

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

<b>Board Members Present</b>	
<ul style="list-style-type: none"> <li>Robert Woolley – Chief Executive</li> <li>Sue Donaldson – Director of Workforce and Organisational Development</li> <li>Paul Mapson – Director of Finance &amp; Information</li> <li>Sean O’Kelly – Medical Director</li> <li>Carolyn Mills – Chief Nurse</li> <li>James Rimmer – Chief Operating Officer</li> <li>Deborah Lee – Director of Strategic Development and Deputy Chief Executive</li> </ul>	<ul style="list-style-type: none"> <li>Emma Woollett – Non-executive Director (Chair)</li> <li>David Armstrong – Non-executive Director</li> <li>Julian Dennis – Non-executive Director</li> <li>John Moore – Non-executive Director</li> <li>Guy Orpen – Non-executive Director</li> <li>Alison Ryan – Non-executive Director</li> <li>Jill Youds – Non-executive Director</li> <li>Lisa Gardner - Non-executive Director</li> </ul>
<b>Others in Attendance</b>	
<ul style="list-style-type: none"> <li>Penny Hilton – Fast Track Executive</li> <li>Julie Dawes – Interim Trust Secretary</li> <li>Brian Courtney – Joint Interim Head of Membership and Governance</li> </ul>	
<b>Observers</b>	
<ul style="list-style-type: none"> <li>Wendy Gregory – Patient Governor</li> <li>Clive Hamilton – Public Governor</li> <li>Jeanette Jones – Partnership, Joint Union Committee</li> </ul>	
<i>Item</i>	
<b>1. Chairman’s Introduction and Apologies</b> The Chairman explained she was standing in as chair in the absence of the Chairman. Apologies had been received from John Savage (Chair) and Kelvin Blake Non-executive Director.	
<b>2. Declarations of Interest</b> In accordance with Trust Standing Orders, all Board members (including observers) present were required to declare any conflicts of interest with items on the Meeting Agenda. <i>No new declarations of interests were received.</i>	
<b>3. Minutes and Actions from Previous Meeting</b> The Board considered the Minutes of the Meeting of the Trust Board of Directors held on 30 July 2014 and <b>approved</b> them as an accurate record, subject to the following amendments: Page 5 3 <sup>rd</sup> para, amend to “encouraged by the reduction in rates” Page 5, Para 4, change “they” to Committee Page 11, Sect 21. Julie Dawes to supply the appropriate resolution	
<b>4. Matters Arising</b> <b>Actions:</b> Action 221: (Partnership Programme Board) Work on business case with N Bristol continues, aim is for November but risk that this will slip till January. Robert Woolley advised unless he received assurance in the next couple of weeks that the preparation of the business case was sufficiently advanced, he would advise the	

**Page 2 of 10 of Minutes of a Meeting of the Trust Board of Directors to be held in  
Public on 30 October 2014 at 10:30 in The Conference Room, Trust Head Quarters,  
Marlborough Street, Bristol, BS1 3NU**

Board to call a halt and restart the work at a later date in order to mitigate any risk to clinical services caused by continuing uncertainty for staff. The Board would be kept up to date with developments

Action 2632: (Patient Experience Story) On Agenda

Action 295: (Visit from the New Congenital Heart Disease Review Team) Service Standards have been produced and are out to a 3 month consultation. Self-Assessment will be undertaken and the Trust will respond to the consultation. Both will be reported to the Board in due course. Item to be placed on the forward planner and removed from matters arising

Action 320: (Medication errors) Matter has been discussed. Governors need to be informed about how the Trust is learning from errors, the method for doing this is being finalised. To be taken forward through the Governors Quality Group – Action Closed

Action 334: (Action Plans to address Governance and Risk at the Childrens Hospital) Action Plans to be taken through QOC - Action Closed.

Action 357: (Board Assurance Framework) Deborah Lee taking forward, will be resolved by Q2 - Action Closed.

Action 298: (Noticeboards) The Chief Nurse advised that Boards had been updated and where consistent, the work was completed in time for the CQC visit - Action Closed.

Action 319: (Quality & Performance Report) The Chief Nurse advised that it would not be possible to normalise the data in respect of age, because of the way data is now collected. The age adjusted incidence rate is no longer collected - Action closed.

Action 324: (Staffing levels) An additional column had been added to the website. Action closed.

