

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS
HELD IN PUBLIC ON WEDNESDAY, 26th APRIL 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
Moirra Brennan, Non-Executive Director
Jane Scadding, Non-Executive Director
Jeremy Boss, Non-Executive Director
Nigel Sullivan, Non-Executive Director

Non-Voting Directors

Claire Buchanan, Director of Human Resources
Joss Foster, Commercial Director

In attendance

Helen Mullinger, Board of Directors' Secretary
Sharon Manhi, Patient Experience Lead (*item 6*)
Jo Miller, Head of Nursing, Medicine (*item 8*)
Anne Plaskitt, Senior Nurse, Quality Improvement (*item 8*)
Theresa Cleverly, PALS Manager (*item 6*)

Observers

Anne Martin, Public Governor
Nick Houlton, Public Governor
Julie Scriven, Public Governor
Amanda Buss, Public Governor
Michael Welton, Public Governor
Chris Gough, Staff
Sarah Cook, Staff
Kiri Pembury, Staff

BD/17/04/01 Chairman's Welcome and Apologies

Apologies were received from Joanna Hole, Non-Executive Director.

BD/17/04/02 Written Questions from the Public

There were no written questions from the public.

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BD/17/04/03 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.

BD/17/04/04 Minutes of the Board of Directors meeting held in public on 29th March 2017

The minutes of the meeting held on 29th March 2017 were approved as a true and correct record of the meeting.

BD/17/04/05 Action List and Matters Arising

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

PB508 – The deadline was adjusted to May 2017. The Wiltshire Health & Care Board meeting had only been held the day prior to the Board meeting.

BD/17/04/06 Patient Story

The Board received a presentation about a patient who was admitted to the RUH at the beginning of January with heart failure. The patient was initially admitted to the Cardiac ward where, unfortunately, in February she fell and hurt her head. The incident was reported on datix and is being investigated.

The patient described how she fell while trying to use a commode and injured her eye. She described the significant pain this caused. The patient remains in hospital and is recovering.

The Head of Nursing for Medicine and Senior Nurse, Quality Improvement gave a further presentation on the Trust-wide falls improvement programme. The Director of Nursing and Midwifery added that falls performance has been reported on over several months, without improvement. There is now a resulting drive to reduce the number of falls.

The Board thanked the team for the presentation.

BD/17/04/07 Quality Report - The Director of Nursing and Midwifery presented the paper and highlighted the following points:

- A presentation was given by the on the Head of Nursing, Medicine and the Senior Nurse, Quality Improvement on the Falls Intervention Pathway.
- The new pathway is being implemented over the coming 12 weeks with the overall aim of ensuring all staff follow the same pathway for Falls Intervention.
- A event on the 3rd May will demonstrate to staff what they want the pathway to look like and how the message can be shared across the Trust.

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- The Senior Nurse, Quality Improvement noted some of the tools being used to provide close supervision of patients at risk of falls, noting Royal college of physician guidance and blood pressure monitoring standards.
- The Trust benchmarks well against the national average in terms of the number of falls and it was noted that it would not be possible to aspire to a zero rate of falls. The Trust has a policy of encouraging independence amongst patients due to the benefits this brings in terms of recovery (the Board noted previous presentations on the ART scheme and the ‘Power of Pottering’ and the recent ‘Pyjama Paralysis’ campaign). Reducing the movement of patient would likely reduce falls but would be an overall detriment to recovery.
- A Non-Executive Director asked what consideration is given to the environment, for example sharp edges etc and the Senior Nurse, Quality Improvement noted a number of safety devices, such as bed rails are used.
- In summary the Chairman added that he would like to see challenging but informed targets on falls and asked that the Director of Nursing and Midwifery reported progress to the Board in three months’ time.

ACTION: Director of Nursing and Midwifery

The Board NOTED the report and presentations.

