ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS
HELD IN PUBLIC ON WEDNESDAY, 28th February 2018
OASIS CONFERENCE CENTRE, RUH, BATH

Present:

Voting Directors
Brian Stables, Chairman (*Chair)*
James Scott, Chief Executive
Moira Brennan, Non-Executive Director
Jeremy Boss, Non-Executive Director
Joanna Hole, Non-Executive Director
Nigel Sullivan, Non-Executive Director
Moira Brennan, Non-Executive Director
Bernie Marden, Acting Medical Director
Helen Blanchard, Director of Nursing and Midwifery
Peter Hollinshead, Interim Director of Finance
Francesca Thompson, Chief Operating Officer

Non-Voting Directors
Joss Foster, Commercial Director
Victoria Downing-Burn, Acting Director of People

In attendance
Xavier Bell, Board of Directors Secretary *(minute taker)*
Sharon Manhi, Lead for Patient and Carer Experience (*Item 6 and 7 only)*
Andrew Owens, Associate Audiologist *(Item 6 only)*
Gayle Williams, Equality & Diversity Officer *(Item 6 only)*
Sarah Merritt, Head of Nursing & Midwifery in the Women & Children's' Division *(Item 7 only)*
Diane Butler, Clinical Lead *(Item 7 only)*
Diane Dorrington, Midwife *(Item 7 only)*

Observers
Anne Martin, Public Governor
Mike Welton, Public Governor
Chris Callow, Lead Governor
James Colquhoun, Public Governor
Amanda Buss, Public Governor
Razi Ahmed, Observer
A member of the public was also present

BD/18/02/01 Chairman's Welcome and Apologies

The Chairman welcomed members of the Board of Directors along with the members of the public.

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

BD/18/02/02 Written Questions from the Public

The Chairman informed the Board of Directors that questions had been received regarding the proposed wholly owned subsidiary company from a member of the public on behalf of Protect Our NHS BANES. He also advised that correspondence on the same topic had been received from BaNES Local Council and had been circulated to the Board members.

The Chairman advised members of the public in attendance that a written copy of the questions and the Trust's answers was available, and that he would read out the questions and answers so that they could be recorded in the minutes.

The follow questions were read out, together with the Trust's response:

1. You are proposing to transfer both public assets and NHS personnel to a separate company but have not presented a full business case to the public for comment. This is likely to have an impact on recruitment, retention, and morale which in turn will affect the quality of patient care. **Can you explain why the process for creating a subsidiary company which will affect patients is so lacking in transparency and why the business case, in particular, has not been presented to staff, the Trust membership or the wider public for comment and scrutiny?**

   ANSWER: The Trust is undertaking extensive due diligence, and developing a comprehensive business case in relation to the creation of a wholly owned property facilities management company. The Trust has already begun engaging with staff who would be affected, as well as with unions. The full business case has not yet been completed or reviewed by the Board.

2. The NHS is founded on collaboration and partnership. The transfer of over 550 staff (including some of the lowest paid at the RUH) into an independent company represents a major fragmentation. There are currently clear moves towards greater integration across health and social care and yet you are proposing to move in the opposite direction. **Have you completed a risk assessment of the impact of creating a separate company with different governance rules, different staff terms and conditions and funding streams working inside an NHS Trust?**

   ANSWER: The business case will include a comprehensive risk assessment. It is important to note that the wholly owned subsidiary structure is already in existence within the NHS, and has been found to work effectively.

3. Terms and conditions for staff in other subsidiary companies in the UK are less favourable than for those directly employed by the NHS. TUPEed staff will also be affected if there are subsequently changes to their contracts. **Have Trade Unions been adequately consulted about these proposals and in particular the terms and conditions for the new company? Does the**

business case depend on a lower standard of staff terms and conditions and a reduction in pension commitments in order to make savings ?

ANSWER: The Trust has engaged with trade unions throughout the development of the business case to-date. Once the new terms and conditions for new staff joining the proposed company are developed, they will be shared with trade unions. It is intended that the new terms and conditions should be attractive to and benefit staff, but they will different from Agenda for Change. Existing staff transferring to the company from the Trust will have the option to remain on Agenda for Change terms and conditions.

