

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST  
MINUTES OF THE MEETING OF THE PUBLIC BOARD OF DIRECTORS****WEDNESDAY, 6 March 2024, 13:00 – 16:00****VENUE: PAVILION FUNCTION ROOM, KINGSWOOD SCHOOL UPPER PLAYING  
FIELDS, LANSDOWN ROAD, BATH, BA1 9BH****Present:**Members

Alison Ryan, Chair  
Alfredo Thompson, Chief People Officer  
Andrew Hollowood, Chief Medical Officer and Deputy Chief Executive  
Antonia Lynch, Chief Nursing Officer  
Antony Durbacz, Non-Executive Director  
Cara Charles-Barks, Chief Executive  
Christopher Brooks-Daw, Director of Governance / Chief of Staff  
Jocelyn Foster, Chief Strategic Officer  
Libby Walters, Chief Financial Officer  
Nigel Stevens, Non-Executive Director  
Para Govender, Chief Operating Officer  
Paul Fairhurst, Non-Executive Director  
Paul Fox, Non-Executive Director  
Sumita Hutchison, Non-Executive Director

In attendance

Lucy Kearney, Head of Communications.  
Michael Loffler, Finance Management Trainee Apprentice (*shadowing the Chief Financial Officer*)  
Public Governors  
Roxy Milbourne, Interim Head of Corporate Governance.  
Pete Dixon, Membership and Governance Administrator (*minute taker*)

Apologies

Hannah Morley, Non-Executive Director  
Ian Orpen, Non-Executive Director

**BD/24/03/01 Chair's Welcome and Apologies**

The Chair welcomed everyone to the meeting, and confirmed that apologies had been received from Hannah Morley and Ian Orpen, Non-Executive Directors.

**BD/24/03/02 Declarations of Interest**

The Board of Directors confirmed that they had no additional interests to declare.

**BD/24/03/03 Written questions from the public**

It was confirmed that there had been no questions submitted by the public.

**BD/24/03/04 Minutes of the Board of Directors meeting held in Public on 10  
January 2024**

The minutes of the meeting held on 10 January 2024 were approved as a true and accurate record.

**BD/24/03/05 Action List and Matters Arising**

There were no actions to close on the action list.

**BD/24/03/06 Governor Log of Assurance Questions and Responses**

The Chair noted that the log of assurance questions was on the agenda for information.

**BD/24/03/07 Item Discussed at Private Board of Directors meeting.**

The Chair reported that the Trust had been awarded a grant of £21 million to make the site carbon neutral by 2030, however stressed that the Trust would need to find £3 million to be able to be qualify for the grant which presented a small risk.

The Chair explained that the Director of Research and Development had presented the draft Research Strategy during the private meeting, and that the final strategy would be presented at the May Public Board of Directors meeting.

**BD/24/03/08 Patient Story**

The Chief Nursing Officer introduced the patient story, the video highlighted the work which had been undertaken by staff to reintroduce the Trust Surgery Day Case unit. The video showcased the positive experience patients had using the facility, and emphasised the work the team had done to create a positive culture and patient centred approach to care within the unit.

The Chief Medical Officer explained that the Unit had increased the opportunities the Trust had to provide patients care and had changed the way the Trust would be able to provide care for them moving forwards.

The Chief Operating Officer confirmed that two years ago 75% of the Trusts performance occurred via day surgery, the new unit had increased the Trusts score to 84%. The Trust aimed to increase its score to 90%. She explained that the Trust benchmarked well nationally and against peers.

Nigel Stevens shared his appreciation of all the hard work the team had undertaken to achieve this, and stated that three areas stood out to him; the Team were always looking to improve patient care, the depth of patient feedback which the team had collated, and the patient centred approach to care which the staff had created.

Paul Fairhurst enquired if Saturday working hours would be formally introduced to staff. The Chief Operating Officer stated the Trust would investigate this for the 2024/25 business plan, and would be treated as core business.

The Chair asked if the Trust would need to pay staff at a premium rate if they worked on a Saturday. The Chief Medical Officer confirmed that the Trust would not need to pay consultants the premium rate. The Chief People Officer stressed that staff who were on the agenda for change pay scheme would be paid at premium rate.

The Board of Directors noted the patient story.

