ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS
HELD IN PUBLIC ON WEDNESDAY, 25th APRIL 2018
OASIS CONFERENCE CENTRE, RUH, BATH

Present:

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

Non-Voting Directors
Claire Radley, Director of People
Joss Foster, Commercial Director

In attendance
Xavier Bell, Board Secretary (minute taker)

Observers
Mike Welton, Public Governor
Chris Callow, Lead Governor
Amanda Buss, Public Governor
Anne Martin, Public Governor
Kate Fryer, Staff Governor
Sharon Manhi, Lead for Patient Experience *(item 6 only)*
Dr Dom Williamson, ED Consultant *(item 6 only)*
Dr Andrew Smith, BEMS Lead Clinician UCC *(item 6 only)*
Fiona Bird, Head of Business Development *(item 6 only)*
Brian Gubb, Interim Director of Estates & Facilities *(item 9 only)*
David McClay, Interim Chief Information Officer *(item16 only)*

BD/18/04/01 Chairman's Welcome and Apologies

The Chairman welcomed members of the Council of Governors along with the members of the public.

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

Nigel Stevens, recently appointed Non-Executive Director, and Claire Radley, Director of People, were welcomed to their first meeting of the Board of Directors and introduced to the Board.

BD/18/04/02 Written Questions from the Public

There were no written questions from the public.

BD/18/04/03 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/18/04/04 Minutes of the Board of Directors meeting held in public on 28th March 2018

The minutes of the meeting held on 28th March 2018 were approved as a true and correct record of the meeting.

BD/18/04/05 Action List and Matters Arising

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

PB535 – **Patient Story** - The Director of Nursing & Midwifery provided a verbal update, describing the actions taken to use the patient story as part of staff training. She has shared the experience on a 1:1 basis with staff who work in infant breastfeeding support. A document will be circulated to members of the Board with further details. The action was closed.

PB466 - **NaTSSIPs** – The Acting Medical Director noted that the original launch was a flawed process, so the team have reviewed this and narrowed the focus of the work to the procedures that will benefit the most from the methodology. This involves a relaunch, and the Acting Medical Director has assurance that this will overcome the issues. The action was closed.

PB475 – **Quality Report** – The Director of Nursing & Midwifery noted that the triangulation chart for the Quality report is an iterative process. The Board agreed to close this action, noting that the work is ongoing.

PB476 – **Quality Report – ED complaints** – The Director of Nursing & Midwifery reviewed the number of complaints on the report, and noted that they were similar to previous months; however it was clear that in February the median number of PALS contacts was higher. A theme relating to the treatment of patients' property was identified. This information is being shared with the ED team, and PALS will work with them to explore this further. The Board agreed to close the action.

PB478 – **NHSI Infection Control Follow-up Visit** – The Director of Nursing & Midwifery updated that she has contacted NHSI regarding some factual inaccuracies in their report but would like to keep this item open pending a response from NHSI which she will then share with the Board.

There were no matters arising not on agenda.

BD/18/04/06 Patient Story

Sharon Manhi, Lead for Patient Experience, introduced two patient stories, both of which related to patients who visited the Urgent Care Centre (UCC). The first story was in relation to a woman, who described her family's experience at the UCC co-located with the RUH accident and emergency department. They attended following a call to 111, and waited in ED for an hour before being given a GP appointment at

the UCC. They had to wait around 2 hours (1 hour beyond the noted appointment time). She explained that they were in the paediatrics room which is shut off from the rest of the emergency department, which felt very isolated. They only saw one person during their wait, who was a volunteer, and were not advised by anyone of the reason for the delay. When they saw the GP they were told to go home and monitor her daughter and to see their family GP the next day. They did not get home until midnight as they live quite far from the hospital. She felt it was a long, wasted evening, that could have been avoided had they received the right advice earlier.

She contacted the RUH PALS following her experience and the Lead for Patient Experience intends to feedback to her some of the changes they have subsequently implemented within the UCC.

The next story presented to the Board was from a patient from Manchester who was based in Bath, and attended the UCC when he started feeling short of breath. He attended following a call to 111, who asked him a number of questions which he believed was to ensure he was not having a heart attack or stroke. They offered to send an ambulance, but he felt he did not need one, so an appointment was made for him at the UCC, which was around an hour and a half after his phone call to 111.

