

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST  
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS  
HELD IN PUBLIC ON WEDNESDAY, 27 JANUARY 2021  
VIA MICROSOFT TEAMS**

**Present:**

Voting Directors

Jeremy Boss, Non-Executive Director  
Cara Charles-Barks, Chief Executive  
Lisa Cheek, Director of Nursing & Midwifery  
Simon Sethi, Chief Operating Officer  
Bernie Marden, Medical Director  
Ian Orpen, Non-Executive Director  
Alison Ryan, Chair (*Chair*)  
Nigel Stevens, Non-Executive Director  
Libby Walters, Director of Finance  
Sumita Hutchison, Non-Executive Director  
Antony Durbacz, Non-Executive Director

Non-Voting Directors

Jocelyn Foster, Director of Strategy  
Brian Johnson, Director of Estates and Facilities  
Claire Radley, Director for People

In attendance

Adewale Kadiri, Head of Corporate Governance  
Emily McConnell (minute taker)  
Sharon Manhi, Lead for Patient and Carer Experience (*Item 6 only*)  
Nichola Hartley, Senior Sister, Waterhouse Ward (*item 6 only*)  
Narinder Tegally, Lead Chaplain (*item 6 only*)

The Chair apologised for the late start of the meeting; this had been caused by technical issues.

**BD/21/01/01            Chairs Welcome and Apologies**

The Chair welcomed the Governors as observers and Simon Sethi as the new Chief Operating Officer.

**BD/21/01/02            Written Questions from the Public**

The Chair stated that any questions submitted by members of the public during the meeting would be reviewed and answers would be published on the Trust website following the meeting.

**BD/21/01/03            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 with the exception of Ian Orpen, Non-Executive Director who alerted the Board to his recent position as a band 5 vaccinator in the Covid vaccination programme.

**BD/21/01/04            Minutes of the Board of Directors Meeting held in Public on 25<sup>th</sup> November 2020**

The minutes of the meeting held on 25<sup>th</sup> November 2020 were approved as a true and correct record of the meeting subject to the amendment of the Director for People being noted as a non-voting Director.

**BD/21/01/05            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.

**PB553** – Antony Durbacz, Non-Executive Director highlighted that a meeting had taken place on the green agenda and that the overall response was positive. He stated that a further update would be provided in the future.

**PB556** – The Head of Corporate Governance confirmed that work had been done to update 2 BAF risks and a fuller update would be provided as part of agenda item 9.

**PB558** – The Medical Director confirmed that the Learning from Deaths report would be brought to the next public meeting in March.

**BD/21/01/06            Patient Story**

Nichola Hartley, Senior Sister, Waterhouse Ward introduced herself. She told five poignant stories of patients with Covid-19 on Waterhouse Ward and the impact they had on staff. All names had been altered to protect patient confidentiality.

The first story spoke of Mr and Mrs Brown who had both been admitted to the ward at the same time since contracting Covid over the Christmas period. Mr Brown sadly passed away at the RUH. The ward staff worked with CCG partners and the community to find a non-acute setting with family visiting for Mrs Brown to spend her final days. This helped to reduce the potential distress for the family of both parents passing away on the same ward.

The second story was about Mr and Mrs Smith who were both admitted to the RUH, Mr Smith was on Waterhouse Ward and Mrs Smith was on the Respiratory Ward. Mrs Smith passed away on the day that Mr Smith was due to be discharged into the community. Although there was a huge need to maintain the flow through the hospital, the team made the decision to keep Mr Smith at the RUH for another 24 hours to allow time for his son to arrive.

Mrs Green had been admitted to the RUH a few weeks ago. She had asked the staff to help locate her 57 year old son who had Downs Syndrome who was currently on Parry Ward with Covid. The staff supported Mrs Green to be on the same ward so she could be with her son during his final days.

Mr Apple had been admitted to the RUH with Covid. The staff worked with the community mental health team and GP to support his son who had a mental health illness. They were able to liaise with community teams to break the news of his father’s passing in a safe and supportive environment.

The last story was about a gentleman who had had contracted Covid at the RUH whilst under the care of a different specialty. Over the two weeks of being on Waterhouse Ward he had seen many patients pass away with Covid and had told the staff that although the care he

had witnessed had been amazing, he worried that every time he closed his eyes he would be next.