Action 347: (Quality and Performance Report) The Chief Nurse advised that she was confident that divisional reporting arrangements were appropriate - Action closed.

Action 348: (Quality and Performance Report) Completed - Action closed.

Action 350: (Complaints) The Chief Nurse advised that there was no national system for grading complaints. This would be taken up with the complaints team to see if a local system could be developed - Action closed.

Action 351: (Complaints) Completed - Action closed.

Action 350: (Complaints) The Chief Nurse advised that there was no national system for grading complaints. This would be taken up with the complaints team to see if a local system could be developed - Action closed.

Action 336: (Patient Experience Story) James Rimmer advised that the environment in the outpatients department had been reviewed, seating increased and water was now available in all areas. James also noted that information regarding the drop-off zones were currently only being sent to BRI patients; this was being rectified and information will be sent to all patients in the future. Regarding the physical bed state in the Oncology Clinics James Rimmer noted that the current areas were now as good as they could be. Wendy Gregory (Patient Carer Governor) asked a question of Non-executive Directors as to whether they are satisfied with the action taken. She did not dispute that some action had been taken but feedback from patients was that they remained unhappy with the environment. The Chair thanked the Governor and explained that were an Executive outlined an action had been taken this should be accepted, however if concerns remained then the issue should be raised again Clive Hamilton (Public Governor – North Somerset) raised a question about over-booking. James Rimmer responded by explaining that over-booking was used to manage capacity and demand and was a constant balancing act – Action Closed.

Action 282: (NIHRCRN) Passed to Audit Committee to address - Action closed.

Action 353: (Governors Log of Communication) Paul Mapson explained that the Cancer Network did not project forward to estimate demand. Deborah Lee explained the detailed data was not available, however the trust projected future demand based on historical trends – Action Closed

Action 333: (Chief Executive's Report) Sue Donaldson explained a specific paper was being taken to QOC in October, which would be reported to the Board - Action closed.

Action 335: (Chief Executive's Report) sue Donaldson explained that the final outcome of the bid to run training for the MoD was still awaited. The matter will be reported to the Board in due course.

Action 337: (Chief Executive's Report) Sue Donaldson and Sean O'Kelly had provided and the matter had been discussed at QOC - Action closed.

Action 339: (Patient Experience Story) Sue Donaldson confirmed agency staff were screened in exactly the same way as permanent staff - Action closed.

Action 318: (Quality & Performance report) Sean O'Kelly confirmed that the information was contained in this month's report Pg. 67 - Action closed.

Actions 322, 344 and 358 were all closed

*There were no further Matters Arising*

**Page 3 of 10 of Minutes of a Meeting of the Trust Board of Directors to be held in Public on 30 October 2014 at 10:30 in The Conference Room, Trust Head Quarters, Marlborough Street, Bristol, BS1 3NU**

## **5. Chief Executive's Report**

*The Chief Executive provided the Board with updates on the following matters:*

- Paper provided an update on matters discussed by the Senior Leadership Team in September and August. He then provided a number of verbal updates.
- The CQC visit took place on the 8/9 September, with a follow-up unannounced visit on 21 September. The timetable is for the trust to receive a draft report on 4 November, and will have 10 days to respond to any issues of factual accuracy. This will be followed by a Quality summit on 28 November which will also involve Commissioners and Monitor. The final report will be published on 3 December. The Board will be kept informed.
- Two Tripartite letters, signed by NHS England, Monitor and the NHS Trust Development Authority have been received:
  - First letter – set out the financial challenge facing the NHS this year and next. At Q1 over 60% of trusts in England are in deficit which now stands at £500m. Robert Woolley outlined how the position is likely to get worse with an affordability gap estimated at between 6-7%, well above the efficiency requirement of 4% Trusts have worked with in recent years. NHS England will issue planning guidance in December. They will also issue a 5 year strategic plan in October. The letter also set out the expectation that all the key national standards around A&E, RTT, Cancer, diagnostics and ambulance wait times will be met in 2014/15;
  - Second letter - related to the backlog of over 18 week waiters and extended the national amnesty from end of September to end of November. Additional funding will be available to meet the cost of treating the additional patients, and the Trust is in discussion with commissioners to agree an appropriate plan.
- Trades Unions are consulting on industrial action with UNISON, UNITE and the Royal College of Midwives all voting for strike action. This will involve a 4hour strike on 13 October followed by a 4 day work to rule. Other unions are balloting members and may decide to join the strike. The Trust is putting in place contingency plans to mitigate the action.
- Robert Woolley highlighted the national review of whistleblowing being led by Robert Francis QC. The Trust was already undertaking a review of its own Whistleblowing policy and this will be brought back to the Board in due course. The 5 year business plan has been submitted to Monitor and the executive are now working on a 5year Strategic Implementation Plan which will make the link between the 5 year plan and operational plans. The divisions are being involved, and the Strategic Implementation Plan will be brought back to the Board at the end of November.
- Finally Robert Woolley outlined that the Trust was running another “*Breaking the Cycle Together*” week, focusing on the Childrens Hospital and St Michaels, which had not previously been involved. This was underway; other departments were also running their own weeks, so this was a Trust wide event. There had been a very positive response to the call for volunteers, to act as Ward Liaison Officers for the week.

