

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS
HELD IN PUBLIC ON WEDNESDAY, 4 MAY 2022
HELD IN VIRTUALLY VIA MICROSOFT TEAMS**

Present:

Voting Directors

Alison Ryan, Chair (*Chair*)
 Cara Charles Barks, Chief Executive
 Jeremy Boss, Non-Executive Director
 Antony Durbacz, Non-Executive Director
 Joss Foster, Director of Strategy
 Sumita Hutchison, Non-Executive Director
 Ian Orpen, Non-Executive Director
 Nigel Stevens, Non-Executive Director
 Antonia Lynch, Chief Nurse
 Bernie Marden, Medical Director
 Libby Walters, Director of Finance
 Brian Johnson, Director of Estates and Facilities
 Alfredo Thompson, Director for People

In attendance

Adewale Kadiri, Head of Corporate Governance
 Kathryn Kelly, Executive Assistant (*minute taker*)
 David McClay, Chief Information Officer
 Niall Prosser, Deputy Chief Operating Officer (Deputising for the Chief Operating Officer)

Apologies

Anna Mealings, Non-Executive Director
 Simon Sethi, Chief Operating Officer

BD/22/05/01 Chairs Welcome and Apologies

The Chair welcomed two members of staff who were shadowing the Executive Team. Apologies had been received from Simon Sethi, Chief Operating Officer and Anna Mealings, Non-Executive Director.

BD/22/05/02 Written Questions from the Public

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

BD/22/05/03 Declarations of Interest

There were no interests declared for items being considered.

BD/22/05/04 Minutes of the Board of Directors Meeting held in Public on 2nd March 2022

The minutes of the meeting held on 2nd March 2022 were approved as a true and accurate record of the meeting.

BD/22/05/05 Action List and Matters Arising

The Board noted updates on the action list and matters arising.

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PB573 – The Director of Estates and Facilities confirmed that he had checked and verified that the diverse menu offerings were incorporated in the hospital’s menus. He confirmed that the trial was continuing on Haygarth Ward and a plan would be rolled out over the next few months. **Open.**

PB574 – The Director for People and Culture reported that, as part of the redesign of the People Strategy (being presented to Private Board in June and Public Board in July), the workforce dashboard would be streamlined. **Closed.**

PB575 – The Medical Director reported that the Clinical Outcomes Group was currently looking at out of hours, staffing and service configuration. **Closed.**

PB576 – The Chair confirmed that this item had been removed from future agendas. **Closed.**

BD/22/05/06 CEO Report

The Chief Executive presented the report and stated that she would like to highlight a couple of items. She explained that the Director of Strategy would be presenting the Integrated Performance Report today. From a performance perspective, she stated that she would like to reassure the Board and members of the public that ambulance delays were at the front and centre of the hospital’s vision, ensuring that urgent care services were accessible and safe for everyone. The Chief Executive reported that the teams were doing an amazing job and working with community partners continued to be very important to ensure that people were able to access the care they required. The Trust continued to balance the emergency demand versus the elective position, and this coincided with challenged community and social care services, but this remained a priority. The Chief Executive stated that the community and social care services had the same challenges as the hospital in relation to recruiting additional staff.

The Chief Executive reported that the Ward Accreditation programme continued to be very exciting, with all the wards undertaking the programme with passion. She described how it was fantastic to see that the hospital was nearly at the stage of finishing the Silver level and would now move on to Gold. It was crucial to support the teams involved to set out the standard the hospital expected and this also provided the ability for constant review.

She explained that the hospital was currently preparing for a CQC inspection and this would be really important, giving the hospital the opportunity to share the work which was being pursued in relation to organisation transformation.

The Trust was finishing the year in a break-even position and the Director of Finance would be providing more information on this in her report.

She added that the agenda contained many items which related to how the Trust intended to support people and that the staff who work within the hospital were the most important resource.

The Chief Executive advised that the topping-out ceremony had taken place for the Dyson Cancer Centre and the building was going up very quickly, but that the interior would take another twelve months to complete. The centre was on track for opening in the Autumn of 2023.

She reported that the refurbishment of the paediatric Emergency Department was now complete. She described how a member of staff (Sarah Potter) had set up an account to allow

people to donate gifts to celebrate individual children’s bravery and lots of gifts had been donated so far. She extended her thanks to the community for being so generous.

