

Pauline had confirmed that she felt well prepared on coming in to hospital and knew what to expect. Staff had kept in touch with her whilst she was waiting for an operation date which had been delayed due to COVID. Pauline had felt reassured about the safety of the ward by the erection of Perspex sheeting between each bed space and staff compliance with PPE requirements.

Sue Dewes, Specialist Orthopaedic Physiotherapist, spoke about the adaptations the Ward had made during COVID and indicated that she had previously provided an orientation talk to patients when they attended their preoperative appointments, but that this was no longer possible because of the pandemic. As such, she was in the process of making a film for the RUH website which should help improve patient experience. Mohamed Khan, Charge Nurse talked the Board through the admission process when a patient attended for surgery.

The Board thanked Kim, Sue, Mohamed and Sharon for a very positive story.

BD/20/11/02 Written Questions from the Public

The Chair informed the Board of Directors that there were no written questions from the public.

BD/20/11/03 Declarations of Interest

No declarations of interest were raised.

BD/20/11/04 Minutes of the Board of Directors Meeting held in Public on 28th October 2020

The minutes of the meeting held on 28th October 2020 were approved as a true and correct record of the meeting subject to the amendment below.

Sumita Hutchinson provided further clarity for the action detailed at the top of page 5 and highlighted this was in relation to BAF 5, and the question she raised was what controls and assurance on controls were in relation to Equality and Diversity? This action is to be carried forward to the next meeting.

BD/20/11/05 Action List and Matters Arising

PB553 – It was confirmed that Anthony Durbacz would be working with the Trust to discover what the green action team would look like. However, this conversation had not happened yet, and a further update would be provided on the next action list.

PB555 – The Director of Nursing and Midwifery confirmed that a new BAF had been created on infection control due to COVID. She had started to review this and felt that it may be incorporated into BAF 3. Once updated the new revised Infection Prevention and Control BAF would be taken through the Clinical Governance Committee. Action closed.

BD/20/11/07 CEO Report

The Chief Executive presented her report to the Board. She highlighted the following points:

- Use of the new Gamma camera was making a significant difference.
- Staff were working towards achieving Veteran awareness accreditation
- A member of staff had been named as a finalist for a national diabetes award,
- The Trust's Sepsis and Kidney Injury Prevention Team had won the prestigious Patient Safety Team of the Year Award by the HSJ
- New Governors were welcomed to the Trust

The Chair highlighted the work of the Bath Cancer Unit Support Group and thanked them for their astonishing fundraising efforts.

The Board of Directors noted the update.

BD/20/11/08 Chair's Report

The Chair provided an update and highlighted the following points:

- She was working closely with the other Chairs across the BSW system to provide mutual aid during the pandemic.
- Ongoing work with the Dementia Strategy Board.
- HIP2 work
- Consultant interviews
- Meeting with the new Governors
- Meeting with the Wiltshire Health and Care Members Board

The Board noted the report.

BD/20/11/09 Board Assurance Framework

The Head of Corporate Governance presented the Board Assurance Framework. He highlighted the important work that the Clinical Governance Committee had done at their last meeting to conduct a comprehensive review of both their own risks, and those which though not under their direct responsibility, nevertheless impacted on their work. He recommended that other Committees adopt a similar approach. As a result of this review it was proposed that the risk rating of BAF 4 be increased from 15 to 20, recognising the impact of the 2nd COVID wave on the hospital.

Sumita Hutchison raised a query in relation to BAF 13, and what support there was in place for staff with long COVID. The Director of People confirmed it was an emerging issue and that the Head of Health and Wellbeing was working on providing support. She highlighted there was already good practice within Fatigue Services as a result of which the Trust was working closely with them.

The Board agreed that the risk rating for BAF 4 should be increased to 20.

The Board noted the report.

BD/20/11/10 Update on COVID-19 Response

The Interim Chief Operating Officer presented an update on the COVID-19 response, the following points were highlighted;

- Since the preparation of the report there had been an increase in COVID cases at the hospital; there were currently 67 positive cases, of which 5 were in ICU, although it was noted that there had been a lower demand for ICU beds during this 2nd wave
- The Respiratory Assessment Unit had reopened
- There were similar pressures in Bristol and Gloucester, and the Trust was working closely with partner organisations to provide support where possible
- The Nightingale Hospital remained on standby
- The difference between this second wave and the first was that the Trust was continuing with elective activity

- The Trust was working with community healthcare partners to support the discharge of medically fit patients
- Staff swabbing had commenced this week
- The Trust and its partners are working closely together to plan for the rollout of mass vaccinations.

