

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS
HELD IN PUBLIC ON WEDNESDAY, 7 JULY 2021
VIA MICROSOFT TEAMS**

Present:

Voting Directors

Alison Ryan, Chair (*Chair*)
Jeremy Boss, Non-Executive Director
Antony Durbacz, Non-Executive Director
Sumita Hutchison, Non-Executive Director
Anna Mealings, Non-Executive Director
Ian Orpen, Non-Executive Director
Cara Charles-Barks, Chief Executive
Antonia Lynch, Chief Nurse
Simon Sethi, Chief Operating Officer
Bernie Marden, Medical Director
Libby Walters, Director of Finance
Jocelyn Foster, Director of Strategy

Non-Voting Directors

Claire Radley, Director for People

In attendance

Adewale Kadiri, Head of Corporate Governance
Sharon Manhi, Lead for Patient and Carer Experience (*Item 6 only*)
Giles Thompson, Member of the Public (*Item 6 only*)
Amanda Gell, Interim Divisional Director of Nursing & Midwifery for Family & Specialist Services (*Item 6 only*)
Rhiannon Hills, Deputy Chief Operating Officer for Operational Transformation (*Item 6 only*)
Dave McClay, Chief Information Officer (*Item 6 only*)
Ros Helps, Lead Cancer Nurse (*Item 6 only*)
Dan Asamoah, Deputy Head of Corporate Governance
Emily McConnell (*minute taker*)
Suzanne Harris, Public Governor
Gill Little, Public Governor
Jill Scott, Public Governor
Peter McCowen, Public Governor
Melanie Hilton, Public Governor
Anne Martin, Public Governor
Virginia McNab, Public Governor
Sophie Legg, Staff Governor
Narinder Tegally, Staff Governor
Sarah Bond, Staff Governor

BD/21/07/01 Chairs Welcome and Apologies

The Chair welcomed the Governors as observers and noted that apologies had been received from Nigel Stevens, Non-Executive Director and Brian Johnson, Director of Estates and Facilities.

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BD/21/07/02 Written Questions from the Public

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

BD/21/07/03 Declarations of Interest

The Chief Executive advised that she was now a member of an advisory panel for a health, wellbeing and lifestyle company just outside of Bath called Nourish.

The Chair declared that Jeremy Boss, Non-Executive Director, Bernie Marden, Medical Director and Simon Sethi, Chief Operating Officer were now also directors for Sulis Hospital Bath Limited, the company that the Trust had newly acquired as a wholly owned subsidiary.

BD/21/07/04 Minutes of the Board of Directors Meeting held in Public on 5 May 2021

The minutes of the meeting held on 5th May 2021 were approved as a true and accurate record of the meeting.

BD/21/07/05 Action List and Matters Arising

The Board noted the action list and matters arising updates.

The Medical Director indicated that Actions PB562 and PB563 would be covered as part of the Learning from Deaths report at item 15, and the actions were closed.

BD/21/07/06 Patient Story

The Lead for Patient and Carer Experience introduced Giles Thompson to the Board. Giles has been an oncology patient at the RUH since March 2021 after being diagnosed with a brain tumour following an emergency admission in December 2020.

Mr Thompson described his experience of being an oncology patient, using various services at the RUH, Southmead Hospital, Bristol and the British Royal Infirmary. He gave his perspective of each organisation and explained that there were a number of areas where the RUH could improve its processes in order to provide a better experience for future patients. He added that his suggestions should not be seen as complaints or criticisms, but rather useful observations that could help with outpatient transformation and the delivery of cancer services.

Mr Thompson observed that for newly diagnosed oncology patients, receiving a generic, automated appointment letter with no information except for the date and time, was impersonal and unhelpful. He added that the letter provided no clarity about what to expect at the appointment, and noted that all follow up correspondence was written to the GP rather than the patient.

Mr Thompson reflected on his first consultant appointment, stating that he felt anxious and found it difficult to order his thoughts so as to ask sensible questions. He suggested that having a clinical team member to take notes could be a useful way of providing the patient with a record of the discussion, and that having a follow up phone call a week after the initial appointment would give the patient an opportunity to reflect on the information to then ask any other questions.