Sumita Hutchison questioned the hospital’s performance and Non-Criteria to Reside (NC2R) patients, asking if the Chief Executive could provide more detail. The Chief Executive reported that the Trust was working with two Local Authority areas (B&NES and Wiltshire). She described how a lot of work had been done in B&NES on expanding the hospital at home service and recruiting care workers. The Chief Executive reported that, when thinking about the NC2R patients, these significant pieces of work had a significant impact on the amount of people waiting, with over seventy people waiting in Wiltshire. She described how Wiltshire had faced a lot of challenges with many nursing homes in the area being closed due to COVID. The Chief Executive stated that the Trust was working closely with Wiltshire to see what initiatives which had been promoted in B&NES could help Wiltshire to reduce the numbers of people waiting.

The Deputy Chief Operating Officer confirmed that this was an accurate review of the current situation and reported that the hospital was working closely with B&NES and Wiltshire to assess whether any additional measures could be put into place to reduce length of stay.

Ian Orpen stated that it was really good to see the ongoing work but stated that he was conscious that the Trust also served people in Somerset. The Chief Executive reported that a similar service to B&NES was being provided to the population of Somerset but that there were two quite different service profiles in the way that the Trust worked with B&NES, Wiltshire and Somerset.

The Board of Directors noted the report.

BD/22/05/07 Chair’s Report

The Chair reported that she was working closely with the Health & Wellbeing Boards in Wiltshire and B&NES and looking at how these fitted into the new Integrated Care System. All those involved were trying to explore ways of making this work. She described how the Board had recently attended a day’s introduction regarding race and equality and this had been very helpful to understand how big the issue was. The Chair also reported that she had recently been appointed as regional Chair for organ donation for the NHS Lung Transplant scheme.

The Board of Directors noted the report.

BD/22/05/09 Quality Governance Committee Chair’s Update Report

Nigel Stevens reported that the committee continued to focus on the routine reviews of standing reports, deep dives into particular topics and issues of high risk. He reported that the committee remained assured that a great deal of work was ongoing within the Trust and achieving good effect, but more work was still required. Nigel Stevens described how particular focus had centred on waiting lists to ensure that the hospital’s process were robust and no patients fell through the cracks.

Sumita Hutchison questioned the outpatient risk and stated that she would like to understand this further. Secondly, she questioned how the committee was monitoring the issue of staff shortages and exhaustion.

Nigel Stevens reported that the committee was focussed on outpatients and trying to ensure that robust processes were place and that these were regularly reviewed. He stated that a lot

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of good practice had been recognised but some processes were not as robust as they could be. Conversations had taken place with the Executive Management Team to ensure that better processes were in place but that this remained a very complicated area. In response to the question regarding staff pressures, Nigel Stevens stated that the People Committee continued to be the driving force for looking at people issues. The Quality Governance Committee was looking at the knock-on effects of these issues on, for example, the numbers of trips and falls and where the pressures of people was impacting on clinical performance. Nigel Stevens stated that huge credit should be given to the whole team within the hospital and he remained very conscious of how difficult it was to manage the very stressful situation.

The Chair stated that, given the importance of the Committee, it was disappointing to note the poor attendance at the most recent meeting. Nigel Stevens acknowledged this and stated that the meeting had been scheduled to take place just after the Easter break when divisions were very stretched. He stated that he was not overly worried about the lack of attendance but acknowledged that it was important for the correct scheduling of future meetings to fit with the drum beat of the organisation.

The Board of Directors noted the report.

BD/22/05/09 Integrated Performance Report

The Director of Strategy stated that the report covered the period up until the end of March 2022. She described how, traditionally, the hospital planned for winter pressures continuing on until Easter but this March had been particularly difficult with another peak in COVID-19 levels being seen. This had impacted on the hospital's bed availability and flow and the hospital had also seen peaks in staff absences in March. Patients with COVID-19 peaked at 65 within the hospital and there were 157 waiting for discharge to their next place of care. As a result, the Trust declared two internal significant incidents in the month and this also coincided with the highest number of ED performance. Unfortunately there was also a spike in ambulance capacity and the majority of patients waited for over 15 minutes to offload.

The Director of Strategy explained that, whilst COVID-19 levels were abating, the Trust was reviewing staffing levels and estates plans to support timely discharge and optimise recovery time. Also, over the next few months the Trust would be launching an ambitious works programme.