4. Proponents of the creation of subsidiary companies see this as a means of exploiting a tax loophole with regard to VAT. The Department of Health has issued advice that the NHS should not engage in tax avoidance. After all, this is just public money going round in circles. This is a loophole that could well be closed in future depriving trusts of any tax savings**. Has this been factored into any risk assessment in the business case?**

   ANSWER: Our business case is yet to be completed but we are exploring this project with the aim of addressing a number of current sustainability challenges - most notably: recruitment and retention of staff, consistent quality of service and wider cost improvement. The Trust will take expert advice in relation to whether any potential changes in taxation form part of this case.

5. The North Bristol NHS Hospital Trust spent over £12,000 on consultants for their subsidiary company proposals. **Can you tell us how much money has been spent by the RUH on developing these proposals? What is the new chief executive of the company likely to be paid?**

   ANSWER: The Trust has engaged expert consultants to assist it in the development of the business case for a wholly owned property facilities management company. The cost of these services is commercially sensitive due to ongoing tendering processes for similar services across the NHS. Terms and conditions for staff in the event of progressing with this proposal, as previously mentioned, are yet to be developed.

The Chairman thanked Protect our NHS BANES for their questions.

BD/18/02/03 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/18/01/04 Minutes of the Board of Directors meeting held in public on 31st January 2018

The minutes of the meeting held on 31st January 2018 were approved as a true and correct record of the meeting, subject to the deletion of one incorrect sentence on page 10.

BD/18/02/05 Action List and Matters Arising

Action updates were approved as presented with the following verbal updates:

PB531 – The Interim Director of Finance advised the Board that he has been investigating the existing contract with Hospedia for hospital television, and confirmed that notice will need to be given if the Trust does not want the contract to roll over onto another 5 year term. Moira Brennan, Non-Executive Director queried whether the existing contract meant that the Trust was unable to provide alternative services. The Interim Director of Finance confirmed that this is correct. **This action was closed.**

PB460 – The Chief Executive is in receipt of details on parking tickets issued by the Trust's contractor, and confirmed that he will circulate the information to Non-Executive Directors. He noted that there was a peak in tickets issued after the contract was signed with the contractor, but that has now reduced. He confirmed that there is ongoing work to review the arrangements with the contractor, and that a review is also underway into staff parking. Moira Brennan, Non-Executive Director asked if there is a timeline for completion of this work. The Chief Executive noted that there are some commercial sensitivities to be dealt with which will impact timeline. This will come back to the Board via an estates report in due course. **This action was closed.**

PB467 – The Chief Exec advised the Board that a way has been found to provide Wi-Fi in the children's ward. He queried whether this service could be provided for adults, but acknowledged that this will need to be investigated alongside the existing Hospedia contract. The Board agreed that this action is to be closed and a new action taken forward by the Chief Executive.

Action: Interim Director of Finance

PB469 – The Director of Nursing & Midwifery noted that this action relates to William Budd ward, and the improvement plan developed following a visit by NHS Improvement, which has unfortunately not overcome the nurse staffing issues. The Director of Nursing & Midwifery and the Medical Director recently met with the ward's senior nursing team, and further more stringent actions are being taken forward. **This action was closed.**

PB470 – The Director of Nursing & Midwifery noted that the denominator for the Friends & Family Test in MAU only includes those patients discharged from MAU. She confirmed that the numbers presented are correct. Moira Brennan, Non-Executive Director, noted that this is a tiny proportion of the patients that go through MAU, so care needs to be taken when considering how credible these results are. **This action was closed.**

PB472 – The Interim Director of Finance confirmed that the requested information will now be included in the Finance Report moving forward., **This action was closed.**

BD/18/02/06 Staff Story

Sharon Manhi, Lead for Patient Experience, introduced Andrew Owens, Associate Audiologist, and his hearing assistance dog Ellie, together with Gayle Williams Equality and Diversity Officer. She advised the Board of Directors that today they would be hearing a staff story rather than a patient story.