He also noted that he had never had sight of his treatment plan and that, as a patient it would be reassuring to have access to this. He suggested that patients should have access to digital copies of their case notes and certain results; for example, he was able to use the

simple metrics of a blood test showing the levels of his white blood cells to make day to day decisions on his lifestyle as well as the option to have digital calendar invites for appointments. He also highlighted that involving his family more would have been beneficial to them all, especially having the option to see the treatment rooms to understand his surroundings and how the treatment would be delivered.

Mr Thompson stressed that more communication was needed; that being contacted by team members involved in his care during his treatments would have provided some much needed reassurance and he also suggested an option for putting patients in touch with likeminded people who were going through similar experiences.

Ros Helps, Cancer Nurse thanked Mr Thompson for his clear suggestions, especially around communication and setting up a buddy system, as these did exist for some tumour sites in the Trust. She emphasised that she would look to ensure that the same level of support was offered for all tumour sites.

Ian Orpen indicated that, as a GP, he would like to see patients taking more responsibility for their own care and that with the introduction of the NHS app, GPs could consent to patients having access to their notes, and he suggested that Mr Thompson investigate this with his GP surgery.

The Medical Director thanked Mr Thompson for his candour and for sharing his observations. He emphasised the importance of continuing to connect with the patient and following up on the feedback, and to commit to supporting the necessary teams in implementing the changes suggested.

The Chief Operating Officer indicated that many of the suggestions aligned to the cancer services transformation plan that would be presented as part of the Cancer Update to the next Finance and Performance Committee. He stressed the importance of ensuring that changes to pathways reflected the feedback received from patients and that the committee was a useful mechanism to report back on progress to the Board.

The Board of Directors thanked Mr Thompson for his invaluable insights and noted that he had agreed to continue to work with the Trust on making these improvements.

BD/21/07/07 CEO Report

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

- The acquisition of Circle Bath which was now called Sulis Hospital Bath was an important step change for the RUH in supporting the recovery of elective surgery post-COVID as well as having access to a facility to continue to grow private activity
- She thanked the community who had donated to the Dyson Cancer Centre as the £10 million target had been achieved
- Reminded the Board and the public that the Trust's Annual General Meeting would be taking place on 22nd September. This would provide an opportunity for Members and the wider public to hear about what the RUH had achieved and for them to ask any questions

The Chair clarified that in relation to the Sulis Hospital acquisition, the RUH had bought the company that operated out of the building, and not the building itself.

The Board of Directors noted the update.

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BD/21/07/08 Chair’s Report

The Chair provided an update and highlighted the following points:

- The Council of Governors had received an update on the way the Trust used the DNAR (do not attempt resuscitation) protocols, which provoked good discussion.
- She had been working with the hospital charity, the Forever Friends Appeal, looking at its future and how it is perceived within the community She had been working closely with both local MPs who had visited the RUH recently
- She had visited the vaccination site at Bath Racecourse when the over 18 year olds were queuing; she commended the work that the Trust had put in to running of the site that had so far vaccinated over 100,000 people

The Board of Directors noted the report.

BD/21/07/09 Quality Governance Committee Chair’s Update Report

The report was taken as read in the absence of the Chair of the Quality Governance Committee.

Sumita Hutchison reflected on staff shortages and burnout and asked about decisions that had been made in relation to this. Ian Orpen suggested that this related more to a theme that was outlined in the Division’s presentation rather than a specific decision. The Medical Director indicated that an action had been raised to see what support could be offered to the clinicians who had been involved in the additional work reviewing the COVID outbreaks.

The Chair enquired how the Trust would be managing to balance the backlog of work while enabling staff to take a well-earned break over the summer. The Chief Executive confirmed that staff were being actively encouraged to take leave, but she noted that many colleagues were reporting not feeling as refreshed on returning to work as many of the normal holiday opportunities were not currently available. Options for additional day to day support are being explored, and although staffing gaps are creating additional pressure for teams, ongoing recruitment is taking place to support this.

The Director for People added that decompression events were being piloted in the Surgical Division as much of the pressures being experienced was specifically within Anaesthetics and Critical Care. She highlighted that there was a challenge in giving staff the time to attend the events but that the Trust had chosen to prioritise staff wellbeing. In addition to this, Pause Sessions were running across various teams and the Employee Assistance Programme (EAP) had created some emergency appointments that allowed staff to be seen quicker than using the usual triage process.

The Board noted the Quality Governance Committee Chair’s report.