Nurse Hartley explained how proud she felt of her team and their understanding of the psychological impact Covid had on patients, but she also highlighted the impact that these and other tragic stories had had on the team. She added that it was the human contact that was missed during the pandemic as staff were unable to console patients or colleagues through physical touch and highlighted the amount of support that Narinder Tegally, Lead Chaplain and her team had offered to both staff and patients.

The Chair thanked Nichola for sharing the stories and offered their gratitude for her team's continued hard work.

Sharon Manhi, Lead for Patient and Carer Experience thanked Nichola for presenting and for giving emphasis to understanding the psychological impact on patients and staff.

Narinder Tegally, Lead Chaplain reiterated the importance of her team supporting the staff through the pandemic.

The board extended their thanks and respect to Nichola and her team for the work they continued to do for patients and families affected by Covid and recognised the challenges and importance of supporting staff to recover going forward.

**BD/21/01/07 CEO Report**

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

- The Trust's staff vaccination programme had opened on 4<sup>th</sup> January, and has successfully run from 8am-8pm, 7 days a week. Currently 60% of staff had been vaccinated.
- Bath Racecourse had opened as a vaccination site this week and the Trust was working hard with community partners and social care to support the vaccination programme
- The CQC had undertaken an unannounced inspection of the Emergency Department on 4<sup>th</sup> January and the Health and Safety Executive had carried out a site inspection at the Trust on 12<sup>th</sup> January
- Increased infection control measures had been put in place around the hospital
- £2.5m of redevelopment work was underway to improve and update Emergency Care at the hospital
- Toni Lynch will join the Trust in April 2021 as the newly appointed Director of Nursing and Midwifery.

The Board of Directors noted the update.

**BD/21/01/08 Chair's Report**

The Chair provided an update and highlighted the following points:

- Discussions had taken place with colleagues on staff wellbeing and the challenges around this
- Collaboration across the BSW footprint was working well as mutual aid had been provided as required across the system

- The Chair has been working with system colleagues to present a realistic and accurate position to local politicians and other stakeholders
- She was also working with Bath University on the Better Bath agenda

The Board noted the report.

**BD/21/01/09 Board Assurance Framework**

The Head of Corporate Governance presented the Board Assurance Framework. He highlighted that he was working with the Executive Directors to ensure that work was being undertaken to keep the current framework as up to date as possible, but that thoughts were already beginning to turn to the 2021/22 framework. This would be presented to the March meeting and would be more closely linked to the Trust’s True North and breakthrough objectives.

Nigel Stevens and Antony Durbacz both supported the ongoing work and agreed that the focus should be on moving away from individual BAFs and more towards having fewer strategic risks. The Head of Corporate Governance thanked them for their continued involvement into developing the framework.

The Board noted the report.

**BD/21/01/10 Update on COVID-19 Response**

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

- At the end of December 2020 the Trust had 50 Covid patients, but by the end of January 2021, this had risen to 99. This number is now starting to decrease
- 23 patients in the Intensive Care Unit (ICU) were in amber surge. Some elective activity had been cancelled to free up staff and create more capacity in theatres
- The Military had been providing support to the ICU and other areas
- Robust plans were in place with daily strategic gold meetings taking place to offer system support
- Long term issues that were coming into focus included managing the psychological effects on staff, and the decrease in elective operating and hospital capacity which was recognised as a national issue

Jeremy Boss shared that a deeper dive had been done on the subject by the Finance and Performance Committee and they had felt assured about the level of planning and detail around understanding the risks and outcome. He referred to the lack of capacity on ICU for non-COVID patients and questioned whether more urgent electives would continue, noting stopping this could result in patients presenting as emergency cases. The Chief Operating Officer confirmed that part of amber surge was to segment these groups and enable non-COVID patients to be cared for. The Medical Director stressed the importance of continuing with high risk surgery, suggesting that a system-wide response to the pressures through collaboration and mutual aid would be beneficial.

Nigel Stevens stressed that although PTSD would be reviewed on a national level, he observed that support from an experienced team would be beneficial. The Director for People confirmed that there were opportunities within the BSW system for creating mental

health hubs, and conversations were underway with Avon and Wiltshire Mental Health Partnership to provide support to staff from their Trauma Therapists. She added that the level of demand would continue to rise over a long period of time but that the Trust was looking at significant investment in the area.