BD/17/04/08 Progress Report on Ward and Outpatient Department Accreditation Scheme – The Senior Nurse Quality Improvement presented the paper and highlighted the following points:

- Wards need to achieve 75% in each of the five domains to gain accreditation, with the evidence based on data already collected at the Trust.
- Only seven of 22 areas require re-assessment for Foundation Level to be achieved. Seven wards achieved Bronze level and the team are now looking ahead to the work required to achieve Bronze level in the outpatient departments.
- A working group has also commenced to develop the indicators required for Silver Level.
- The Chief Executive noted the very comprehensive Ward Accreditation system that has been developed at the Trust and asked if consideration had been given to the Intellectual Property rights attached to it.
- The Commercial Director asked how the staff are responding to this. The Senior Nurse, Quality Improvement responded that the Foundation Level was more challenging in terms of engagement as staff were unaware of the new system. However, staff now generally understand it as a supportive process and a method of articulating the standards in their areas and as a result view it very positively.
- A Non-Executive Director asked how long the accreditation was valid for. The Director of Nursing and Midwifery noted that the higher levels include all lower level indicators and there is an expectation that wards will progress through the levels in a timely manner.

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The Board NOTED the presentation.

The Chairman recognised the support from the Board on this and presented Bronze Ward Accreditation certificates to the following staff:

Jackie Dixon – Sister
Jo Flint – Senior Sister
Beau Bickley – Senior Sister
Alison Ponsford – Senior Sister
Sue Vost – Senior Sister
Anita West – Matron
Laura McCleverly – Senior Sister

BD/17/04/09 National Guidance on Learning from Deaths – The Medical Director presented the paper and highlighted the following points:

- The Trust is required to report quarterly to the Board on learning from deaths.
- The Medical Director and a designated Non-Executive Director, Jeremy Boss attended the launch of the initiative in March 2017. A clear steer has been given from Government that the data will not be used to create league tables – the emphasis is very much on learning.
- The relevant policy will be updated by September 2017 and from April will regularly report to the Board about the outcome of investigations to share learning.
- There will be a structured review process in place. The Trust is one of a few hospitals nationally to pilot and develop a structured review process and staff are being trained to do this.
- A Non-Executive Director asked If there was any relationship to existing metrics such as the Hospital Standardised Mortality rate (HSMR) and the Summary Hospital-Level Mortality Indicator (SHMI). The Medical Director noted there was limited overlap on the data but the new requirement was very much about individual case note review and work around how learning is captured and practices embedded as a result.

The Board NOTED the report.

BD/17/04/10 Operational Performance Report – The Director of Human Resources presented the Well-Led slides and highlighted the following points:

- It was noted that higher sickness was expected during the quarter presented. The Director of Human Resources assured the Board of work under way to support staff and that a robust sickness absence process for long and short term sickness absence is in place at the Trust. Certain growth areas such as stress-related illness and MSK have been identified and are being monitored.
- The vacancy rate, at 3.6 per cent was a better that the target of four percent which was attributed to the work done on recruitment and retention.

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- It was noted that the area with the highest vacancy rate (Estates and Facilities) also shows the highest sickness rate and the Director of Human Resources noted that this level has not reduced despite a number of interventions. The Director of Human Resources was asked to provide a further update on this in the future.

ACTION: Director of Human Resources

The Chief Operating Officer presented the Operational Performance slides and highlighted the following points:

- The Trust remains in Segment two under the NHS Improvement Single Oversight Framework.
- In March, two operational performance metrics triggered concerns: Four hour performance and diagnostic tests – six week wait. Diagnostic tests – six week wait at 1.16 per cent failed the national standard of 1 per cent. The Board noted a separate exception report for DMO1 performance. The error refers to specialist echos only (the Trust is compliant with normal echos). Relatively low numbers are involved and as all patients will also have received a plain echo the risk to patient harm is considered to be very small. However, immediate action is being taken and the patients affected are being assessed by consultants. Reporting is being rectified in-month and this will be presented at the next Board meeting. NHS Improvement and Commissioners have been alerted to this error.
- A Non-Executive Director asked for assurance that the lack of external recording had not impacted on patient care. The Chief Operating Officer assured the Board that patients are getting a good service. A ‘Deep Dive’ review is ongoing in cardiology to address a number of issues.
- The Trust has seen the highest level of delayed transfers of care (DTC). In March 1949 delayed days (10.3 per cent) were recorded. The Board noted that the DTC bed day delays reporting has been corrected from February 2017, to accurately reflect national DTC reporting guidance.
- A Non-Executive Director noted that this was the second recalculation error reported to the Board in as many months and asked for assurance that this was not happening in other areas. The Chief Operating Officer informed the Board of a programme of metrics being reviewed by internal audit. All reports to date have been favourable. She further noted that departmental staff were keeping their own manual data so a senior manager is reviewing all processes within the RUH and in the Community.
- Scrutiny and challenge around cardiology job plans identified some disadvantages in patient waiting lists and immediate action was taken on rotas to improve this. An additional consultant cardiologist post has been approved and the Trust will look to appoint as soon as possible. Recovery of the position is due by December 2017.