He felt that when he arrived the ED was surprisingly quiet for the time of year. He was the only person in the waiting room. He was seen by the GP at exactly the time he was scheduled. He felt the examination was thorough, and he was given medication and advice. He felt the service was efficient and he was happy with the outcome. He noted that it is different to how he accessed out of hours services at his home in Manchester, where he would not be required to attend ED but would have been put in contact with a nurse or GP as required.

The Lead for Patient Experience then introduced Dr Dom Williamson, an ED Consultant, and Dr Andrew Smith from BEMS, which is a not for profit GP federation based in Bath, in existence since 2004. Together they described the Urgent Treatment Centre (UTC) service that would be provided jointly by the RUH and BEMS when the RUH takes over the service in May.

Dr Smith noted that BEMS' focus is about connecting GP practices, and it runs a number of services locally including the commissioner referral support services, local fracture clinics, and some diagnostic services. He noted that the UTC is complex, and interacts with the separate out of hours service (Medvivo) and the 111 service.

Dr Williamson advised the Board that there are a raft of changes that will come in when the RUH and BEMS take over the service. These should not be noticeable by patients, who will be able to access the service in a streamlined manner. The changes are behind the scenes, where in partnership with BEMS and Medvivo, the RUH is putting in place a more comprehensive steaming service at the front door, so that patients that come in without an appointment will have a much more immediate, effective and thorough assessment on arrival by a nurse based team. He explained that some of the negative experiences described during the first patient story should be minimised as a result of the changes that are being implemented.

He noted that some of the changes that are being implemented outside the RUH would also have helped with some of the issues in the patient story. The new 111 service will be linked to a further clinical support service, that will help the 111 service decide whether patients need to attend the UTC. This will move the 111 service away from being a purely non-clinical triage service which runs using computer algorithms. The new clinical element of the service will focus on patients that analysis has shown were more likely to be referred to the ED/UTC by the computer algorithm.

The Chief Executive asked a question relating to the fact that Medvivo does not cover the Mendips for out of hours services; he queried how this will be managed for Somerset patients. Dr Smith agreed that this adds a layer of complexity, but explained that a large amount of work is going into ensuring there is streamlining of referrals and services across the footprint. He noted that they are developing clear pathways so there is clarity for local GPs around how patients should be referred and treated.

Dr Smith noted that from 1 October 2018 seven day primary care is mandated nationally. This means in BaNES there will be primary care services open between 8am-12noon on weekends, and some practices will open later in the evening during the week, across two or three bases within BaNES.

The Head of Business Development advised that they have also been working with commissioners in Bath and other areas (including Bristol) to ensure that the right patients are referred to their local services.

Joanna Hole, Non-Executive Director asked how the receptionist and administrative support for the UTC services will change when the RUH and BEMS take over. Dr Williamson confirmed that it will now be a single reception team working across the whole of the hospital front door, making it much more connected. He expects this to help ensure there is clear communication between ED and the UTC. They are working on clear escalation processes to ensure that any delays and issues are dealt with appropriately. He noted there are some limitations in the physical footprint of the department which cannot be changed without capital works, and this will have to be overcome. He noted in particular that changes have been implemented to ensure patients waiting in the paediatric rooms have more contact with staff while waiting.

Jeremy Boss, Non-Executive Director noted that it is great that a more seamless service will be provided. He queried whether there will be less issues moving forward in terms of ensuring there is sufficient GP cover for the UTC. Dr Smith agreed that this can be a challenge. He explained that BEMS have been working with Medvivo to have consistent contracts, payments, training requirements etc. for their respective GPs. He confirmed that the GPs on the rota are local GPs, but explained that the rota is not yet full; however he expects to have sufficient cover for go-live, and moving forward. The Head of Business Development explained that they have better engagement with the GP population because the leadership of BEMS is now local.

The Chairman thanked all the staff who were involved in the patient story presentation, and wished Dr Smith and Dr Williamson well for the UTC go-live. He

requested that this be scheduled for an update to the Board of Directors in October 2018.

BD/18/04/07 Quality Report

The Director of Nursing & Midwifery presented the report. She informed the Board that the Trust continues to perform well in relation to complaint response time.

She noted that the Trust ended the year within the *C.Dificile* threshold, with 20 cases against a threshold of 22. She confirmed that this is fantastic news, and is the realisation of several years of hard work to improve infection control.