In terms of elective recovery, the Director of Strategy reported that good inroads had been made but there had been the difficulties with staffing and emergency pressures. Growth was still being seen in the number of patients waiting over 52 weeks but good progress was being made and good support was being provided by the Sulis Hospital. The Trust was able to reduce the number of patients waiting over six weeks for diagnostic tests and cancer performance had improved. The Director of Strategy reported that the Trust was continuing to work with the BSW system to finalise its elective plans and reduce the wait for treatment.

Quality - the Director of Strategy reported that the impact of COVID-19 had been seen on staff, the Infection, Prevention & Control (IPC) structure and the knock-on impact this had on patient experience. As a result, a rise in Complaints and Health Care Associated Infections had been seen. The IPC BAF had been reviewed and the Trust was prioritising capital investment to improve the estate, in particular the number of en-suite facilities available before next winter. The Deputy Director of Infection Control had taken a number of actions; reviewing cleaning processes, C.Diff outcome audits, a hand hygiene day and a focus on antimicrobial stewardship. There had also been high levels of staff sickness from COVID-19 in nursing and

midwifery staff, so the Divisional Directors of Nursing had been leading safer staffing meetings which took place three times a day.

People – The Director of Strategy reported that staffing levels were the headline and this resulted in challenges across all metrics, particularly in training and appraisals. Currently the Trust was focussing on ensuring that appraisals and mandatory training were brought up to target.

Finance – The Director of Strategy reported that the Trust had delivered a break-even position in line with forecasts. This had been very challenging to achieve with unprecedented escalation pressures and the cost of running a second Intensive Care facility and reliance on agency staff. Also challenging was the expenditure on high cost drugs. The Trust ended the year with a strong £50 million balance.

Ian Orpen reported that he was interested in the cancer performance figures which he described as a ‘sea of red’ but noted signs of positivity. He questioned whether he could be provided with an update on two week wait performance and breast cancer numbers. The Deputy Chief Operating Officer explained that he could provide more detail but there had been a lot of focus on breast services to improve access and reduce waits. The Chief Executive explained that the cancer team had a robust recovery plan in place and the effect of the new pathway was now being seen in the figures. These were monitored closely and scrutinised on a regular basis. The cancer recovery trajectory was also being fed into the wider ICS so that an equity of balance could be created.

Sumita Hutchison questioned the high cost drugs and asked for further clarification. She also questioned what was behind the complaints increase.

The Director of Finance stated that the funding model was one where the costs were also funded by our commissions but over the last few years the funding model had changed. The Trust was now looking at biosimilars and alternative drugs. The Trust was currently looking at understanding where the growth was and how this could be managed. The Medical Director explained that when new technology was developed there was a cost to be recouped by the developing organisation. Patients who have long-term conditions, who are on these high cost drugs, get very attached to particular medications and engagement was being sought with clinicians and patients to understand and make the switches as they become available.

The Chief Nurse responded to the question posed regarding complaints. She explained that some complaints ran for some time and when the hospital was really stretched with high bed occupancy and low staffing levels, one of the main things impacted upon was communication. She stated that some families often wanted an onward package of care beyond hospital and the hospital had seen an increasing number of complaints relating to discharge. The Chief Nurse acknowledged that this was an anxious time for patients and their families, and reported that a deep dive was being done into current processes. This would be reported to Quality Board in June and to Trust Board through the Quality Governance Committee.

Antony Durbacz noted that it was nice to see the information relating to the perinatal quality surveillance tool and questioned how he would judge whether the news was good or bad. The Chief Nurse explained that the public would have seen through the Ockenden report that there was a programme regarding natural birth and Trusts were expected to publish numbers of caesarean sections opposed to natural births with the aim of reducing the numbers. It was now understood that that this had sometimes meant that the safest decision was not made and

women and babies were put at risk. The Chief Nurse reported that, whilst the hospital reported the figures, there was no target. She described that the process would become more sophisticated and the reporting function would change as a result.

Antony Durbacz stated that the Friends and Family Test form was an old fashioned system and he was greatly encouraged to see the improvements made. The Chief Nurse reporting that electronic systems had been looked into and the Chief Information Officer had been working with the patient experience team to use technology to gain more feedback.

