

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST  
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS  
HELD IN PUBLIC ON WEDNESDAY, 24 JUNE 2020  
VIA ZOOM**

**Present:**

Voting Directors

Jeremy Boss, Non-Executive Director  
Rebecca Carlton, Chief Operating Officer  
Lisa Cheek, Director of Nursing & 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*)  
Nigel Stevens, Non-Executive Director  
Simon Wade, Interim Director of Finance  
Libby Walters, Interim Chief Executive

Non-Voting Directors

Brian Johnson, Director of Estates and Facilities

In attendance

Jessica Armstrong, Health Care Assistant, Parry Ward (*Item 6 only*)  
Adewale Kadiri, Head of Corporate Governance  
Sharon Manhi, Lead for Patient and Carer Experience (*Item 6 only*)  
Roxy Milbourne, Deputy Head of Corporate Governance (*minute taker*)

Apologies

Jocelyn Foster, Director of Strategy

**BD/20/06/01            Chairs Welcome and Apologies**

The Chair welcomed Board members, and noted that apologies had been received from Joss Foster, Director of Strategy.

**BD/20/06/02            Written Questions from the Public**

The Chair informed the Board of Directors that there was one written question from the public. She read out the questions and the Trust's response. This has been attached as an appendix to the minutes.

**BD/20/06/03            Declarations of Interest**

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

Anna Mealings, Non-Executive Director confirmed that she had now left her employment at Rolls Royce and moved over to XP Power, a manufacturer and supplier of critical power control systems who do supply components for some pieces of medical equipment. It was confirmed that the Trust Register of Interests would be updated.

Author: Roxy Milbourne, Deputy Head of Corporate Governance	Date: 24 June 2020
Document Approved by: Alison Ryan, Chair	Version: 1.0
Agenda Item: 4	Page 1 of 11

**BD/20/06/04 Minutes of the Board of Directors Meeting held in Public on 25<sup>th</sup> March 2020**

The minutes of the meeting held 25<sup>th</sup> March were approved as a true and correct record of the meeting.

**BD/20/06/05 Action List and Matters Arising**

The action list updates were approved as presented and those that were listed as closed were approved by the Board.

*PB545 - Medical Director to look into including benchmarking data in the report and to discuss this with the Medical Directors of the Acute Hospital Alliance.*

The Medical Director stated that an agreement in principal had now been established across the BSW footprint. Progress had been overtaken by the COVID-19 pandemic, but links would be re-established and updates provided in future reports. It was agreed that this action could be closed.

**BD/20/06/06 Patient Story**

The Chair welcomed Sharon Manhi, Lead for Patient and Carer Experience and Jessica Armstrong, Health Care Assistant, Parry Ward which had been a designated COVID-19 ward. Jessica Armstrong described her experience as a member of staff during the pandemic.

She explained that Parry Ward was usually a designated ward for infections such as flu and the staff were accustomed to working with infectious diseases, but as COVID-19 was a new virus, staff were worried about picking up the infection and passing it on to their families.

She described how she had had to deliver a message to a patient who was on End of Life Care from his son as his family were unable to come onto the hospital site. The Ward had been given an iPhone to help families communicate, but Jessica had had the honour of reading his son's message out to him. She explained how all the staff on Parry Ward had been supportive to each other throughout the pandemic.

Jessica explained that the food and care packages that had been delivered by the Forever Friends Appeal during the pandemic had been well received, and she confirmed that a new hydration station had now been delivered along with water bottles which was an excellent support for staff as wearing PPE throughout the shift was hot and uncomfortable. She commended the introduction of free car-parking for staff, particularly as uniform policy had changed. She suggested that staff would be grateful if this continued.

Sumita Hutchison, Non-Executive Director thanked Jessica and her colleagues for all of their hard work and enquired as to the state of staff wellbeing. Jessica responded that the support to staff had been excellent and Parry Ward were a close-knit team that supported each other on a daily basis.

The Interim Chief Executive thanked Jessica for sharing her story and recognised that she had worked in difficult circumstances. She explained that she had heard how Parry Ward had been supportive to other wards and asked if there was one thing the Trust could have done differently. Jessica explained that one of the biggest

stressors for staff was the daily change in guidance regarding PPE, but she understood the Trust was merely responding to instructions from the Government.

Nigel Stevens, Non-Executive Director enquired whether the staff shift patterns were right given how tiring it was to wear PPE. Jessica observed that although it took extra time during a shift to change and wear PPE, it was much more tiring now having to wear masks all day. The Chair wondered whether the Trust should look to adjust the 12 hour shift patterns. The Director of Nursing and Midwifery stated that shift patterns had been revised in some areas, and some staff were supported to do shorter shifts. She explained that it was done on an individual basis, but a lot of staff preferred to work a longer shift to get more time off.