Jeremy Boss highlighted that COVID cases at the hospital were higher than in the first wave and queried whether the sorts of patients being seen this time were different to first phase. The Interim Chief Operating Officer observed that the Trust was only 2 weeks into the 2nd wave but numbers were still smaller in comparison. However, non-invasive ventilation capacity had been extended as this time, patients seem to need this more than ICU intervention. The Interim Chief Operating Officer confirmed there was a full escalation plan in place if figures increased.

Jeremy Boss raised a question as to how the Trust's Phase 3 recover performance compared with others in the region? The Interim Chief Operating Officer confirmed the Trust was on track in terms of the trajectories it had set itself, but further work was required to increase capacity to pre COVID levels. Infection Prevention and Control and social distancing requirements had impacted on capacity, and the Trust continues to make use of local independent sector capacity. Some specialties were able to work over capacity as a result of the move towards virtual outpatient appointments, but the areas that required face to face consultations were encountering significant issues.

Nigel Stevens highlighted the need to assure patients who needed to come to hospital that it was safe to do so, and he enquired how the Trust was ensuring this was happening. The Interim Chief Operating Officer informed the Board that screens had been set up within ward areas, videos were available to provide assurance, the letters sent to patients had detailed guidance on what to expect. Work was also ongoing with system and national communication teams to encourage people to attend hospital if their conditions warranted this. It was noted that the number of patients who had failed to attend their appointments was low.

Sumita Hutchison raised a question on behalf of Anna Mealing regarding lessons learnt, and what the Trust would do differently as a result of this. The Interim Chief Operating Officer confirmed there was a draft report in progress but highlighted some of the initiatives that had been beneficial in the first wave, including cross hospital working, staff taking on new roles to support the frontline clinical teams, and a collective effort to keep staff and patients safe. RAU had worked well in phase 1 and has now been reinstated. The full report would be brought back to the Board in its final format.

The Board of Directors noted the update.

BD/20/11/11 Quality Report

The Director of Nursing and Midwifery and Medical Director presented the Quality Report. The Director of Nursing and Midwifery drew the Board's attention to two key areas:

Falls – The report showed an increase in the number of falls for last month, and this trend appeared to be continuing in November which was causing a level of concern. A review of falls had been undertaken throughout November, and this was showing that the pandemic was having an impact on the way that staff were caring for patients including that:

1. Doors to bays were shut at all times, making it harder for patients to be seen and heard, and
2. PPE impacted on staff responsiveness, and the wearing of masks in particular had caused some difficulties with communication.

Infection Prevention and Control was the other key area to note. There had been a reduction in the number of *Clostridium difficile* infections, with no hospital generated cases in October. A working group had been set up to review antimicrobial stewardship, and they were using Improving Together methodology to address the issue. . The Infection Prevention and Control BAF had been updated and key points and guidance had been published throughout the pandemic. The Trust's processes are being reviewed against the BAF, and this would be overseen by the Clinical Governance Committee.

The Medical Director provided an update on deteriorating patients. He acknowledged that the Trust had fallen behind with electronic observations and further work needed to take place to establish how the Trust was using the system to improve outcomes. He was trying to encourage teams to be curious about the results and not just log the numbers. The Chair wondered whether staff would listen to what a family member said about a patient's wellbeing even if the figures suggest nothing was wrong, and the Medical Director confirmed this was part of the cultural element and was being reviewed.

Ian Orpen raised a question about the way the falls data was presented as there would have been fewer inpatients at the start of pandemic and wondered if the graph was giving a falsely positive picture. The Director of Nursing and Midwifery stated she had been working with BIU to resolve this but the data was not accurate enough yet, although it would be hard to compare like for like as patients were being nursed differently too.

Nigel Stevens was concerned that the Trust could be losing sight of the trends of Serious Incidents in an effort to keep on top of the reporting, and questioned whether the Trust was confident that learning was being disseminated back to teams and embedded. The Director of Nursing and Midwifery highlighted that Serious Incidents were previously reviewed on a monthly basis but this had been changed to weekly which allowed the progress against actions to be reviewed. A quarterly review had been instituted to consider the impact that actions had had. The outcome of this work would be reported to Quality Board.

The Board of Directors noted the update.