The Chief Executive asked the Deputy Chief Operating Officer to provide an update on the actions relating to ambulance delays as this was a concern for the Trust Board. The Deputy Chief Operating Officer reported that a significant proportion of the delays were linked to hospital flow. He described how the ED had a whole work stream of looking how to maintain safety with the launching of rapid assessment and triage, and huge benefits for patients were now being seen as a result

The Chief Nurse acknowledged that there was a great deal of pressure on staff to try and find beds for patients but she was amazed by their ingenuity. She described how the Deputy Divisional Director of Nursing for Medicine and the Divisional Director of Medicine had launched a programme recently to review the Trust's processes in relation to ward rounds and board rounds. This was a really important piece of work and would hopefully reduce internal delays. The Chief Nurse described how it was important to say that the ED had become very busy but the clinical teams had been working hard, instigating quality audits and rounds when they reviewed patients throughout the day to determine the level of care required. She described that a formal audit would be submitted to Quality Board and Quality Governance Committee so that the Trust Board had oversight of this in future.

The Board of Directors noted the report.

BD/22/05/10 Infection Control Board Assurance Framework

The Chief Nurse reported that the Infection, Prevention and Control Board Assurance Framework version 8 was published by NHSI (NHS Improvement) in December 2021 and provided assurance that the organisation was compliant with the 120 key lines of enquiry and where full compliance was not achieved, mitigations and actions were in place. The Trust was compliant with 104 of the 120 elements, however areas of non-compliant included:

- a. POCT (Point of Care Testing) for influenza – lab testing was available, a room was being refurbished in ED (Emergency Department) to house POCT and the Trust had the machines, therefore compliance would soon be achieved;
- b. Enhancing Board oversight – this paper provided assurance in relation to assessment against the BAF (Board Assurance Framework). Board reporting was being enhanced by submitting a quarterly IPC (Infection Prevention & Control) report to the Quality Governance Committee in addition to the existing Annual IPC report;
- c. Cleaning standards – the Trust was expected to be compliant with the new National Standards of Healthcare Cleanliness by 8th May 2022 and the Trust Board had approved the business case, however due to staff consultation the deadline would not be met. The Trust had submitted a derogations action plan to NHSI with an aim to be compliant by August 2022;
- d. The aging estate provided a challenge and not all wards were mechanically ventilated. A feasibility study had been completed to determine how ventilation could be provided, although it must be noted that this would require capital

investment. Other solutions such as air purifiers had been explored and approved by Gold, and these would provide a mobile option to enhance ventilation at the time of outbreaks;

- e. Enhancing anti-microbial stewardship was required to reduce inappropriate prescribing and the Medical Director was currently providing leadership of the meetings;
- f. Improving mandatory training compliance for PPE / IPC.
- g. Learning from outbreaks was imperative to improve care, and the ways in which the Trust achieved this was being reviewed. This would also support enhanced reporting to Trust Board via the Quality Slides in the Integrated Performance report which included more specific details of infection outbreaks and the associated action plan.

The Chief Nurse reported that the IPC BAF did not contain key lines of enquiry with regards to the number or percentage of isolation facilities a Trust has, which was a concern for the organisation. The very limited number of isolation facilities impacted on the hospital's ability to safely isolate people in a timely way. The Trust was investing in increasing the number of en-suite side rooms by 24 over 2022/23, and year-on -year investment would be required to meet the isolation needs. This featured as part of the overall Trust Board Assurance Framework.

The Chief Nurse extended her thanks to the Deputy Director of Infection, Prevention & Control, the clinical teams and Estates and Facilities for their focussed work on improving on the situation over the last twelve months.

The Chair stated that she had got a real sense of the work which was being done and congratulated the teams involved.

The Board of Directors noted the report.

BD/22/05/11 Ockenden Report 2020 – Progress against the Recommendations

The Chief Nurse reported that the report produced by Donna Ockenden published in December 2020 was in response to the failures at Shrewsbury & Telford Hospitals NHS Trust. The report identified seven Immediate and Essential Actions (IEA's), with additional actions related to workforce planning, for all maternity units to repose to and this paper included the Trust's delivery status against the seven IEAs and the workforce plan. The paper in the pack provided an exception report and the PowerPoint slide detailed compliance against every question in the IEA's.