BD/21/07/10 Finance and Performance Committee Chair’s Update Report

Jeremy Boss, Chair of the Finance and Performance Committee presented the update report and stated that there had been two meetings since the last Board of Directors meeting.

He reflected that although the Trust was in a tight financial position, it was positive to be at a breakeven position at the end of May after having a small deficit the month before.

He observed that the flow out of the Emergency Department (ED) into the rest of the hospital was better, specifically the substantial improvement in performance against the Decision to

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Admit target, the large increase in demand and the challenge around vacancy issues in ED. He added that the ambulance handover position was challenging, but the Trust was working closely with the South West Ambulance Service Trust (SWAST) and although there had been improvements, performance in evenings and at weekends remained difficult.

Jeremy Boss added that the Chief Operating Officer had presented an in-depth report on the elective recovery position which reflected that overall, the Trust was doing well against target , although some specialities required specific focus.

In response to a question about the Trust’s relationship with SWAST, the Chief Operating Officer confirmed that this was strong, and that feedback from the work around reducing ambulance handover delays had been positive.

The Board noted the Finance and Performance Committee Chair’s update.

BD/21/07/11 People Committee Chair’s Update Report

Anna Mealings, Chair of the People Committee presented the update report and thanked Sumita Hutchison for chairing the last meeting.

She highlighted that the Committee had reviewed the People Performance Dashboard that reports on the metrics for the People Plan which would be presented to the Board of Directors in the coming months.

Anna Mealings added that the Committee had been updated on the Restorative Just Culture and the Civility and Kindness Programme, and noted the upcoming audit that would focus on Improving Together, Health and Wellbeing and Diversity and Inclusion.

The Board noted the People Committee Chair’s update.

BD/21/07/12 Non-Clinical Governance Committee Chair’s Update Report

Sumita Hutchison, Chair of the Non-Clinical Governance Committee presented the update report and highlighted that the Committee had received a presentation from the Chief Information Officer on the Digital Strategy but had sought more information about how the strategy could be implemented. The Committee had also asked for the Cyber Essentials Course to be placed on the Board Assurance Framework so that the training could be monitored, and that the next audit considered how staff operated in terms of health and safety.

Sumita Hutchison noted that the committee had reviewed the new cleaning standards and how these would be met from both finance and infection, prevention and control perspectives.

The Chair queried whether, in light of the situations in Vancouver and Seattle, the Trust ought to consider how resilient the hospital would be in an extreme heat situation. The Chief Executive stated that as part of the Trust’s business continuity plan and emergency response there would be an established hot weather plan. The Chief Operating Officer agreed to review the plan in conjunction with the Resilience Team over the coming weeks, which would reflect the national weather alerts the Trust received and also consider the Trust’s vulnerable spots in relation to extreme heat.

Action: Chief Operating Officer

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The Board noted the Non-Clinical Governance Committee Chair’s update.

BD/21/07/13 Charities Committee Chair’s Update Report

Jeremy Boss, Chair of the Charities Committee presented the update report and thanked the Chair for chairing the last meeting.

He noted the challenging position that charity fundraisers were facing due to the pandemic but was grateful for the support that Forever Friends continues to receive. He acknowledged that there were delays with sources of funding especially around legacies and he remarked that the charity would be declaring a considerable loss of income due to the pandemic over the last year in its accounts.

Jeremy Boss informed the Board that the charity was undergoing a re-branding process with a view to understanding how to make the best impact across the local communities.

The Board noted the Charities Committee Chair’s update.

BD/21/07/14 Audit and Risk Committee Chair’s Update Report

Antony Durbacz, Chair of the Audit and Risk Committee presented the update report and highlighted that as this was the year end meeting, the Committee’s role was to approve the Trust’s accounts.

He confirmed that the Trust had received a clean opinion from the external auditors although there had been a debate around the treatment of the HIP2 seed funding. The Committee had also received positive assurance from the internal auditors that the controls had been effective throughout the year.

The Board noted the Audit and Risk Committee Chair’s update.

BD/21/07/15 Learning from Deaths – Quarter 4 Report

The Medical Director presented the Learning from Deaths Report which related to the end of last year. He stressed the importance of this work in understanding and improving the care provided to patients, in relation to which the learning derived needs to be quickly and efficiently disseminated.

The Medical Director noted that although there were a number of outstanding checklists, there had been a significant reduction since the last report and the ambition to have as many reviews completed within two months was also making progress.