She noted that in relation to incident reporting and completion time there is still work to do to improve, which is disappointing as it is an ongoing issue. She confirmed that work is underway to improve this.

She set out some of the issues faced by the wards that have flagged in the quality report during the last month. The issues include staffing pressures and absence in some cases of senior ward leadership. She assured the Board that she and the Acting Medical Director are working with at-risk wards to manage the risks and help them identify ways to mitigate or remove the risks.

In relation to the wards that have not flagged, the themes are that they are smaller, with lower levels of dependency and acuity of patients and no high-care areas.

The Acting Medical Director provided an update on AKI, National Early Warning Signs (NEWS) and Sepsis.

He advised the Board that the hospital has launched work on recognising and treating “deteriorating patients” to ensure that training and learning is embedded. This focuses on observing changes in deteriorating patients, and the appropriate steps to take.

He noted that there is a challenge to getting all wards to consistently implement NEWS, and this will not likely improve until an E-Obs system is implemented, which he confirmed is now in the IT plan and will be implemented later in the year.

In relation to sepsis, there is a report coming to the Board in May which will provide more detail; however with regards to screening, the performance is sustained but not really improving. This speaks to how E-Obs will help this piece of work move to the next level, and allow them to move the focus and effort away from data collection and back to the activity itself. He noted that there is a plan to re-base the project and he will report back in more detail in May.

Nigel Stevens, Non-Executive Director queried whether data collection is driving the work rather than improving care for patients. He asked whether the refresh to the Sepsis project will ensure that this is minimised. The Medical Director confirmed that this is the intention.

Joanna Hole, Non-Executive Director asked for assurance that there is a programme to work with the risk team and the ward leaders to improve the risk reporting. The Director of Nursing & Midwifery confirmed that this is the case, and she would expect to see improvements in 6-9 months' time.

Jeremy Boss, Non-Executive Director queried the data showing Forrester Brown ward deteriorated in NEWS quite significantly during the last month and asked for assurance that this had been recognised and acted upon. The Acting Medical Director assured the Board that this will have triggered a review.

BD/18/04/08 Safer Staffing Report

The Director of Nursing & Midwifery noted that the document, which is reported regulatory to Board, is extremely useful for conversations with regulators, as it contains a clear overview of the Trust's position in relation to staffing. She noted that the information must be presented to the Board, and the contents is driven by regulatory requirements.

Regulators have published new improvement resources, particularly in relation to determining nurse staffing requirement (looking at inpatients and maternity). The Trust has completed a self-assessment against this, and generally achieves well against the recommended nurse to patient ratio of 1:8. This relates to funded establishment on the wards, but clearly does not take into account nursing vacancies.

The Trust undertakes the Safer Nurse Care Tool (SNCT) on a six monthly basis, which helps to create a pool of data to inform staffing decisions. This tool is recognised by NICE and NHSI tand looks at activity and dependency.

Using the SNCT, with professional judgement, knowledge of the RUH specialties, patient groups and environment, two business cases have been developed to increase the nurse establishments on key wards (William Budd and Respiratory High Care). These cases will go to Management Board for approval in the coming months.

The Trust also looks at other benchmarks when undertaking staffing reviews. Alongside the recommended 1:8 ratio of registered nurses to patients, there is also a recommended ratio of 65:35 for registered nurses to health care assistants. This guidance has not been updated since 2010, and does not take into account the different and new roles within the care team, including therapists and allied health professionals.

The report also includes further information on maternity staffing. Self -assessment against new NQB/NICE maternity resource has been undertaken. Midwife recruitment continues to be positive.

She noted that the Medical Division has a vacancy rate of 21% within Band 5 nurses. They are now looking at retention in particular, as this is one of the greatest challenges. Maternity are much more able to attract nursing and midwifery staff and are able to maintain a much higher levels of staffing.

All three divisions have challenges primarily in the adult in-patient areas. Nurse staffing continues to be the Trust's top risk. There have been positive outcomes of the nursing recruitment in the Philippines with over 200 offers made (although a proportion of these will not result in an appointment).

The Director of Nursing & Midwifery noted that the RUH was successful in staying within the agency spend caps set by NHSI.