**BD/24/03/09 CEO and Chair’s Report**

The Chief Executive presented her Chief Executive report and made the following key points;

- The Trust had invested heavily in a wide range of staffing groups, which enabled the Staff vacancies rate to decrease to its lowest rate of 2%.
- The Trust had reduce the amount of temporary staff it used and the overall head count, which had saved the Trust money.
- The recent industrial action caused a significant reduction in elective activity and meant some appointments and procedures needed to be rescheduled.
- There was a recent media story relating to a matter before the employment tribunal which members may have seen. The story also raised issues regarding patient experience and safety in particular regarding waiting times for oral cancer patients, appropriate use of NHS resources and procedures and approach to whistleblowing. All the issues were investigated at the time they were raised. The prioritisation of cancer patients was done in accordance with clinical guidelines and clinical leadership and was found to operating properly. Action was taken on matters unrelated to patient safety on appropriate use of NHS resources and procedures. The Trust does not use non-disclosure terms in settlements, but does ensure that staff uphold their duty of patient confidentiality. The Trust welcomes staff and patients raising concerns as a key route to learning and improving and does not discipline people for raising concerns. In order to provide assurance regarding patient safety concerns raised in 2023, the Royal College of Surgeons were invited to perform a note review of all cases from 2017 to current. This had been completed and would report its findings in 6-8 weeks.
- The Trust would be submitting an expression of interest to be part of “Martha’s rule” trial, which would enable patients and their families to have 24/7 access to rapid review if a patient had suspected sepsis.
- Helena Ward had become the first ward at the Trust to be awarded Gold Excellent Care at Every Level (EXCEL) accreditation, which recognised the hard work the multi-professional team had been undertaking regarding patient care and to have created an environment which had enabled staff to thrive.

Antony Durbacz enquired if the Critical Care Team would be on a constant standby to assist with “Martha’s care”, or if they would be undertaking other work instead. The Chief Nursing Officer explained that the Clinical Outreach Team would be undertaking their normal role, as well as responding to any queries regarding Martha’s rule. She highlighted that the team created a bridge for patients who had been discharged from the critical care wards.

The Board of Directors noted the report.

**BD/24/03/10 Integrated Performance Report (IPR)**

The Chief Nursing Officer provided an overview on the Integrated Performance Report and made the following key points

**Workforce**

The Trust had received the Staff Survey results but were under embargo until the 7<sup>th</sup> March 2024, an action list had started to be develop to overcome the challenges which the results of the survey had highlighted.

The Trusts vacancy rate had reached its lowest rate of 1.6%, and had seen a decrease in the turnover of staff. Agency spend was at 1% compared to the target rate of 3.5%, nursing agency spend rate was at 0.82% compared to the target rate of 3.2%. Sickness levels had remained the same as the previous month, but had reduced overall in a rolling 12 month period.

## Quality

The Trust had not recorded any falls resulting in significant harm to patients in December but did record two category two hospital acquired pressure ulcers. The Trust birth to midwife ratio rate had been 1:23, which was an improvement on the previous months score, and had recorded no incidents where the label co-ordinator was not supernumerary and no incidents where 1:1 labour care had not been provided.

## Operational Performance

The Trust's 62 day performance regarding elective care had improved to 71.2%, however Colorectal, Urology and Skin still presented the Trust with a challenge. The Trust had seen an average of 272 patients attend the emergency department, compared to 227 for the same period of time in 2023. The Trust had lost a total of 2279 hours in ambulance handover time, which was linked to higher bed occupancy rate of 94.8%. The Industrial action and mid-month rise in recorded infections had impacted bed capacity at the Trust with 55 case of flu and 19 cases of covid being recorded.

The Trust reported 4 hour a mapped performance of 66.4% and unmapped at 58.2%, which was below the trajectory for 76% delivery by the end of March 2024 nationally and 70% locally. The Trust had a greater focus in February, including non-admitted performance improvement, speciality response, and management plan within 2 hours and weekly breach review by the clinical divisional triumvirates.

## Finance

The Trust had undertaken a large amount of work to reduce its expenditure in order to breakeven by the end of the 2023/24 financial year. The current best case scenario for the Trust would be a deficit of £3.5 million, however based on the current trajectory the Trust would end the current financial year with a deficit of £6.8 million, with a year to date the deficit £9.3 million. The Industrial action which had taken place in January had cost the Trust £2.3 million.

Antony Durbacz asked for clarification regarding the redflags in staffing incidents. The Chief Nursing Officer confirmed the roster system tracked how many nurses and health care assistants should be on shift and how many were on shift. She explained that there would be times when the staffing levels would not meet the need of the patients based on a variety of reasons. The system allowed staff to raise redflags when this occurred and explain the risks involved and the consequences, this would trigger matrons to be notified of the risks and determine if staff needed to be moved accordingly. The fill rates in the report were the important figure and a good indicator of safety at the Trust, she explained that the system enabled nurses to provide real time feedback about issues which effected them.