He indicated that the learning from observations fed into various groups responsible for patient care across the Trust, including the Mortality Review Group, Quality Board and the Patient Safety Steering Group. The Medical Director reflected that the clinicians undertaking the subjective judgement reviews (SJR) did not always have expertise in the relevant area of care, and that work was underway to ensure that the balance was there to support clinicians on making further decisions.

With regard to actions PB562 and PB563, the Medical Director stated that the Trust was working getting the data better sighted on health inequalities and hoped that the annual Mortality Review would reference this. He added that the Trust was working with the Patient Experience Team to offer ways for bereaved families to ask questions and provide feedback. The Medical Director acknowledged that improvements that could be made to the process,

and that understanding how other organisations manage this would be beneficial. He emphasised that the Trust was compliant with NHSI/E guidance on the process for learning from deaths, and that although the initial sweep of the process was an audit which was not shared with families, if a direct request came from the family through observations undertaken by the Medical Examiner, the family would be involved in the process and able to provide feedback that way.

The Chief Executive highlighted that the learning from deaths dashboard was a really useful way to see the key markers. She reflected on the work to do around completing SJRs within two months and asked how the team would be addressing this. The Medical Director made reference to resourcing issues but stated that the relatively new role of Medical Examiner should help improve these numbers as they determined whether a case was appropriate to go through the learning from deaths process and that the checklist could be completed earlier than before.

The Board noted the updates and discussions on the Learning from Deaths Report.

BD/21/07/16 Maternity Incentive Scheme Report

The Chief Nurse presented the Maternity Incentive Scheme Report and highlighted the enhanced focus on maternity services this year, in part due to the findings of the Ockenden Report and reports of investigations into other maternity units around safety.

She explained that the Maternity Incentive Scheme was designed to improve the delivery of best practice in maternity and neonatal services. In its third year, the scheme incentivised the ten maternity safety actions and they had been refined from the previous year. The Chief Nurse reported that the Trust was non-compliant against four safety actions, in relation to three of which it would become compliant through an action plan whilst a third required some workforce redesign and financial investment.

She added that the Trust had until 22 July to complete the Board declaration form and this must be signed by the Chief Executive. To be thorough, Ian Orpen and the Chief Nurse, as Board Safety Champions, had met with the Deputy Director of Nursing and Midwifery to scrutinise the evidence on behalf of the Board of Directors, hence the detailed evidence was not included in this paper.

The Chief Nurse outlined the four safety actions as below:

Maternity action 1 related to using the perinatal (the time before and after the birth of a child) mortality review tool to review perinatal deaths to a required standard. She confirmed that the Trust was compliant with all but one element and that related to submitting quarterly reports to Trust Board with details of all deaths which had been discussed with the Board level safety champions.

She confirmed that this was an error of process as the maternity team had analysed the deaths and identified learning and implemented actions related to learning which was of most importance and added that, going forward these would form part of the Maternity Safety Champion agenda and feature as part of the Maternity updates to Trust Board to achieve compliance.

Maternity action 4 related to effective system of clinical workforce planning to the required standard. She outlined that the Neonatal Unit staffing was not compliant with the British Associate of Perinatal Medicine national standards for junior medical staff but that going forward there was a need to have dedicated medical cover for neonates at specific time periods.

Of note, Advanced Neonatal Nurse Practitioners (ANNP) could join the 'medical rota' and therefore the aim would be to:

- A) Progress with the workforce reconfiguration of ANNPs to optimise their input into the rota
- B) Await to hear what, if any, funding the Trust would get from the maternity incentive scheme
- C) Train 2 more ANNPs to provide workforce resilience
- D) Evaluate where we are and determine next steps

With regards to neonatal nursing workforce, the establishment was sufficient to achieve neonatal nursing standards, however this required reconfiguration to achieve this which would be taken forward to achieve compliance.

Maternity action 5 required demonstration of an effective system of maternity workforce planning to a required standard in which there must be a midwifery coordinator in charge of the labour ward who was supernummary. She confirmed that each shift had a midwifery coordinator who is supernummary, however, there were a number of occasions where the coordinator had had to receive women who arrived to give birth and care for them for a short period until staff were moved from other areas to provide 1:1 care, which was the reason for being non-compliant. She added that the Trust was currently recruiting 5WTE midwives to achieve compliance with this standard.