The Chief Nurse reported that the Trust was currently non-complaint with two areas, which included:

- a. IEA 1 – The Trust missed Board reporting of the Perinatal Quality Surveillance tool by three days due to the scheduling of Committees and Boards, however the Trust was now compliant and this information featured via the Integrated Performance Report;
- b. Workforce plan – The Trust was partially compliant as it used BirthRate Plus to review maternity staffing levels and used a digital system to assess acuity through the working day:
 - o However, the Trust had not identified the funding for the additional 23 WTE staff identified as being required by BirthRate Plus;
 - o In addition to this the Trust had a large absence factor in the maternity driver by vacancies, maternity leave and sickness leave, and this was impacting the ability to safely staff maternity services. As such, the Trust was scaling back on

Continuity of Care and had temporarily suspended Community and Home births, and community midwives had been asked to support the Bath Birth Centre. The Trust had not taken this decision lightly. There was a focussed recruitment plan and the Trust was working in collaboration with its midwives and the midwifery leadership team to deliver improvements and reopen the Trust's services.

The Chief Nurse reported that during the previous week the Trust had received a successful visit from Jacquie Dunkley-Bent (Chief Midwifery Officer), Matthew Jolly (National Clinical Director for Maternity Services) and Helen Williams (Regional Midwife) to hear about the hospital's Maternity services and its progress against Ockenden and the Maternity Incentive Scheme.

In conclusion, the Chief Nurse reported that the Trust had recently welcomed Sarah Woodward as its new Deputy Director of Midwifery, further strengthening its Midwifery leadership team. However, the Director of Midwifery post remained vacant and this was being covered by Sarah Merritt, Deputy Chief Nurse and previous Director of Midwifery at the Trust.

Ian Orpen reflected that there was a lot of 'green' areas within the report but cautioned that this did not tell the whole story. He stated that the Trust had very dedicated and energised staff and their huge efforts were recognised. Ian Orpen stated that, although a lot of good was going on, challenges did remain to maintain safe services.

The Board of Directors noted the report.

BD/22/05/12 Ockenden Review of Maternity Services at Shrewsbury and Telford NHS Trust 2022

The Chief Nurse stated that the Ockenden report was an important read for all and lessons detailed within the report were applicable to a great many services. She described how the size and scale of the review was unprecedented in the NHS. The Chief Nurse reported that the Trust was required to review the full report and benchmark against the IEA's, ensuring that governance and Freedom to Speak Up plans were in place. The Chief Nurse stated that in future reports the Board should expect to see the rigorous benchmarking undertaken to reveal any gaps and achieve compliance.

Ian Orpen stated that it was encouraging to see that the Trust was well placed to address the IEA's, but challenges did remain. The Chair stated that she had asked the entire Board to read the report and consider whether they would have done anything different to prevent this from happening.

Sumita Hutchison agreed that there was a lot contained within the report to digest and learn from and questioned whether the funding was non-recurrent funding. The Chief Nurse confirmed that the funding was non-recurrent and this made it difficult for the Trust to plan its services. The Director of Finance reported that there had been a recurrent allocation from Ockenden for staffing investment and the Trust was constantly reviewing its staffing levels.

The Board of Directors noted the report.

BD/22/05/13 People Committee Chair's Update Report

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In Anna Mealings' absence, Nigel Stevens presented the report. He highlighted that the People Committee format had been amended and, as a result, the agenda had been reframed and restructured.

The Board of Directors noted the report.

BD/22/05/14 Supporting our People

The Director for People and Culture presented his reports.

Update on improvements to recruitment processes – The Director for People and Culture reported that a number of concerns had been received about the pace of recruitment. As a result, an external consultant had been commissioned to lead a project to look at the state of the Trust's recruitment services. The Director for People and Culture thanked the Director of Strategy and the Chief Information Officer for all their support in this process. The key findings were that the Trust had a really complex manual process which was clearly not working and created a lot of duplication, impacting on the candidate and managers concerned.

The Director for People and Culture described the new process and stated that this would be automated using a new solution called Trac. He stated that he was also working in partnership with the Director of Strategy and Chief Information Officer in introducing robotics and it was hoped that the process would be speeded up as a result

Antony Durbacz questioned what the Director for People and Culture had thought about the external consultant's report and whether, in terms of safer staffing, he felt the Trust would be ready to support this activity. The Director for People and Culture stated that there had been no surprises for him in the report. He had been pleased to hear that the people who were working currently in the recruitment team were working very hard, and it was the infrastructure which was failing. He reported that the recruitment team members were really excited by the new process which had been agreed.

