

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS
HELD IN PUBLIC ON WEDNESDAY, 25th JANUARY 2017
OASIS CONFERENCE CENTRE, RUH, BATH**

Present:

Voting Directors

Brian Stables, Chairman
James Scott, Chief Executive
Sarah Truelove, Deputy Chief Executive and Director of Finance
Francesca Thompson, Chief Operating Officer
Helen Blanchard, Director of Nursing and Midwifery
Dr Tim Craft, Medical Director
Moirá Brennan, Non-Executive Director
Joanna Hole, Non-Executive Director
Nick Hood, Non-Executive Director

Non-Voting Directors

Claire Buchanan, Director of Human Resources
Howard Jones, Director of Estates and Facilities
Joss Foster, Commercial Director

In attendance

Helen Mullinger, Board of Directors' Secretary
Sharon Manhi, Lead for Patient and Carer Experience (item 6)
Regitse Lewis, Clinical Specialist Physiotherapist (item 6)
Kerrie Hopson, Physiotherapist (item 6)
Gina Sargeant, Head of Therapies (item 6)
Bernie Marden, Head, Women and Children's Division (item 7)
Rhianon Hills, Divisional Manager, Women and Children (item 7)
Ana Gleghorn, Head of Nursing, Surgery (item 8)
Jo Miller, Head of Nursing, Medicine (item 8)
Lisa Cheek, Deputy Director of Nursing and Midwifery (item 19)

BD/17/01/01 Chairman's Welcome and Apologies

Apologies were received from Jane Scadding, Non-Executive Director.

BD/17/01/02 Written Questions from the Public

There were no written questions from the public.

BD/17/01/03 Declarations of Interest

Each Director present confirmed that they had no direct or indirect interest in any way in the proposed transactions to be considered at the meeting.

Author: Helen Mullinger, Board of Directors' Secretary Document Approved by: Brian Stables, Chairman Agenda Item: 4	Date: 04 April 2017 Version: 1.1 Page 1 of 9
---	--

**BD/17/01/04 Minutes of the Board of Directors meeting held in public on
14th December 2016**

The minutes of the meeting held on 14th December 2016 were approved as a true and correct record of the meeting.

BD/17/01/05 Action List and Matters Arising

Action updates were approved as presented. Updates were provided on the following actions:

PB483 – Quarterly Patient and Carer Experience Report. The Deputy Chief Executive and Director of Finance noted that this was on the Clinical Informatics Board agenda for discussion next week. The action remained open.

PB494 – Operational Performance Report. This action was closed and the Medical Director provided further assurance to the Board that the Hospital Standardised Mortality Ratio (HSMR) rate for week days had fallen to expected levels. Weekend rates remain higher than expected and this is related to data quality issues. The Medical Director assured the Board that there had been no changes in clinical practice nor any clinically significant trends identified.

A number of Non-Executive Directors asked for clarity on data quality. Capacity issues in the coding team has resulted in a backlog of coding. This has been discussed at length by the Executive Team and a plan is in place to clear this by the end of May (with the average backlog rate met by the end of April). Additionally, the process only allows for the coding of palliative care if being treated by the specialist team. The Clinical Outcomes Group will provide further scrutiny on the matter. The Board noted the issues concerning the data and the actions in place to address this. An update was requested for the February Board.

Action: Deputy Chief Executive and Director of Finance

BD/17/01/06 Patient Story

The Board received a presentation from the Lead for Patient and Care Experience, the Head of Therapies, and two physiotherapists on the implementation of the Active Recovery Team (ART).

The ART has its own vehicles to transport patients home where they undergo assessment of their capability to carry out day-to-day living and self-care tasks: the aim being to enable people to regain their independence.

The first patient home under the scheme was an 87 yr old who had suffered a fall, leading to admission to the Trust's Emergency Department. The patient then subsequently spent two weeks on the ACE unit where assistance was provided from a Physiotherapist. The Physiotherapist identified the patient as a suitable candidate for discharge under the ART.

Author: Helen Mullinger, Board of Directors' Secretary	Date: 04 April 2017
Document Approved by: Brian Stables, Chairman	Version: 1.1
Agenda Item: 4	Page 2 of 9

The team described how they assess the home environment and the patient's capability to carry out daily living activities. Equipment is supplied (zimmer frames, trolley etc) if needed, medication is explained and a self-management plan is created with the patient.

Within four days the patient no longer required any package of care and was well enough to drive their car again within a week of discharge.

A Non-Executive Director asked how staff were assured the home environment would be suitable before they left hospital with the patient. It was explained that staff find out as much as possible before the patients leaves the hospital and as an additional safety net the wards are asked to keep the bed open for two hours after the patient leaves.