The Board NOTED the report.

BD/17/04/11 Urgent Care Collaborative Board Update

The Board NOTED the report.

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BD/17/04/12 Referral to Treatment Exception Report

The Board NOTED the report.

BD/17/04/13 Finance Report - The Deputy Chief Executive and Director of Finance presented and highlighted the following points:

- The Control Total plan was achieved so the Sustainability and Transformation Funding (STF) was received.
- At the end of month 12 the Trust is expecting to report a rating of 1 for Use of Resources (subject to final audit).
- The total trust income from Commissioners was higher in March (this is largely due to more working days and thus a higher elective capacity). Income was further helped by innovative surgical solutions to treating patients.
- The total level of debt has reduced on previous month, now standing at £10.9m. This is slightly higher than March 2016 but work is continuing with Commissioners outside the area to address this.
- The Deputy Chief Executive and Director of Finance also presented the accounts as submitted on 25th April 2017 and noted there may be some shifts when coding is finalised.
- A Non-Executive Director asked about future STF funding. The Deputy Chief Executive and Director of Finance responded that it was, as yet unclear what will happen over bonus payments next year. The Deputy Chief Executive and Director of Finance reinforced the message Trust must meet the Control Total given its importance for STF funding and the capital programme.

The Board NOTED the report.

BD/17/04/14 Estates and Facilities Sustainability - The Chief Executive presented and highlighted the following points:

- Building of the new multi-faith place of worship is underway and includes work to upgrade fire escapes.
- Delay to the demolition of the old pharmacy building was reported and is due to issues with a BT cable running under the site. Mitigations are being put in place to ensure patient access and safety at the entrance to the RUH.
- The Chief Executive further noted the professional qualifications gained by the staff on the Estates and Facilities team.

The Board NOTED the report

BD/17/04/15 A Tobacco Free NHS - The Chief Executive presented and highlighted the following points:

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- The Chief Executive reported that, at the Management Board meeting held the previous week, the view was that the Trust should go ahead with the proposal to become a smoke free site. He further added that the majority of staff at a recent briefing were of the same opinion.
- Staff are currently scoping how this can be achieved and will consider things such as the re-design of buildings and taking into account the input of staff, patients, smokers and visitors.
- The Board was asked to support the vision of smoke-free sites over the financial year.

The Board supported the proposal.

BD/17/04/16 Clinical Governance Committee Update Report

The Board noted the report.

BD/17/04/17 Non-Clinical Governance Committee Update Report

The Board noted the report.

BD/17/04/18 Audit Committee Update Report

The Board noted the report.

BD/17/04/19 Charities Committee Update Report

The Board noted the report.

BD/17/04/20 Management Board Update Report

The Board noted the report.

BD/17/04/21 Review of Board of Directors Declared Interests: Adoption of the Nolan Principles of Public Life; and Fit and Proper Person Test Declaration

- A number of changes were required of the listed interests. The Board of Directors' Secretary will review and amend.
ACTION: Board of Directors' Secretary
- All Board members present agreed to abide by the Nolan Principles of life. All Board members present agreed they meet the Fit and Proper Person Test.

The Board NOTED the report.

BD/17/04/22 ITEM WITHDRAWN

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BD/17/04/23 Chief Executive Report

The Board NOTED the report.

BD/17/04/24 Chairman's report.

The Board NOTED the report.

The meeting was closed by the Chairman at 12.00

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