

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS
HELD IN PUBLIC ON WEDNESDAY, 31st July 2019
RNHRD LECTURE HALL, RNHRD, BATH**

Present:

Voting Directors

Jeremy Boss, Non-Executive Director
Rebecca Carlton, Chief Operating Officer
Lisa Cheek, Director of Nursing & Midwifery
Joanna Hole, Non-Executive Director
Bernie Marden, Medical Director
Alison Ryan, Chair (*Chair*)
James Scott, Chief Executive
Nigel Stevens, Non-Executive Director
Nigel Sullivan, Non-Executive Director
Libby Walters, Director of Finance and Deputy Chief Executive

Non-Voting Directors

Jocelyn Foster, Commercial Director
Brian Johnson, Director of Estates & Facilities
Claire Radley, Director for People

In attendance

Amanda Buss, Public Governor
James Colquhoun, Public Governor
Kathryn Kelly, Executive Assistant (*minute taker*)
Sharon Manhi, Lead for Patient and Carer Experience (item 6 only)
Emma Saunders – Young Adult Carer, Patient Story representative (item 6 only)
Jean Waltham – RUH Volunteer, Carers' hub (Item 6 only)
Debra Harrison, Senior Nurse Adult Safeguarding (Item 6 only)
Laura Davies, Patient Experience Manager (Item 6 only)
Jackie Maton, Health and Community engagement worker, Carers Support Wiltshire (Item 6 only)
Anne Martin, Public Governor
Sarah Merritt, Head of Nursing and Midwifery (item 7 only)
Roxy Milbourne, Interim Board Secretary
George Roberts, Executive Assistant (*minute taker*)
Mike Welton, Public Governor
Chris Callow, Public Governor
Councillor Rob Appleyard, Stakeholder Governor

Observers

Members of the public
Sarah Warwicker, Consultant Candidate

Apologies

Jane Scadding, Non-Executive Director

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BD/19/07/01 Chairs Welcome and Apologies

The Chair welcomed members of the Council of Governors along with members of staff and the public, and noted that this would be the last meeting of the Board within the RNHRD before its move to the Brownsword Therapies building on the RUH site.

BD/19/07/02 Written Questions from the Public

The Chair informed the Board of Directors that no written questions had been received from the public.

BD/19/07/03 Declarations of Interest

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

BD/19/07/04 Minutes of the Board of Directors meeting held in public on 26th June 2019

The Board noted one amendment to the minutes of the meeting held 26th June 2019 in the telephony section BD/19/06/16, where 'Head of Estates' should read 'Head of Facilities'. Aside from this, the minutes were approved as a true and correct record of the meeting.

BD/19/07/05 Action List and Matters Arising

The action list updates were discussed and those that were listed as closed were approved by the Committee.

BD/19/07/06 Patient Story

The Lead for Patient and Carer Experience introduced Emma Saunders to explain her experiences at the RUH as a young adult carer.

Emma explained that her mother was diagnosed with Breast cancer, and had surgery at Swindon hospital, followed by a move to the William Budd ward at the RUH in August 2017. Emma's mother lost her eyesight, memory and was unable to walk at the time. She was moved to the emergency unit where initially these symptoms were believed to be related to her cancer, however they were caused by malnutrition and a lack of Thiamine in the brain, and was subsequently diagnosed with Wernicke's encephalopathy and admitted to Helena Ward before being discharged home, with Emma as Carer for her mother and also for her brother who has ADHD and Asperger's syndrome.

Emma visited her mother daily for the two months she was an inpatient on Helena Ward, and the clinical staff there kept her informed of every detail of her mother's care, and in contact with neurologists and other specialists. Emma had believed, however that when her mother was discharged home things would return to normal after the Occupational Therapy assessment on discharge. Her mother continued to need significant care at home and at 18 years old Emma became her main carer, as well as caring for her brother, dealing with budgeting and issues in their home such as a broken boiler and a lack of hot water.

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Emma commented that there was a need to recognise that she was a carer earlier in the process, even before her mother was discharged home. This would have allowed carer support to be put in place ahead of discharge. Once Emma contacted Carer Support Wiltshire, the situation dramatically improved, with support for Emma to return to university to study Integrated Health and Social Care (Emma decided to change course from History as a result of her positive experience with Carer Support Wiltshire). The organisation provided support with budgeting, insurance and charitable support to replace their boiler.

