ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS
HELD IN PUBLIC ON WEDNESDAY, 11 JANUARY 2023,
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
Nigel Stevens, Non-Executive Director
Paul Fairhurst, Non-Executive Director
Adewale Kadiri, 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
Jocelyn Foster, Director of Strategy
Libby Walters, Director of Finance

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

In attendance
Sharon Manhi, Lead for Patient and Carer Experience
Jessica Baldrian, Director's Office Administrator *(minute taker)*
Peter McCowan, Public Governor
Horace Prickett, Public Governor
Suzanne Harris, Public Governor
Nicola James, Public Governor
Vivienne Harpwood, Public Governor
Zita Martinez, Director of Midwifery
Dr Claire Park, Lead Obstetrician
Kate Atkins, Patient Story
Elswyth Atkins, Patient Story

BD/23/01/01 Chairs Welcome and Apologies

The Chair welcomed everyone to the meeting and confirmed that no apologies were received.

BD/23/01/02 Written Questions from the Public

There were no written questions received from the public.

BD/23/01/03 Declarations of Interest

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

BD/23/01/04 Patient Story

The Chair welcomed the Lead for Patient & Carer Experience who introduced the patient Kate Atkins and her baby Elswyth. She also introduced Zita Martinez, Director of Midwifery and Claire Park, Consultant Obstetrician.

Ms Kate Atkins explained that she had given birth to Elswyth (her 3rd child) in August 2022. The Board of Directors watched a short film in which Kate shared her experience of giving birth at the RUH. Kate said that she had an all-round good experience and was looked after well. She was undecided as to who she wanted to deliver her baby however she was helped to make the decision by the Clinical and nursing staff who gave has a choice and didn't make assumptions. Kate felt that she was given a choice as to how she wanted to deliver her baby and how to wanted to feed her baby even though this was her third child she felt that she had that choice. She added that the staff who looked after her after the caesarean section in recovery and on the wards were fantastic – they introduced themselves, they were reassuring and helpful. She explained that the midwives at the RUH made sure that she and her baby were safe and looked after, and were extremely receptive to questions.

The Chief Nurse thanked the patient for coming in and telling her story, and commented that it was timely due to the amount of media coverage that maternity services across the country was currently getting, as well as the focus on maternity across the Trust.

Ian Orpen thanked the patient for her story. He asked a question regarding the patient's comment that she had not felt able to change her mind regarding her method of delivery, which was chosen for her as she was unable to choose. He wanted to know what would have made that different, and what would have helped. The patient replied that an 'undecided' option would have been useful, as this would have meant that the nurses did not have to choose for her, and enabled her to make a decision later on without feeling constrained. She also commented that it could be difficult for a patient to say that they had changed their mind, and that it would be useful for the hospital to ensure that the patient was happy with their decision.

The Director of Midwifery thanked the patient for her story and highlighted the importance of informed consent and open questioning, as well as the power of language. The Lead Obstetrician agreed with this, and commented that an undecided sticker should definitely be implemented. The Chair highlighted the importance of understanding that patients might not have been through this journey before, and therefore not be able to predict how they will feel. She suggested that this feedback should be brought to all aspects of the Trust, not just maternity.

The Chief Medical Officer commented that it was important to use feedback to focus on what went well as well as what did not, and that this also reinforces positivity within the workforce. He commented that this patient story not only reinforced good practice, but also demonstrated what the Trust could do to improve. He highlighted the importance of perfecting the consent process.

The Lead Obstetrician commented that there was a plan in place to allow patients more autonomy with their choices around their pregnancy, which was going to be within the new digital structure. She commented that it should be easier for patients to write their preferences into an app rather than confronting a member of staff.

The Board of Directors thanked the patient for her story.

BD/23/01/05 Minutes of the Board of Directors Meeting held in Public on 2nd November 2022

Jeremy Boss commented that there was a slight inaccuracy in item 19: Charities Chair's Update Report regarding funding, and agreed to send a few words over to the Head of Corporate Governance regarding this.

Action: Jeremy Boss / Head of Corporate Governance

The Chief Nurse commented that on page 95 of the Maternity Quarterly Report Zita Martinez should be down as the Director of Midwifery, and Dr Claire Park as Lead Obstetrician. For the annual report there should be stringent national guidelines, but local decision making. In AOB, it should read 'divisional directors of nursing'. The Chair asked the Head of Corporate Governance to update the minutes.