Jeremy Boss, Non-Executive Director acknowledged the difficulty of having to deliver an end of life message to a patient and asked whether staff received support from the End of Life Care Team to do this. Jessica confirmed that she did have support from the team as well as her line manager. In response to a question from Joanna Hole, Non-Executive Director as to whether she had any preparation to deliver the End of Life Care message. Jessica explained that she was the HCA looking after the patient along with a nurse colleague and she had volunteered to read out the message.

The Director of Nursing and Midwifery again thanked Jessica for the work she had done and explained how the ward had been extremely innovative in using doorbells within the ward inside patients' rooms to avoid staff having to leave the room and change PPE. Staff would simply press the doorbell if they needed assistance or extra supplies and these would be delivered to the room.

The Chair asked whether there were any occasions when staff did not have the opportunity to take a break. In response, Jessica acknowledged that this did happen on occasion, but that managers always encouraged staff to take breaks.

The Chair thanked Jessica and the Lead for Patient and Carer Experience for sharing the staff story which had been extremely valuable for the Board to hear.

The Board of Directors noted the update.

## **BD/20/06/07            CEO Report**

The Interim Chief Executive presented her report. She stated that Public Health England had published a review which highlighted the disproportionate impact of COVID-19 on Black, Asian and minority ethnic (BAME) people. She stressed the Trust's commitment to tackling inequality within the organisation, and would be working closely with the BAME network to understand what would make a difference for staff.

The Director for People remarked on the number of staff who are now joining the support networks via Workplace. She and the Interim Chief Executive would be joining the next "Fusion Network" meeting (BAME staff network). In addition, she had been asked to undertake an anonymous survey of Filipino nurses to seek their views, as they were unlikely to provide feedback unless it was anonymous. The LGBT+ network was also engaged in the strategic agenda.

Joanna Hole observed that a number of overseas staff were likely to be concerned about family at home. The Director for People confirmed that line managers and ward staff were providing good levels of support in such cases but she was keen to understand if there was more that could be done.

Anna Mealings, Non-Executive Director suggested that the Trust may need to consider a review of its policies and procedures to ascertain whether there was any institutional bias. In response, the Director for People indicated that some external input was being considered in this regard.

Nigel Stevens stressed the need to help people to understand what discrimination actually meant. The Director for People agreed and explained that taking part in the reverse mentoring scheme had been extremely powerful.

The Board of Directors noted the update.

#### **BD/20/06/08 Board Assurance Framework**

The Head of Corporate Governance apologised for the late circulation of this report, he confirmed that he had worked with the Executive Directors to update the BAF, but asked the Non-Executive Directors to review the BAF before the next round of Board Committee meetings focusing on any apparent gaps, risks and assurance.

#### **BD/20/06/09 COVID-19 Update**

The Chief Operating Officer expressed her thanks to many of the Teams across the hospital including Helena Ward, Surgical Short Stay, Parry Ward and RAU who would have had similar experiences to that expressed in the patient story. She thanked the IPC team who continued to provide advice, as well as the microbiology teams. She highlighted that:

- Although nationally the COVID alert had moved from a level four to a three, the NHS continued to operate under a level 4 emergency.
- Following a review of the Trust's ward and bed spaces following guidance on social distancing and the 2m rule, a reduction of 117 beds had been identified and this had been used in the current modelling for Phase 2.
- The Nightingale Hospital would be kept on standby in the event of a second surge.
- Clinical pathways were being reviewed by the new structure which re-introduced the Clinical Cabinet as the lead forum for innovation and clinical design.

Jeremy Boss, Non-Executive Director stated that it felt like the Trust's Management Board was getting back into operation and wondered whether there was a risk that this would duplicate the work of Gold command. The Chief Operating Officer explained that planning had begun to ensure that Gold command reported into Management Board, with a clear line of sight of activity.

The Chair enquired whether there were any opportunities for volunteers to assist with cleaning. The Director of Nursing and Midwifery stated that there were now 30% more cleaners across the Trust, and the Director of Estates and Facilities confirmed that the reference to 30 cleaners within the report should have read 300.