The Chair asked for any questions and Jill Youds asked if the Quality summit was a normal part of the CQC process or an exception. Robert Woolley explained in the new regime a Quality Summit was a normal and important element of the Care Quality Commission's inspection process.

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

## *Delivering Best Care*

## **6. Patient Experience Story**

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

Carolyn Mills introduced the Patient Experience Story, advising board members that this was a third party story that had been developed by the NHS Institute for Innovation. She highlighted that story underlines the importance of communication in End of Life Care. She explained it referred to the use of the Liverpool Care Pathway, which had never been used in the Trust.

David Armstrong asked whether the Trust worked with St Peter's Hospice to support end of life care. Carolyn

**Page 4 of 10 of Minutes of a Meeting of the Trust Board of Directors to be held in  
Public on 30 October 2014 at 10:30 in The Conference Room, Trust Head Quarters,  
Marlborough Street, Bristol, BS1 3NU**

Mills explained that there was a joint appointment between the Trust the hospice. She highlighted that the Trust had not received a single complaint in the previous 12 months relating to end of life care.

Alison Ryan raised the issue of the paucity of information available to relatives and how this was markedly different in private hospitals, as she had experienced this herself. Lisa Gardner and Julian Dennis commented on the importance of clear communication between patients, their families and medical staff, noting that communication was a two way process and that relative's needed support.

Jill Youds asked what learning lessons could be drawn from the story. Carolyn Mills explained that the key lesson that could be drawn was the importance of accurate, timely communication between patients, relatives and the complexity of communicating. David Armstrong highlighted the role technology could play in supporting staff and underpinning communications. Wendy Gregory highlighted the issue of supporting relatives who were going through a very traumatic and challenging time.

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

## **7. Quality and Performance Report**

*The Board received and reviewed the Quality and Performance Report.*

Deborah Lee highlighted changes to the style and lay out of the report and that further changes were planned for October, to try and meet concerns raised by the Board. There has been improvements in three areas:

- Pressure ulcers
- Quality of nursing care; and
- Staff sickness

In terms of areas which had shown deterioration there were two key areas: Referral to Treatment Times (RTT), which was part of the Trust's planned failure and slippage on delivery of the Trust's cost improvement programme.

### **Quality and Outcomes Committee Chair's Report**

Alison Ryan, Chair of the Quality and Outcomes Committee, advised the Board that two meetings had been held since the last Board meeting.

Significant work has taken place on RTT and the Committee is gaining a greater understanding of this complex issues. The Committee had received the IMAS report and had discussed in depth the proposed changes to the management of waiting lists and the move away from quotas. The Committee had some concerns around demand and how increasing demand would impact upon the trusts plans to recover the position regarding the 18 week standard. The Committee constantly sought assurance that patients were not put at risk because of delays in treatment.

The Committee now received reports and minutes from the Clinical Quality Group which gave them significant assurance. They were also spending time trying to identify hotspots. The first area identified had been the Eye Hospital and they had received an interesting and useful report and presentation from the Eye Hospital and now had a much greater understanding of the issues.

The committee had also received reports on workforce and the final audit report which had proved useful. The Quality and Performance report had provided excellent data and discussions on the parameters needed to enable a more forward looking report in order for the Committee to assure themselves of the mitigation required for upcoming trends. The Committee would be looking at revised metrics in the future.

### **Board Review**

The Chair asked for questions on the three areas of the report.

