

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS
HELD IN PRIVATE VIA ZOOM ON WEDNESDAY, 29 APRIL 2020**

Present:

Voting Directors

Jeremy Boss, Non-Executive Director
Rebecca Carlton, Chief Operating Officer
Lisa Cheek, Director of Nursing and Midwifery
Joanna Hole, Non-Executive Director
Sumita Hutchison, Non-Executive Director
Bernie Marden, Medical Director
Anna Mealings, Non-Executive Director
Claire Radley, Director for People
Alison Ryan, Chair (*Chair*)
James Scott, Chief Executive
Nigel Stevens, Non-Executive Director
Simon Wade, Interim Director of Finance
Libby Walters, Deputy Chief Executive

Non-Voting Directors

Jocelyn Foster, Director of Strategy
Brian Johnson, Director of Estates and Facilities

In attendance

Richard Graham, Deputy Medical Director
Rhiannon Hills, Interim Deputy Chief Operating Officer
Adewale Kadiri, Head of Corporate Governance

Apologies

None

BD/20/04/01 Chair's Welcome and Apologies

The Chair welcomed everyone to the meeting.

BD/20/04/02 Declarations of Interest

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

BD/20/04/03 Minutes of the Board of Directors meeting held in private on 25 March 2020

The minutes of the meeting held 25th March 2020 were approved as a true and correct record of the meeting.

BD/20/04/04 Action List and Matters Arising

The action list updates were all listed as closed or deferred and were approved by the Board of Directors.

BD/20/04/05 COVID-19 Update – part 1

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BD/20/04/06 Developing the New Hospital Process

The Deputy Medical Director attended to present this item. He made reference to the amount of work that had been done in the last 2 months, as a result of which the hospital had become a very different place. The Trust is starting to think about how movement could be made towards new ways of working, or Business As New Usual (BANU). It is important that the benefits that have been realised as a result of the new realities, as well as the lessons learnt, are not lost, and that any changes are

clinically led. The focus on virtual working and the ability to bring about rapid change must be retained. There is a strong desire to safely and gradually resume elective work. The Trust would need to consider its workforce model and how it interacts with patients.

It was acknowledged that infection prevention and control must remain central and will provide the opportunity to push forward with system working. The improvements that have been made to discharge processes have been astonishing and must not be lost. Patients should only have to come onto the site if there is a clinical need to do so, and outpatient appointments should be virtual by default.

It was accepted that social distancing requirements will be difficult at the RUH as some parts of the site could not easily support this. Questions would need to be asked as to how close together beds need to be on wards. To assist in this area, reductions would need to be made to the on-site workforce and support provided to staff to work more from home.

Other factors that need to be taken account with regard to resuming other clinical work include:

- PPE which remains in short or inconsistent supply
- Medicines
- Clinical prioritisation – with an emphasis on minimising impact and risk
- Retaining and regaining patient and staff confidence – currently fewer people are accessing healthcare
- Behaviour change.

The core principles of BANU are now being mapped to the Trust's True North measures. All of the principles do fit, and they will help in the delivery of the Trust's objectives.

The Deputy Medical Director gave examples of what the BANU could look like in practice and possible constraints:

- Ward rounds would be difficult, but trials have been carried out with a mix of physically present and remote clinicians in attendance. An electronic inpatient notes solution would need to be procured to facilitate this.
- New ways of contacting patients are being looked at.
- The administration of drugs is also under consideration
- Care would need to be taken in the commissioning of investigations, and
- To save clinical time, the most expert person would be required to carry out procedures. It was acknowledged, however, that this would impact on education and training.

The following key risks, and potential solutions, were identified:

- Infection prevention and control – there is a need to create clean spaces. Infection rates across the Trust range from 3 to 29 – the rate needs to be closer to 3%.

- It was noted that diagnostic beds have had to be split between COVID and non-COVID.
- It was acknowledged that waiting lists will have lengthened
- Going forward, A&E 4 hour performance will be affected, in part because of the need to swab everyone attending the department for COVID.
- Financial impact
- Estates – how quickly can the hospital site be changed?

The Deputy Medical Director set out the timeline for the adoption and embedding of these principles. The plan is to be signed off this week, and in week 2 these will be formally linked into the BSW work programme. It was noted that there are now only 20 “super-stranded” patients in the hospital, compared to 120 before the outbreak. Week 3 will see the incorporating of the learning from what worked in the pandemic into how the hospital will work in the future, and in week 4 the BANU will come into effect with the implementation of an elective pathway for routine work to be carried out in “clean” areas.

The Director of Estates and Facilities commended the work that had been done, but wondered how the principles would stand up as the hospital returns to more routine work. He also enquired how the RUH’s principles might be impacted by any emerging national guidance. The Chief Operating Officer made the point that the post-COVID period has not yet commenced. There will be a 3-6 month mandate to implement social distancing as the new normal.