Nigel Sullivan, Non-Executive Director asked whether the 1:8 registered nurse to patient ratio includes agency and bank. The Director of Nursing & Midwifery confirmed that this is the case. He also asked whether the vacancy rate in Band 5 nurses is getting worse, and is the RUH an outlier in that regard. The Director of Nursing & Midwifery advised that the Trust is not an outlier, and does well with attracting students, but nationally nurses are leaving the profession. She noted that the Trust is trying to increase flexibility to retain staff, and is exploring ways to keep nurses in the workforce (many of whom can retire at age 55).

Nigel Stevens, Non-Executive Director, noted that retention is the key to success, and care should be taken to understand the reason for every nurse leaving. If this can be understood and dealt with, it goes a long way to rectifying the issues.

Nigel Sullivan, Non-Executive Director, queried whether there is anything further that the Trust can do as a Foundation Trust to keep staff, such as additional annual leave offerings. The Chief Executive described the challenges in moving away from Agenda for Change terms and conditions which is rarely successful, but confirmed that the Trust is exploring different options. He noted that the RUH performs very well compared to other Trusts in terms of agency spend.

The Chief Executive asked whether the RUH is seeing the same number of EU nurses leaving to return to Europe as is being reported nationally. The Director of Nursing and Midwifery advised that this is not a theme identified at the RUH.

BD/18/04/09 Estates & Facilities Sustainability Report

The Chairman welcomed Brian Gubb, Interim Director of Estates and Facilities to present the Sustainability Report.

The Interim Director of Estates & Facilities explained that a new portering manager has been appointed to take forward the important work of implementing the recommendations from the portering review, and to develop the portering team.

He noted that with regards to energy and energy savings, there has been significant work across the Trust in the last quarter in pipe insulation, which can provide immediate benefits in energy savings, together with improvements in doors to avoid drafts.

In relation to water management, he updated the Board that there were two significant leaks identified during the last quarter. One has been located and fixed, but the second (in the RUH North buildings) is still being investigated.

He noted that work continues with BaNES council and First Bus to ensure that there are the right transport arrangements in place for staff. There has also been some important work undertaken in relation to air quality on site. There is a problem in the main entrance in the hospital (the atrium) where there are high levels of carbon monoxide and other pollutants. due to the buses and ambulances which idle outside the main doors. The team are looking into some successful projects from other trusts, which involves drivers switching off engines when their vehicles are not mobile. He confirmed that across the rest of the site, there were no air quality issues identified.

The Interim Director of Estates & Facilities confirmed that significant work is going on in relation to the "ERIC" return and other important Estates & Facilities data returns which are used to benchmark and measure the success of estates and facilities services across the NHS. The Trust is auditing its ERIC data in 2017/18. He noted that wherever the department is off the best practice target, they are looking to ensure they fully understand why this is the case so that it can be rectified.

The Chief Executive clarified that a WAU as referenced by the report is a "weighted activity unit" and is a way of benchmarking services across the NHS. He noted that the Trust's "hard" facilities management is efficient, and its "soft" facilities management is not overly efficient. He queried that given the RUH is a complex site and others within the NHS not be, how do we know the ERIC data presented in the model hospital compares like with like?

The Interim Director of Estates & Facilities explained that the south west branch of HEFMA (Healthcare Estates & Facilities Management Association) has been looking at this, and they have all agreed to report in the same way to avoid inconsistencies. This is a significant step change compared to the past, so there is consistency of reporting. They also challenged some of the Department's definitions within the return, and where clarifications are provided, these are shared across the south west to ensure consistency remains.

Jeremy Boss, Non-Executive Director, commended the department on picking up the air quality issues. He noted that there is an "idling" campaign within Bath being launched, which will encourage members of the public to turn off their engines across the city when not mobile. The Chief Executive noted that RUH has been invited to the BaNES clean air engagement event and will engage despite being outside of the city.

The Director of Nursing & Midwifery asked for some clarification on the quality and safety metrics in the report. She noted that the RUH has room to improve in the areas of disability. The IEF explained that the data in the report is from 15/16, and he expects improvements to be shown in the new data which will be released shortly.