Action: Head of Corporate Governance

BD/23/01/06 Action List and Matters Arising

The actions presented as closed were approved. The following actions had further updates: PB581: An update would be presented at the Board in March 2023.

BD/23/01/07 Governors' Log of Assurance Questions and Responses

The Chair noted that the Governors' Log was a document presented for information. The Board noted the update.

BD/23/01/08 CEO and Chair's Report

The Chief Executive provided an overview of the report, and the following points were highlighted:

- Kerry Perkins, Maternity Matron, was named Midwife of the Year by the MAMA Academy.
- Hannah Hyett, Trauma Audit and Research Network Administrator, was presented with the Woodford Award. This was due to a great deal of work, as the Trust was behind in reporting, and Hannah was able to get on top of this and ensure that data reporting was up to date and up to standard.
- Several teams from the Trust were shortlisted for national awards.
- The Connecting Cultures project was also shortlisted, which focused on overseas nurses. The Chief Executive reported that overseas nurses joining the organisation very quickly felt a part of the RUH, and also tended to stay in the organisation they landed in.
- The Freedom to Speak Up team was also shortlisted at the HSJ Awards. A great deal of work had been carried out over the last two years by the team in order to cultivate a culture that allowed staff to speak up and to expand the service.
- Dr Dan Augustine had been chosen as President-Elect of the British Society of Echocardiography, which also helped to raise the profile of the team.
- The 'Changing Places' facility was opened in December.

The Chief Executive formally welcomed the Chief Medical Officer to his first official Board meeting. The Board of Directors noted the update.

BD/23/01/09 Items Discussed at Private Board

The Chair gave an overview of the key items discussed at Private Board highlighting:

- General operational pressures were discussed, both nationally and within the Trust.
- People and cultures within the Trust were discussed, as well as the staff survey, where significant progress had been made.

- Sulis Hospital and its future was discussed. The Chair noted that the Governors would receive a briefing regarding Sulis in June.
- The integrated care system and its finances were discussed.

The Board of Directors noted the update.

BD/23/01/10 Board Assurance Framework Summary Report (BAF)

The Head of Corporate Governance provided the Board with an overview of the changes made to the BAF since the last meeting. He reported that no new risks had been added to the BAF since the last report in November 2023. However, the mitigations for those risks had been changed. He highlighted the following:

- The Executive Team had met the previous day to discuss their priorities regarding the upcoming BAF and upcoming risks for the next few years. The new BAF of 2023/2024 would be created in the next few months.
- Some risks for 2023/24 would remain the same as the current BAF, such as winter pressures, finances, and quality. New risks could include elements regarding the Trust's estate.
- The Trust needed to think of itself as a corporate citizen of BaNES and Wiltshire, and should look at what the system was doing to contribute towards environmental improvement and the life of citizens within the area.

The Board of Directors noted the update.

BD/23/01/11 Audit & Risk Committee Update Report

Antony Durbacz provided the Board with an update on the work of the Audit & Risk Committee. He highlighted the following:

- The BAF was a central piece of work to the Audit & Risk Committee, and was a highly practical document in terms of reviewing risk.
- A lot of time was spent discussing cyber, as one of the risks that stood out on the risk register. A lot had been done regarding cyber, but the question remained as to where the Trust wanted to be in regards to cyber, and where investments should go.
- KPMG provided an update on progress made since the last meeting and confirmed all reviews were due for delivery by 31st March. There were currently 16 overdue actions, two of which were high priority. The Committee raised concerns at the increasing number of overdue actions, the responsibility of the Executive Team needed to be reinforced.
- Counter fraud carried out a review of how the Trust maintained financial control during the pandemic, and concluded that the Trust was successful.
- Further work was going to be carried out regarding medicine management, which was an audit that was carried out under the previous auditors. Some of the actions that arose from it had not necessarily been concluded.

The Board of Directors noted the update.

BD/23/01/12 Quality Governance Committee Update Report

Ian Orpen provided the Board with a report on the work of the Quality Governance Committee. He highlighted the following:

- There had been an exceptionally powerful patient story which was detailed within the report. There was a plan in place to ensure the Trust used the feedback given.

- There were previously issues with the aseptic unit, but the Chief Pharmacist and his team carried out some great work to turn this around, and there had been a marked improvement.
- From February, the Quality Governance Committee was moving to monthly meetings (probably ten meetings per year).