**Page 5 of 10 of Minutes of a Meeting of the Trust Board of Directors to be held in  
Public on 30 October 2014 at 10:30 in The Conference Room, Trust Head Quarters,  
Marlborough Street, Bristol, BS1 3NU**

**Quality**

- Robert Woolley pointed to a discrepancy in the reporting of Clostridium Difficile infection. this is due to the need for validation by commissioners and will be rectified for next time
- The revised trajectories are appreciated by the Non-executive Directors. Deborah Lee pointed out that in relation to the MRSA trajectory the Trust could only afford a single breach each month from now to the end of the year if it was to remain compliant
- Emma Woollett expressed her appreciation of the progress around dementia assessment and the plans to deliver by the autumn.

**Workforce**

- Jill Youds raised the issue that turnover, sickness and vacancies are all interlinked and there was growing evidence that the Trust was reaching a critical level in some areas. She asked what focus was being put on recruitment. Sue Donaldson outlined the programme of work including a recruitment 'deep dive' which was looking at both the approach to recruitment in a tight labour market and the timeliness of the recruitment process. She said that there were national problems recruiting a number of key staff, including qualified nurses. Nursing vacancies were running nationally at 10% and locally at 8%. It was important to ensure UH Bristol remained an attractive employer to attract staff but there needed to be an equal focus on retention
- John Moore raised the issue of KPIs relating to agency spend. Sue Donaldson stated that work continued in an endeavour to reduce agency costs and the detailed work would be taken to the next Finance Committee. This work linked to more effective workforce planning and rostering, in particular covering shifts at weekends. Regular meetings are held with senior nurses in Divisions and the Divisions are now receiving much higher quality information to facilitate better planning. Robert Woolley also referenced the action from the Finance Committee to produce a comprehensive and integrated look at addressing spiralling agency costs and associated workforce risks and hotspots throughout the organisation. He said this will come to Finance Committee at the end of the month

**Access**

The Chair raised the issue of risk to the Trust's Monitor ratings. James Rimmer explained that the challenges facing the Trust were similar to the overall national position. Recovery plans have been submitted to Monitor and as a result the governance rating has returned to green. In terms of the 4 hour waiting time standard in A&E the Trust had predicted to deliver for September, but it had actually failed to meet the standard. Indeed none of the local Trusts would achieve the target in September which was unprecedented. The government has announced another £300m to support winter plans which the Trust will bid against. Staffing remains a major issue RTT amnesty has been extended to end of November; the Trust is developing plans. However demand continues to rise above planned levels. The Trust is developing plans for full RTT recovery which will extend beyond November into Q4 at a minimum.

David Armstrong raised the issue of capacity, particularly in the community. James Rimmer explained that capacity remained as at previous years, but 100 nursing home beds had been lost in Bristol in the last year. The Trust with community providers was seeking to provide additional senior nurse support to homes to try and bring beds back on line.

Alison Ryan stated that Shepton Mallet had spare capacity and she asked whether the Trust had explored the use of that facility. James Rimmer explained that once a person was referred to the Trust, arranging treatment elsewhere opened up clinical governance issue. Trust is speaking to commissioners about referring directly to other providers, but this is proving difficult. Deborah Lee explained that theatre capacity was an issue at the Trust and that UHB consultants would operate at Emerson Green, taking patients on their waiting lists. Jill Youds asked about when it would be appropriated to review the operational plan, Deborah Lee responded that the winter plan was being taken to QOC and that this would be the appropriate time to review the plans.

Clive Hamilton commended the Trust for providing action plans for addressing fractured neck of femur patients



**Page 6 of 10 of Minutes of a Meeting of the Trust Board of Directors to be held in  
Public on 30 October 2014 at 10:30 in The Conference Room, Trust Head Quarters,  
Marlborough Street, Bristol, BS1 3NU**

which he stated were comprehensive and addressed the issues.

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

#### **8. Patient Complaints and Experience Quarterly Report**

*The Board received this report from the Chief Nurse for assurance.*

Report has been through QOC. Carolyn Mills presented the report. She highlighted that response times were now back to 5 days which was encouraging.

She also highlighted the positive feedback received through surveys, including the Friends and Family Tests, which were consistently better than the national average. She highlighted a number of hotspots, maternity being one, and that plans were in place to address the issues. She also noted that there was a general upward trend in the number of complaints. She pointed out a discrepancy in the report, and that the increase in complaints in the surgical division was not 153%.