A Non-Executive Director enquired as to the financial impact of the scheme. Over the first two months the scheme has saved 397 bed days. The ART trial is funded to the end of March and once complete the bed savings will be reviewed against whole-system costs.

The Chief Operating Officer noted the impact on staff understanding: that there are ways to get patients discharged without excessive packages of care. The results of the trial will be scrutinised at the A&E delivery Board. The Head of Therapies further noted that the scheme had had a very positive impact on their working relationship with Wiltshire Commissioners.

The Board wished the team well and thanked them for the presentation.

BD/17/01/07 Divisional Patient Safety Presentation – The Head of Women and Children's Division and Divisional Manager presented and highlighted the following points:

The presentation focused on the work of the last quarter as well as future plans.

The Safety Priorities were highlighted as:

- Glucose tolerance testing
- Stillbirth – four areas (movement monitoring, reducing smoking, monitoring during labour and increased scanning for high risk pregnancies).
- The safety priorities require an increased scanning capacity and the team had reviewed ways of implementing this. Actions were taken to reduce 'Did Not Attend' (DNA) rates and revised funding to allow additional diabetic nurse time. As a result, additional scans for high risk mothers will be introduced at the end of January 2017.
- All CQUIN milestones were met in Quarter three.
- The Head, Women and Children's Division highlighted to the Board how the community midwives were now empowered to provide a less-invasive test for newborn jaundice in the community through the provision of bilirubinometers. This also reduced the number of incidences of hospital attendances for tests.

Author: Helen Mullinger, Board of Directors' Secretary	Date: 04 April 2017
Document Approved by: Brian Stables, Chairman	Version: 1.1
Agenda Item: 4	Page 3 of 9

- The monitoring of risks and the embedding of changes following lessons learnt was highlighted to the Board and it was confirmed to the Non-Executive Directors that parents were involved in any process where incidents occurred.
- The Commercial Director asked if there was a clear baseline against which to judge outcome measures. It was confirmed by the Head, Women and Children's Division that baselines had been set.
- In response to a query from the Chief Operating Officer it was confirmed that a survey had been carried out with staff and was being used as the baseline with regard to understanding the culture and impetus for change. The Chief Operating Officer commended the team on their understanding of the maternity service culture.

BD/17/01/08 Quality Report - The Director of Nursing and Midwifery presented the paper and highlighted the following points:

- There were 31 cases of C-diff from April to December 2016. While this exceeded the trajectory it was an improved performance on the same period last year. A Non-Executive Director noted that incidents of C-diff at the Trust had been raised in the local media, noting that B&NES was highlighted as an outlier. The Director of Nursing and Midwifery responded that B&NES had been an outlier for some time.
- A Non-Executive Director asked if NHS England carry out epidemiology work with regard to regional infections and, if so if there was any intelligence we could gather from this. The Director of Nursing and Midwifery noted that while B&NES area is an outlier on C-diff rates, improvements have been made in prescribing but no clear root cause for the difference had been identified. This had led the Director of Nursing and Midwifery to invite the NHS Improvement lead infection nurse to the Trust for further review.
- The Respiratory ward required additional support from the Head of Nursing, Medicine and the Deputy Director of Nursing and Midwifery to address issues of performance and staffing. It was recognised that both wards had experienced significant changes in their matron leadership which had contributed to the challenges.
- A Non-Executive Director challenged the apparent rise in outstanding actions against the serious incidents (SIs). The Director of Nursing and Midwifery noted that the overall number of SIs with outstanding actions and delay in getting actions completed was reduced.

The Head of Nursing, Surgery and the Head of Nursing, Medicine presented on avoidable pressure ulcers.

- Pressure ulcer management was highlighted to them as an issue through the usual course of review of performance data. The data showed clusters of incidents by ward and by month as well as an increase in the most serious, category three ulcers.
- The impact of pressure ulcers was explained to the Board. Often those suffering need to wear an orthotic boot, are unable to maintain social activities and are impaired in carrying out normal living activities.

Author: Helen Mullinger, Board of Directors' Secretary	Date: 04 April 2017
Document Approved by: Brian Stables, Chairman	Version: 1.1
Agenda Item: 4	Page 4 of 9

- Intensive support for those areas with higher numbers of serious incidents was implemented with targeted, in-depth training. It was noted that, while staff knowledge existed from training provided in previous years, currently there were variations in knowledge due to normal staff turnover.
- A Non-Executive Director asked why the pressure ulcer prevention pathway was not being followed. The Head of Nursing, Medicine noted that work was being done to determine this.
- It was noted by the Chief Executive that it was only recently the team had won national prizes for pressure ulcer performance and he asked if there were lessons to be learnt from the drop-off in performance. The Director of Nursing and Midwifery noted her disappointment in the data patterns but noted it allowed the Trust to focus on single wards. She further noted the need to refresh staff training in a timely manner.
- A Non-Executive Director shared their disappointment but commended the team on identifying and planning for recovery.