She advised that Andrew is part of the fresh eyes group. This is a group that engages with new staff about their experiences working in the hospital.

Andrew explained that he was a premature baby, and as a result has been deaf from birth. He used to wear hearing aids, but they were only partially effective, he obtained a hearing dog which helped both in terms of assistance with reacting to sounds but also with managing the emotional element of being deaf. He underwent a procedure for a cochlear implant in June 2015, which he feels has been central to allowing him to obtain and progress in his job at the Trust, as it makes things like answering the phone and dealing with the large amounts of information much easier.

Andrew shared with the Board his initial impressions from when he joined to the RUH; he found the organisation generally very supportive with staff and colleagues friendly and approachable. He enjoys his role, and has found the department helpful, understandable and patient. He described requesting and receiving 1:1 support with E-learning after speaking with his boss and indicating that he was struggling with the distracting and overwhelming training environment. He found this really important and very helpful in building and developing his confidence in the organisation. He reported that he has met many like-minded colleagues, and working within the Audiology department, has used his disability positively within his role as an Associate Audiologist

He shared some messages around not so good experiences; he has found some challenges in communications, with staff not always appreciating the need to communicate in a timely manner. He also explained and some of these challenges he faces can be distressing, particularly the impact that this can have on his patients.

He has needed additional time to train independently and with support, and has sometimes felt that the format for mandatory training and induction has meant that there is pressure to do this quickly. He has also needed some additional equipment in his role which has taken longer than necessary to put in place.

Andrew suggested some areas of improvement; such as the Trust seeking more opportunities to engage, represent and support staff and patients. He also described that there are some environmental changes for people with disabilities, as an example, he can find some of the harshly lit areas difficult to handle. He feels there could be more awareness amongst staff and patients of people with differing needs,

and encouraged the Board to ensure that communication with staff and patients is kept as a priority.

He would like the board to be aware that there are people like him in the Trust, who need careful communication and the correct support.

At the request of Joanna Hole, Non-Executive Director, Andrew also explained how his hearing dog can help him in his daily life, such as by making him aware when people are at the door (she will take him to the door), she can also help him be aware that the phone is ringing, can warn him that his young son needs him, can help him be aware of alarms etc.

The Chairman thanked Andrew for sharing his experience and asked the Board whether there were any questions for Andrew.

Nigel Sullivan, Non-Executive Director, asked whether Andrew finds his personal experience allows him to helps patients. Andrew explained that he can tell patients what having a cochlear implant will be like, because it can be very scary, and how it will be different from having hearing aids. He can also help parents of children with hearing loss understand more about the procedures and hearing aids.

Joanna Hole, Non-Executive Director, asked about “reasonable adjustments” and how easy it is in reality for staff to access them. The Equality & Diversity Officer noted there is lots of help available within the Trust, but it can be challenging to ensure the support is provided in a timely manner. The Trust also needs to get better at understanding that “one size” does not fit all, particularly around training and induction, which needs to be adapted to manage more diverse learning needs and allow more time for those that need it.

Joanna Hole, Non-Executive Director, also asked about how Ellie the dog manages with Andrew’s young son. Andrew explained that when getting a hearing dog the service does an assessment to ensure that it is a safe environment, and he has to work with Ellie to ensure that she gets used to his son, and that the son knows how to engage with the dog safely.

The Acting Director of People asked the Board to note that the equality and diversity agenda needs to be considered when undertaking business at all levels within the Trust, and when taking forward normal business, as there is a real opportunity to make a difference both for patients and staff.

The Chair asked that further information on the work of the equality and diversity team is being reviewed and is presented to the Board in due course.

The chairman thanked Andrew for his presentation and taking the time to answer questions from the Board.

BD/18/02/07 Maternity Survey Results

The Chairman welcomed Sarah Merritt, Head of Nursing & Midwifery in the Women & Children's' Division, together with Diane Butler, Clinical Lead, and Diane Dorrington, Midwife to present the Maternity Picker Survey results.