Emma hadn't identified herself as a carer until she contacted Carer Support Wiltshire, and suggested earlier identification of carers would improve outcomes for both patients and carers.

The Lead for Patient and Carer Experience introduced Jean Waltham, a volunteer for the RUH care hub who has been volunteering for the last 4 years, in visiting wards and engaging visitors. Jean advised that it was essential to identify carers as soon as possible, in order to direct them to the support that they need. Many of the people Jean came into contact with would not necessarily consider themselves carers, when they were actually providing that function for loved ones, friends and neighbours.

The Lead for Patient Carer Experience introduced Debra Harrison, Senior Nurse Adult Safeguarding, Laura Davies, Patient Experience Manager, and Jackie Maton, Health and Community engagement worker, Carers Support Wiltshire.

Jackie advised that her main role was to raise awareness of carers within the different services, in particular with hospitals in the area to ensure staff members and clinicians are aware of and can identify carers when they encounter them. 1 out of every 8 people (staff members and patients) provided care for a loved one, and so it was essential to identify and support them at the earliest opportunity. This was achieved in a range of ways. The carers hub was supported by a small team that go out onto the wards to reinforce the message and train staff to identify carers and provide them with support.

The Chair thanked those who shared their patient stories, and commented that family and friends who are carers provide more care to the Trust's patients than the hospital and social care network combined. Identifying carers was key in order to support them in providing excellent care throughout the patient pathway.

Nigel Stevens, Non-Executive director thanked the group for their moving and honest accounts, and observed that it was complex for a person to identify themselves as a carer, and asked the group if there was one change that would assist in the provision of care. The Lead For Patient Carer Experience advised that staff awareness was paramount, in order to identify carers and support them, and that early identification of carers improved outcomes for patients.

Emma Saunders commented that in hindsight, being recognised as a carer before her mother was discharged would have assisted the situation, along with more information about her mother's condition and the carer support available.

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Jean Waltham advised that visits to departments by carer's hub volunteers were extremely valuable since visitors to the hospital often miss the carer's hub when walking past.

Joanna Hole, Non-Executive Director asked what the response would be if the situation described above happened today. The Lead for Patient Carer Experience advised that complex discharges can fail when a patient is discharged, but later their carer was not able to maintain the level of care required at home, which could lead to readmission. Work was ongoing across the area to assess the level of carer support required in these cases.

Nigel Stevens, Non-Executive Director commented that at Southmead, carers were approached immediately once identified and provided with support by hospital liaison officers. The Lead for Patient Carer Experience advised that the RUH had a BaNES care representative on site for 2.5 days per week, but more of this type of paid care support was needed, possibly from existing staff such as discharge coordinators to reinforce the message to potential carers.

The Chair asked the clinical colleagues present for their experiences of dealing with younger carers, as some children as young as 6 were identified as carers and needed at least as much support as any other carer. The Medical Director advised that as a paediatrician, the clinician was attuned to a holistic view of the child's health, and so work was needed to ensure that the child was also viewed as a potential carer.

The Chair thanked all of the patient story representatives on behalf of the Board of Directors for their candour and their attendance.

Nigel Stevens, Non-Executive Director queried if actions should be taken by the Board to follow on from the patient story. The Chair commented that the function of the patient story was to provide context for the rest of the meeting, and the Chief Executive assured the Board that whilst an action plan may not be provided for this Board, work on carers and identifying them would be taken forward by other groups.

The Director of Nursing and Midwifery advised that work was underway with the carers' charter to ensure support was provided for all carers.

Nigel Stevens, Non-Executive Director suggested a brief update on patients' story for the next meeting. The Chair advised that it was appropriate for the Clinical Governance Committee to review the current process for carer support.

**Action – Jane Scadding, Non-Executive
 Director & Clinical Governance Committee**

The Chair advised that all patients story representatives receive letters of thanks and updates following their attendance to the Board.