Sumita Hutchison, Non-Executive Director enquired whether there was an opportunity to support local communities by broadening the remit of the Trust's volunteer programme. The Director for People acknowledged that COVID had provided opportunities to work with volunteers in a different way and she confirmed that the Trust was looking to appoint a Volunteer Services Manager to help support the volunteer workforce. The Director of Nursing and Midwifery added that although some volunteer groups had had to stop as a result of COVID, the Trust was now looking to reintroduce them

The Board of Directors noted the update.

## **BD/20/06/10      Quality Report**

The Director of Nursing and Midwifery presented the report and highlighted that:

- There had been a fall in the number of complaints and referrals to PALS. The keeping in touch service had been very well received by relatives and approximately 270 messages had been received since the service started in April.
- Whilst the Trust had chosen not to pause the investigation of most complaints, services have taken longer to respond as a result of clinical priorities and patient safety nurses working as reservists in critical care.
- The year-end position had seen an increase in pressure ulcers. Some of this increase was due to the changes in reporting where all pressure ulcers have to be reported whether they are avoidable or unavoidable.
- All wards had now been RAG rated and the red wards (if they have had a pressure ulcer) receive regular visits from the Tissue Viability Nurses (TVN's) to look at improvements and track trends. During COVID a lot of work was undertaken between the tissue viability team and the critical care unit to develop and implement proning guidance and to date the Trust has had no proning-related pressure ulcers.
- The year-end C Diff trajectory was 37 cases against a trajectory of 59. There had been 14 fewer cases of MSSA compared to the previous year and 8 fewer cases of E coli.
- Serious Incidents (SI) were now being signed off virtually and the Trust continued to keep in touch with families to update them on the progress of investigations.
- The Trust was introducing a weekly SI panel to monitor KPIs and ensure reports are signed off in a timely manner.
- The Nursing quality indicators would be changing to encompass a multi-disciplinary team approach.

Joanna Hole, Non-Executive Director asked whether the Trust would be setting its own targets to reduce the number of pressure ulcers, and in response, the Director of Nursing and Midwifery stated that she would be challenging the team to achieve a 10% reduction, but the TVN's would review this to see if this was realistic.

Joanna Hole also enquired about the low percentage of patient wristband scanning on Pulteney Ward. The Director of Nursing and Midwifery confirmed that she was working with the Chief Pharmacist to understand this, and added that during the pandemic, it was difficult to scan effectively while wearing PPE.



Joanna Hole recalled that at the Audit Committee last week, the internal auditors had shared the findings from their Serious Incidents review, and had highlighted that the Trust was learning from incidents. The Chair asked that the Clinical Governance Committee reviews the work of the SI panel in 6 months' time.

**Action: Nigel Stevens, Non-Executive Director and Head of Corporate Governance**

Jeremy Boss, Non-Executive Director commented that the new version of the nursing quality indicators looked better than previous versions. He noted that it would be difficult to monitor how the Trust was doing during the COVID-19 pandemic, but appreciated the efforts to keep the Trust on track.

The Board of Directors noted the update.

#### **BD/20/06/11 Patient Experience Report (Quarter 4)**

The Director of Nursing and Midwifery presented the report and highlighted that:

- The report felt out of date as it should have been presented in April, but meetings had been postponed.
- Many patient experience activities had stopped during the pandemic, and most volunteers were unable to come on to the site.
- The Trust had withdrawn FFT cards from the wards, but other methods of receiving feedback, such as through social media, had been explored
- Feedback from the FFT indicated that noise at night was an issue, and as such, the Medical Physics team had undertaken noise at night assessments and the outcomes of these were being taken through the Respect and Dignity Group.
- The national relaunch of FFT was due to take place on 1 April but had been delayed to 1 July with the aim of collating the data so that the Trust could produce useful reports for staff to use.
- The Trust had held its first Patient Experience Awards Ceremony

The Chair enquired whether patients were being asked to judge the awards and the Director of Nursing and Midwifery confirmed that she would find out.

**Action: Director of Nursing and Midwifery**

The Board of Directors noted the update.

#### **BD/20/06/12 Finance Report**

The Interim Director of Finance presented the Finance report and highlighted the following points:

- In light of the COVID-19 pandemic, from the 1 April 2020 a new block funding approach had been adopted for the first four months of the year. The payments made to the Trust were based on previous expenditure run rates to maintain cash flow through the system and to allow providers to continue to deliver essential services during the critical incident.
- The financial position against the NHS E/I block plan showed a breakeven position with the inclusion of an additional £878,000 to be considered in the "true-up" process, £417,000 relating to Month 2.
- Day case and Elective activity were down on plan by 71% and 77% respectively.