The Interim Director of Finance asked the Interim Director of Estates & Facilities to explain any critical infrastructure risks. The Interim Director of Estates & Facilities explained that this data comes from the estates compliance audits undertaken every 5 years. This looks at all aspects of estates and facilities environment and conditions. A recent condition survey has been done, and this will be reflected in the next ERIC return in June 2018. Some of the risks identified(such as asbestos) can be managed

safely, but will have an impact on the critical infrastructure return, and will show as a risk but it is one that can be effectively managed.

The Chief Executive noted that there is £47m of backlog maintenance across the Trust, and £11m of that relates to asbestos, which must be left as it is until the point of demolition of the relevant building. There is also a programme in place to replace some of the air handling units and fire doors, and there may be an opportunity to bring this forward, depending on the finalisation and delivery of the capital plan.

The Chief Operating Officer asked whether the work on staff car parking tariffs has involved staff engagement. The Interim Director of Estates & Facilities advised that this has not yet occurred, because at this stage they are looking into the technology elements of the solution, before engagement begins. Engagement with staff will occur in due course.

The Chief Executive clarified that two pieces of work are being taken forward in relation to car parking; the first is work relating to patient parking and the arrangements with Parking Eye, and the second is around staff car parking. He noted there is a problem of supply and demand, with more demand than places to park. The work being undertaken is looking at different models including a pay per day model. This work will come to the Board of Directors sometime in late summer or early autumn

The Board of Directors noted the report and the Chair thanked the Interim Director of Estates & Facilities for his presentation of the paper.

BD/18/04/10 2018/19 RUH Operational Business Plan

The Commercial Director noted that a summary version of the plan will be published on the website. This plan does not yet contain the finance section which is still being finalised. Work is still being completed on the activity plans, which must contain a higher level of granularity compared to previous years.

She explained the intention is to ensure that the plan is focused, and aligned to the Trust's new strategy. There are four projects identified as priority projects; one on staff engagement, one on flow of patients, one on Medicines safety, and one on the deteriorating patient. This is the start of a process of being much more focused in our business planning and goal setting as an organisation. More work will be done on communicating the plan to ensure staff are engaged in delivering the priorities.

The Director of Nursing & Midwifery asked for clarification on the number of priority projects that have been identified, and noted there are no priorities under the "patient" and "sustainable" headings. The Commercial Director confirmed that it is important to ensure focused objectives and priorities. She explained that all of the existing projects will benefit patients but agreed that there may be a better way to represent this in the report so that it is clear that patients will benefit.

Jeremy Boss, Non-Executive Director noted that many of the projects described in the document are prefaced on IT investment and involvement, and this could be a

bottle-neck. He feels it will be important that the Board understands the IT investment plans and timeframes over 2018/19.

Nigel Stevens, Non-Executive Director, noted that he feels there needs to be a focus on those that surround the patient; family and carers, and it does not appear in the report or other publications. The Commercial Director agreed to consider this.

The Board of Directors approved the plan.

BD/18/04/11 Finance Report

The Interim Director of Finance explained that the final position is still subject to audit, and the draft reports were submitted to the regulator on 24 April 2018 (yesterday). He highlighted the key issues from the report:

The Trusts control total was £12.8m comprising an operating surplus (Income less expenditure) of £5m and Sustainability and Transformation Funding (STF) of £7.8m (which requires delivery of financial position (70%) and A&E performance targets (30%)).

Against the £5m operating surplus target, the Trust over achieved, and delivered £6.1m. This involved receipt of winter funding of £0.8m and a reduction in finance charges of £0.3m.

Of the £7.8m STF available to the Trust, £6.1m was delivered to give a surplus of £12.2m. The Trust was notified on Friday that it would receive additional STF bonus of £5.2m to give an overall surplus of £17.5m before impairments.

The size of the bonus shows the rest of the NHS did not deliver on its finances, so the RUH receives a higher share of the overall national STF funding available.

The Trust has a £32.9m cash balance which reflects the substantial capital programme. The paper sets out a summarised 12 month cash flow which will need to be reworked in the context of the 18/19 plan and an updated one will be provided as part of the M1 report in May.

The Trust under-delivered against its capital plan last year (£21.3m on a £33m programme), and this is being reviewed by the capital group. This needs close monitoring and may suggest that there are risks around delivering the even larger capital plan in 2018/19 (£41m).