BD/19/07/07 Maternity NHSR CNST

The Chair welcomed Sarah Merritt, Head of Nursing and Midwifery to the Board of Directors meeting to provide an update on NHS Resolution Clinical Negligence

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scheme for Trusts. She confirmed that the process had been in place for a number of years, and provided insurance for clinical services.

In order for the Trust to achieve a reduction in the maternity premium of 10%, there were ten Maternity safety actions for the Trust to achieve.

Through the endeavours of the team and the maternity department, all 10 of the actions had been achieved.

The Chair questioned the effect on clinical outcomes. The Head of Nursing and Midwifery confirmed that each of the 10 actions had positively affected outcomes for patients, for example there has been a significant drop in stillbirth rates over the last 3 years.

The Chief Executive stated that the actions represented a huge amount of work, and had improved patient safety. The Chair thanked The Head of Nursing and Midwifery for the sustained effort the division had taken to achieve the outcome.

BD/19/07/08 Six-Monthly Nursing Workforce Report

The Director of Nursing and Midwifery presented the report, and advised that staffing levels continued to be a challenge, with local qualified nurse vacancies mirroring the national position (there were around 41,000 nursing vacancies across England and Wales). The report was detailed in order to give a clear view of the risks, and also the work that was underway to mitigate those risks.

The Director of Nursing and Midwifery highlighted how staffing levels were measured and reviewed. Currently the safer nursing care tool was used twice a year, which allowed a view of the dependency of patients during a period in order to assist with the review of staffing levels. The tool needed to be used alongside professional judgement, and the environment and activity level of the ward, since the safer nursing care tool did not account for those patients waiting for discharge. As a result of this, yearly ward staffing reviews had been put in place to ensure the data was checked and identify areas for improvement, and lessons learned.

The Trust purchased the safe care tool via Allocate which allowed more efficient staffing management, and would support the effective review of all nursing establishments. This tool would replace the temporary staffing dashboard that had been in use up to now.

The Director of Nursing and Midwifery noted the Trust's position against the National Quality Board recommendations for urgent and emergency care, which had not previously been reported to the Board. The Trust was compliant against 11 of the 13 recommendations, with the non-compliant recommendation concerning the strategic staffing review, and a systematic approach with an evidence based tool. A strategic review of ED (Emergency Department) staffing had taken place in June, in collaboration with ECIST (Emergency Care Intensive Support Team, and initial feedback suggested the Trust was within expected ranges.

Evidence based tools within allocate were being investigated, and The Director of Nursing and Midwifery gave the Board assurance that the Emergency Department formed part of ongoing staffing reviews.

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Work had been ongoing around recruitment and retention. In October 2018 the Trust had 196 band 5 vacancies, however this had reduced to 144 band 5 vacancies, which included an uplift in nursing establishments. The reason for the focus on band 5 nurses was that these were the front line staff that are most likely to be delivering care. The reduction in vacancies was primarily due to overseas and newly qualified nurses, who would need support for the first 6 months in post and so benefits may not be seen immediately. Challenges to this included the fact that the number of newly qualified nurses was set to drop considerably over the next two years, and also the challenge of retaining staff. In order to support staff retention, the annual nursing and midwifery conference and grand rounds had been introduced, along with a career hub and a 'choose to stay' event for staff to encourage them to remain at the RUH.

Nigel Sullivan, Non-Executive Director sought clarity on section 2.3.1 of the report, that advised that there was a 20% attrition rate for new band 5 nurses at the RUH within 12 month, and queried where those staff were going to. The Director of Nursing and Midwifery advised that there were a mix of destinations, with some nurses going to different specialty posts once they had done their acute training at the RUH, and some citing work-life balance and the options for professional development elsewhere.

The Director For People commented that the loss of 20% of band 5 staff within 12 months was a key driver for improvement, and each division would be asked to prioritise this work.

The Chief Executive queried the use of Go Engage (an engagement package recently purchased by the Trust) for this work. The Director For People advised that this would not be possible the first time, since some of the same categories had been used as the staff survey, but this could potentially be amended for future use.

The Chief Executive commented that whilst large amounts of time and work had gone into recruitment and ongoing retention of nursing staff, Health Education England (HEE) had their budget halved and so queried the effect this would have on development, and how this could be mitigated. The Director of Nursing and Midwifery advised that there were certain key modules that staff tended to request in order to continue their professional development, and that whilst 70 modules were applied for, only 37 were approved for funding. Internal development and leadership programmes could augment the formal modules.