- Non-Elective activity was 24% below plan at the end of May, but this was now beginning to increase.
- The financial position includes the £1.36 million of additional pay as a result of actions taken due to COVID-19 including additional agency costs, overtime and the backfill of staff.
- At the end of May pay costs were £620,000 higher than anticipated under the block plan excluding COVID-19 related pay. This was now estimated to be £657,000 more than the value that would be covered by the block plan. The Trust would be working with NHSI to understand why this would be.
- There had been significant changes in the funding streams from commissioners with income being paid a month in advance in April 2020, which had resulted in an increase in the cash balance to £38.26 million
- The capital position at the end of May was £4.07 million, which was £112,000 behind the revised plan. £3.5m was a result of COVID work.

Nigel Stevens, Non-Executive Director suggested that this year, there needed to be a greater focus on forecasting and quality, and the Interim Director of Finance confirmed that all divisions were currently working through their activity projections – there would be a clearer picture on this towards the end of the month.

Joanna Hole, Non-Executive Director observed that a number of the Trust's costs were higher than anticipated and questioned whether these could not have been predicted. The Interim Director of Finance stated that the Trust had been aware of this at the planning stage and had raised it with NHSI. The Trust is working with NHSI to rectify funding, but was being driven by the national programme.

The Board of Directors noted the update.

## **BD/20/06/13                      Operational Performance Report**

The Chief Operating Officer presented the Operational Performance report and highlighted:

- COVID-19 continued to dominate operational performance, but in May three Single Oversight Framework (SOF) operational metrics had triggered concern:
  - 18 weeks RTT Incomplete Pathways;
  - 31 Day Diagnosis to first treatment for all cancers; and
  - Six week diagnostic waits (DM01).
- The Trust remained in a national level 4 incident mode.
- Current restrictions on elective surgery and planned care had had a significant impact on RTT performance, and this is the major area of operational performance risk. The pace of the Phase 2 restart of elective work would be instrumental in the improvement of RTT standards particularly for routine elective operations.
- DM01 Diagnostic performance had been significantly impacted by COVID related restrictions on both staff availability and social distancing measures. Previous recovery to 9% had now deteriorated to 45% and then 61%. Work had been undertaken across the clinical services to manage demand, increase capacity and adapt to social distancing. The position for June was improving.

The Director of Estates and Facilities observed that the number of ongoing DTtoC and Super Stranded patients had increased in May compared to April, and the Chief Operating Officer stated that the relocation of the Discharge Hub would be crucial in ensuring that this number is managed. The Director of Estates and Facilities confirmed that they were currently working to relocate the hub within the Oasis Centre.

Sumita Hutchison, Non-Executive Director remarked that nationally there are concerns of a mental health crisis arising from the COVID-19 pandemic. She questioned whether the Trust was already seeing this trend and if it was prepared to respond to those needs. The Chief Operating Officer confirmed that the Trust was working closely with colleagues at AWP on this and how emergency patients could be better supported.

The Board acknowledged the challenge of meeting the RTT and diagnostic targets in light of the backlogs and increased demand. Nigel Stevens confirmed that it would be a key piece of work for CGC to monitor what the recovery curve looked like and asked the Head of Corporate Governance to update the work plan to reflect this.

**Action: Head of Corporate Governance**

While Joanna Hole noted the explanations within the report regarding delays to ambulance handovers, she wondered what could be done to improve the situation. The Chief Operating Officer stated that one of the positives of working within the COVID emergency care system was an increased dialogue amongst ambulance crews, patients and staff which had been crucial. She confirmed that SWAST colleagues had been invited to join the Emergency Care Group.

The Director for People provided an update on Workforce Performance and highlighted that:

- In month turnover in May was 0.75% which continued to be below the Trust's target of 0.92%.
- It was unclear what impact COVID had had on staff potentially delaying their leaving date until after the pandemic.
- Band 5 nurse turnover over a rolling 12 month period was 11.5%. However, there are Divisional variations with Surgery Division at 14.6%, compared to Medicine and Women's and Children's which are both below 10%.
- Agency spend had significantly reduced during the pandemic which was positive.

Joanna Hole expressed concern that staff may be repeatedly absent over the coming months as a result of COVID-19 and could trigger the Trust's sickness threshold, and she questioned how the Trust was recording staff absence if they had to isolate as a result of COVID-19. The Director for People confirmed that COVID related absences did not count towards an employee's sickness record, and added that the Trust had a sophisticated mechanism to capture if people were impacted by track and trace and a comprehensive picture of what absence looked like.

The Board of Directors noted the update.