Maternity action 9

b) The Trust was unable to provide evidence of Board level Safety Champion staff meetings and walkabouts from January & February 2020 and therefore registered as non-compliant. This coincided with the start of the pandemic and was important to reference that there was evidence of walkabouts by the Medical Director and other Executives at this time which was important in terms of giving staff an opportunity to escalate risk/concerns and other mechanisms were put in place during the pandemic to enable staff to escalate risk and ask questions regarding the changes as a result of COVID-19 which included all staff briefs, bronze, silver and gold structures.

d) The Trust was unable to provide the relevant evidence but there was now a robust process in place and therefore the Trust had been compliant since April 2021.

Ian Orpen summarised that the guidance on how the Trust should use its staff was very prescriptive and that the RUH had chosen to approach staffing from a different way, which provided more flexibility to work on more complex cases. He emphasised that although this was reported as being non-compliant, the outcomes remained extremely good for mothers and babies and offered the public reassurance that there was work to do, mainly on evidencing work, fundamentally, the level of care was good and remained safe.

The Interim Divisional Director of Nursing & Midwifery for Family & Specialist Services drew the Board's attention to the following two standards in which the Trust was already compliant.

Standard 6

Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2

Element 2: Reducing smoking in pregnancy

The Trust was compliant in this standard and had an action plan to further improve compliance to 95%. The action plan had also been reviewed and agreed by the maternity safety champions

Element 4: Effective fetal monitoring during labour

The Trust was committed to facilitate local, in-person, fetal monitoring training when this was practically possible as current training was held virtually.

Element 5 reducing preterm births

Maternity services had an action plan to improve its compliance which had also been reviewed and agreed by the maternity safety champions

The Trust Board could confirm that there were three specific standards in place within the organisation:

- Women with a BMI >35 kg/m² were offered ultrasound assessment of growth from 32 weeks' gestation onwards and offered assessment of their babies growth for 32 weeks of pregnancy onwards
- For women who had pregnancies identified as high risk at booking, uterine artery Doppler flow velocimetry was performed by 24 completed weeks gestation
- There was a quarterly audit of the percentage of babies born <3rd centile >37+6 weeks' gestation

Standard 8

Can you evidence that the maternity unit staff groups have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?

The 90% compliance threshold was removed in April 2021. The Trust Board were committed that the multi professional training sessions would be facilitated face to face when able as current training was held virtual.

Jeremy Boss referenced the financial risk, and enquired about the percentage of funding that is at risk, as well as the risk of not delivering the standards for quality of care. The Chief Nurse confirmed that to be compliant, the Trust needed £278,000. The Maternity Incentive Scheme awarded funding to Trusts that were compliant but for this year, non-compliant trusts would also receive nominal funding, although the Trust was unaware as yet unclear about how much this would be. She added that the Trust's submission would include the amount required to be compliant and would allow the Trust to evaluate the necessary investment required.

Sumita Hutchison questioned whether there was a connection between Maternity being a high incident reporter, and its current non-compliance. The Interim Divisional Director of Nursing & Midwifery for Family & Specialist Services explained that there was an enhanced mandatory safety reporting structure in place nationally, which influenced the need to report

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and what to report. The Chief Nurse added that they were focusing on closing the action relating to neonatal staffing which was not related to incident reporting in maternity.

The Board agreed to approve the proposal that the Chief Executive to sign the declaration stating that the Trust was non-compliant against actions 1, 4, 5 and 9 of the safety actions.

BD/21/05/17 Integrated Performance Report

The Chief Operating Officer presented the report and stated that as of next month, the full Integrated Performance report would be presented to the Board. He referred to the report and highlighted the following points:

Performance

There had been an improvement in 4 hour performance and this should improve further once the reporting included missing data from the Minor Injuries Unit. He noted that staffing within the Emergency Department was a major problem with a 14% vacancy rate which unfortunately coincided with the highest level of demand for Urgent Care in five years. He praised staff for their efforts in maintaining flow through the hospital. He added that although ambulance handover delays had reduced they remained a challenge.

The Chief Operating Officer informed the Board that elective recovery plans had been exceeded by 8% and had reduced the number of people waiting over a year by 23%. He added that in May the Trust had achieved 80% of 2 week cancer waits which was third best in the region, but noted there were challenges in some specialities, notably urology and colorectal.