The Chair questioned whether Occupational Health would be included. The Director for People and Culture explained that Occupational Health was being looked at as they were a key stakeholder. A new IT solution which was linked to "Trac" would streamline the process and there were some real quick wins to be gained.

Nigel Stevens stated that this was a really great piece of work and described how this process had been instigated by one of the Non-Executive Directors who had a Human Resources background. He acknowledged that this was proof of the integrated Board working together and the outcome was fantastic. Nigel Stevens stated that the hospital had an opportunity to take what was traditionally a slow moving issue to a new level and he was looking forward to pushing this harder.

Sumita Hutchison agreed that the work done was fantastic and questioned who the Director for People and Culture was working with in terms of co-creation. The Director for People and Culture explained that the Trust was targeting people recently appointed into the organisation along with other teams in the hospital.

Ian Orpen stated that the previous recruitment process had been laborious and questioned how success would be measured. The Director for People and Culture reported that Key Performance Indicators were in place.

The Board of Directors noted the report.

Supporting Staff in response to the cost of living increases – The Director for People and Culture reported that this report was all about making a difference for staff as real reductions in earnings were now been seen. A series of different options had been devised:

- Continuation of free car parking for staff;
- Increased mileage from 45p to 56p;
- Employee engagement/benefits app for grocery shopping and cash back;
- Structural changes, e.g. weekly bank payments;
- A discreet way of providing Food banks;
- The bringing forward to monthly pay date;
- Looking into the introduction of electronic cars;
- Looking into offering fuel cards.

The Director for People and Culture also reported that the Trust was looking into introducing the Cavill Trust (which offered financial grants to nurses) and they would introduce the Trust to other charities to help other staff groups.

Antony Durbacz questioned whether there were any tax implications from moving to the increased mileage rate. The Director for People and Culture acknowledged that there were tax implications but no impact would be felt by employees and no additional paperwork would be required to be completed. He explained that the Trust was just raising the level to the normal rate for Agenda for Change.

The Deputy Chief Operating Officer acknowledged that the cost of living crisis was causing lots of stress for the Trust staff and they were very grateful for this extra support.

Ian Orpen described that he had recently been on a walkabout in maternity with the Chief Nurse and the news of the increase in mileage and weekly bank payments had been well received by staff.

Nigel Stevens stated that the initiatives described would add great value. He questioned whether the Trust was looking into staff discounts with bus companies and Great Western. The Director of Estates and Facilities described how conversations were ongoing and there were plans to extend bus services to the hospital and changes to the Park and Ride facilities.

The Board of Directors noted the update.

BD/22/05/15 Safer Staffing Report

The Chief Nurse reported that the paper provided the Board of Directors with an assessment of Nursing and Midwifery Staffing levels at the Trust and assessed compliancy against the Developing Workforce Safeguards (NHSI 2018) which was built on the National Quality Board standards and NICE guidance.

The Chief Nurse described how the paper had been split into two sections; the first focussed on the right sizing of the nursing workforce across twenty-three wards and the Emergency Department, it excluded outpatients, theatres, critical care and the respiratory unit, which would be featured as part of further reviews. The second focussed on maternity services and had been formatted to meet the recommendations of the Maternity Incentive Scheme.

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The principles of the review included:

1. Skill mix of 65%:35% registered to healthcare support worker ratio;
2. Registered Nursing Associate would be included in the HCSW cohort;
3. Implementation of a ward coordinator for day time hours who would be included in the ward establishment but not counted in the direct patient care ratios;
4. For paediatrics the headroom was recommended to increase to meet Royal College guidance and the requirement to ensure staff were safely trained.

The Chief Nurse reported that there was much evidence to correlate the impact of staffing levels on patient safety. For the purpose of the paper, staffing fill rates had been taken as a proxy measure of impact of staffing levels on patient outcomes using Pearsons Correlation. A correlation was found between fill rates and falls, Healthcare associate infection, complaints, mortality, staff sickness and staff appraisals.