The Chief Executive stressed the importance of balancing the pressures of COVID with general winter pressures whilst allowing staff to decompress following the pandemic. She added that over the coming months there would be national guidance on how to recover from the impact of covid, but confirmed that internal discussions were taking place on how to support staff whilst continuing to care for patients.

The Board of Directors noted the update.

**BD/21/01/11            Quality Report**

The Director of Nursing and Midwifery and Medical Director presented the Quality Report, and drew the Board’s attention to the following key areas:

- Investigation into COVID outbreaks using the national approach and learning from other Trusts in a similar situation. The Trust’s investigation group had made good progress and aimed to complete the review by the end of March
- There had been an increase in falls as a result of COVID with staff having to care for patients in a different way, less visibility on wards, and significantly impacted staffing levels through December
- Good work on pressure ulcers continues, with none recorded in December.

Ian Orpen raised a question about the proportion of complaints that were upheld or dismissed, and in response the Director of Nursing and Midwifery stated that more information on the number of complaints would be included in the quarterly complaints report.

Antony Durbacz questioned the reason for the low complaints rating in the Women and Childrens’ division. The Director of Nursing and Midwifery confirmed that the division was usually very efficient in managing its complaints and that recently there had been some very complex complaints that required fuller investigations which took longer. She added that the team made regular contact with the families to update them on the progress.

The Board of Directors noted the update.

**BD/21/01/12            Care Quality Commission Unannounced Inspection of the  
 Emergency Department**

The Director of Nursing and Midwifery provided the update and highlighted the following points:

- The inspection had been carried out over the course of one day on 4<sup>th</sup> January post-Christmas and New Year period
- There were no red flags raised that required immediate action
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- Next steps were to receive draft report for factual accuracy prior to the final report being published
- Key recommendations would be pulled into an action plan that the team was already working on.

The Board of Directors noted the report.



**BD/21/01/13 Immediate and Essential Actions from the Ockendon Review of Maternity Services**

The Director of Nursing and Midwifery provided the update and drew the Board's attention to the seven immediate and essential actions. She added that the three areas identified as requiring action in the initial review were on target to be achieved and that she had met with the maternity team to discuss the next steps. The assessment and assurance template was due to be submitted on 15<sup>th</sup> January and would be presented to the board in March.

In response to a question from Antony Durbacz about the Independent Senior Advocate role, the Director of Nursing and Midwifery stated that no more information had yet been provided other than the job description and the type of responsibilities the role would have.

The Board of Directors noted the report.

**BD/21/01/14 Infection Control Board Assurance Framework**

The Director of Nursing and Midwifery provided the update and highlighted that the Quality Committee had reviewed the framework and that it was being presented to the board as a formality.

The Board of Directors noted the report.

**BD/21/01/15 COVID-19 Vaccination Update**

The Medical Director provided the update and highlighted that the response to COVID had been an impressive piece of work that had enabled nearly 80% of staff to receive the vaccine. He provided a brief overview on the mass vaccination centre at Bath Racecourse that has been set up for the wider community, and he stressed the importance of managing any potential risks and issues. He added that it was a huge responsibility to staff the vaccination centre and work safely while welcoming the public on to the site.

Jeremy Boss raised a number of questions. Firstly, was there any benchmark data from the other BSW organisations on the proportion of patients and staff who had been vaccinated. The Medical Director confirmed that all sites were doing well but could not provide specific numbers; this would all be documented through NHS England. Secondly, he asked about the stance the Trust was taking should a patient-facing member of staff refuse the vaccination. The Director for People confirmed that conversations were taking place nationally around this topic and the guidance would be shared in due course. Jeremy Boss' next question was whether there any assurance on the continued supply of vaccines. The Medical Director stated that there had been no indication that there would be any disruption to vaccine supply that could affect future plans.

The Board of Directors noted the report.

**BD/21/01/16 Finance Report**

The Director of Finance and Deputy Chief Executive provided the update and highlighted the following key points:

- The Trust had been reimbursed on all costs for the first 6 months of the year so were in a breakeven position
- From October funding had changed and the Trust received allocated blocks,
- The Trust had submitted a plan based on forecasts which estimated a deficit of around £3m

- There had been a significant increase in pay costs which were £700,000 above plan
- Financial pressures had continued through January

In response to a question about the Trust's financial discipline, the Director of Finance confirmed that the Trust had a responsibility to spend public money sensibly but had been given flexibility to respond to the crisis as necessary. She added that the Trust would need to have tighter control of its resources as it emerged from the pandemic.