The Chair commented that the recruitment process was underway for two Non-Executive Directors (NED), one to replace Jeremy Boss when his term of office ended on the 31st March 2023, and the other was a new appointment for an additional NED with a clinical background.

The Board of Directors noted the update.

BD/23/01/13 Integrated Performance Report

The Chief Medical Officer presented the Integrated Performance Report, which presented the data from November 2022. He also gave a verbal update regarding the more recent data, and highlighted the following:

Performance – In November the performance was very good, especially in terms of ambulance handover and performance within the Emergency Department. Neither of these were up to the ideal standard, but had improved considerably from the previous data. Cancer 62-day performance had dipped slightly, but currently the Trust was one of the best hospitals in the region in terms of maintaining that performance. Elective recovery had improved, with a consequential improvement in patients waiting a long period of time for procedures.

Finance – The financial situation was looking negative due to operational pressures, as well as the elective recovery position. Much of this was being driven by non-criteria to reside patients, as staff were struggling to manage flow throughout the Trust. Agency spend was an issue that had begun to improve.

Workforce – The Trust had a positive record in recruitment, but needed to focus on maintaining staff, and combatting issues with staff sickness, work was ongoing in this area. Staff sickness had had a knock on effect with the ability to manage wards, which was an issue as the number of beds within the organisation had had to increase, in areas that did not necessarily fit into wards. Appraisal and management training were both affected at times of pressure for the Trust. Appraisal figures were at a reasonable position compared to other Trusts, but the Trust was not meeting national or internal targets. This was a reflection of operational pressures over winter.

Quality – The knock on effect of operational pressures was that there were issues relating to quality of patient care, and patient safety. There was a significant increase in the number of hospital-acquired infections. Some of the most significant instances were 8 cases of Clostridioides Difficile and 10 hospital associated E-coli infections reported over November. There had been in-depth investigations as to how to deal with the rise in hospital-acquired infections, but no specific cause had been pinpointed so far, apart from possible issues with cleaning services. Covid-19 infections had also affected the operational pressures within the Trust, and had increased from November to December, though had peaked on 27th December and had started to decline. At the peak, there were 68-70 patients in hospital beds with Covid-19, and 50-60 patients with flu. There had since been a drop off in numbers. Prior to Christmas, the Trust was also affected by cases of Strep A and RSV, which unusually occurred at the same time, increasing pressure on the system. Some of the issues described in the report regarding pressure ulcers in November were projected to increase going

forward, because of pressure on staff having to take patients to different areas of the hospital. The report described a bleak position in November, though with many positive improvements. The projection going forward into winter was that there would be some deteriorations due to operational pressures, though improvements were being observed in terms of infection control.

Ian Orpen asked whether more patients were entering the hospital with Covid-19, or whether more of them were acquiring it within the Trust. The Chief Medical Officer replied that more patients were entering the hospital with Covid-19 and presenting with respiratory problems associated with the virus.

Sumita Hutchison noted that the report had mentioned a significant reduction in the number of mental health nurses, and asked why this was the case, as there had been a national increase in mental health cases. The Chief Nurse replied that not everybody with a mental health condition needed a mental health nurse, and that those that did were those who were a risk to themselves and others. She reported that the biggest challenge currently was the population with dementia and delirium, and those patients that were confused, disoriented and aggressive. Mental health nurses were not trained to handle patients living with dementia, so the number of bookings for RMNs had been reduced, and Band 2 and 3 one-to-one bookings had been increased. A business case was being put together to analyse the needs of those patients, and a training package was actively being developed with an external provider to ensure that there was a cohort of nurses that were trained in the de-escalation of patients living with dementia or delirium. The reduction of mental health nurses was therefore due to purposeful attention, deliberation and discussion.

Jeremy Boss commented on the oversubscription issue of bed utilisation and bed bases, and linked it to the issue of infection control. He asked what the plan was regarding short term improvements to adding toilets and facilities to wards and individual rooms. The Director of Estates and Facilities replied that there were plans in place to convert existing side rooms to en-suites to ensure self-contained units. He reported that this piece of work was about half way through, and that it had begun in September 2022, though there were initial delays at the beginning of the project. A decision had been made to pause the work during January due to winter pressures, but this work would re-start again in February, with the expectation that this would be completed by the end of the year. This would create an increase of 23 new side rooms beyond this time last year, which was positive, though there was a lot of work still left to do. The Chief Operating Officer commented that the Trust had been roughly 100 beds short over the winter, with about 60 escalation beds open and 40 people waiting for beds in the Emergency Department. He highlighted that it was important not to be overly optimistic when considering mitigations for the future, and that robust schemes were required going into next winter, including considering increasing the bed base of the RUH.