Jill Youds raised the question, about how the Trust benchmarked itself. She sought assurance that rather than comparing with the average the Trust should provide evidence as to how it compared against the “best”. The Trust always should be ambitious in becoming the best rather than average.

David Armstrong queried the audience for the report, was it internal or external? Deborah Lee explained that it was both and that the report would be posted on the Trust website. Its main purpose was to give the Board assurance that complaints were being dealt with appropriately.

Julie Dawes stated that there was a need for clarity as to where reports of this nature were approved, by which committees. The Chair pointed out that the report was given for assurance, not for approval by the Board, and whilst it was important to understand the key issues, the Board should not go through the report line by line

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

#### **9. Safeguarding Annual Report**

*The Board received the report from the Chief Nurse for assurance.*

Carolyn Mills explained there was a legal requirement to provide a report. She highlighted an increase in activity across the Trust and that the issue of Deprivation of Liberty had become an increased issue for the Trust following a High Court ruling.

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

#### *Strategy*

#### **10. Equality and Diversity Annual Report**

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

Sue Donaldson presented the report advising the Board. She highlighted that an action plan was in place and would be monitored by Senior Leadership Team. Alison Ryan pointed out that cover sheets for Board papers needed to contain a statement about the impact on equality and diversity and that this was being introduced.

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

#### *Delivering Best Value*

**Page 7 of 10 of Minutes of a Meeting of the Trust Board of Directors to be held in  
Public on 30 October 2014 at 10:30 in The Conference Room, Trust Head Quarters,  
Marlborough Street, Bristol, BS1 3NU**

**11. Quarterly Workforce Report April-June 2014**

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

This report has been QOC. Sue Donaldson presented the report advising the Board that KPIs are ambitious, and that achieving all of them by March 2015 may be unrealistic. She suggested an action plan to March 2015 needed to be put in place and then a plan to deliver all the KPIs.

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

**12. Culture of Compassion (Action 263)**

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

Sue Donaldson presented the report, highlighting that Penny Hilton had done the detailed work and asked her to comment. Penny highlighted three priority areas:

- Listening to patients in a more pro-active way;
- Embedding the compassion culture in the Divisions; and
- Developing leadership skills, particularly at middle management level, to challenge inappropriate behaviours.

Alison Ryan commended the work and stressed that patient care involved every member of staff, not just front line carers.

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

*Corporate Governance*

**13. Regulatory Changes**

*The Board received and noted this report from the Chief Nurse and Trust Secretary for assurance.*

The legislation has been delayed in Parliament but will come into force in November. Paper has been considered by QOC. Detailed action plans are being developed to ensure the Trust is fully compliant in both areas. The Duty of Candour Action Plan will be considered by QOC, Fit and Proper Person will be considered by Audit.

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

**14. Workforce and Organisational Development Strategy**

*The Board received and reviewed this report from the Director of Workforce and Organisational Development for approval*

Sue Donaldson spoke to the report and highlighted that whilst the report was relatively short it did not reflect the significant amount of time and energy which had been expended in developing the strategy. Next steps were to put in place high level action plans and to develop supporting programmes to turn the vision into reality. The strategy had been endorsed by both the SLT and QOC.

The Chair commended the report. The Trust Secretary advised that the report would be included in the next Council of Governors Development session.

***The Board approved the Strategy***

**15. Finance Report**

**Page 8 of 10 of Minutes of a Meeting of the Trust Board of Directors to be held in Public on 30 October 2014 at 10:30 in The Conference Room, Trust Head Quarters, Marlborough Street, Bristol, BS1 3NU**

*The Board received and reviewed this report from the Director of Finance and Information for assurance.*

The Director of Finance and Information advised the Board that;

- Situation across the NHS was difficult. Whilst the £300million deficit in non-Foundation Trust sector was not necessarily surprising the £200 million deficit in the Foundation Trust sector was unexpected. Only 61 Foundation Trusts are in surplus at Quarter 1;
  - At Month 5 the Trust is close to a £1.8million surplus, which is £0.639m adverse to plan. Low activity across the board was delivered in August. Agency spend was increasing as vacancies increased;
  - Trust would be providing a forecast next month of the year end position;
  - An audit of increments had been undertaken. The Trust had budgeted £2.4 million for 2014/15, however actual spend was now likely to be in the order of £900k, which reflected the high turnover of staff;
  - Efficiency for 2015/16 was potentially in the order of 3-5%;
  - Cash and capital expenditure were broadly on track