Ian Orpen referred to appendix 7 and enquired whether the Trust had had to fund almost £5m of COVID expenditure from other sources. The Director of Finance and Deputy Chief Executive confirmed that this was correct and that the Trust would carry the costs off the bottom line for the second part of the year. The point was made that there was currently no clarity on how this would be managed going forward, but she added that nationally, the overall spend on COVID had been less than projected.

The Chair questioned whether there were fines in place for Trusts not undertaking elective activity. The Director of Finance and Deputy Chief Executive confirmed that a fine had been put in place for September and October but had subsequently been reviewed, and Trusts where over 12% of their capacity had been taken up by COVID patients were excluded.

The Board of Directors noted the report.

#### **BD/21/01/17 Operational Performance Report**

The Chief Operating Officer provided the Board with an update on operational performance and highlighted the following key points:

- There had been a deterioration in 4 hour performance in December
- Delays in ambulance handovers remained a concern
- RTT performance had declined but was showing overall improvement. The overall 18 week and elective backlogs were increasing
- The number of 52 week waiters had increased, and there was a need to prioritise clinical need over non-urgent cases
- Cancer waiting times had been impacted by the decrease in outpatient and diagnostic capacity but were starting to improve

Ian Orpen referred to diagnostic referrals exceeding pre-COVID levels and questioned whether this was due to the backlog of appointments coming through. The Chief Operating Officer stated that the general picture was that non-cancer referrals came back at a slower rate and non-urgent referrals could wait but that cancer referrals had exceeded normal levels.

Antony Durbacz questioned whether there were plans to renew the national contract with independent sector providers to support RTT and diagnostics that had ceased on 31<sup>st</sup> December.. The Chief Executive indicated that it was unclear what if anything was going to replace this nationally.

The Board of Directors noted the report.

**BD/21/01/18          Audit and Risk Committee Chair’s Update Report**

Jeremy Boss, Chair of the Audit and Risk Committee stated that this was his last report as Chair and going forward, the Committee would be chaired by Antony Durbacz. He highlighted that the audit programme was continuing as planned.

The Chair welcomed Antony as the new Chair of the committee and the Board of Directors noted the report.

**BD/21/01/19a          Charities Committee Annual Report 2019/20**

The Board of Directors noted the report.

**BD/21/01/19b          Charities Committee Chair’s Update Report – December 2020**

Jeremy Boss, Chair of the Charities Committee highlighted that there had been a turbulent period for charity fundraising during the pandemic that had had an impact on the finances. However, investment in March had recovered the position and no losses were being seen.

The Board of Directors noted the report.

**BD/21/01/20          Items for Assurance Committees**

Jeremy Boss, in his capacity as Chair of the Finance and Performance Committee confirmed that its first meeting had taken place in January. This meeting considered the drivers for deficit in understanding the future position. The Committee had received an update on the planning process, details of the Trust’s response to COVID , recovery plans and the transformation work in the Emergency Department.

Nigel Stevens, Chair of the Quality Governance Committee highlighted that the committee focused on the processes on delivering high quality patient care and where the cracks were in the system and gave a wider overview around serious incidents. Moving forward the aim was for the Committee to look at the quality implications of the performance of the hospital and focus on areas of risk as identified by the Board Assurance Framework.

Anna Mealings, Chair of the People Committee highlighted that at the meeting on 21<sup>st</sup> January they received an update from the surgical division to gain understanding of the work being undertaken and the challenges. She added that there were good examples of Improving Together with people being at the centre of the work. Good progress was being made on the equality and diversity agenda , and more information on health and wellbeing would be presented to the next meeting. The Volunteer strategy had been approved and there was a discussion around current priorities of staff vaccination and staff wellbeing.

Sumita Hutchison, Chair of the Non-Clinical Governance Committee NCGC highlighted that the meeting had focused on reviewing the Board Assurance Framework and the risks that were relevant to the Committee’s work, noting that this included a focus on digital and resilience. There was a conversation around estates and facilities and updates on external agency visits, health and safety executive visits and assurance was provided on legionella.

The Chair thanked the Non-Executive Directors for their updates. She, on behalf of the her colleagues, extended her thanks and appreciation to the Executive Directors during these extraordinary times.



**BD/21/01/21 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 12.17 hours.*

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Agenda Item: 5	Page 9 of 9