The Director of Finance advised that flexible working was an area that would benefit from further development. Joanna Hole, Non-Executive Director asked if the flexible working project group had improved the situation. The Director for People advised that 180 interviews with staff had taken place, and whilst those who had flexible working available were happy with it, there was some inconsistency on whether it was offered on individual wards and so there was a commitment to rectify this inconsistency by the end of 2019.

Action – Director for People

The Board of Directors noted the report.

BD/19/07/09

Item Withdrawn

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BD/19/07/10 Complaints Annual Report

The Director of Nursing and Midwifery presented the complaints annual report and highlighted that there had been a rise in the number of formal complaints from 178 in 2017/18 to 214 in 2018/19. This should, however be viewed alongside an increase in patient attendance over the past 12 months.

There had been a decrease in performance in complaint response time, which was partly explained by an increase in complaint volumes, and partly by the increased number of complaint meetings offered by the Trust. The complaint meetings allowed a fuller response to the complainant, and enabled follow up questions to be fielded. Complainants also received a recording of their complaint meeting immediately after it had taken place, and a follow up letter to advise of actions taken, to ensure complainants are engaged with and informed throughout the process.

There had been a decrease in the number of reopened complaints, and also a decrease in the number of complaints referred to the Ombudsman as compared to the previous year. The Director Nursing and Midwifery commented that this reflected the additional work that had gone into the quality of complaints handling at the Trust.

Additional training had been put in place to support staff and encourage a culture of walking towards problems in order to resolve situations before they reach the complaint stage. Masterclasses and additional support had been put in place in order to ensure staff were aware of the processes in place. Work was ongoing to identify and capture the changes and improvements that had been put in place as a result of patient feedback, including complaints in order for patients and their families to be advised of the steps the Trust had taken as a result of their feedback.

The Chair thanked the Director of Nursing and Midwifery for the report, and commented that a decrease in dissatisfied complainants was a positive step.

Jeremy Boss, Non-Executive Director commented on the ongoing work to ensure complainants felt they were being taken seriously, and advised that it would be important to continue this work. He also queried the work to improve the 18 week RTT (Referral to Treatment) and appointment delay complaints that had come through. The Director of Nursing and Midwifery advised that bookings complaints had prompted work to assist with forms for patients to fill in to change an appointment, so that they did not have to queue in the phone system. The Outpatient Steering Group had also presented the data Quality Board with some initiatives to improve the patient experience when referred to the Trust.

Joanna Hole, Non-Executive Director queried the patient feedback that the Trust only publicised positive results. The Director of Nursing and Midwifery advised that all information was available to patient via NHS Choices and other routes, but there was clearly a perception that only positive information was shared with the public.

The Chief Executive queried whether the 35 day standard was the correct metric to use. The Director of Nursing and Midwifery stated that each complaint could have

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different needs and priorities, so different time limits could be required once the complaint had been assessed.

The Board of Directors noted the report.

BD/19/07/11 Quality Report

The Medical Director presented the Deteriorating patient section of the quality report and noted that whilst the report presented was primarily graphical, the original metrics as presented previously were still available if required for assurance. He advised that a Deteriorating Patient Steering Group had been convened in order to provide oversight, and progress actions to deliver better care. The group pulled together work on NEWS (National Early Warning System), AKI (Acute Kidney Injury) and Sepsis, and a nursing team called the SKIP team (Sepsis, Kidney Injury Prevention) was driving awareness and support for clinical teams. NEWS 2 was in place, and would in the future be included as a part of the eObservations project that would be beginning on Helena Ward. Education on NEWS scores would be shared with staff, and the process would move from an observational stage to an improvement stage.

The Director of Nursing and Midwifery advised that following the annual report last month, further information had been provided on Clostridium Difficile (C.Diff) performance. There had been a downward trend in MSSA (Methicillin-Susceptible Staphylococcus Aureus) and Escherichia Coli (E Coli) blood stream infections. As a part of the programme of improvements, further dates had been released for the Infection Prevention and Control summit to be delivered to the Estates Team and the clinical teams of bands 2 to 6.