The Board NOTED the report.

BD/17/01/09 Operational Performance Report - The Chief Operating Officer presented the paper and highlighted the following points:

- In Month nine, two operational performance metrics triggered concerns: four hour performance and RTT – incomplete pathways.
- RTT – incomplete pathways, at 90.6% was rated red but met the improvement trajectory.
- The six week diagnostic performance was a concern in December and remains so going into January.
- The Board noted the delivery of all cancer targets.
- There are two areas of concern to NHS Improvement: Four hour maximum wait in A&E (all types from April 2014 onwards) and C-diff \geq 72 hours [post admission. Strong performance in all other areas was noted.
- All quality indicators are being sustained in the Emergency Department. The Chief Operating Officer noted that ambulance handover time will be reintroduced as an additional Quality Indicator by NHS Improvement.
- The Chief Operating Officer drew the Board's attention to the level of non-elective activity which was 2.8% above December 2015 rates (excluding maternity). Coupled with back door pressure and Delayed Transfers of Care (DTC) (December saw 5% bed loss due to DTCs), the situation has further deteriorated in January and is of significant concern.
- For Diagnostics the majority of breaches are within Magnetic Resonance Imaging and Echocardiology. MRI breaches are a result of the repatriation of Bristol Royal Infirmary Cardiac MRI activity. The contracts team are close to agreeing an outsourcing contract and the Medical Division are working with the cardiology team to manage referrals.
- The Director of Human Resources reported on the Well-Led element and noted two clinical divisions have improved the appraisal rate but corporate and facilities teams need to improve performance.

Author: Helen Mullinger, Board of Directors' Secretary	Date: 04 April 2017
Document Approved by: Brian Stables, Chairman	Version: 1.1
Agenda Item: 4	Page 5 of 9

- The Director of Human Resources also noted a marked increase in sickness in November and December in support nursing staff and estates and facilities. Estates and facilities are investigating the increase and support is in place with targeted interventions.

The Board NOTED the report

BD/17/01/10 **Four Hour Performance Report** - The Chief Operating Officer presented and highlighted the following points:

- Four hour performance, at 85.9% all types was rated red. This performance did not meet the STF trajectory but achieved the improvement trajectory.
- Delayed Transfers of Care (DTOC) remain a concern.
- The Ambulatory Care service has improved performance. The 'big room' methodology was noted as a contributor to this.

Questions from the Board were taken on items nine and ten together.

- A Non-Executive Director asked how the Trust performs on four-hour delivery in comparison to other hospitals. The Chief Executive informed the Board that in December the Trust's performance on four-hour delivery (out of 135 Trusts) ranged from the top third to the bottom third with an average performance somewhere in the middle of the 135 Trusts. He further noted that this would not be the case for January, where Trust performance saw it lying more frequently in the bottom third.
- In December the Trust managed to maintain an 85% bed base for only four days. Bed occupancy has risen sharply for most providers following new year. This was reported to the A&E Delivery Board.
- NHS Improvement directed the Trust to stop elective surgery to secure emergency care capacity. The financial impact of this on the Trust is significant in terms of reduced income.
- A Non-Executive Director asked why performance for mid-day discharge was off-target. The Chief Operating Officer noted that performance can be impacted by a number of things. Focused work streams are in place to reduce the impact of transport delays and improve medicine and discharge summaries.
- The Board noted that the failure to meet the Diagnostics target for January will trigger a concern in the single oversight framework as this is the second consecutive month of failure in this operational metric.
- A Non-Executive Director asked if the turnover rate of 16.4% (700 people) leaving the Trust is high in comparison to other Trusts. The Director of Human Resources noted that the figure includes junior doctors that naturally move on as part of their training. If Junior Doctors are excluded from the data, the average turnover is 12%. While the turnover is below the national average, the Trust would like to see a turnover of 10% and it has started to improve. The Director of Human Resources acknowledged the work done by the medical division in particular and she will see if lessons can be learnt from this.

Author: Helen Mullinger, Board of Directors' Secretary	Date: 04 April 2017
Document Approved by: Brian Stables, Chairman	Version: 1.1
Agenda Item: 4	Page 6 of 9

The Board NOTED the report

BD/17/01/11 Finance Report - The Deputy Chief Executive and Director of Finance presented and highlighted the following points:

- The Trust met the control total plan of £1.1m surplus at Month nine.
- QUIPP delivery is 95% of planned. There are areas of under delivery across all Divisions both year to date and forecast.
- Cash balance at month end was significantly below planned levels at £14.3m. This was largely due to an increase in debtors.
- A significant issue in month was income position, particularly in outpatients which recorded lower activity than expected in December.
- There has been greater analysis of agency spend, including non-clinical agency staff. Agency spend on coding staff was highlighted and acknowledged that spend has been high as a result of issues with sickness and recruitment.
- The Deputy Chief Executive and Director of Finance reported progress on outstanding debt following discussions with Commissioners. However, it could be the end of February before all debts are recovered.