Finance

The Chief Operating Officer highlighted that although the Trust forecast was a breakeven position, there was some uncertainty around this as it was contingent upon the BSW ICS as a whole meeting their elective activity trajectories. He added that the Trust's expenditure on COVID needed to come down which could be a challenge if cases started to rise following the easing of restrictions. He noted the financial pressures in the Emergency Department, relating to the use of agency staff to cover vacancy gaps. He indicated that the Transformation Programme was being worked up to try to deliver the CIP savings required for the year.

Workforce

The Board was informed that nurse agency spend had gone up to 7% which was a challenge. However, health and wellbeing scores were showing positive improvement as a result of the range of support offered to staff and that it remained a key priority for the Trust.

Quality and Patient Experience

Maternity

The Chief Nurse provided the update and highlighted that maternity investigations were held under the Healthcare Safety Investigation Branch. The purpose was to improve patient safety through effective and independent investigations that did not apportion blame or liability, with the aim of halving the rates of stillbirths, neonatal and maternal deaths and brain injuring that occurred soon after birth by 2025. The Branch investigate incidents that meet the Each Baby Counts criteria or defined criteria for maternal death criteria plus 37 weeks, in active labour.

Infection, Prevention and Control

The Chief Nurse confirmed that this was a particular focus and that she had requested an external review by NHS Improvement which was planned to take place in August 2021. This review will cover all elements of infection, prevention and control. She added that in the meantime, she had led two table-top exercises and commenced improvement work with the Senior Sister/Charge Nurses, Matrons & Divisional Directors of Nursing using A3 methodology to improve care & reduce infections.

Complaints

The Board was informed that work was being undertaken to improve the quality of responses to complaints. The complaints policy was in the process of being updated so that: a) all complainants would receive a phone call from a member of the clinical team or relevant Divisional member within 24 hours of receiving the complaint and b) a member of the Divisional triumvirate would sign off all complaints before Executive sign off to ensure that they were content with the quality and embed Divisional learning. The focus for improving patient experience for this year would be on a) communication b) patients' property and c) communication on discharge. Given these had been issues for some time all Divisions would be focusing on these.

Ian Orpen asked about what the Trust was doing to address the high volume of breast cancer referrals, and in response, the Chief Operating Officer confirmed that Cancer Nurse Specialists were triaging referrals but indicated that there was a regional issue with breast cancer capacity. The Trust is collaborating with Bristol as they are in a similar situation. He stated that the challenge was in recruiting breast radiologists as there was a national shortage, and he added that the aim was for more patients to go through a one-stop appointment.

Jeremy Boss asked for more information around high number of patient ward moves, over three per patient stay, and whether this increased risks. The Chief Operating Officer confirmed that it was known that multiple moves of beds per patient per stay did increase risks, and he would investigate who was affected and why.

Action: Chief Operating Officer

Jeremy Boss noted that the volume of risk assessments seen previously had tailed off in recent months. The Director for People highlighted that they were included in the health and wellbeing conversations and suggested that they could be falling through the cracks; she agreed to look into this.

Action: Director for People

In response to a question from the Chair about the current COVID position on site, the Chief Operating Officer stated that there were 9 positive cases, down from 13 a few days previously and that the Trust was monitoring the situation closely. The Medical Director added that the admission range was people in their late 20s and late 70s with the Intensive Care Unit (ICU) Admissions range 29-44 years. He stated that vaccination data reporting was consistent in that ICU patients had not been vaccinated.

The Board of Directors noted the report.

BD/21/07/18 Quality Report

This item was discussed as part of item 17.

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BD/21/07/19 NHSI Licence Self-Certification (part 2)

The Head of Corporate Governance presented the report and reminded the Board that part 1 of the self-certification had been presented at the May meeting. Under part 2, the Board was being asked to approve the proposed self-certification under condition FT4 and the training of Governors requirement.

He added that a paper had been to the Council of Governors to confirm that although relatively limited formal training had been provided in the last year due to COVID, a number of informal briefings had been provided instead.

The Board approved the Trust's self-certification of compliance against condition FT4 and the training of Governors requirement .

BD/21/07/20 Items for Assurance Committees

The Board agreed for this item to be removed from future agendas.

Action: Head of Corporate Governance

BD/21/07/21 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 12:25 hours