

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS
HELD IN PUBLIC ON WEDNESDAY, 7 SEPTEMBER 2022,
AT WIDCOMBE SOCIAL CLUB, BATH, BA2 6AA**

Present:

Voting Directors

Cara Charles Barks, Chief Executive
Jeremy Boss, Non-Executive Director
Antony Durbacz, Non-Executive Director
Richard Graham, Interim Chief Medical Officer
Sumita Hutchison, Non-Executive Director
Adewale Kadir, Head of Corporate Governance
Antonia Lynch, Chief Nurse
David McClay, Chief Digital Officer
Ian Orpen, Non-Executive Director
Alison Ryan, Trust Chair (*Chair*)
Simon Sethi, Chief Operating Officer
Nigel Stevens, Non-Executive Director
Libby Walters, Director of Finance

Non-Voting

Brian Johnson, Director of Estates and Facilities
Alfredo Thompson, Director for People and Culture

In attendance

Paul Fairhurst, Non-Executive Director
Amanda Fox, Staff Nurse, Ophthalmology
Gemma Gough, Trainee, shadowing Cara Charles-Barks
Erin Houlihan, Matron
Katie Lear, Lead Nurse, Ophthalmology
Sharon Manhi, Lead for Patient and Carer Experience
Nisha Rajcoomar, Trainee, shadowing Cara Charles-Barks
Catherine Soan, Executive Assistant (*minute taker*)
Members of the Public
Staff and Public Governors

Apologies

Anna Mealings, Non-Executive Director
Jocelyn Foster, Director of Strategy

BD/22/09/01 Chairs Welcome and Apologies

The Chair welcomed everyone to the meeting and noted that apologies had been received from those listed above.

The Chair introduced Paul Fairhurst, Non-Executive Director who starts his post on 1st October 2022, replacing Anna Mealings, Non-Executive Director.

BD/22/09/02 Written Questions from the Public

No written questions from the public.

BD/22/09/03 Declarations of Interest

There were no interests declared by members of the Board for items being considered.

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BD/22/09/04 Minutes of the Board of Directors Meeting held in Public on 6th July 2022

The minutes of this meeting held in Public on 6th July 2022 were approved.

BD/22/09/05 Action List and Matters Arising

One action (PB578) presented for closure and this was approved.

BD/22/09/06 Governors' Log of Assurance Questions and Responses

The Chair noted that the Governors' Log was a document for information, not for discussion, and would be a regular item on the Public Board agenda going forward.

The Board noted that there was one open question, to which a response was being collated by the deadline of 9th September 2022. The response will be included in the log of assurance circulated in advance of the next meeting.

BD/22/09/07 Patient Story

The Chair welcomed the Lead, Patient & Carer Experience who introduced colleagues from Ophthalmology who presented their work on nurse development that had improved patient experience.

The Board watched a film where a patient spoke about the amazing treatment that they had received by a nurse injector.

The Lead Nurse, Ophthalmology described how the team had introduced nurse led injections releasing doctors from this activity. The clinic gives 150 injections a week which were treated similarly to the 2 week cancer referral as patients can go blind if not seen promptly. In the last year the unit had increased from one nurse injector to six. The Healthcare Assistant role had been developed to assist the trained nurse and to start seeing patients in outpatients to help with the backlog of appointments. The ambition for next year is that Nurses and Optometrists see and treat emergency eye patients directly, preventing A&E attendance.

The Staff Nurse described how her role as nurse injector meant she met patients at the very beginning of their diagnosis, building a relationship with the patient and making them feel like part of the RUH family. The nurse injectors all follow the same routine which was reassuring for patients. She described how nurses come from around the country to learn how to give the injection.

The Matron described how proud she was of the team for their commitment and ambition to revolutionise the department and introduce a training model to attract nurses. She felt that as a Trust we need to think how we can replicate this type of service in all outpatient areas by investing in Nurses and Nurse Practitioners to keep skills in nurse specialties alive.