Sharon Manhi, Lead for Patient Experience, noted that the paper submitted to the Board set out the results of the national Maternity survey undertaken by the CQC, which involved 133 Trust's across England. She confirmed that because findings of the national survey were broadly consistent to those of the Picker survey, but advised that the benchmarking was slightly different as less trusts participated in the picker survey.

Sarah Merritt, Head of Nursing & Midwifery, advised the Board that Picker was commissioned by 68 Trusts to undertake the survey which is 52% of all eligible trusts in England. The survey is based on a sample of mothers who gave birth at the Trust in February 2017. 327 questionnaires were sent out and 165 returned a completed questionnaire. This equates to a response rate of 52%, which is well above the average response rate of 36%.

She noted that this is only one of many ways that the division uses to seek patient feedback.

She confirmed that many positive aspects were identified by the survey, e.g. care and experience, choice and staff engagement, and involvement of partners, dignity and respect and confidence and trust in care givers were all identified in a positive light by the survey. 70% or respondents felt that the rooms were very clean, but she noted this means 30% felt the environment was not very clean.

Out of the 51 questions, the RUH scored better than average on 10, worse than average on 5 (action plans have been developed) and around average on the remainder.

Diane Dorrington and Dianne Butler presented on some of the areas for improvement and outlined the actions being taken. This included steps taken to improve the consistency of feeding advice to new mothers, and ensuring that midwives are better aware of the medical history of patients during the antenatal period.

Steps have also been taken to try and ensure that there is continuity in the patients seeing the same midwife throughout their care, and extending appointment length and new template notes have been developed with more focus on mother's antenatal information being available in the notes so that they can be accessed during post-natal care.

Other actions are being taken forward in improving the equipment and environment in birthing rooms and further improvements to the availability of sleeping chairs and showers for partners of women giving birth or in hospital pre/post-birth.

The team have also recently completed additional improvements in the continual promotion of "skin to skin" and keeping parents with their babies together when in the hospital. They have also created a "Bluebell" team for vulnerable mothers.

Since the survey, a lot of hard work has been taken forward in increasing the time spent by cleaning staff in the Bath birthing centre (it has been doubled) and this has had a visible improvement in levels of cleanliness.

The Chief Executive questioned where the recommendations from the report are stated as they are not in the report received by Board. He requested that they be shared, and noted that as this is an annual survey, the Board need to have better sight of improvements undertaken between surveys. The Head of Nursing & Midwifery noted that the 2018 survey is currently underway, and results will likely be available in December. She noted that part of the issue is that results are not released until a long period after the survey takes place, resulting in limited time to take forward recommendations before the next survey.

The Chief Executive asked for another update on actions to come to the Board before December.

Action: Director of Nursing & Midwifery

The Chief Operating Officer noted she had visited the Bath Birthing Centre recently and it was spotless, so she could confirm that the increased cleaning was having an effect.

The Chief Operating Officer also asked whether there was any detailed benchmarking against other Trusts in the CQC report. Sharon Manhi, Lead for Patient Experience, noted the CQC discouraged using their report to benchmark, and instead advised that it should be used to improve local care for local patients. The Chief Executive agreed, and asked that the Board and the team ensure this is how the results are used.

The Chief Operating Officer asked the presenters to comment on the use of social media by women in the maternity unit, as she noted that there appears to be an increase in women who are uploading their scans on to social media directly from the Hospital (which she noted may also involve IG issues). She asked whether there are better ways to communicate and engage with patients in the social media age. The team explained there is a comprehensive website, dedicated email and an App that patients can access. There is also an active Bath Birthing Centre Facebook page.

Joanna Hole, Non-Executive Director asked whether there is any difficulty in attracting candidates for posts in Maternity. The Head of Nursing & Midwifery noted that there are always multiple applicants for all posts which they appreciate places them in an enviable position compared to other wards within the hospital.