BD/20/11/12 Quarter 2 Patient Experience Report

The Director of Nursing and Midwifery provided an overview of the Patient Experience report and highlighted 2 key areas;

1. New Friends and Family Test questions were launched in July, one old question was reworded and 3 new ones had been added to measure performance against the Trust's strategic objectives
2. Patient experience activities had had to be paused through the first lockdown and were not back to where they were pre-COVID.

Jeremy Boss noted that there appeared to be an increase in patient property going missing and queried whether there were any actions in place to follow this up. The Director of Nursing and Midwifery confirmed that there appeared to be an issue at those units where patients have their initial access into the hospital, such as at the Emergency Department and the

Medical Assessment Unit , and a small working group had been set up to look into this and were engaging with key staff involved.

Ian Orpen was concerned by the number of complaints recorded and felt it might be helpful to compare this to the same quarter of previous years. The Director of Nursing and Midwifery clarified that the data included PALS enquires, which had increased in the Surgical Division because of delays and cancellations. The Outpatient Group were working on how the Trust could communicate with patients in a more timely manner, which would hopefully reduce the number of PALS enquires.

The Board of Directors noted the report.

BD/20/10/13 Quarter 2 Learning from Deaths Update

The Medical Director presented the Learning from Deaths report and confirmed that the Medical Examiner System had gone live in the Trust. The Learning from Deaths report was in a new format and the Medical Director asked for feedback on its format. The report contained data on the last 2 quarters as the team had been unable to report during the pandemic.

The Medical Director confirmed that work was ongoing on the learnings from Serious Incidents, and how this wealth of data is effectively triangulated with complaints. There are two elements to this process, one is how this work is conducted to ensure it is completed in a timely manner, and the second, what information is coming back and what the trends were.

Jeremy Boss asked whether as a result of the digital work legibility had improved. The Medical Director acknowledged that doctors' handwriting had always been an issue, and although digitising records had helped, progress towards paperless inpatient work is also expected to help.

The Medical Director highlighted that the number of deaths at the RUH had reduced, but community data showed a change in the pattern of where patients were dying at this time, with an increase in community and care home deaths. The Medical Director confirmed that he would present more information on the pattern of deaths over the pandemic.

Action: Medical Director

Ian Orpen drew attention to the target for SJRs to be completed within 2 months, noting that this was only accomplished in 19% of cases in Quarter 1, and wondered whether this target was unrealistic or if Q1 performance was attributable to COVID. The Medical Director was of the view that although the target may be stretching, the Trust should aim to deliver as quickly as possible.

The Board of Directors noted the report.

BD/20/11/14 Finance Report

The Director of Finance presented the Finance report and highlighted that the funding regime for the Trust changed at the start of October with all funding coming via allocated blocks. The forecast to the end of the financial year was a deficit of £3m.

As at the end of October the Trust had a deficit of £214k, which was £37k better than plan. The Trust was currently experiencing operational challenges in managing COVID and reducing the waiting lists.

The Director of Finance confirmed that capital spend at the end of October was £12m which was £6m behind plan. She explained that the Trust had received various additional capital allocations in year. This is high risk and is putting additional pressure on the Estates team, as the funding has to be spent during this financial year. Nigel Stevens asked if additional resources were required and the Director of Estates confirmed that extra help had been bought in.

Antony Durbacz asked if there was a revised financial plan in place for phase 3. In response, the Director of Finance confirmed that so far, in this second wave, the Trust had not reduced elective work as a result of COVID, and was therefore continuing to work towards delivering the plan.

Jeremy Boss wondered whether as a result in the large drop in working capital the Trust would have a cash flow problem,. The Director of Finance explained that when the new regime was put in place trusts were receiving cash one month in advance so that they could pay their suppliers in a timely manner. At end of the financial year this would revert to how it was before.

The Board of Directors noted the report.

BD/20/11/15 Operational Performance Report

The Interim Chief Operating Officer provided the Board with an update on operational performance and confirmed the Trust had triggered on the 5 following single oversight framework metrics;

1. 4 hour waits in ED, – there had been an improvement in month of 1.3% taking performance to 79.1%
2. 18 week performance - there had been a 3% improvement during October
3. 2 week GP referral to 1st Outpatient appointment
4. 62 day urgent referral to treatment for all cancers
5. 6 week diagnostic waits

The Interim Chief Operating Officer confirmed that clinical reviews were taking place on all of the long waiting patients and the teams were ensuring that patients were being communicated with.

The key risks to performance for the next 3-4 months were highlighted as winter pressures, flu and COVID.