Another change, was that the unit was seeing patients in clinic who were then being listed for surgery and sent home. They would then come back in for pre assessment, which required a nurse and a room to be allocated. Healthcare Assistants have now been trained to undertake the tests when listed for surgery in virtual clinics. This meant that the patient only has to come back for surgery which is much better for patient experience. Previously the nurse would have 6-8 pre-op assessments a day, due to the change we are now able to offer 25 appointments a day. The Lead Nurse described how hard the team had worked to introduce this change and how proud she was to work alongside them.

The Interim Chief Medical Officer described how he was inspired by the work which had transformed the care for patients, benefited doctors and set a career pathway for other roles. He agreed about the transformation of outpatients and the Matron confirmed she was a member of the Steering Group to support this work. She felt that it was time to rebrand outpatients to treatment centres for example and push the model of what can be achieved in outpatients.

Anthony Durbacz, Non-Executive Director asked the team what they would share with colleagues from their experience of creating change. The Lead Nurse described this as being able to give colleagues confidence, supporting them with change and sharing the positive results from patient feedback.

The Director for People and Culture recommended that the team was nominated for a Team of the Month award.

The Director for Finance congratulated the team on their innovation in making this change which was often hard to make happen. She asked the team if they had any feedback on how making a change such as this could be made easier. The Lead Nurse described some difficulties around getting the necessary IT equipment for colleagues to carry out pre-assessments virtually. The team had to share one laptop and be creative about sharing it.

Nigel Stevens, Non-Executive Director commended the team on their work and enthusiasm and ambition.

Ian Orpen, Non-Executive Director congratulated the team on their fantastic achievement and that this should be identified as a QIPP initiative.

The Chief Nurse commented that the power of clinical leadership enabling a culture of team empowerment was so important. She agreed that the name of 'outpatients' did not showcase everything that happens there.

The Chair thanked the team for their enormous achievement and their energy for making improvements.

BD/22/09/08 CEO Report

The Chief Executive provided an overview of the report and highlighted:

- The Trust's financial position will be discussed in more detail under the Integrated Performance Report.
- RUH had been recognised by the Ministry of Defence's Employer Recognition Scheme Gold Award for veterans and military staff. This award allows us to support our reservist community by introducing supportive HR policies in place for veterans, reserves, Cadet Force adult volunteers and spouses and partners of those serving in the Armed Forces. It is our ambition to have achieved the requirements of the award by March next year.
- The Trust's Freedom to Speak Up service had been shortlisted for a Health Service Journal award. The service had gone from strength to strength with greater recognition and utilisation across the Trust. It was pleasing to see colleagues from the minority communities highlighting concerns, which we are then able to address.
- The Trust's Art at the Heart team won both the 'Creativity for Good' and "ACE Award" at the Creative Bath Awards.
- Every year the CEO and other members of the Executive Team have the privilege of hearing from Doctors in Training on quality improvement, presenting the incredible

work they have been doing over the last year to improve processes for our patients and families. It is a great opportunity to hear from our leaders of the future.

- Management Board received and approved the Breast Radiology Workforce Transformation Business Case, noting the difficulties nationally in recruiting to this sub-speciality, and therefore the importance of identifying and recruiting to alternative workforce models.
- The staff benefits package will be launched in October, and in addition, drop-in sessions are to be set up to support staff through the current cost of living crisis.
- Management Board was informed that both the Trust and Sulis were off plan financially in July. As part of plans to recover the position, it would be important for agency costs to go down as levels of substantive staffing rise. With regard to transformation, weekly reviews of actions and progress are being led by the Director of Finance. Weekly peer reviews of QIPPs are also being held.
- The Trust's Digital Strategy was approved for ratification by the Board of Directors.

The Board of Directors noted the update.

BD/22/09/09 Chair's Report

The Chair provided a verbal update and highlighted:

- The recent recruitment processes for Consultants, the Chief Medical Officer and Non-Executive Director.
- The Trust's excellence with regard to organ donation and recognition. The Trust had scored 100% each year for the past 6 years on the national indicators for identifying potential donors. The Chair of the Trust was proud to Chair the Trust's Organ Donation Committee and was also the Regional Chair. The Trust had facilitated 14 donations, extracting something positive from tragic situations.
- Tissue donation was more of a challenge; the Trust was working hard to improve this and was actually one of the more advanced hospitals in progressing this.