Joanna Hole, Non-Executive Director, also asked whether the Picker survey breaks down feedback between patients who have a natural birth vs a c-section. The Head of Nursing & Midwifery advised that no, that level of detail is not provided within the report. Joanna Hole noted that this seems to be missing an opportunity as these patients would presumably have very different experiences. The Head of Nursing &

Midwifery noted that the department do capture some of that specific feedback via other routes.

Moira Brennan, Non-Executive Director, asked for further information around the "consistency of advice" issue for breastfeeding. She asked how confident the team is that there is one message and that is being communicated to patients. The Head of Nursing & Midwifery noted that a baby's needs change on a daily basis, so not all advice, if different/inconsistent is necessarily wrong, it may be a result of changing circumstances. The focus needs to be on ensuring that patients understand why the advice may be changing or perceived to be conflicting with information given previously.

The Chairman thanked the presenters for attending and sharing the results of the surveys. He noted the action arising from this item is for the Director of Nursing to bring a report back to board on the progress of actions before December.

BD/18/02/08 Quality Report

The Director of Nursing & Midwifery presented the Quality Report and drew the Boards attention to the patient safety programmes of work. She noted that the "movement of patients" work was found to be a duplication of work already being undertaken as part of the focus on flow, so these tasks have been combined and it is no longer a standalone piece of work.

She went on to highlight the following:

- Pressure Ulcers – there has been a reduction on previous years. Performance has been maintained despite the operational pressures being experienced.
- Falls – some of the work in relation to Falls has been challenged by the winter pressures and winter staffing issues.
- A number of wards are flagging on staffing issues. The Trust is focusing on supporting staff, and managing short and long term sickness. Cardiac and Midford wards are receiving particular targeted support. There is also discussion taking place around whether there is learning from wards that do not trigger which can be shared better. However, she noted that adult inpatient wards are most likely to flag given the nature of the indicators chosen. The indicators are being reviewed to ensure they are pertinent and relevant to all different types of wards.

Moira Brennan, Non-Executive queried the category 3 pressure ulcer on Midford ward. She noted that there is some inconsistency between the reports, as this suggests there was a pressure ulcer in January, with another report indicating that there are no pressure ulcers in January. The Director of Nursing & Midwifery agreed to look into this inconsistency and report the correct position.

Action: Director of Nursing & Midwifery

Nigel Sullivan, Non-Executive Director, asked whether the triggering wards would have been on the Executive's radar even without the report. The Director of Nursing & Midwifery noted that this is not necessarily always the case, as the surveillance tools could be described as a blunt instrument; however she has not come across any better or more sophisticated way of tracking ward performance even during her secondment to NHS Improvement. Moira Brennan, Non-Executive Director, noted that having experienced a period on the Board with the report and also a long period when the report did not exist, it is much better to have the report in terms of assurance.

Nigel Sullivan, Non-Executive Director, queried the high levels of staff absence. He asked for assurance that the HR support includes all the normal operational management tools including looking at patterns of absence, return to work interviews etc. The Interim Director of People confirmed there is a comprehensive sickness management processes in place. The Director of Nursing & Midwifery noted that there are no concerns raised to her regarding any lack of HR support. She also noted that the winter period particularly the pressures of the last 10-12 weeks has had a major impact on staff resilience.

The Chief Executive noted the connection between the report and the information tracked via the Model hospital. He has been doing some comparison of RUH Model Hospital data with GWH and SFT, and noted that there is a lot of information on there that the Trust does not access yet. He queried whether the Director of Nursing & Midwifery might undertake a review of the report, which could include reviewing whether any of the Model Hospital information should be incorporated.

Jeremy Boss, Non-Executive Director, noted that it appears with winter pressures more wards are triggering. He queried whether this is this consistent with the same period last year? He also noted that the number of older patient wards appearing on the list are also quite high – he queried whether this is a systemic challenge or a reflection of the indicators used?

Joanna Hole, Non-Executive Director, queried whether there can be a metric for reducing the movement of patients around the Trust or whether that is too difficult. The Director of Nursing & Midwifery confirmed that reducing the number of patients that have more than 2 moves is what is being tracked; however the data is collected manually. She confirmed that as she will be reviewing the report, this can also form part of the review.