The Chair asked whether the whole hospital was mobilised during New Year (where there were extra pressures), or whether some departments were unaffected. The Chief Medical Officer replied that the Trust had come together to deal with the extra pressures, and that extra medical staff were being spread to handle current pressures, as well as additional registrars. Once a critical incident had been declared, additional powers were available in order to release the Trust from the situation. He commented that the wider community as well as the RUH had come together to mitigate this. He noted that the extra work and mobilisation that had taken place was not sustainable going forward, and that this should be seen as a catalyst for the following winter. The Chair commented that in the plans for the next winter, the costs should not be spent on the hospital that would be better spend outside in the community, enabling the Trust not to have an oversubscription of beds for those patients who

could be being cared for elsewhere. She noted that managing that acute spend was a challenge, but an important one going forward into next winter.

The Board of Directors noted the update.

BD/23/01/14 Winter Planning

The Chief Operating Officer explained that during the current winter, the Board had made a decision in August or September to mobilise winter schemes, which allowed the actions to begin earlier than they might otherwise have done, and mitigated risk.

He explained that Ward 4 (which was run by HCRG in St Martin's Hospital) had been a big success over winter, opening in November and adding 20 beds that made a huge difference to the RUH pressures. There was much more involvement in flow work compared to last year, particularly from sisters and ward teams. United Care BaNES was not where it needed to be, but was a big positive step in collaborating with BaNES Council, and outlining the boundaries between social and hospital care.

On the more negative side, several winter schemes had slipped and not provided as many beds as expected. United Care BaNES provided under half of what was hoped for in terms of capacity. There were also not enough nursing home beds in the community, which was being worked on to obtain funding. Infection was beyond what was predicted, with 78 Covid-19 patients and 58 flu patients. Emergency Department demand was also high, with 26% more patients on average than before the Covid-19 pandemic.

The Chief Operating Officer noted learning to be taken into next year, highlighting the need to void overly positive thinking. The Trust appeared to be in a long-term trend of operational pressures, and these needed to be looked at realistically and practically. Areas for focus were SDEC (Same Day Emergency Care) and the front door, avoiding admissions and managing the Emergency Department. Another area was wards, and achieving flow through the wards. A third area for focus was getting patients home when ready, and working more closely with social care.

Paul Fairhurst asked how long Ward 4 was planned to be open for, and what flexibility there was to have it open longer than planned if required. He also asked whether any circumstances could be in place to consider keeping it open indefinitely, and if so, how this would work financially. The Chief Operating Officer replied that the Trust attempted to keep Ward 4 open last year, and that the funding to keep it open this year was kept in baseline as part of the funding agreement over the following year. He highlighted that Ward 4 had to be kept open, or the bed utilisation issue would be ongoing. He reported that funding had come through to support this.

The Chair commented that there had been many positive changes within the Trust, with data going in the right direction and improving. There was incremental improvement in many areas, particularly within workforce.

The Board of Directors noted the update.

BD/23/01/15 Learning from Deaths (Quarter 2)

The Chief Medical Officer provided an overview of the Learning from Deaths Q2 report. He highlighted the following:

- There was currently a backlog of Structured Judgement Reviews (SJRs), which was due to the fact that the legal team that were passing them on had some staffing gaps. This had now been resolved, so the backlog should begin to clear.
- The quality of the SJRs showed a number of patients who entered the organisation and experienced inadequate care.
- There had been triangulation between serious incidents, inquest reports, and SJRs, to look into common themes, both in terms of mortality, but also wider patient safety.
- Emerging themes were: medication control (patients being prescribed the wrong medication, or not prescribed any medication), anti-coagulation (the administration and governance around this was being looked at), and documentation (particularly the mix of digital and paper reporting).
- In terms of clearing the backlog, Professor Richard Graham had written to the medical examiners regarding this, which had helped to create a priority.

Ian Orpen thanked the Chief Medical Officer for his report, and asked to what extent the scores were being audited. The Chief Medical Officer replied that in terms of quality assurance there was a subjectivity issue due to the medical examiner filling in each report. There had been some success with one individual in each area filling in reports, which created some consistency.