The Board of Directors noted the update.

BD/22/09/10 Integrated Performance Report

The Chief Operating Officer presented the Integrated Performance Report and highlighted:

Performance

July was challenging with another wave of Covid-19 resulting in the highest level of Covid-19 patients in hospital since the start of the pandemic. A quarter of the Trust's beds were occupied by patients with Covid-19. Approximately half of these patients caught Covid-19 when in hospital and that is why we are prioritising the improvements to the ward environment on Acute Stroke, Forrester Brown, Pierce and Haygarth. The Covid-19 peak in July was linked to community prevalence and this led an increase in staff being off sick and closure of some community services. The Trust's spend on agency staff had increased because of the impact of staff sickness. Non Criteria to Reside patient levels reached 138 in July with a very high level of patients waiting to leave hospital to ongoing community services.

Cancer performance in July was positive despite the increase in demand for cancer services in Urology, Breast and Colorectal. The Trust was doing a lot of stay on top of demand and was the strongest for cancer performance last month. However, the Colorectal service in particular was facing challenges in keeping up with demand.

The Chief Operating Officer will bring the completed Winter Plan to Board shortly.

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Finance

Trust Pay was over plan by £1.4 million at the end July. Drivers for this overspend were Sulis, the adverse plan linked to agency spend and income and the issue of medical and nursing agency staff and how that links to recovery trajectory and elective capacity. Some of the agency expenditure was linked to Covid-19. It was anticipated that improvement will be seen in month 5 in a non Covid-19 surge.

The Director of Finance advised of the significant financial risks relating to nurse agency costs being more than expected contributing to this was the model for 1.1 care to support patients with mental health needs. This was being addressed to consider what is the best and most efficient future model. Sulis performance had been impacted by Covid-19 prevalence and operational challenges. A weekly data review is taking place to look at quick actions we can take to improve performance.

Workforce

The Chief Operating Officer reflected on the increase in agency spend and how we control this as we recruit more staff. During the pandemic, mandatory training and appraisal compliance had slipped. The divisions were focussed on improving this and the Family and Specialist Services had made some recent improvement.

The Director for People and Culture referred to the Trust's People Plan and ensuring we have the resources in place for staff to undertake their training and receive consistent conversations about career progression.

Quality

The Chief Operating Officer described the challenge around CDiff; the organisation had 22 cases of CDiff this year to date, the target for the year is 42 so this was a challenge. The Trust is an outlier in the South West in terms of rates and we have joined a collaborative review across BSW to take a fresh eyes approach. The Trust was below target for falls and major harm which was positive.

The Chief Nurse commented on the learning from the last Covid-19 outbreak which resulted in 7 wards with bay closures for 2.5-3 weeks. From a retrospective review, we can see the tipping point and have been able to identify some metrics on how to manage the site more effectively. When Covid-19 affects 100 people per thousand of the population we see an impact in hospital, when it affects 150 per thousand, we need to increase the number of Covid-19 dedicated wards. If we can isolate affected patients in side rooms we manage not to transmit the infection. The report identifies 8 deaths from Covid-19 in July and a Serious Incident Review was undertaken on all of those. All patients were aged 61 to 91 and had significant comorbidities, nonetheless this was a sad outcome.

The Chief Nurse confirmed that we had experienced a rise in the number of patients presenting with mental health disturbance which had driven the enhanced care requirement. We are working in collaboration with Avon and Wiltshire Mental Health Partnership to review risk metrics which will tell us whether a patient needs enhanced care and how we accommodate these patients in the acute setting.

The Chair asked if we had volunteers back on the wards and the Chief Nurse confirmed that we do and were working with the League of Friends to increase the number of volunteers as well as the diversity of the volunteer group.