Nigel Sullivan, Non-Executive Director, asked for further details on the aged debtors set out in the report. The Director of Finance noted that the non-NHS debt is primarily private and overseas patients, and the NHS debt it is other providers who receive services from the RUH. This could also relate to disputes with CCGs who receive services from the Trust. It also includes elements of Welsh NHS debt, where our experience is that bills are not paid in a timely manner. He confirmed that there is a debt recovery process that is followed to pursue aged debt.

Jeremy Boss, Non-Executive Director noted that out-patient and elective in-patient activity levels are a concern and will continue to be a challenge next year.

The Chief Executive noted the significant success in delivering a surplus, particularly in relation to its income and expenditure position, and pointed out that this is not reflected across the STF. The Board of Directors agreed, and recognised the effort of the Trust in delivering the financial position.

The Board of Directors noted the report.

BD/18/04/12 Operational Performance Report

The Chief Operating Officer noted that in month 12 the Trust was in segment three overall on the NHSI single oversight framework, and category 4 for four hour performance.

Three performance metrics have been triggered meaning it has been a challenged month; these are four hour performance, RTT performance and diagnostics six week wait performance.

She noted that performance against 4 hours was below the national target and the internal target, but expects to be able to provide some context for this when the Board considers the 4 hour performance report and her presentation.

With regards to RTT, attempts were made to arrest decline in the RTT position, but the mandate to stop elective care in January resulted in the position deteriorating further. Trajectories are being developed for next year, and these are being discussed in detail with commissioners. This has also involved detailed work with the Interim Director of Finance to consider activity and capacity plans at specialty level.

She noted a particular risk in relation to Oral Surgery, where the Contract is held by NHS England. She noted that if we remove Oral Surgery activity from the overall RTT position it improves significantly. The Trust continues to work with NHSE to increase their understanding of actions that must be taken to address the current level of demand. This will be further highlighted in future data submissions to regulators.

There have been thirteen 52 week breaches in month 12, which is a deterioration against past months. Much of this is driven by administrative errors, but it also includes now some capacity breaches.

She noted that the 62 day screening target was breached in month 12. This relates to a single patient from a neighbouring acute provider who referred when the patient had already breached.. The guidance is changing in the near future to ensure that breaches in these circumstances will be allocated to the correct provider.

In relation to diagnostics; capacity issues in cardiology meant that improvement on this target slowed in month. There is a detailed improvement plan to improve this. Cancellations due to snow also contributed to this.

The Chief Executive is Chairing the A&E Delivery Board, and the system is now getting a better grip on 21 day plus length of stay patients and formal delayed transfers of care where there is now a general downward trend across all commissioners. , Currently there is no improvement in long stay patients of 21 day plus where the Trust is seen to be a national outlier and therefore more focus is being applied as a whole health and social care system in this cohort of patients.

The Director of People informed the Board that the sickness absence indicator has deteriorated this month. Work is being undertaken to look at both short and long term solutions for this issue. Estates & Facilities is particularly high. She noted that the corporate nurse agency staff is quite high. This relates to the mental health nurses, and is explained by final year end invoices and balancing with AWP.

The appraisal rate is higher than shown; however there is a delay in the data being added to the system. There is a priority in the business plan relating to staff engagement. This should improve turnover, retention and staff absence/sickness numbers.

Nigel Stevens, Non-Executive Director, queried where these targets are set. The Chief Executive noted that the targets in relation to staff are generally set internally, and other Trusts are used to benchmark. Clarification was also sought on the use of the word “outlier”, and what the Trust is compared to. The Chief Operating Officer confirmed that this is usually a comparison to national averages or similar Trusts.

The Director of People pointed out that there are some seasonal adjustments made to targets to reflect seasonal trends.

Joanna Hole, Non-Executive Director, queried whether the resilience planning helped in relation to the impact of the inclement weather. The Chief Operating officer confirmed that a full debrief has taken place, and the planning was found to have been helpful.

BD/18/04/13 4 Hour Performance Report

The Chief Operating Officer presented some slides in relation to 4 Hour Performance comparing the RUH performance to national position. She explained the impact of the minor injuries unit data that other Trusts report in their performance which in the past has resulted in comparisons not being always “like for like”. This will change shortly, and 60% of the minor injury unit activity from Wiltshire will now be allocated to the RUH. This will improve the Trust’s all types 4 hour position.