The Chief Operating Officer explained that the Trust's 4 hour of standard of care regarding patients attending the emergency department, was currently at 76% against

the targeted rate of 95%, and currently the Trust would reach the target of 76% in the next financial year. She explained that reaching the targeted rate would be a challenge for the Trust but would endeavour to achieve it. Antony Durbacz enquired if there would be any consequence for not reaching the target rate of 76%. The Chief Executive Officer confirmed that the Trust would not be able to access national legacy grant money, if the target was not met.

Paul Fairhurst asked what the Trust targeted percentage was regarding agency spend. The Chief People Officer confirmed that the Trusts aim was to avoid using agency staff where possible and felt the Trust could work towards agency free areas, especially in non-clinical corporate areas.

Sumita Hutchinson enquired how the Trust would improve Staff Health and Wellbeing. The Chief People Officer explained it was a point of frustration for him personally and a cultural challenge at the Trust, he felt that the best health and wellbeing intervention was to improve the quality of relationship between managers and their employee and getting the basic right for staff. He further explained that the Trust had invested in a team to investigate staff burnout.

Sumita Hutchinson wanted assurance that the Board of Directors would monitor the pressures that staff faced and how it affected their health and wellbeing. The Chief People Officer provided assurances that the Board would continue to monitor it via the People Committee.

The Board noted the Integrated Performance Report.

**BD/24/03/11 Quality Governance Committee Upward Report.**

On behalf of Ian Orpen, Nigel Stevens explained that the Committee had received a report from the Deputy Chief Medical Officer regarding the Trust’s review of patient waiting list and the quality assessments. It has also received an in-depth presentation regarding the new Patient Serious Incident Review Framework (PSIRF). The Director of Midwifery provided the Committee with an update highlighting the quality improvement plan which the Midwifery Team had utilised to decrease rates of Postpartum (PPH) at the Trust.

The Chief Nursing Officer explained that the maternity team had undertaken work in response to the East Kent Report, and looked at all the insights which had been classed as low harm. This work had identified that Trust could be an outlier for PPH, and started a trail drug which decreased the chance of PPH occurring.

The Chair enquired if the Maternity Team had used the Learning Together Methodology to create their improvement programme and shared learning from the drug trial. The Chief Nursing Officer confirmed it had used the learning methodology and shared the results with the Local Maternity and Neonatal System.

The Board noted the upward report.

**BD/24/03/12 Learning from Deaths Report Q2**

The Chief Medical Officer provided the Board of Directors a summary of the report, he explained the report was the mechanism the Trust used on how to identify how patients

died within the organisation, and highlight opportunities that may have been missed. The Trust had seen an improvement in the number of reviews which had taken place, however several areas still provided a challenge, one of which was gastroenterology.

The report highlighted that the Trust had four case of poor patient care, one of which related to a serious incident which had now been closed, another one had been investigated and found that the patient's death could have been avoidable. The Trust had two open in case in medicine and surgery.

The Trust had 16 inquests open, 35 inquests had been concluded, one inquest had required a member of staff to be in attendance. The Trust had one regulation 28 which had previously been reported to the Board of Directors, the Trust had gone back to the coroner regarding this, but as of the meeting had not had a response.

Paul Fairhurst asked what action had occurred regarding consultant staff availability in oncology. The Chief Medical Officer explained that large amount of additional administrative work in which consultants had to undertake was a problem across the Trust as a whole. He explained that recruiting administrators would help free consultants availability. Oncology had a specific issues due to limited amount of staff but the Trust was looking to overcome these via a recruitment drive.

Antony Durbacz asked if there was an option to modify the process, which would help with this but which would not produce too much risk. The Chief Medical Officer confirmed that the Deputy Chief Medical Officer was currently undertaking a review of the Quality process.

The Chair asked if anyone had quantified the data regarding productivity and how it had effected learning from Deaths. The Chief Medical Officer explained the best thing the Trust could do, was to ensure that it learnt from every death and make sure mistakes were not repeated.

The Board of Directors noted the report.

### **BD/24/03/13 Medical Revalidation Annual Statement**

The Chief Medical Officer apologised that the statement had not gone via the People Committee before being presented to the Board of Directors. He explained that this was due to the Trust waiting for a high level review to take place, however it had been placed on hold due to industrial action. The Trust had seen an increase in the number of appraisals, and the amount of training which they had received. He stressed that consultants were aware that having one appraisal in a five year period would no longer be acceptable, and to date the Trust had not had to red flag any member of staff for not completing their appraisal.

Sumita Hutchison asked what the process behind revalidating consultants was and the data involved in it. The Chief Medical Officer explained that the Trust used a wide range of data, which included complaints and any associated incidents relating to the consultants, as well as gaining information from clinical leads and line managers, to help triangulate all the data.