Jeremy Boss reflected how far the Trust had come within this area since he started working at the RUH six years ago. He acknowledged that there was certainly further work to do, but that it was so much more structured, organised and robust than it had been before. He commented that the change in terms of medical examiners was a positive step, and reassured the Board that learning from deaths was taken very seriously within the RUH. He asked whether there were any national benchmarks that the Trust could measure itself against, and how the organisation was performing nationally. He also commented that he would expect more deaths to come through in the coming months, and that the Trust should prepare for this. He asked whether a sample had been taken of SJRs, to ensure that no learning was being missed.

The Chief Medical Officer replied that there was a clear identification process regarding the patients, and that the process regarding medical examiners was to review the notes themselves. The lead medical examiner reviewed every death to ensure that it could be processed correctly, and discussed with the coroner if necessary.

Sumita Hutchison commented that there had been a previous conversation regarding reading signals, and asked how this report fed into the broader triangulating conversation, as well as the complaints report. The Chief Medical Officer replied that this would be fed through the governance process, and be reported into the committees, but that it also sat with individuals such as himself and the Chief Nurse in terms of triangulating information.

The Chair commented that this was one of the most important developments she had seen in terms of hospital assurance, as learning was obtained with regards to general care, as well as mortality. She asked whether the development had been made nationally, the Chief Medical Officer confirmed that it had been implemented nationally, but that take-up had been different across different organisations and was taking time to embed. He reported that the RUH was performing particularly well in this instance, and that it was not yet a national rule that medical examiners had to fill out mortality reports, but that this was something that the RUH had implemented anyway.

The Board of Directors noted the report.

BD/23/01/16 Maternity Incentive Scheme Sign Off

The Director of Midwifery presented the Maternity Incentive Scheme for the Board to sign off.

Ian Orpen commented that there had been a great deal of work going on in the last 12 months, with a great deal of change happening in that time. He commented that he felt reassured by the Director of Midwifery's involvement, giving a different perspective and fresh eyes along with vast experience. He noted that the patient story reflected what was being seen on the ground, and highlighted the importance of robustness of processes in place.

The Board of Directors approved the Maternity Incentive Scheme.

BD/23/01/17 Review of East Kent Maternity Report

The Chair welcomed Claire Parks, Lead Obstetrician to present the report. The Chair commented that previously East Kent Maternity had been outstanding, but its performance had recently dropped.

The Lead Obstetrician gave an overview of the Review of East Kent Maternity Report, highlighting the importance of not becoming complacent in what the Trust had achieved. She reported that four themes had been identified as aspects needing change:

1. Monitoring safe performance
    - In relation to the RUH, there was a lot of digital work going on behind the scenes to capture a robust network to monitor the work and care provided. This would also identify learning themes and triangulate data to learn from. Work was going ahead to move forward with the digital strategy.
2. Standards of clinical behaviour – not resting on roles
    - This related to having a kind and compassionate culture to work in. The Lead Obstetrician commented that there was an excellent inherent and grounded culture in Midwifery in the RUH.
3. Flawed team working
    - The Trust ran many disciplinary trainings, and was the first in the country to run undergraduate multiple disciplinary trainings.
    - The Trust was affiliated with the Royal College of Obstetricians and the Royal College of Midwives, where both medical students and midwifery students learn together using simulation training that was set to be rolled out nationally.
    - There was more work to do from a national level in relation to building kindness and cultural changes in medical and midwifery students. This was already happening in the RUH, which was third in the country this year with the GMC standards of supporting trainees.
    - The importance of driving forwards and working better with the maternity voices partnership and friends and family tests to get better feedback.
4. Organisational culture
    - Moving forwards, the plan was to become more inclusive from the shop floor all the way up through the Board. An issue with East Kent was that things were being hidden from Board, and here in the Trust there was a very open culture, with a patient safety champions representative to sit on the Board.

The Chair highlighted the importance of bringing all information to the Board, saying that the Board needed to hear when things were going wrong, as they had the power to make changes. The Lead Obstetrician replied that it was highly positive that the Trust had the

culture in place to be open, and that what was needed from the Board was support with the appropriate infrastructure and tools to carry out a gold standard level of service for patients.