Ian Orpen, Non-Executive Director commented on the cancer performance which was commendable, however, we should be realistic around the scale of the challenge ahead. The Chief Operating Officer acknowledged this and although we had worked hard to generate capacity there was a lot more to do, in Endoscopy referrals are 130% of 19/20 levels. We are undertaking planning for next year to bring in more efficient operating.

The Chief Executive stated that we had seen an increase in referrals to the Colorectal team following the awareness generated by Dame Deborah James, she asked what the timeframes were to make a step change. The Chief Operating Officer advised of his regular meetings with the Cancer Lead where attention is given to the trajectory for the Colorectal cancer pathway. We have had 500 referrals in the past month but the aim is to get on top of the current surge by January, but with more attention given to how we manage capacity challenges in the long term.

The Director of Finance referred to the significant investment the Trust has made in nursing and asked whether we had any assurance around achieving safe staffing within the investment we have already made. The Chief Nurse responded that the international recruitment plan had not yielded as expected and we have therefore not recruited to establishment. However, 50 international nurses were expected to start this month which is an improvement on recent months. The Divisional Directors of Nursing were discussing the level of control for approving agency nursing to ensure it is the right decision and there are no other options available to us.

Anthony Durbacz, Non-Executive Director referred to the trajectory for international nurses and if the upward trajectory was continuing. The Director for People and Culture responded that we will be back on target by January/February next year.

Sumita Hutchison, Non-Executive Director commented that the Trust's turnover rate had increased and was higher than the target, she asked if this was of concern. The Director for People and Culture responded that turnover was back to pre-pandemic levels which was healthy, during the pandemic, turnover was low as people were not changing their job. Turnover in nursing was not a concern but the turnover of Allied Health Professions, especially Pharmacy needed more analysis. Anecdotally, the Director for People and Culture was hearing that people are reassessing life in general after the pandemic.

The Chair was conscious of the levels of exhaustion experienced by staff who have faced endless difficult challenges. She offered the Non-Executive's support if there was anything they could do to help. This was welcomed by the Executive Team.

The Chief Executive added that the Trust will be offering the Covid-19 vaccination in September, followed by the Flu vaccination in October.

The Board of Directors noted the update.

BD/22/09/11 Quality Governance Committee Chair's Update Report

Nigel Stevens, Non-Executive Director provided an overview of the report and highlighted:

- The Committee gained assurance from the briefing provided by Dr Foster relating to HSMR and their positive view of how the RUH approaches HSMR. The Dr Foster team felt the team had a sensible and pragmatic approach.
- The Committee welcomed the triangulation of related standard reports (learning from deaths, serious incidents etc.) to look at themes to identify issues and learning early.

- The Interim Chief Medical Officer referred to learning from deaths. The HSMR compares Trust's, we do have some coding differences relating to Covid-19 deaths compared to our neighbours. Coding flags on specific conditions that we can focus on and take away learning to assure ourselves that patients were not dying unexpectedly.
- The risk of the impact of Aseptic Pharmacy on the delivery of chemotherapy was a serious ongoing issue which the Chief Pharmacist was working on. We had lost staff due to a local unit offering a significant pay rise outside of NHS Terms and Conditions.

Ian Orpen, Non-Executive Director advised of the extensive conversation regarding maternity and the challenges faced but all units. The Chair commented that although the Private Board receive a monthly maternity update, it should also come to Public Board on a regular basis. The Head of Corporate Governance will ensure the next maternity update comes to Public Board.

Action: Head of Corporate Governance

The Board of Directors noted the update.

BD/22/09/12 Safeguarding

The Chief Nurse provided an overview of the report and highlighted:

Adult Safeguarding

The Trust had an un-announced inspection by the CQC 2 weeks ago. The focus of the inspection was across three medical wards, after escalation from a family member. The CQC had issued a letter of intent and identified a number of areas for improvement. The Trust has developed an action plan and a further meeting with the CQC will be arranged as we report against the action plan.

