

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS
HELD IN PUBLIC ON WEDNESDAY, 31 MARCH 2021
VIA MICROSOFT TEAMS**

Present:

Voting Directors

Jeremy Boss, Non-Executive Director
 Cara Charles-Barks, Chief Executive
 Sarah Merritt, Interim 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
 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 Kadir, Head of Corporate Governance
 Emily McConnell (minute taker)
 Sharon Manhi, Lead for Patient and Carer Experience (*Item 6 only*)
 Clare Southall, Sister, MAU (*Item 6 only*)
 Charlotte Sampson, Nursing Associate, MAU (*Item 6 only*)
 Gillian Taylor, Sister, Discharge Hub (*Item 6 only*)
 Sarah Hunt, Member of the Public/family member of patient (*Item 6 only*)

BD/21/03/01 Chairs Welcome and Apologies

The Chair welcomed the Governors as observers and noted that apologies had received from Sumita Hutchison, Non-Executive Director.

BD/21/03/02 Written Questions from the Public

The Chair confirmed that no questions had been received from the public.

BD/21/03/03 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.

BD/21/03/04 Minutes of the Board of Directors Meeting held in Public on 27th January 2021

The minutes of the meeting held on 27th January 2021 were approved as a true and correct record of the meeting.

BD/21/03/05 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.

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PB553 – The Director of Estates and Facilities stated that work on ‘being green’ was continuing across the Trust and that the next steps were to work with the Board and Non-Executive Directors. The Board approved the closure of this action.

BD/21/03/06 Patient Story

The Lead for Patient and Carer Experience introduced Sarah Hunt, family member whose story was shared, Clare Southall, Sister, Medical Assessment Unit (MAU), Charlotte Sampson, Nursing Associate, MAU and Gillian Taylor, Sister, Discharge Hub to the meeting.

The recorded patient story was told by Sarah Hunt who relayed her experience of interacting with the RUH during her father’s inpatient stay in February. Her story focused on the difficulties of contacting the ward during the COVID pandemic over the duration of his stay, and the stress that caused her to contact the Patient Advice and Liaison Service at the hospital.

The Lead for Patient and Carer Experience highlighted that unfortunately this was not a unique story across the Trust and that she was working with IT to introduce a new telephone system to help combat these issues.

Charlotte Sampson, Nursing Associate, MAU apologised to Sarah in respect of the issues that she had experienced and reassured her that these were addressing by investigating options such as removing the time barrier for phone calls, encouraging junior medical staff, ward clerks and therapists to assist in answering the phone and providing appropriate information to family members.

Gillian Taylor, Sister, Discharge Hub made reference to Sarah’s father being discharged in his pyjamas, indicating that he had declined the offer of clothes, as many elderly patients do. She informed the Board that staff had been reminded to offer clothes to all patients if they were in pyjamas and if declined, to offer them a blanket instead to ensure they were warm enough.

Sarah thanked the staff for caring for her father and for reassuring her that measures were being put into place to improve communications. She reiterated the importance of families being able to contact ward staff to minimise stress.

The Chair thanked Sarah and the staff present for their contribution and asked if the issue with Home First had been resolved. Sarah confirmed that her father had received help from Home First two weeks after his discharge following his GP chasing the referral as it had accidentally been cancelled. The Chair highlighted the pressures the Trust faced to discharge patients quickly but noted the importance of family involvement for patients with complex needs.

The Board extended their thanks to Sarah for sharing her story, noted the proposed improvements and recognised that patient feedback was imperative to make necessary change to patients experience of the hospital.

BD/21/03/07 CEO Report

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

- The reduction in the number of COVID patients was continuing, and the Trust was now focussing on the recovery of services

- The Ward Accreditation Programme was due to be restarted. The programme assists wards in identifying areas for improvement and learning, to move towards a consistently high standard of care across the board
- The report following the unannounced CQC inspection in the Emergency Department on 4th January had been released. One encouraging piece of feedback was in leadership support and environment in relation to which the inspection team noted had improvements compared to 2018. Recommendations were made to look at increasing paediatric nursing staff and providing adequate staffing cover overnight.

The Chief Executive extended her thanks to the staff for all their hard work during the second wave of COVID and the Board of Directors noted the update.

BD/21/03/08 Chair's Report

The Chair provided an update and highlighted the following points:

- As Chair of the Organ Donation Committee she confirmed that despite COVID, the RUH had not missed a single organ donation and eight donations had been made with families' consent. She praised staff in the Intensive Care Unit for their hard work in continuing this service throughout the pandemic
- The Trust had appointed a Cardiology Consultant and were conducting interviews for a Consultant Radiologist
- The Lead Chaplain had been involved in an online memorial for the victims of COVID held at Bath Abbey and she thanked the bereavement team, mortuary porters and chaplaincy for creating a very humbling and memorable event

The Board noted the report.