The Lead Obstetrician reported that there had been an Ockenden visit recently, and that last time she presented to the Board, they were awaiting the results. She informed the Board that there had been four main comments in the report: improving morale, linked with improvement trajectory, a strong safety on focus through communication processes with good escalation processes in place, but with visible compassionate leaders.

Ian Orpen thanked the Lead Obstetrician for her report, and asked a question regarding the learning that could be taken on. He commented that culture and morale had shifted, and that learning could help to improve this. The Chief Nurse commented that the most useful thing that she had learned was to listen to what the staff were telling her. She noted that this behaviour and attitude was shared among executive colleagues in all areas of the Trust. She commented that it was positive to see the Director of Midwifery and the Lead Obstetrician demonstrating the kind and passionate leadership behaviours that connect patients and staff, and that they had made a significant positive difference since they started working at the Trust. She reported that she felt confident about the future moving forward.

The Chief Operating Officer commented that there were some useful comparisons that could be made between Maternity and the Emergency Department due to their recent reviews. He suggested that he look at triangulating the data on this with the Chief Nurse, as there could be some useful learning to take away from it.

Action: Chief Operating Officer / Chief Nurse

The Chief Medical Officer commented that there had been rapid change in organisational culture over the past year, and that it would be useful to be able to pinpoint what exactly changed this. The Director of Midwifery commented that coming from another organisation she could reflect that the Trust was having similar issues to every unit, as all Trusts were dealing with the Covid-19 pandemic. She pointed out that staff shortages had an impact on safety, wellbeing and resilience. She commented that there needed to be a solid midwifery leadership team, and that during the pandemic a leadership presence was not there every day. The Director of Midwifery commented that while there was a core cohort of obstetricians and gynaecologists, there was still a staff shortage compared to national standards. The culture still existed in a clinical sense, but it did not exist outside of that space because the focus was on getting through the day-to-day issues.

Sumita Hutchison asked how effective the Trust was at reading signals, and while it was positive that Ian Orpen's committee was looking at this, the overall issue was broader, and the Board's effectiveness should also be examined. The Chair replied that a seminar was coming up on governance and data triangulation. She reported that the Private Board meeting had looked at directors bringing in verbal reports from members of staff on the ground regarding what was going on in individual departments, and that this needed to be formalised in the way that it was reported. She commented that before any judgement was made regarding infrastructure, evidence was needed from what staff were saying as well as from the internal audit.

The Board of Directors noted the report.

BD/23/01/18 Quality Account 2021-22 (Final)

The Head of Corporate Governance presented the Quality Account for 2021-2022. He highlighted the following:

- The draft version of this report came to the Board in July 2022, and unfortunately it was prepared late. Systems were put in place to prevent this from happening again. The comments from partners outside the organisation were also received late, which was why the report was only just being brought to the Board and was ready for publication.
- The quality priorities for the coming year were due to be agreed, and members of the Council of Governors Quality Working Group would be involved in this.
- The Quality Accounts for 2022/23 would be drafted at the same time as the annual report so that both documents go through similar timescales in terms of production, which the anticipation that the deadline for quality account would again be the end of June.
- This report would be for publication on the website, subject to Board approval.

Paul Fairhurst commented on page 13 of the report (which summarised quality governance), and asked why the Quality Governance Committee was not referenced. The Head of Corporate Governance replied that the current strict governance processes used went via the Trust Patient Safety Group (what used to be Quality Board), and that this group had overseen the preparation of the report from a governance perspective. He reported that this would be changed going forward to ensure that the Quality Governance Committee were also involved. He commented that previously QGC had been informed of the process, but had not been directly involved in agreeing or overseeing priorities. The Chair commented that this paragraph looked as though it had been copied in from previous reports, as it mentioned governance as opposed to just quality accounts, and was using the old matrix. The Head of Corporate Governance noted that this was the current process when the draft was made. The Chief Executive commented that timings mentioned in the report should also be looked at, because of the last report being late.

Jeremy Boss commented that prior to the pandemic, the audit committee would view the final quality report alongside the accounts, though they were no longer required to. The Head of Corporate Governance confirmed this, and added that there used to be both a quality report and a quality account, but that the quality report was no longer required. The current piece of work was just the quality account, which was the only statutory requirement. Jeremy Boss commented that in the report, ‘2022 to 2022’ needed to be changed to ‘2021 to 2022’.

The Board of Directors approved the Quality Account for 2021/22, including feedback from BSW ICS.