Nigel Stevens commended the work and asked if the plan could be further split into medium and long term impacts. The Deputy Medical Director stated that this will be done from next year as vaccination hopefully takes over. He confirmed that Outpatient transformation will be implemented at pace, while optimal pathways for the HIP2 development will start to be considered.

Joanna Hole questioned how confident the Trust could be that corridor care will now be a thing of the past. The Deputy Medical Director expressed optimism that the hospital would be able to maintain flow. Once social distancing is eased, so long as there are no super-stranded patients, there should be no return to corridor care. The Chair indicated that there is to be more capacity created within community care and a shift away from acute care. This would be a risk to the Trust in the short term, and it would be helpful to understand progress in negotiations with the system. The Deputy Chief Executive indicated that BaNES Council are positive for the future. They were initially concerned about the move away from one-sided referrals, but overall, commissioners are keen to reward the Trust for moving toward new ways of working.

The Deputy Chief Executive enquired whether there is an opportunity to understand what the Trust’s new costs are, and whether this could be incorporated as a core workstream. A call is to be held for finance directors in the system to set up a workstream to consider this issue.

The Chair commended all involved for this impressive work, stating that there was abundant evidence that all areas had been covered. She also thanked the Director of Estates and Facilities for his work on the Bristol Nightingale Hospital. Nigel Stevens

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also added his congratulations, stressing the importance of seeing this as an opportunity based project.

The Board noted the update on the Business as New Usual principles.

BD/20/04/07 Covid-19 update - part 2

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BD/20/04/08 Finance Report and End of Year update

The interim Director of Finance presented the Finance Report and end of year position, and confirmed to the Board that the Trust had met the agreed position. It reported a surplus of £52,000, which represented an operating deficit of £8.3m. The Trust also hit its capital envelope. The accounts have been submitted, and are awaiting audit.

The interim Director of Finance informed the Board that until the end of July, the Trust will be operating under a block contract. Next month's paper will cover what this would mean for the first 4 months of the year. The finance team have spent some time going through last year's position, focusing on the opportunities to improve. Jeremy Boss expressed his thanks to the team for their resilience, remarking that a good result was ultimately realised. He however, pointed out that it is key for everyone to realise that the Trust will be operating under a larger operational deficit this year. Nigel Stevens suggested that a report be presented to the Board about what happened last year, to provide assurance that the Trust's budget setting has been adapted for the future. The Deputy Chief Executive sought to clarify what this paper would cover, confirming that an analysis of the impact that the Trust's position will have in 2020/21 is already being prepared.

The Board noted the Finance Report.

BD/20/04/09 Delaying the Implementation of the Maternity Transformation Project

The Chief Operating Officer presented this paper, explaining that commissioners had made the suggestion that some of the previous recommendations be adjusted. The key recommendations were set out in points 1 to 3, the main one being the postponement of the planned cessation of births at Paulton. The staffing model is being reviewed in order that women can be supported at home.

The Board supported the recommendations to:

1. Postpone the ceasing of births at Paulton and Trowbridge Freestanding Midwifery Units (FMUs) until June 1st 2020.
2. Temporarily close all community postnatal beds with immediate effect for clinical safety reasons. The beds in Paulton will remain closed permanently (as per the original plan). Any changes to the initial longer term plans to retain the postnatal beds in Chippenham for up to 12 months will be brought back for discussion.
3. Support the change in overnight staffing in Chippenham and Paulton in line with the other two Freestanding Midwifery Units.

BD/20/04/10 STP Radiology Reporting Award Recommendation

The Deputy Chief Executive presented this contract for approval, informing the Board that it had been through the STP governance processes. It represents best value for money and will generate savings for the Trust.

The Board approved the recommendation.

BD/20/04/11 2020/21 Board Assurance Framework

The Head of Corporate Governance presented the draft Board Assurance Framework (BAF) for 2020/21 for comment. The Chair made the point that there was a need for a new set of principles that would underpin a “mini-BAF” for the BANU, and she indicated that she would circulate some ideas around this. She also asserted that the BAF should be a direct reflection of Improving Together and ought to be positioned much further up the agenda. From now on, Governors will receive the BAF.

The Board noted the draft 2020/21 BAF.

BD/20/04/12 Approval of Fit and Proper Persons Declarations and Register of Interests

The Head of Corporate Governance presented this paper, the contents of which were noted.

BD/20/04/13 Chair’s Report

The Chair informed the Board that she had been working with Wiltshire Health and Care to appoint a new Chair, and confirmed that Dr Stephen Ladyman, a former MP and Minister had been appointed. The Chair further stated that she had been in daily contact with the Chief Executive, and has been providing weekly updates to the Non-Executive Directors and Governors.

She and the Chief Executive placed on record their gratitude to all the staff for all they have done, expressing their pride for how the whole team has stepped up at this time.

The meeting was closed by the Chair at 12:30

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