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

#### **16. Finance Committee Chair 's Report**

Lisa Gardner as Chair of the Finance Committee, advised the Board that:

- Endorsed the comments of the Director of Finance and Information, particularly around recent activity levels and agency spend. In relation to activity it was important that the trust had plans to return to appropriate activity levels as there was a danger that commissioners would use current levels as a capped baseline for the contract next year;
- CIP delivery had reduced to 82%, which still placed the Trust in a strong position, as the maturity assessment of each scheme was rigorous

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

#### **17. Compliance with the Department of Health's new Principle of Parking Policy**

*The Board received this report from the Chief Operating Officer for assurance.*

James Rimmer highlighted:

- Principles had been published in August and the Trust was broadly compliant, only gap related to information on the Trust's website;
- Trust still sort to encourage non-car visits to the Trust, and the use of the free bus service supported this; Wendy Gregory asked whether the provision of parking permits for long stay patients would continue and James Rimmer confirmed this was the case and that ward staff were well aware of this provision. More information would be provided on the Trust's website.

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

#### **18. Partnership Programme Report**

The Chief Executive presented the routine report from the Partnership Programme Board. Chairmanship of the Board moves to UHB for the next meeting scheduled for October. The Chair highlighted the importance of this Board as a key means of maintaining a positive relationship with the other acute provider

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

#### **19. Monitor's letter regarding University Hospitals Bristol performance in Quarter 1**



**Page 9 of 10 of Minutes of a Meeting of the Trust Board of Directors to be held in  
Public on 30 October 2014 at 10:30 in The Conference Room, Trust Head Quarters,  
Marlborough Street, Bristol, BS1 3NU**

*The Board received this report from the Chief Executive to note:*

- Monitor had rated the Trust as a 4 for continuity of service, and restored a green rating for governance
- This will be reviewed by Monitor again in October, and as the Board were aware the Trust was not on trajectory in relation to RTT

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

## **20. Audit Committee Chair Report**

*The Board received this report from the Chair of the Audit Committee for assurance.*

John Moore raised the following points:

- Internal audit had red risk rated the Trust in relation to its risk management arrangements. An action plan was in place and would be monitored.
- Counter Fraud – leadership had recently changed and a report had been received which was very comprehensive and helpful. It confirmed that the trust was focusing in the right areas
- Losses Report – much higher this quarter as a number of outstanding invoices relating to foreign patients had been written off.

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

## *Information and Other*

## **21. Governor's Log of Communications**

*The Board received this report from the Chairman, to note.*

The Chairman reiterated to the Governors that the log must be used. Clive Hamilton confirmed that governors were satisfied with the Trust's actions. The Trust Secretary confirmed that work was ongoing on putting in place a system to ensure that governors were content with the answers provided by the Trust.

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

## **22. Register of Seals**

*The Board received this report from the Trust Secretary, to note*

## **23. Communications to the Wider Organisation**

*The Board received this verbal report from the Chief Executive:*

The Chief Executive highlighted that communication on a wide range of initiatives was underway. The Trust Secretary suggested that some form of communication to staff following each Board meeting may be appropriate. The Chief Executive said that he would consider this and discuss with colleagues and bring back next month.

**Action 372: Robert Woolley to bring back to the next Board Meeting.**

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

## **24. Any Other Business**

**Page 10 of 10 of Minutes of a Meeting of the Trust Board of Directors to be held in Public on 30 October 2014 at 10:30 in The Conference Room, Trust Head Quarters, Marlborough Street, Bristol, BS1 3NU**

Wendy Gregory asked why the results of the National Cancer Patient Experience Survey were not on the agenda. Robert Woolley explained the results had only just been received and the Trust would evaluate the results and develop a response and bring it back to the Board in November. It was agreed that the written questions and answers from the Annual Members meeting would be circulated to all governors.

**Action 373: Trust Secretary to circulate Q&A from the Annual Members Meeting.**

*There being no further business the Chair thanked everyone for attending and closed the meeting at 13:15*

**25. Date of Next Meeting**

**Meeting of the Trust Board of Directors to be held in Public:** 30 October 2014 at 10:30 in the Conference Room, Trust Headquarters, Marlborough Street, Bristol BS1 3NU.

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*Chair Date*

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