessments undertaken by social care colleagues. Board members were informed that the first draft of the action plans were currently under review by partner organisations internally and externally and made reference to proposals to appoint Advanced Nurse Practitioners in the Emergency Department and Older Persons Assessment Unit following a

successful pilot with one Advanced Nurse Practitioner, resulting in improvements to discharge planning.

Following a query from Clive Hamilton, Robert Woolley confirmed that a submission deadline extension has been given from 5th January 2015 to 12th January 2015 and that Governors would receive feedback on the plans at this time.

53/12/14 Access Recovery Plan Progress Report
James Rimmer confirmed that this report is a work in progress and briefed the Board on the three principal areas:

4-hour A&E waiting time performance
James described the five point action plan and continued working with partners to address issues including: avoiding admission to hospital; patient flow within the hospital; discharge planning; and working with partners to improve system governance. James confirmed that the plan had been submitted to Monitor.

James noted that there had been no reduction in average length of stay, particularly in regards to Medicine whereby performance is 5.7 days, against the Trust's planned target of 5. James stated that this has been reflected in significant movement in October with regard to long stay beds; however the Trust had been unable to sustain this. James referred to comments relating to discharge planning within the CQC report and this was consistent with current performance with increased admitted activity.

He reported that in terms of 4-hour performance, the Team had carried out work based on the revised national picture, and a reduction nationally of 1 – 2% and reported that the Trust had failed in achieving the target for Quarter 3. James provided assurance that work is ongoing with regard to longer term planning and he envisaged that the Trust would revert to a green rating in Q1 or Q2 2015/16.

Cancer targets
James confirmed that the 62 day target and 31 day target remain a challenge for the Trust and noted three potential breaches for the period. It was noted that the challenge continues to be related to shared pathways and James confirmed that UHB pathways are achieving the 85% standard. Key actions include first appointment wait reduction to 7 days where possible and the Trust has maintained this in the key pathways. Following a query from John Moore James confirmed that impact on performance relates to capacity and ensuring the booking and cancellation processes is as robust as possible.

Referral to Treatment
James confirmed that the Trust have commissioned the IMAS Team ("NHS Interim Management and Support") to analyse the pathway for each specific area. James stated that a revised trajectory is being developed subject to significant work relating to data quality. James briefed the Board on objectives in terms of reducing the number of breaches of the non-admitted and admitted patients. The challenging areas are Women and Children's and Surgery, Head and Neck (SHN) and James confirmed that for adult SHN, fairly robust plans are in place and the focus is on improving Paediatric Services around theatre capacity.

With regard to quota management and 10% breaches per month, James noted that the Trust is utilising the NHS Constitution Model by clinical urgency and by chronology and this has

resulted in a significant positive impact on long waiters and he envisaged the elimination of over 40-week waits for adults by the end of January 2015.

He confirmed that the Trust are working with National Teams around data quality and noted the recommendation from IMAS that the Trust should use real time data reporting and confirmed this will commence from April 2015. James noted that the Trust was making progress on elective capacity and the IMAS model highlights the shortfalls and these will be factored into the Trust's Operating Plans. James briefed the Board on Dermatology in detail and noted the shortfall in slots per week however provided assurance that locums will be brought in to manage this in the short term.

James confirmed that within Ophthalmology interventions had been put in place and the department is working with a private partner to relieve the backlog until the end of March 2015. James referred to discussions required with Commissioners around the potential capacity planning.

Jill Youds commented on the positive steps taken to address the 4-hour A&E performance but requested the level of impact envisaged as a consequence of the CQC action plan. James confirmed that the Trust continues to work closely with its partners on each action and the potential impact and confirmed that partnership working remains strong.

Deborah Lee referred to the Discharge to Assess Initiative and felt that this point could represent the most significant impact and asked if the Trust has milestones for this. James confirmed that all these action plans had gone back to the Trust's partners for comment.

Emma Woollett referred to winter pressure funding and the possibility of reinforcing poor behaviour in terms of agency costs and queried the potential to utilise these funds for long term sustainable projects. James Rimmer confirmed that the funding is used to address the national issue and confirmed that the funding had been costed as agency costs. Paul Mapson stated that if the funding made available nationally is made recurrent then the Trust will have the potential to invest in a sustainable way.

Following a query from John Moore relating to the current backlog and the impact on 7-day first appointment for cancer patients, James Rimmer confirmed that the vast majority of these are on track and the Trust is close to achieving 100%. Deborah Lee explained how the IMAS Model outlines current gaps and one off shortfalls and looks at the supply side of the model as well as deliverables and stated that Commissioners also impact on investments in terms of services commissioned. Deborah Lee confirmed that discussions need take place with Commissioners during February and March regarding both non-recurrent and recurrent activity and confirmed that the recovery plans will be submitted to the Board in January. However, these will be subject to these discussions.

The Chairman requested that the recovery plan be submitted for discussion at the January meeting of the Board to include the financial impact.

Emma Woollett queried the impact of the Specialist Paediatrics transfer on the Children's hospital and capacity problems and James Rimmer confirmed that there had been capacity issues relating to nurse staffing in theatres. Robert Woolley confirmed that the division believed that they would be able to recruit replacement staff but this does not account for all the referral to treatment backlog.

Robert Woolley emphasised that Monitor's concern relates to access standards and the report requested by the Chairman, to be submitted to the January Board meeting will include a plan which outlines the options, conditional upon commissioner input. The report should also include a summary of supply and demand scenarios, assumptions and financial impact. It was:

RESOLVED:

- **That a revised RTT recovery plan be submitted for discussion at the January meeting of the Board**

54/12/14 Any Other Business

Robert Woolley referred to the art project for the Level 5 Entrance at the rear of the new building. The Council of Governors and the Board of Directors were invited to comment on the proposed designs. Robert requested any comments to be provided the end of December.

Meeting close and Date and Time of Next Meeting

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

The next meeting of the Trust Board of Directors will take place on Thursday 29 January 2015, 10.30am, the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

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Chair Date