The Lead Infection Control Nurse, along with Quality Improvement Nurses would be setting up a collaborative so that ward teams' ideas could be shared, and would be looking at the top two contributors for MSSA, C.Diff and E.Coli. The Heads of Nursing were establishing a fortnightly meeting to review performance against infection rates and cleanliness.

The Director of Nursing and Midwifery drew the Board's attention to two wards in particular. The Medical Assessment Unit (MAU) currently had 12 wte vacancies, as a result, two band 6 positions and a Practice Development Nurse had been introduced in order to support more junior staff on MAU. Work was ongoing with the Communications Team to promote and showcase the work done on the ward, particularly Patient Flow and the recent refurbishment work.

Haygarth Ward had flagged on three quality metrics of C.Diff, falls and a category 3 pressure ulcer, and as a result the Head of Nursing and Midwifery and the Matron were reviewing the support available to the ward.

Joanna Hole, Non-Executive Director queried the Serious incidents summary and why there was a gap between when the incident happened and when it was reported. The Director of Nursing and Midwifery confirmed that this was caused by a situation where some incidents were not reported for a long period after they take place.

The Board of Directors noted the report.

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BD/19/07/12 Learning from Deaths Quarterly Update

The Medical Director presented the quarterly Learning from Deaths Update and highlighted that the format and layout of the report had been updated to greater emphasise learning. Whilst the structure of the reporting was in place, the next step would be to meaningfully take learning forward and convert learning into action.

The Medical Director advised that the Medical Examiner process would be introduced, and so a project group had been formed to prepare for this, and in the long term to support the review of deaths. Early feedback suggested that one theme related to the early detection of deterioration.

Nigel Sullivan, Non-Executive Director queried how patients' deaths were chosen to undergo a Structured Judgement Review (SJR). The Medical Director advised that there were criteria under which the screening Clinician was mandated to refer for an SJR, including deaths involving vulnerable patients and those with special needs. As well as the mandated referrals, Senior Clinicians could refer ad hoc patients' deaths for SJR if they feel that the death needed further investigation.

The Chair advised that during a recent visit to the RUH mortuary, she was impressed by the level of care of patients post mortem, and the dignity afforded those patients who had died. She commented that any delay in the review process once a patient had died ran the risk of causing further distress to the family of the deceased.

Jeremy Boss, Non-Executive Director questioned the level of resource available to undertake SJRs, and whether it was sufficient. The Medical Director advised that as well as the Clinicians involved, an administration team also chased the review of deaths, in order to ensure that any feedback is provided in a timely way.

The Board of Directors noted the report.

BD/19/07/13 Finance Report

The Director of Finance presented the financial report for the period to 30 June 2019, and advised that the year to date position at the first quarter of the year was £165k better than planned, and that contracts with the primary commissioners had been signed. Challenges included a further £2.4 Million of QIPP savings to be identified.

The Trust had been asked to reduce planned capital expenditure by 20%, so work would take place to assess what expenditure could be moved into next year. The Director of Finance advised that departments had undertaken a robust process to assess the risk in moving and delaying expenditure.

Nigel Stevens, Non-Executive Director queried the pay expenditure, and whether this included agency staff charges. The Director of Finance confirmed that it did, and also advised that a new management system that was about to be implemented would assist with non-pay expenditure. She added that there was still pressure on clinical areas due to the shortfall in nursing staff and the expenditure on agency staff.

Nigel Stevens, Non-Executive Director requested a wider reconciliation of year on year expenditure in future reports.

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Action – Director of Finance

Jeremy Boss, Non-Executive Director questioned whether there was scope to use charitable funds. The Director of Finance confirmed that the charitable spend did not form part of the main planned spend, and highlighted that charitable spending normally formed part of planned schemes.

The Board of Directors noted the report.

BD/19/07/14 Operational Performance Report

The Chief Operating Officer presented the Operational Performance report, and advised that additional slides had been added to show the work that was ongoing to improve figures for ED escalation and Diagnostics – Echocardiograms.