The Chief Executive noted that in relation to the manual collection of movement data, the Trust is looking at bed management systems as part of its ongoing IT plan. He has recently had an opportunity to see the Cerner system, and feels it is something we need to look at more detail.

He also noted a good news story on patient safety: the RUH has been shortlisted for 3 British Medical Journal awards, for its Emergency Laparatomoy pathway work, the tea-trolley simulation programme, and the work that the radiologists have been doing in relation to PET-scanner.

The Chairman summarised the actions arising, namely that the Director of Nursing will undertake a review of the Ward triangulation report in light of her experiences at NHS Improvement and the information and metrics available on the Model Hospital. This will come back to the Trust in April.

Action: Director of Nursing & Midwifery

The Board of Directors noted the report.

BD/18/02/09 Q3 Patient Carer & Experience Report

The Director of Nursing & Midwifery presented the quarter three report and highlighted the following:

- PALS – two to three hundred enquiries are received per month. This includes concerns requiring resolution as well as positive feedback from patients and carers;
- Car parking issues are not not dealt with and not included in the PALS numbers;
- She noted page 2 of the report shows that the category of enquiries relating to "communication" is very broad and reflects a significant number of contacts with PALS;
- The number of written complaints continues to fall by quarter; however reopened complaints are now being looked at. This will be reviewed in detail, to determine whether there is a pattern or whether the Trust's response encourages the reopening of complaints;
- Complaint response time is much improved compared to 12 months ago. She noted that delays can often relate to availability of consultants to participate, but noted that they are very engaged in the complaints process;
- Positive feedback has been received in relation to staff attitudes and behaviours when engaging with patients and carers;

Joanna Hole, Non-Executive Director, asked a question relating to PALS resource, as she is aware there was a vacancy within the team. She requested assurance that there is a plan to fill that post. The Director of Nursing & Midwifery noted that there are discussions around what level of seniority the Trust wants to employ in that role and noted that the advert should go out in 2-3 weeks.

Joanna Hole, Non-Executive Director also noted that she had to specifically request a FFT form on her last visit to an inpatient ward, and the nurse appeared to not know what it was. The Director of Nursing & Midwifery agreed to pick this issue up with nursing staff.

The Board of Directors noted the report.

BD/18/02/10 Operational Performance Report

The Chief Operating Officer presented the report and asked the Board to note that M10 was a very challenging month, consistent with other months over winter, and consistent nationally. The RUH is particularly challenged in 4 hour performance and is now in NHS Improvement's category 4 as one of the poorest performers nationally.

She informed the Board that 4 Hour performance, RTT and diagnostic testing all triggered in M10:

- RTT – this was below the agreed improvement trajectory, which can be linked to performance pressures but also the national mandate to reduce elective activity in January. The Trust also breached the ring-fenced PY ward during that period;
- There has been a cluster of Cardiology 52 week breaches – this is a first and has raised significant concerns. The Chief Operating Officer will provide more detail if required, but noted there is an improvement plan in place for this specialty, being led by senior managers and executives. All 6 breaches were complex pathways and some of them could have been prevented as the rules would have allowed the clock to be stopped had the team been aware of them earlier. All patients have now been treated and have received the Trust's apology.
- Diagnostics – performance in this area is disappointing, as improvements made over previous months have not been sustained. This is also related to poor performance in Cardiology, but CT equipment capacity and failure has impacted too;
- C.Difficile – this metric is still achievable for 2017/18, and Cancer standards have been achieved in January other than breast symptomatic.

The Acting Director of People clarified that the report on sickness levels on page 31 item 63 of the report refers to the Estates & Facilities Division only, not the Trust-wide position. She reported:

- January triggered a higher level of turnover than has been seen previously. One of the the key quoted reasons for people leaving is work/life balance. The issue of retaining staff will form a key part of the Trust's people management strategy which is being developed;
- The Board should note page 34 and the success in the pipeline of staff coming forward though the nursing associate programme.