BD/23/01/19 Complaints Annual Report

The Chief Nurse provided an overview of the Complaints Annual Report. She highlighted the following:

- The last year had not been easy in terms of complaints where patient attendances increased by 17%.
- There had been an 80% increase in formal complaints and a 47% increase in PALs contacts. This year was looking at similar numbers.
- Whilst during that year, there was a societal move towards normality, within the NHS there were continued significant challenges as they continued to learn about Covid-19. The option of visiting patients was intermittently offered on a limited basis, which caused frustration both for patients and visitors. The number of patients waiting for operations increased, and the organisation’s ability to be agile in communications with patients decreased. There were also increased waiting times in urgent and emergency care pathways, and during this community and home births had to be ceased due to a

shortage of midwives. Due to all of these issues, the Trust had not met the expectations of patients and families, as well as its own expectations.

- An increasing number of complaints were observed regarding clinical care, which overall accounted for 60% of formal complaints. This was a key focus going into the new year.
- An area that required radical improvement was the way in which patients and family members were listened to and communicated with, as complaints regarding this rose to 18%.
- Some changes had been made regarding the handling of complaints, specifically a movement towards improving the quality of responses to patients, as the language used was quite formal. There was work being carried out with teams to ensure that they viewed complaints as a point of learning.
- 10% of complaints were re-opened last year, which was an improvement on the previous year, and reflected the work that had been done to attempt to respond to all complaints honestly and transparently.
- The PALS service had exponentially increased contacts, which reflected the complexity of the scenario that the Trust was working in.
- Over the next few weeks, there was a plan in place to move to a single point of access for people who want to contact the RUH, so that patients would not have to choose between PALS and complaints. This would allow for easier stratification of data, and to decide how best to manage complaints and concerns in a more straightforward way.

The Chair commented that complaints were always a really useful point of learning, and that the way in which they were dealt with was highly important for the Trust.

Sumita Hutchison commented on part six of the paper (equality and diversity), and linked it to the patient story from the Quality Governance Committee meeting. She asked whether any recurring issues relating to equality and diversity were being observed in the complaints data. The Chief Nurse replied that they did not currently log the ethnicity of the complainants (or age/gender), and this could be something to consider for the future. She commented that within the content of the complaints, themes were identified, and that over the last 18 months a small number of complaints related to equality, diversity and inclusion. The Chief Executive agreed that it would be a useful aspect of the data to be able to view when looking at complaints.

The Director of Estates and Facilities commented that in the recent months since introducing the new parking system, there had been no complaints received.

Ian Orpen commented that the Chief Nurse's report regarding the new approach to complaints was encouraging to hear, and thanked her for her report.

The Board of Directors approved the report.

BD/23/01/20 Finance and Performance Committee Chair's Update Report

Jeremy Boss provided an update following FPC and highlighted the following points:

- There were financial and operational consequences to the pressures that the Trust had been under over the past year.
- Several contracts had been recommended to the Board for approval.
- The budget for the upcoming year would be reviewed at upcoming meetings, looking for key focuses from the data from the past year.

The Board of Directors noted the update.

BD/23/01/21 Charities Chair's Update Report

Jeremy Boss provided an update following the last Charities Committee meeting. He highlighted the following points:

- He reminded the Board that the purpose of the Charities Committee was to discharge the corporate trustee responsibility of the RUH to a separate registered charity.
- There were some significant issues regarding charitable giving due to the cost of living crisis.
- Legacies had slowed down over the pandemic, and whilst this was improving, it was doing so slowly. Legacies were an important part of money received, but were extremely unpredictable.
- A number of new projects had been approved, with new funding initiatives.

The Board of Directors noted the report.

BD/23/01/22 Non-Clinical Governance Committee Annual Report

Sumita Hutchison provided an overview on the work of the Non-Clinical Governance Committee's Annual Report and highlighted the following points:

- The self-assessment responses identified some key areas for focus.
    - The Committee spent a lot of time focusing on sustainability and digital, as well as health and safety.
    - The Committee could spend more time on learning improvement and innovation.
- There was discussion regarding cross-communication of Committee chairs, and some exchanges that could take place.

The Chair commented that there were many ways of conducting cross-communication between committee chairs, and that this was being explored.

The Board of Directors noted the report.

BD/22/09/23 Any Other Business

There was no other business discussed.

The meeting was closed by the Chair at 16:27 hours.