The implementation of Cerner Patient Flow was a good technical implementation but following go live there were some performance implications. Lessons learned included to maintain the level of floorwalking support further beyond the go live date, particularly over nights and weekends. Floorwalking and training support for Patient Flow was extended as a consequence of the effect on performance, and most staff using the system could now see the positive results that the system enabled.

The Chief Operating Officer highlighted the increase in demand of Gastroenterology referrals. She advised that she had been consulting with Clinicians and local colleagues to support the Trust response to referral demand. Clinical teams had worked hard to triage and prioritise the incoming referrals, and additional clinics had been added wherever possible. Work to enhance the relationship between the Emergency Department and the Urgent Treatment Centre (UTC) had improved on-site support, and along with other work, there was confidence in sustainable change.

The Chief Operating Officer advised that ED presentations had increased at the RUH, but there had also been an increase in presentations direct to specialty.

Joanna Hole, Non-Executive Director queried the impact of some of the work that had gone in to improving the Trust statistics, and what would be done next in order to support the Trust's figures. The Chief Operating Officer advised that the solutions were frequently related to changing work practice and this could take time to achieve. Direct access to specialty was prioritised as an improvement metric, and it was key to maintain momentum on work on this kind of metric.

The Chief Executive advised that the volume of patients and their flow through the hospital was one of the biggest challenges the Trust faced on a daily basis, and that Summer 2019 had seen the highest levels of pressure that the Chief Executive had seen in 12 years at the RUH. There had been record numbers of blue light ambulance attendances during the last few months. The Chief Executive advised that there were fortnightly calls in order to discuss and mitigate these pressures, and expressed confidence in the current measures in place. He added that a series of new interventions over and above the existing measures were not planned. The Cerner Patient Flow implementation had a temporary effect on performance, but improvement was now becoming evident, and The Chief Executive was confident

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that with continued focus, performance would improve, however this was set within the context of an unprecedented level of demand on the Trust.

Joanna Hole queried staff energy levels and fatigue after the implementation. The Chief Operating Officer agreed that some staff were fatigued, including those staff directly affected by Patient Flow. As well as this staff shortages across different departments added to the pressure on the services. The Chief Executive reported that in discussion with the new Head of Surgery, Derek Robinson, who had completed a ward round of the entire hospital, the point was raised that the Trust was currently in a situation where the majority of inpatients were too unwell to be discharged and so in the short term increasing the rate of discharge was challenging.

Nigel Stevens, Non-Executive Director queried the process to confirm that initiatives were having an impact on the flow of patients through the Trust, how patients' experience as they move through the ED could be optimised, and whether a fundamental change in the way the Trust operated was needed to enhance the patient experience. The Chief Executive commented that the RUH had a standard western healthcare model, and other systems and countries' emergency departments were under similar pressure. He stated that the challenge of an increasing population of older patients would remain, along with the finite number of beds available within the Trust. The Chief Executive advised that increasing the number of beds would not be the right course of action, but instead a focus on out of hospital care, for patients before and after a hospital stay was required.

Nigel Stevens, Non-Executive Director suggested a more robust articulation of the message to the central NHS that fundamental change was needed.

The Chair commented that a regional visit recently by a National representative raised the comment that A&E performance was not a hospital issue, but a system issue. If further beds were added to the RUH, then this would pull more funding away from community care. The sustainable transformation partnership between Bath, Swindon and Wiltshire had a more complex geography than many other areas, and so changes were more difficult to achieve. Work was ongoing to support the eventual disinvestment in the acute sector, in order to reinvest those funds in the community sector.

The Chief Operating Officer commented that there was an opportunity to move towards this model, and that there was currently a narrow point of access into the hospital via ED, which could cause congestion in the flow of patients into the Trust. If the points of access were broadened this would be mitigated.

Nigel Stevens, Non-Executive Director queried the volume of expected patients into ED versus those who actually present, and how many of those patients who present to ED continued into the hospital as inpatients. The Chief Operating Officer advised that this level of detail was beginning to be available, and would inform how many of those patients could potentially be seen directly by specialties.

The Director for People advised the Board that staff turnover was at its lowest level since November 2017, which had been in part affected by flexible working, and the retention initiatives that were ongoing in the Trust. There had been an increase in the

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Trust vacancy rate since April, although this would normally reduce from September due to newly qualified staff coming into the Trust. She added that the agency spend had reduced due to initiatives about how the Trust utilised its Bank Staff, and how high cost agency spend was reduced.