The Board NOTED the report.

BD/17/01/12 Estates and Facilities Sustainability Report - The Director of Estates and Facilities presented and highlighted the following point:

- He reported that the new Pharmacy building is now operational and staff feedback is excellent.
- The designs for the new Therapy centre are almost complete and discussion will progress to costing. Neighbours are being consulted on planning consent.

The Board NOTED the report

BD/17/01/13 Item withdrawn

BD/17/01/14 Embedding the RUH Values :

The Board NOTED the report.

BD/17/01/15 Charities Committee Update Report – Moira Brennan, Non-Executive Director presented and highlighted the following points:

The Executive Team were tasked with considering what the next big project should be as the Cancer Centre fundraising appeal was nearing a close. Subsequently the Executive Team agreed the Therapy Centre should be the focus of the next fundraising campaign.

The Board NOTED the report.

Author: Helen Mullinger, Board of Directors' Secretary	Date: 04 April 2017
Document Approved by: Brian Stables, Chairman	Version: 1.1
Agenda Item: 4	Page 7 of 9

BD/17/01/16 Audit Committee Update Report

The Board NOTED the report.

BD/17/01/17 Management Board Update Report – The Chief Executive provided a verbal update.

The Chief Executive noted that most of the detail discussed at Management Board had been presented at the meeting. The focus of discussion at Management Board is four-hour delivery and finance.

BD/17/01/18 Sustainability and Transformation Plan – Board Support

The Board SUPPORTED the direction of travel on the STP emergent plan.

BD/17/01/19 Nursing and Midwifery Strategy – The Deputy Director of Nursing and Midwifery presented and highlighted the following points:

20 members of the team attended for the item.

- The Director of Nursing and Midwifery commended the significant work that had gone into the strategy. The process included strategy away days, a co-creation event, theme development, national framework referencing, staff consultation workshops and team meetings.
- Three themes were identified that focused on the provision and placement of the right skills and leadership and ensuring high-quality and personalised care.
- A Non-Executive Director thanked the team for attending the Board meeting and asked them how they would ensure measurement processes were in place to monitor performance against the strategy. The Non-Executive Director asked if the team had considered best practice from other providers, to which it was noted that partners were collaborated with in the process of the Strategy's development. The Director of Nursing and Midwifery further noted its links with the national agenda.
- The Director of Human Resources commended the accessible style of the document and asked if apprenticeships were included in theme one. The Deputy Director of Nursing and Midwifery gave assurance that apprenticeships were included and not all the detail is contained in the summary document distributed at the meeting.
- The Chief Operating Officer congratulated the team on the professionalism of the document. She noted she would like to see, in theme three measures to help nurses stay true to patient wishes. The Deputy Director of Nursing and Midwifery noted discharge measurements were included.
- A Non-Executive Director asked how patients had been engaged in development of the strategy. It was noted that patient views from feedback forms such as the Friends and Family Test were taken into account but patients were not directly involved.

Author: Helen Mullinger, Board of Directors' Secretary	Date: 04 April 2017
Document Approved by: Brian Stables, Chairman	Version: 1.1
Agenda Item: 4	Page 8 of 9

The Board APPROVED the Nursing and Midwifery Strategy. The Chairman thanked the team for their attendance.

BD/17/01/20 Chief Executive Report

The Board NOTED the report.

BD/17/01/21 Chairman's report.

The Board NOTED the Report

Formal proceedings were closed at 12.00

This Board meeting was the last to be attended by Nick Hood in his role as Non-Executive Director. The Chairman thanked Nick for his contribution to the Trust during his tenure and wished him well for the future. Nick Hood noted the complexity and quality of the work the Trust does and commended the quality of the staff and their achievements.

The Chairman also acknowledged the retirement of the Director of Estates and Facilities and thanked Howard Jones for his contribution to the Trust over his tenure. The Chairman paid tribute to the work Howard had overseen, including the Neonatal Unit, Pharmacy and Pathology buildings. His contribution was commended and He was wished well in his retirement.

The meeting was closed by the Chairman at 12.10

Author: Helen Mullinger, Board of Directors' Secretary	Date: 04 April 2017
Document Approved by: Brian Stables, Chairman	Version: 1.1
Agenda Item: 4	Page 9 of 9