The Chief Nurse described that, in total the review identified the need to enhance staffing levels by 175.36 WTE and it was proposed this was done over a 3 year period to ensure successful implementation, enabling a seamless and co-ordinated recruitment campaign and welcome, induction and preceptorship package. The first year increase recruitment would be focussed on a blended approach of domestic and international recruitment.

The Chief Nurse reported that, as reported earlier, the midwifery workforce had been particularly challenged over the last twelve months with high levels of sickness, vacancies and maternity leave. The midwives had been very engaging and transparent about the impact this had had on them and their ability to deliver safe care. As such, home and community births had been suspended and community midwives had been allocated to work on the acute site. The Chief Nurse reported that the Trust was working with its maternity colleagues to recruit more midwives and a number of actions were being taken which included:

- Appointment of a dedicated lead for recruitment and a dedicated lead for retention;
- Maternity Care Workers to be recruited to support the registered midwifery community;
- Staff who meet the Maternity Support Worker competencies to be promoted to band 3 to undertake post-natal care to align with Royal College of Midwives guidance;
- The LMNS have funded a Transformation midwife to continue to enhance and improve maternity services;
- A new Deputy Director of Midwifery had been appointed;
- Focussed recruitment programme.

The Chief Nurse reported that BirthRate Plus had identified that the Trust needed a further 23 WTE (22 WTE Midwives & 0.94) to achieve 50% Continuity of Carer (COC). Since this was undertaken, the final Ockenden report has been published (as already discussed) and COC would be reviewed within the current staffing levels. Funding had not been identified for the 23 posts, but the Trust would review any further funding from Ockenden and progress conversations across the System with regards to sustainable maternity funding. In the meantime the Trust was focussed on recruiting to the gap in the existing funded establishment.

Antony Durbacz stated that this was a very comprehensive paper but it did not include outpatients. He questioned how this would be managed. The Chief Nurse reported that as this project moved forward, the Trust would be able to dig deeper in the thorny issues and it would find areas which required transformation and investment. Outpatients has been very traditional for some time and COVID has required it to reinvent itself in many ways. There was

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quite a heavy reliance on registered nurses and senior registered nurses and the Chief Nurse explained how she would like to take a slightly different approach. She described how inpatient staffing had a validated tool and metrics, but that this did not exist in outpatients. The Chief Nurse reported how she would be looking at the skills required to meet the needs of the patients and also looking at other roles which could be integrated into establishments. This would take time but she stressed that this was important work. She described how the outpatient teams themselves were feeling under stress with additional clinics being put on and weekend work. The Chief Nurse reported that keeping outpatient teams informed and involved would feature in her next report to Trust Board.

The Chair stated that the Trust was at risk with this investment. The Director of Finance reported that a long debate at a Board meeting had taken place and it was agreed that there was no specific source of money for safer staffing. However, this was an essential investment and would make the Trust a better place to work in the future.

The Chair stated that the Trust was providing good care, with colleagues doing a magnificent job and patients feeling well looked after. The nursing teams were of a high standard and very hard working, and that recruitment was a challenge.

The Board of Directors noted the report.

BD/22/05/16 Workforce Race Equality Update

The Director for People and Culture reported that, as an organisation, 15% identify as Black, Asian or ethnic minority heritage and described how difficult it was for these members of staff to progress within the organisation. He described that, when it came to ethnic representation at Board level, 20% of members were defined as ethnically diverse.

The Director for People and Culture reported that an external agency were looking into this and a final report on the findings was expected later in the month. Based on the recommendations, a diverse talent management programme would be developed.

The Chair commented that the recent away day on Ethnicity and Diversity had highlighted to her the fact that some of those present had not thought about the issues raised before. Ian Orpen stated that the away day had been a revealing day and he thanked the Director for People and Culture for the candour with which he brought this to the Board's attention.

Sumita Hutchison agreed that this was great work and questioned whether the Trust was basing its next steps on the findings of the external consultant. The Director for People and Culture stated that there was currently a review ongoing of all policies and procedures and the language used and that he was confident that staff would engage with the process.

The Board of Directors noted the report.

BD/22/05/17 Gender Pay Gap Report

The Director for People and Culture reported that 73% of the workforce in the Trust were women and this outnumbered men at all levels except Band 1. The key findings of the report were:

- A widening of the median pay gap, favouring women with women paid **2.49%** more on average than men. Last year's gap was 0.22% favouring men.