The Board of Directors noted the report.

BD/19/07/15 Workforce Race Equality Standard Report

The Director for People presented the Workforce Race Equality standard report, and noted that whilst the level of BAME staff was not as high as hoped, there had been an improvement in Senior Management figures. One area that had deteriorated was in the percentage of BAME staff who believed that the Trust provided equal opportunities for career progression, and so in response the Trust's BAME network was assisting to produce a development plan to improve this statistic.

The Chief Executive advised that a recent meeting of Chief Executives (NHS Quest) identified SAS doctors (Senior, Non-Consultant Doctors) as an area for focus since this group tended to have a higher proportion of BAME staff. As a result of this an open forum event was held to discuss any issues, and the Chief Executive advised that this led to valuable discussion, but that more work needed to be done at a greater level of granularity with BAME staff.

The Board of Directors noted the report.

BD/19/07/16 Workforce Disability Equality Standard Report

The Director for People advised that this was the first time this report had been presented to the Board, and commented that declarations of disabilities were not requested previously, so self-declaration rates needed to improve. She highlighted that there was no evidence that staff with a disability were treated any differently during formal performance management. Comparison with other Trusts on rates of shortlisting for those with disabilities would be available next year.

Joanna Hole, Non-Executive Director expressed concern at the number of staff with a disability who had reported harassment, bullying or abuse from other colleagues over the past 12 months (26.3%). The Director for People confirmed that the staff network had been asked to give advice on how best to improve this situation.

The Chief Executive asked that the recent Widening Participation Award for the Project Search Initiative was included in the report.

Action – Director for People

The Board of Directors noted the report.

BD/19/07/17 Health & Wellbeing Report

The Director for People highlighted that the Flu Vaccination campaign would begin in October 2019, with a focus on compliance rates for Bank staff, and additional support for Theatres. She added that there was a new EAP lead, who was putting outreach channels in place to support staff within their own departments.

The Board of Directors noted the report.

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BD/19/07/18 Learning and Development Annual Report

The Director for People advised that the work experience process had been reviewed and updated by the Widening Participation Team. She highlighted that the RUH Academy Library had recently run a “living library” event to enhance the experience for users of the library.

The Trust was ranked number 1 in the South West for ESR eLearning completion.

The Chair asked about the level of staff access to management progression training. The Director for People advised that the numbers for this were relatively low, and so work had begun to map existing training to the Improving Together initiative to improve the content of the training. In addition, an intranet portal was being produced to provide easier access for those staff who wished to progress and the Director for People’s team were working on a business case to provide equal access to funding for staff progression. A schedule had been put in place to increase the number of coaches available within the Trust.

The Board of Directors noted the report.

BD/19/07/19 Guardian of Safe Working Quarterly Update

The Medical Director advised that the Guardian of Safe Working had worked to establish awareness with Junior Doctors, about the process for exception reporting. The Medical Director and Chair thanked the outgoing Guardian of Safe Working. A replacement would be recruited.

The Board of Directors noted the report.

BD/19/07/20 Management Board Update Report

The Board of Directors noted the report.

BD/19/07/21 Chief Executive’s Report

The Chief Executive noted that the Trust had formally taken possession of the new RNHRD and Therapies centre. He stated that the plan to vacate the previous RNHRD would take shape, and clinical staff and services would begin to move to the new site over the next few months.

The Board of Directors noted the report.

BD/19/07/22 Chair’s Report

The Board of Directors noted the report.

BD/19/07/23 Items for Assurance Committees

Following discussion on agenda item BD/19/07/06 The Board agreed that it would be appropriate for the Clinical Governance Committee to look at the current process for carer support.

On behalf of the Board of Directors, The Chair sincerely thanked Nigel Sullivan, Non-Executive Director for his hard work and valuable contribution as an Non-Executive Director as he stepped down from the post. Nigel Sullivan thanked the Board of Directors for their support over the years.

BD/19/07/24 Resolution to exclude the press and public

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 Chair at 12.32

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Document Approved by:	Version: 1.4
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