## **BD/20/06/14      NHSI Self Certification**

The Head of Corporate Governance informed the Board that the Trust operated under an NHS Provider Licence, and was required to self-certify on an annual basis whether or not it has:

- Complied with the conditions of the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009, and the Health and Social Care Act 2012, and have regard to the NHS Constitution);
- The required resources available if providing commissioner requested services (CRS); and
- Complied with governance requirements.

The Chair questioned whether it would be a problem that the Trust was submitting the declaration late. The Head of Corporate Governance stated that the missed deadline was an oversight as it had been expected that the deadline would be adjusted in line with that for the Annual Report and Account. He confirmed that the Auditors had not raised an issue and he would submit the report immediately after the Board meeting.

Joanna Hole questioned why appendix 1 was blank and incomplete for the Board to approve. The Head of Corporate Governance stated that he wished to show the Board the template and receive confirmation that the Trust was compliant. The Chair asked the Head of Corporate Governance to complete the template and circulate it to the Board for approval.

**Action: Head of Corporate Governance**

The Board of Directors approved NHSI FT self-certification for Condition G6 and CoS7.

The Head of Corporate Governance stated that the report whilst not a condition of licence the Trust must review and self-certify whether Governors have received enough training and guidance to carry out their roles during 2019/20. He stated that the Council of Governors had been contacted by email to confirm their agreement and to date, no objections had been received.

The Board of Directors approved self-certification FT4 and certification relating to training of Governors.

## **BD/20/06/15      Charities Committee Report**

Jeremy Boss, Non-Executive Director and Chair of the Charities Committee presented the report and highlighted that the value of portfolio fell in March 2020 due to market uncertainty over the Coronavirus pandemic. The Board of Directors noted the update.

## **BD/20/06/16      Clinical Governance Committee Report**

Nigel Stevens, Non-Executive Director and Chair of the Clinical Governance Committee presented the report and invited any questions from the Board. The Board of Directors noted the update.

**BD/20/06/17 Chair's Report**

The Chair provided a verbal update and highlighted that she:

- Participated in regional alliance networks;
- Had had interactions with the Council of Governors and Lead Governor;
- Had had an introductory meeting with the new Chair of Wiltshire Health and Care;
- Dealt with a complaint; and
- Chaired the Organ and Tissue Donation Committee; last year, 13 organs had been donated resulting in 14 successful transplants from 6 proceeding donors.

The Board of Directors noted the update.

**BD/20/06/18 Items for Assurance Committees**

The Chair stated that it had been confirmed a number of items would be monitored by the Trust's Clinical Governance Committee including Serious Incidents and RTT performance. The Head of Corporate Governance would need to ensure that these items were on the work plans.

**BD/20/06/19 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 12:30*

## Appendix 1 - Question submitted by Mr Andrew Pope

1. Why are only certain reports to the Board (relating to the Covid-19 pandemic) being made available to the public, and are those same reports also being withheld from (a) staff (b) governors? If they are withheld, why do you feel it is in the public interest and public health?

*At the start of the lockdown, NHS Improvement/England, our regulators, issued guidance removing the requirement to hold public, face to face Board meetings - they recognised that NHS providers needed to devote as much of their time and resources as possible to managing the emergency. The RUH therefore decided, for the three month period from April to June, to hold private only, virtual Board meetings. However, in order to retain some communication and contact with our local communities, we decided to place some of the papers discussed at these private meetings in the local domain after the meetings in April and May. These papers were disclosed to both our public and staff governors before the respective meetings.*

2. If such reports are being withheld, please state why you feel that it is in the public interest, given that the only reason you can lawfully do so under the 1960 Act is in the public interest?

*As the meetings that were held in April and May were not public meetings under the 1960 Act, the issue of the lawfulness of any withholding does not apply. These were private meetings, and it was within the Board's gift to determine which papers to disclose. The decision on what to withhold and what to disclose was made by balancing operational considerations, the public interest and emerging government policy.*

3. Please could you tell me whether the virtual meetings are open to the public? If not, why not, because councils across the area, and Parliament, are doing virtual meetings. If they are open to the public, please advise how I may ask follow-up questions.

*From this month, the RUH will be resuming public meetings, but they will continue to be held virtually. At the moment, our intention is to place the papers on our website shortly before the meeting, as we have done in the past, and then shortly after the meeting, a recording of it will be placed in the same part of our website. We recognise that this means that members of the public will not yet be able to participate in real time, and we continue to explore options for live-streaming Board meetings. In the meantime, if you wish to ask any further questions, you may do so by again writing in to this email address.*