The Adult Safeguarding Annual Report identified a number of achievements and good practice thanks to the dedication and expert work of the team. Adult Safeguarding was an increasingly complex area due to legislation and complexity of patients which had increased during the pandemic. A need to improve discharge processes had been identified and some key work was taking place on communication, provision of medicine and take home information.

The Deprivation of Liberty Safeguards Scheme was changing to Liberty Protection Safeguards which changes to the authorisation of people deprived of their liberty from the Local Authority to us at the RUH. This will require the support of an expert team and a business case had been written to implement this.

The Chief Nurse reported that the Head of Adult Safeguarding was retiring from the Trust this week and a successful appointment has been made to this role. The Trust was also recruiting an Associate Director of Vulnerable People and Safeguarding to support this increasingly complex agenda. The appointment of a Lead for Domestic Abuse for a further year had been made as well as a Mental Health Midwife Specialist. These appointments strengthen medical leadership.

During the pandemic, mandatory training for safeguarding moved to online training but it had recently been reverted back to face to face scenario based training from which the learning had been impactful.

Children's Safeguarding

The Chief Nurse highlighted the increase in children and adolescents presenting with

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a primary mental health condition. There is an issue accessing beds in specialist units so they remain in the acute setting which was not ideal for their treatment and they often require one or two mental health nurses per patient.

The Chief Nurse expressed her gratitude to the safeguarding team for the work they have done this year. The Chair advised that the Board Seminar in October will focus on safeguarding.

The Board of Directors noted the update.

BD/22/09/12A People Committee’s Chair’s Update Report

The Director for People and Culture presented the key highlights of the report as follows:

- The People Committee received a presentation from Dr Gough and Dr Diskin from the Children’s Ward on their project work to improve staff experience. This will be shared with colleagues as part of Civility Week commencing on 19th September 2022.
- As part of the Civility Week, Dr Chris Turner from the Civility Saves Lives Campaign is giving a talk on the impact of civility on patient care. The Director for People and Culture will ensure the invitation is extended to the Board of Directors.

Action: Director for People and Culture

- The People Committee heard the story of a junior doctor’s real life experience of discrimination, misogyny and incivility at work at the RUH. There were some important messages including that our colleague had to tell her experience nine or ten times before some action was taken. This demonstrates why we have work to do on this agenda.
- The People Committee noted that the Trust had recently undertaken the second stage pilot of the NHS Rainbow Badge accreditation. We are not yet scoring against the framework to achieve a Bronze/Silver/Gold accreditation. The review had highlighted that we have work to do on the way in which we care for transgender patients.
- The People Committee received an update on the digital talent programme which was over halfway through, transforming how we bring people into the organisation. The first benchmark was to reduce the time it takes to bring people into the organisation. As expected with any new process, there had been some teething problems which were being worked through.

Sumita Hutchison, Non-Executive Director advised that the format of the meeting had been refreshed to align the agenda with the People Plan and this had worked well.

The Board of Directors noted the report.

BD/22/09/13 Annual Health and Safety Report

The Director of Estates and Facilities presented the key highlights of the report as follows:

- There had been a reduction in RIDDORS throughout the year.
- The improvement in the compliance of mandatory training was a key area of focus .
- The Health and Safety Committee was performing well against its Terms of Reference although there had been a challenge in terms of attendance which was being managed.
- Key risks identified as:
 - Asbestos, which will be eliminated by the end of the financial year whilst existing control measures remain in place.
 - The absence of electronic records relating to the maintenance of fire safety devices were now in place and fire risk assessments of all clinical areas had now been completed. A Training Needs Analysis was in circulation.

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- Designated Nursing Officer (DNO) training on medical gases was being considered, so that clinical colleagues can be trained differently to estates professionals which is an extensive and technical training course.

The Board of Directors noted the report.

BD/22/09/14 Finance and Performance Committee Chair’s Update Report

Jeremy Boss, Non-Executive Director provided an overview of the report and particularly highlighted the update from the Medicine Division which had been positive in the respect of understanding the issues relating to spend and how it was being addressed. This provided some assurance to the Finance and Performance Committee.