- The gender mean pay gap has seen little movement with a gap of **21.03%** favouring men from 21.72% in 2020. The median gap has seen a steady, but small decline each year.
- Marked improvement in the gender pay gap across bonus payments with **no gap** existing when looking at the median average bonus payments between men and women and a reduction of 21.02% of the mean average gap, to **14.20%** favouring men.

The Director for People and Culture reported that this was everyone’s business and more work was required. He described how it was difficult for staff to move into leadership roles and the Trust should be looking at how staff were developed into these. Once the review was complete and discussed at People Committee, an update would be provided to the Trust Board later in the year.

The Chair described how pay gaps can be driven for inflexible rostering and that the root causes of this should be looked into further. The Chief Executive explained that some applications via NHS Jobs are from overseas and the applicants do not have the appropriate registration and qualifications. The Director for People and Culture and Chief Nurse described how they had discussed this with the senior nursing teams and this was being looked into further.

The Board of Directors noted the report.

BD/22/05/18 Finance and Performance Committee Chair’s Update Report

Jeremy Boss stated that it was worth reiterating the remit of the committee was to look at performance and financial performance. He described that, with both, the Trust was in a high risk environment. The committee had met the previous week and were looking at risk management, the year-end position and the business planning process. Deep dives were also being done into the elective recovery position, New Hospital programme and operational challenges.

The Board of Directors noted the report.

BD/22/05/19 Finance Plan 2022/23

The Director of Finance stated that the financial deficit in draft plan was £28.6 million including the investment required to achieve elective activity at a level of 104% of that delivered in 2019/20. It was assumed the extra cost would be covered by additional elective recovery funding. The plan assumed the delivery of £8.0 million (2.2%) of financial savings. The focus in 2022/23 to reduce the deficit was on improving productivity, reducing planned additional costs, reducing costs incurred to manage our response to the COVID-19 pandemic and an acceleration in the transformation programme. The development of a long term financial plan would be developed to continue this work to return the RUH to a sustainable financial position.

The Director of Finance reported that a capital plan totalling £42.1million had been set for 2022/23 and £30 million of this related to the cancer centre.

The Director of Finance stated that the Trust had a duty to get to a break even position and that she would be providing regular updates on the savings programme in the future.

The Board of Directors noted the report.

BD/22/05/20 Audit and Risk Committee Chair’s Update Report

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Jeremy Boss reported that the Committee had focussed on three principle activities in preparation for year end, these were the work with Deloitte, KPMG and Anti-Crime Specialist, TIAA. Jeremy Boss stated that there was a fully formed internal audit plan for the coming year and this was a huge improvement on past years.

The Chair questioned whether the Trust had a single point of failure. Jeremy Boss reported that there was no single point of failure and there was a lot of involvement in risk management at operational level.

The Board of Directors noted the report.

BD/22/05/21 Non-Clinical Governance Committee Chair's Update Report

Sumita Hutchison reported that one area of focus at been the Information Governance training compliance. It was agreed by the Committee that strategies would be discussed by the Board to look at creative solutions.

The Board of Directors noted the report.

BD/22/05/22 Item withdrawn

BD/22/05/23 Integrated Governance Framework Update

The Head of Corporate Governance reported that further work would be done on the framework over the next few weeks and that this would return to Trust Board in July 2022.

The Board of Directors noted the report.

BD/22/05/24 Item withdrawn

BD/22/05/25 NHSI Licence Self-Certification

Antony Durbacz expressed some nervousness about some of the appendices contained in the report. The Chair suggested that Antony Durbacz and the Head of Corporate Governance should complete the statement in a way which was accurate and timely.

The Board of Directors noted the report.

BD/22/05/26 Cyber Security Update

The Chief Information Officer described how Cyber Security was currently a big area of focus. He described how raising staff awareness was crucial and, as a result, an away day had taken place recently. There was lots of work ongoing and this had also received good focus and attention at the Audit Committee.

The Board of Directors noted the report.

BD/22/05/27 Charities Committee Chair's Update Report

Jeremy Boss acknowledged how nice it was to see normality returning after what had been a busy and challenging time.

The Board of Directors noted the report.

In conclusion, the Chair stated that, as the agenda for the meeting had been exceptionally long, the patient story had not been covered this month but that this would return to the agenda for the next meeting.

The meeting was closed by the Chair at 16.13 hours

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