Joanna Hole, Non-Executive Director, asked for clarification on page 34 of the report, and in particular whether the 21 international nurses who have expressed interest in working at the Trust are in addition to the nurses being sought via the Philippines. The Acting Director of People confirmed that this is the case.

Moira Brennan, Non-Executive Director queried whether the Big 3 caused the drop in 4 Hour performance, as this is what is suggested by the report. The Chief Operating Officer confirmed that it played a part, and noted that nationally there is recognition that it may have had an impact. The Trust is currently working on a lessons learned piece from Big 3, and this includes issues impacting ED which are being worked

though. The Chief Executive noted that getting used to a new system can simply take time, and that gradually this will improve.

Moira Brennan, Non-Executive Director also asked for assurance that there was no harm to the patients affected by the 52 week breaches. The Chief Operating Officer confirmed that the divisions had assured her that no patients had come to harm, and that RCAs have been completed and signed off at Executive level.

Jeremy Boss, Non-Executive Director noted that for the first time Wiltshire DTOCs appear to be increasing. The Chief Operating Officer agreed but noted that the Wiltshire system is engaged and moving in the right direction; however the Trust are not allowed to report DTOCs when they are in closed areas (wards closed for flu for example). So the report is not a clear picture of the actual position.

The Board noted the report.

BD/18/02/11 4 Hour Performance Report

The Chief Operating Officer advised that the report is in a new format and apologised for the late circulation to board. She asked for feedback on the format of the report and noted that from February there is a system improvement plan in place, which is quite detailed, and involves weekly monitoring of actions across the system. The focus is on the patient delays in the system. There is a great deal of regulatory scrutiny and NHS Improvement and NHS England view the delays at the back door (including the 21 day stranded patients) as a significant issue, where the RUH are a significant national outlier. NHS England in particular is working with BaNES CCG to hold system partners to account.

- Activity year on year has risen significantly, both admissions and ambulance conveyance. Coupled with bed closures and “super stranded” patients and DTOCs it has been a very difficult month;
- ECIP are working with the Trust on understanding the implications of their ambulance conveyance increase, noting the rates seen at the RUH appear to be an outlier nationally. She noted that there has been some information received regarding the impact of increased ambulance conveyance, noting the complexity and demographics of patients being transported. The Trust has increased staffing resources in key areas in response to some of this analysis, and this has had a recognisable impact in reducing some breaches during times of high pressure.

The Chief Operating Officer took the Board through the detail in the new report format, noting that:

- the report seeks to be transparent regarding the number of patients in the ED corridor. She noted that the senior visitor from NHS England last Friday had noted that the Trust’s use of corridors is not as extensive as other Trusts (who anecdotally appear to use the longer corridors outside ED rather than the short corridors in ED used by the RUH);

- In terms of Well-Led, rota coverage particular for middle grade staff is an issue;
- Arriva are focusing on outpatient work, with a new provider focusing on inpatient transport work and this has been hugely beneficial. This will continue into the future.

The Non-Executive Board members noted that the new format is extremely useful and clear.

Moira Brennan, Non-Executive Director, asked whether the report states % of patients attending ED who are actually admitted. The Chief Operating Officer confirmed that there is a conversion rate but this has not been put in the 4 hour report. The RUH are seen as a national outlier on conversion rate, but this is partly related to Wiltshire patients. Due to the Minor Injury Units in Wiltshire, a much higher proportion of Wiltshire patients who attend ED will be admitted. She views that rate as a bit of a blunt instrument, and directed MB to the proportion of medical and ambulatory care admissions as a percentage of take as a better metric.

The Chief Executive noted that the National Director of Operations and Information for NHSE had visited on Friday. He then sought to summarise the granular information available in the report for Board, and share his views as chair of AE delivery board:

It is recognised that we are, as a system, failing our patients who are having to wait too long in ED. There is a significant increase in demand at the front door, we have seen Flow compromised, some of which is in our [the Trust's] control (e.g. SAFER) but some not (infection and flu rates) and then the back door i.e. DTOCs and stranded patients play a major part. His view is that the Trust needs to focus on the high volume of "stranded" patients. There were 350 patients on Friday who have been in the Trust for 7 days or more. The average time for a patients admitted via ED to remain in the Trust is 6.5 days.