Ian Orpen highlighted that there still appeared to be issues with the skin cancer and colorectal pathways and queried whether colorectal cancers were being triaged. The Interim Chief Operating Officer confirmed that these areas were now only 3-4 days off the target, and specific work had been done to increase capacity as a one off.

Anthony Durbacz noted that at the end of last year there had been a focus on 52 week waiters, including the imposition of fines, and he asked if this regime had changed. The Interim Chief Operating Office confirmed that fines were not currently part of the regime but there were incentive payments for the Trust to deliver for phase 3. Antony Durbacz questioned whether there was any value in benchmarking Trust performance against the national averages The Chief Operating Officer confirmed that performance had been compared against a few trusts in the South West but this could be widened. .

The Director of People provided a workforce update and confirmed that there had been an improvement in the Trust's turnover rate. It was felt that this was a result of COVID and the focus on measures and initiatives to encourage staff to stay working at the RUH. The Director of People highlighted that early indications suggested sickness levels next month could be more challenging, with a number of staff self-isolating and shielding. The Appraisal rate was also moving in the wrong direction, with medical appraisals having been suspended during the first wave and just restarting.

Sumita Hutchison noted that anxiety, stress and depression continued to be the main cause of sickness absence and queried how many were work related. The Director of People confirmed this data was being captured and discussed at the Health and Wellbeing Steering Group in more detail.

The Board of Directors noted the report.

BD/20/11/16 Freedom to Speak up annual report

Louisa Hopkins, Freedom to Speak up Guardian joined the meeting and presented the annual report. She highlighted the following points:

- 20 members of staff were now supporting the service
- October had been Freedom to Speak Up month
- Staff were accessing the service more regularly. Previously, it would receive 4-5 cases a month but at the moment they were receiving 4-5 cases a week.
- BAME staff were not accessing the service
- Concerns expressed by staff included issues around social distancing
- In relation to the themes around bullying and harassment, the Improving Together methodology is being used to triangulate the data
- A clear workplan had been agreed for next year

Ian Orpen asked how the Trust compared with similar organisations in terms of levels of reporting, and Louisa Hopkins agreed to include this in the next report.

Action: Freedom to Speak up Guardian

In response to a question from Antony Durbacz as to what the Trust could do to address the issues that are being reported, Louisa Hopkins felt the key thing was to embed the Trust values.

Sumita Hutchison raised 2 questions on Anna Mealings' behalf:

1. Is the Trust able to assure itself that it is strengthening the great work Louisa is doing? What is being done with people leaders to strengthen this ability?
2. What is the Trust doing with the information that Louisa receives to ensure that the organisation is learning?

Louisa Hopkins highlighted that a key position of the Freedom to Speak up initiative is that it is the organisation's responsibility to bring about change and not the Guardian's. The Director for People highlighted the importance of organisational learning. Structural changes had recently been made, and key themes/ clusters were being identified which sometimes triggered listening events or formal reviews if required.

Sumita Hutchison requested that this information was available at the People Committee.

Action: Director for People

The Board of Directors noted the report.

BD/20/11/17 Equality and Diversity Update Report

The Director for People introduced the report and highlighted the following points:

- Louisa Hopkins had been appointed as the new Chair of the Disability Staff Network
- Equality Impact Assessments were being conducted in the development of strategic work programmes
- Inclusion ambassadors were interviewed on the 7th of October and 2 had been appointed for a 12 month period
- Race Equality Action Plans and other plans were being developed through staff networks

Sumita Hutchison reflected that the paper did not convey the passion required to drive this agenda across the organisation. The Director for People asserted that the passion was still there, and that the Executive Team had recently spent time developing the agenda. The Director for People wanted to come back to the Board with more detail on the action plans. Sumita Hutchison enquired as to the Trust's ultimate intentions around the Ambassador role - what difference was the Trust hoping to see? The Director for People was unclear at the present time, and confirmed that she was looking at a different role on a substantive basis. The model was working well as the ambassadors were so embedded already.

The Board of Directors noted the report.

BD/20/11/18 Non-Clinical Governance Committee Chairs Report

Sumita Hutchinson, Chair of the Non-Clinical Governance Committee highlighted the frequency of the meeting was 4 but the governance paper stated 3. The position will be clarified.

The Terms of Reference were approved.

The Board of Directors noted the report.

BD/20/11/19 Clinical Governance Committee Report

The Board of Directors noted the report.

BD/20/11/20 Items for Assurance Committees

- The Board confirmed that the Infection control BAF and COVID response would go to CGC
- The Equality and Diversity programme would go to the People Committee

BD/20/11/21 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 12.35 hours.