BD/21/03/09 Closedown of the 2020/21 Board Assurance Framework

The Head of Corporate Governance presented the Board Assurance Framework (BAF) and highlighted that this was the seventh and final presentation for the 2020/21 BAF. He thanked the Board for their positive engagement throughout the year, as the BAF was now driving the Board's agenda and assisted in helping to understand areas that could stop the Trust from achieving its strategic goals.

He referred to the report and asked the Board to consider closing BAF 4 (failure to effectively manage the pressures of the COVID outbreak) and BAF 13 (protecting the health of staff considered to be at high risk as a result of COVID).

He added that work on the 2021/22 BAF was continuing and would be formally presented to the Board in May.

The Board supported the closure of BAF 4 and 13 and noted the report.

BD/21/03/10 Audit and Risk Committee Chair's Update Report

Antony Durbacz, Chair of the Audit and Risk Committee presented the update report and highlighted that the committee was preparing for the end of the year and ensuring that both internal and external audit are on track with regard to their respective processes.

He drew the Board's attention to the delay to the internal audit programme but confirmed that Grant Thornton would complete this by the end of the year.

The Board of Directors noted the update.

BD/21/03/11 Quality Governance Committee Chair’s Update Report

Nigel Stevens, Chair of the Quality Governance Committee presented the update report and confirmed that the committee’s work was continuing to evolve in a good direction and that he was due to attend a Serious Incident review session to better understand the process.

The Board of Directors noted the update.

BD/21/03/12 Finance and Performance Committee Chair’s Update Report

Jeremy Boss, Chair of the Finance and Performance Committee presented the update report and informed the Board that this new committee had met twice since that last public Board meeting.

He noted that the committee’s focus was on reviewing the Board Assurance Framework and overall hospital risks but would continue to look at the response to COVID and the recovery plans.

The Board of Directors noted the report.

BD/21/03/13 Non-Clinical Governance Committee Chair’s Update Report

Sumita Hutchison, Chair of the Non-Clinical Governance Committee was not in attendance.

The Board of Directors noted the report.

BD/21/03/14 People Committee Chair’s Update Report

Anna Mealings, Chair of the People Committee presented the update report and made reference to a number of divisional deep dives that the committee had undertaken, and the themes that these had identified. She highlighted a delay in carrying out staff appraisals but that this was being addressed.

The committee had received a comprehensive overview of the employee survey results and noted the positive feedback and improvements that had been made over the past year. The committee was due to receive updates on band 5 nursing recruitment and the Restorative Just Culture.

The Board of Directors noted the report.

BD/21/03/15 Charities Committee Chair’s Update Report

Jeremy Boss, Chair of the Charities Committee presented the update report and highlighted that the past year had been a challenging time for fundraising but that the Forever Friends Appeal continued to raise money to support patients services and staff welfare.

He added that work was being undertaken with regards to future plans for charitable spending and funding arrangements had been resolved for Art at the Heart.

The Board of Directors noted the report.

BD/21/03/16 Quality Report

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

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- Discussions about the information that should be included in the report were taking place. There was a need to focus on the ‘so what’.
- This was the second consecutive month in which the number of falls had reduced
- Pressure ulcer performance was still very good and the Trust had introduced a heel protection pathway
- The Ward accreditation programme, renamed as Excellent Care at Every Level, has been relaunched. The first three wards to take part would be Forrester Brown, Philip Yeoman and Medical Assessment Unit

The Chair enquired whether COVID had had an impact on the care of deteriorating patients as family members, who often played a key role in identifying such patients were currently unable to visit. The Medical Director stated that there had been no evidence of this, but that the question raised the importance of ensuring that the contributions of all staff involved in patient care are sought and used.

Ian Orpen noted the reduction in falls but questioned why the number of falls among inpatients was the same as last year even though there were fewer inpatients. The Interim Director of Nursing and Midwifery made reference to changes made as a result of COVID which meant that there was less visibility in bays and more time taken to put on PPE, but she provided assurance that risk assessments were undertaken to identify these issues. The Chair pointed out that the axis labels on the graphs were incorrect, and the Interim Director of Nursing and Midwifery agreed to review this.

Action: Interim Director of Nursing and Midwifery

Antony Durbacz asked about the high number of complaints relating to staff attitude and behaviour, and the Interim Director of Nursing and Midwifery confirmed that she was working with the divisions to resolve these issues in real time to avoid patients having to make a formal complaint following their stay. She attributed much of the increase to staff tiredness after a challenging year and that the Trust was focusing on staff health and wellbeing, which should help improve this.

The Board of Directors noted the report.

BD/21/03/17 Q3 Patient Experience Report

The Interim Director of Nursing and Midwifery presented the update and highlighted the following key points:

- A focused piece of work was on improving the Family and Friends Test (FFT) response was taking place to help address a decrease in feedback obtained during the COVID pandemic. The Trust was piloting an FFT telephone project in which patients were contacted about their experience following admission or visit to hospital
- A Patient Experience Partnership Group, representing a collaboration between the RUH and local health and social care organisations, was set up in March.