He noted it is a complex system, with 3 CCGs, 3 councils and 3 community providers. This makes it harder to manage as there is no one answer for all partners. His sense in chairing AE delivery board is that the system action plan is very complex, and demand management is not going to suddenly improve.

The Trust needs to focus on the stranded patients. In developing next year's plans, it is clear the Trust does not have sufficient capacity to manage the increased demand. He noted that there is potential to work with others outside of the RUH in relation to patients who no longer need acute care. This would involve partnering with tertiary care providers (care homes etc.) and is being explored.

The Board noted the report and update.

BD/18/02/12 Finance Report

The Interim Director of Finance presented the report and drew the Board's attention to the following key points:

- This is the financial report for month 10 – the period to the end of January;
- The Trust has an Income and Expenditure control total of £12.8m (operating surplus of £5m and STF of £7.8m);
- The plan to Month 10 was to achieve a surplus of £6.8m which has been achieved;
- Income variance:-
  Circa £10m under recovered;
  Lower than planned elective and outpatient activity but higher non elective;
  Specialised contract £7m under plan;
  All CCG contracts over plan;
  High cost drugs - £4m less than planned but offset by lower expenditure;
  Discussions with Commissioners are ongoing to reach a full and final settlement for the year, with deals already reached with BaNES, Wiltshire and Specialised Commissioning;

- Expenditure:-
  £5.6m under spent on budget;
  High cost drugs impact;
  Agency expenditure low in comparison to January 2017;
  Marginal increase in the pay figures;

- QIPP:-
  Target of £7.8m and forecast delivery of £8.2m;
  30% non-recurrent which will need to be identified in 2018/19;

- Statement of Financial Position:-
  Intangible assets reduction of £1.3m from the impairment of a new EPR system;
  Mineral hospital receipts reduced the trade receivables but corresponding increase in cash;
  Excellent performance against the better payment practice code;
  Cash balance of £33.1m – required to service the capital programme;

- Capital Programme:-
  Programme of £33m – significant slippage of £12m. This needs to be considered when developing next year's plan, and realistic targets set;

- Summary:-
  Forecast to deliver the operating surplus;
  Key risk of income mitigated through contract settlements;
  Capital profiling of delivery needs reviewing;
  Cash position healthy but required to deliver capital programme;

Nigel Sullivan, Non-Executive Director noted that the last few months have involved a lot of reports of the CCGs missing their QIPP targets resulting in pressure on the RUH contract. The Interim Director of Finance noted CCGs over delivery reflects failure of demand management QIPP and this has resulted in contractual challenges.

Moving forward, he would want their QIPP to deliver reduced non-elective and the Trust will need to support them in this.

Joanna Hole, Non-Executive Director, asked for clarification on one element of the income report. The Interim Director of Finance explained that this relates to a manual correction that is required within the report and does not reflect an issue in the reporting.

The Board noted the report.

BD/18/02/13 Management Board Update Report

The Board of Directors noted the report.

BD/18/02/14 Clinical Governance Committee Report

The Board of Directors noted the report.

BD/18/02/15 Non-Clinical Governance Committee Report

The Board of Directors noted the report.

BD/18/02/16 Chief Executive's Report

The Board of Directors noted the update.

BD/18/02/17 Chairman's Report.

The Board of Directors noted the report.

BD/18/02/18 Items for Assurance Committees

No items were identified

BD/18/02/19 Resolution to exclude members of the public and press

The Chairman proposed that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

The Board of Directors approved the resolution.

The Director of Nursing & Midwifery presented a message to the Board on the "PJ paralysis" campaign, and advised a group will be joining the Board at lunch time to invite the Board to wear a T-shirt in support of the campaign and have photos taken for promotion purposes.

The meeting was closed by the Chairman at 12.11.