Looking back, she noted that the Trust’s performance deteriorated in November 2017, which is not atypical for our system reflecting the pressures in winter activity and infection. She explained that there will be some efficiency gains when the Trust takes on the UTC, although it will not impact upon performance substantially.

The Trust is 103rd in its comparator class, and in the mid-3rd quartile. In the south-west the Trust is the 5th worst performance. The Chief Operating Officer noted that some Trusts which perform worse than the RUH are not categorised as category 4 by NHSI.he Chief Operating Officer also highlighted that there is a direct correlation

between numbers of super-stranded patients and ED performance. This is now being focused on nationally and ECIP have been supporting the Trust to review this correlation. This explains the system focus on these patients.

Nigel Sullivan, Non-Executive Director, asked for clarification in relation to the comparisons of the RUH against other Trusts, and whether they are adjusted for anything such as ambulance conveyances, population etc. The Chief Executive confirmed that this does not take place, and he is discussing this with the regulators. He confirmed that the Trust does look at this locally. He pointed out that if you consider this from the patient experience point of view, the Trust performs well on ambulance handover, unlike many other category 4 trusts.

Joanna Hole, Non-Executive Director queried whether the Chief Executive feels that the system is getting behind these issues via the A&E Delivery board. He confirmed that this is beginning to happen, and the three systems within the STP are undertaking system capacity and demand modelling to fully understand the challenges. Demand and capacity for out of hospital care is not aligned, and a four-fold increase in out of hospital care is needed to allow patients to flow “seamlessly” through the system. This is clearly a significant challenge but it is better to collectively understand the issues so that actions can be agreed and taken forward. This will involve the RUH helping its system partners outside of the RUH, via intermediate care facilities, active rehabilitation and home first.

BD/18/04/14 Management Board Update Report
The Board of Directors noted the report.

BD/18/04/15 Non-Clinical Governance Committee Report
The Board of Directors noted the report.

BD/18/04/16 Information Governance Toolkit Report
The Chief Information Officer provided an overview of the report. The Trust achieved the 95% training requirements and level 2 overall for the IG toolkit. He thanked the staff for their huge effort in achieving these targets.

He noted that KPMG audited the Trust’s IG compliance and the recommendations it made. These are being actioned.

Jeremey Boss, Non-Executive Director, queried the identity of the Senior Information Risk Owner in the Trust. The Chief Executive confirmed that he currently holds that post, and it will be transferred to the substantive Director of Finance when she commences in post in June.

Jeremy Boss, Non-Executive Director, noted in relation to cyber security that there is £600k external funding, and asked for information on what is being done with that funding. The Chief Information Officer confirmed that a report is going to Non-Clinical Governance Committee in May with more details, but it will involve spending on cyber risk management, looking at firewalls across the Trust and hardware upgrades.

The Board of Directors approved the report.

BD/18/04/17 Approval of Declarations of Interest and Fit & Proper Persons Test Declaration

The Board of Directors discussed the declarations set out in the report, together with the Nolan Principles and the requirements of the Fits and Proper Persons Regulation.

The members of the Board confirmed that the declarations are a correct, and confirmed that any final updates would be provided to the Board of Directors' Secretary as soon as possible for publication.

The members of the Board of Directors confirmed that they all continue to fulfil the requirements of the Fit and Proper Persons Regulation.

The Board of Directors' Secretary asked for the Board to consider whether updated checks of relevant registers should take place for all board members who were not recently appointed. The Board approved this proposal.

The Board approved the paper and recommendations.

BD/18/04/18 Annual Board Planner

The Board of Directors approved the 2018/19 work-plan.

BD/18/04/19 Staff Health & Wellbeing Report

The Director of People set out the 4 themes in the Health & Wellbeing strategy to 2021. She advised that the 2017 staff survey findings in key areas relating to health & wellbeing show good progress by the Trust in relation to staff health & wellbeing.

The Board of Directors noted the report.

BD/18/04/20 Chief Executive's Report

The Chief Executive noted the NHS celebrates its 70th Birthday this year. The Trust will be sending two long-serving staff members to attend a celebratory service at Westminster Abbey.

The Board of Directors noted the report.

BD/18/04/21 Chairman's Report

The Board of Directors noted the report.

BD/18/04/22 Items for Assurance Committees

No items were identified.

BD/18/03/22 Resolution to exclude members of the public and press

The Chair 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 meeting was closed by the Chairman at 12.20.