Nigel Stevens iterated that there was an opportunity post COVID to change the approach to patient experience and that the feedback obtained through the FFT and the Patient Advice and Liaison Service should be the validation that the Trust was doing the right thing for patients.

The Board of Directors noted the report.

BD/21/03/18 Report of the Care Quality Commission Unannounced Inspection of the Emergency Department

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

- The report had been published by the CQC and has had no impact in either the Trust's or the department's overall rating, and the latter remains Requires Improvement.
- Areas of good practice as well as improvements since the last inspection were noted. These included in areas such as leadership and infection prevention and control
- A 'Must Do' recommendation in relation to the need to maintain sufficient qualified paediatric nursing cover was made.
- The Trust has developed an action plan to address all of the recommendations made in the report and this was to be submitted to the CQC before 2nd April

The Chief Operating Officer informed the Board that weekly meetings were taking place with the Emergency Department team to focus on this work. Some 'quick wins' had been identified but other longer term plans for improvement would be built into the business plan for next year.

The Chair noted the comment in the 2018 CQC report that previous recommendations had not been actioned and it was therefore imperative that the most recent action plan was completed.

The Interim Director of Nursing and Midwifery announced that a paediatric Matron and Paediatric nurse had just been appointed from Manchester and that this should help attract more nurses into the department.

The Board of Directors noted the report.

BD/21/03/19 Final Action Plan from the Ockendon Review of Maternity Services

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

- The assurance and assessment tool had been submitted within the timeframe
- Assurance would continue to be provided and monitored through the Quality Governance Committee

Ian Orpen noted that the Trust was in a good place with a dedicated team but there was always room for improvement and that the link to the Maternity Voice Partnership was important to ensure that the voice of mothers and families are heard.

The Director of Finance made the Board aware that some additional funding for the Ockendon Review was available, there was as yet no confirmation on the amount. She also questioned whether there was more that the Board could do to foster links with the Maternity Voices Partnership. The Chair agreed and stated that the challenge for the Trust as a result of the Ockendon Review was to ensure that mothers and babies were safe.

Both Ian Orpen and the Interim Director of Nursing and Midwifery confirmed that they were confident about the safety of the maternity services. Although there was some room for improvement, they had no concerns.

The Board of Directors noted and accepted the report.

BD/21/03/20 ITEM WITHDRAWN

BD/21/03/21 Safer Staffing Report

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

- There had been a successful recruitment campaign that had seen a decrease in the number of band 5 nurse vacancies
- More progress had been made with the overseas recruitment initiative
- Additional funding had been secured to support the recruitment of Health Care Support Workers
- The Trust was exploring registered nurse apprenticeships

The Board of Directors noted the report.

BD/21/03/22 Finance Report

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

- The forecast was for a deficit of £3 million, but as the Trust had secured additional funding for the COVID response the Trust was at a break even position
- The capital plan was expected to amount to £33 million due to the sizeable amount of spend on various capital projects such as building improvements in the Emergency Department, purchase of a new CT scanner and the Endoscopy Suite
- The recently received planning guidance and allocations for the next year were being worked through in terms of what they meant for the RUH and BSW system
- Funding was being allocated for the first 6 months with a focus on COVID recovery, elective waiting lists and staff health and wellbeing.

The Chair questioned whether the Trust received payment for patients in Mendip, or outside of the BSW system. The Deputy Chief Executive and Director of Finance confirmed that the Trust did receive payment for these patients.

Nigel Stevens saw the hiatus on the budgeting and business planning arrangements as an opportunity to look at the cost base and understand the running costs of the hospital. The Director of Finance stated that benchmarking had been done with other Trusts, providing necessary assurance, and she added that there was an opportunity to look at the whole patient pathway to improve patient experience.

The Board of Directors noted the report.

BD/21/03/23 Operational Performance Report

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

- Future reports would provide a more focused summary including five key performance domains
- 4 hour performance had improved in month and ambulance handover delays were reducing but remained a key concern for the Trust
- RTT and elective waiting times were the next key step for the Trust with the plan to restart elective orthopaedic activity in April
- The cancer 2 week wait target had been achieved for the first time since July 2020

- Diagnostics performance continued to improve.

The Director for People noted that a framework had been developed for how the divisions could enable frontline staff to carry over up to 20 days of leave over a two-year period. She also highlighted that the vacancy rate was looking positive and noted that the increase in the use of bank staff related to the recruitment into the vaccination hubs. She added that sickness absence was improving and there had been an upturn in staff appraisals.

The Board of Directors noted the report.

BD/21/03/24 Items for Assurance Committees

The Head of Corporate Governance confirmed that the Quality Governance Committee would continue to oversee the recommendations in response to the CQC report.

BD/21/03/25 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 12.13 hours.