The Reference Costs data had been submitted to NHSE on the 5th August to compare cost and activity across services.

The Board of Directors noted the report.

BD/22/09/15 Audit and Risk Committee Chair’s Update Report

Antony Durbacz, Non-Executive Director advised that the Audit and Risk Committee met on 1st September 2022 and he was therefore presenting a verbal update as follows:

- The Annual Audit Report had highlighted no significant weaknesses but a couple of recommendations were raised.
- The Committee received an overview of Cyber Security and highlighted that the Trust was currently migrating to a new system which would enable us to compare data with other NHS Trusts. Business continuity following a cyber-attack was discussed to look at the consequences of a system going down.
- The Anti-Crime Specialist provided an update on the counter fraud work undertaken since the last meeting. There was concern about the low number of referrals received and the low response rate to the Fraud awareness survey. Some benchmarking followed by a further update was requested.
- We are seeing an increase in audit recommendations from our internal audit programme. 13 new actions had been generated from 4 audits, 1 as a high priority. We still have some outstanding actions to focus on which required the support of Executive’s to address them. The Chief Executive advised that the Executive Team review the actions every month and she will ensure this continues going forward.

The Board of Directors noted the report.

BD/22/09/16 Learning from Deaths and Inquest Report

The Interim Chief Medical Officer provided an overview of the report and highlighted:

- All deaths in hospital were reviewed by clinical colleagues to ascertain whether there was any possibility of issues with care contributing to the patient’s death.
- 75% of Structured Judgement Reviews (SJRs) completed in the last quarter rated care as either good or very good.
- 8% of SJRs completed in the last quarter rated care as poor or very poor.
- Communication, documentation and delay in tests/procedures were the top 3 root causes of reduced quality of care in patients who die.
- Any learning is communicated back to teams involved.
- There had been a backlog in SJRs but the allocation of SJRs in the clinical teams had been re-emphasised and there was no longer a backlog.

The Chief Executive asked what the process was for communicating themes back to the teams to ensure that action was being taken to review and change processes when necessary. The Interim Chief Medical Officer advised that a random audit process was required to gain this assurance.

Ian Orpen, Non-Executive Director asked how the results of our SJRs compare to other Trusts. The Interim Medical Director advised that this standard had not been adopted by all Trusts and therefore it was difficult to compare data. The process was relatively new and the RUH was ahead of others in its implementation.

The Board of Directors noted the report.

BD/22/09/17 Annual Review of the Trust Constitution

The Head of Corporate Governance presented the Constitution outlining the minor changes to the table of amendments including updated definitions and description of the CCG becoming the ICB. The table also proposed an update to the tenure of Governors to hold office for a maximum of 9 years, but not necessarily consecutively which allowed governors to take a break.

The Chair suggested that the Board review the latest publication of the NHS Foundation Trust Code of Governance in light of changes.

Action: Head of Corporate Governance.

The Director of Estates and Facilities commented that page 10 of the Trust Constitution refers to NHS Improvement, which should be amended to NHSEI.

Action: Head of Corporate Governance.

The Board approved the amendments to the Trust Constitution which would now be presented to the Council of Governors for approval.

BD/22/09/18 Any Other Business

The Chair expressed her thanks to two members of the Board who had left/were leaving the organisation shortly. Dr Bernie Marden had recently left the Trust after 5 years as Medical Director. The Chair expressed her thanks to Dr Marden for his sympathy, warmth, kindness and wisdom, acknowledging amongst all the wonderful work he did for the Trust, his ability to identify with and nurture our young Consultants.

The Chair was also sorry to say goodbye to Anna Mealings, Non-Executive Director who joined the Trust three years ago. Anna Mealings had joined at a time when we didn't have a People Committee, she helped to create and deliver this. Anna brought her OD knowledge, concern for staffing and commercial experience to the organisation and had been a valuable contributor.

Both colleagues will be greatly missed.

The meeting was closed by the Chair at 15:06 hours.