Antony Durbacz sought assurance that all consultants took part in this process. The Chief Medical Officer confirmed that appraisals were for the individual to engage with, he explained the Trust tried to avoid deferring appraisals unless that there was a valid reason behind it.

Antony Durbacz asked how the Non-Executive Directors could support the Executive Team with this process. The Chief Medical Officer confirmed he would reflect on this outside of the meeting.

The Board approved the annual report and statement of compliance for responsible officers and revalidation.

**BD/24/03/14 Bi-Annual Nurse Staffing Review**

The Chief Nursing Officer provided a summary of the review and explained that the Trust Staffing levels were aligned with targets the Board of Directors agreed in 2022. There had been one significant change in July 2023 where the Trust had agreed to utilise Band 6 Junior Sisters on all wards to help increase clinical leadership, this would take 12 months to achieve but would not need an increased level of investment.

The Care Quality Commission had performed an unannounced inspection of Medical Care in July 2023, the report included a ‘should take’ action which stated ‘the Trust should continue to recruit additional Health Care Assistants (known as Health Care Support Workers within the Trust) to ensure establishment levels were met’.

The Trust fill rates were now at the targeted rate, and was finalising its annual staffing review, which would be presented at a future Board of Directors meeting.

The Board of Directors approved the paper.

**BD/24/03/15 People Committee Upward Report**

Paul Fairhurst explained that the Trusts 2023 gender pay gap report had not been discussed at the People Committee meeting but had agreed that NEDs who attended the committee, the Chief People Officer and the Deputy Chief People Officer could discuss it at their monthly meeting together. The meeting noted that the Trust had delivered against its commitment, and had delivered all bar one of its actions from the previous year’s report. It was agreed that a local equality impact analysis would take place in clinical areas and would be presented to the People Committee at the same time as the Gender Pay Gap report to ensure that the data could be triangulated.

The Board noted the upward report.

**BD/24/03/16 People and Culture Strategy 6 monthly update**

The Chief People Officer provided an overview of the Trust’s People & Culture Strategy and explained that the Trust agreed in 2022 the People Plan which aimed to ensure that people who worked at the Trust would be advocates for it and would recommend the Trust as a place to work. The Trust would deliver the people plan via four work streams; Safe and inclusive environment, people feeling valued within the workplace, getting the basics right first time, and setting up staff for success.

Paul Fox asked where the Trust had scored regarding staff recommending the Trust as a place to work. The Chair explained that this information was embargoed until the 7<sup>th</sup> March 2024.

The Board of Directors noted the Trust’s progress against the agreed People Plan, the workforce risks being addressed, and how the People Plan addressed workforce risks.

**BD/24/03/17      RUH Anti-Racism Statement**

The Chair welcomed the Head of Equality, Diversity and Inclusion to the meeting, she played the Anti-Racism video which had been created.

She explained that the Trust’s Anti-Racist Statement set out the commitment and determination to make the RUH a place in which everyone could thrive. The statement had been written following two Board-development sessions and had been co-created with colleagues through the EDI networks. The Anti-Racism Statement contained a clear ‘statement’ of purpose and intent, to highlight that the Trust would be committed to being an anti-racist organisation.

The Chief People Officer thanked the large group of staff who had been involved to create the statement, it had taken 7 months of engagement which would set the Trust aside compared to its peers.

The Chair asked if the Intensive Care Team who featured in the video had created it from their own initiative. The Head of Equality, Diversity and Inclusion confirmed the team had worked together with the Trust Freedom To Speak Up Guardian to create it.

Paul Fairhurst felt the Board would need to continually reflect on how it would deliver the commitment it had made to embed anti-racism into the Board's own structures, processes and decision making

The Chief Executive thanked the Head of Equality, Diversity and Inclusion and the team for all of the hard work which had gone into creating the video and the statement.

The Board of Directors approved the Trust’s Anti-Racism Statement and noted that the Council of Governors would review the Statement at their meeting next week.

**BD/24/03/18      Non-Clinical Governance Committee Upward Report**

Sumita Hutchison provided an overview of the upward report and explained that the Trust had a spent 2.4% on digital turnover compared to its peers, the solution to which was to utilise what the Trust had already in place. The Digital systems needed to be aligned with each other, which included a robust governance structure. She explained that the Trust only had two PA’s of consultant time regarding clinical engagement. The Chief Medical Officer disagreed with this point, he highlighted that work had taken place, with a significant number of digital PAs and consultants who had identified themselves.

The Board of Directors noted the upward report.

**BD/24/03/19      Finance and Performance Committee Upward Report**

Anthony Durbacz gave an overview of the Finance & Performance Committee upward report to the meeting, he highlighted that the committee undertake a lot of work, and that



the focus was to seek assurance that the Trust would hit its projected trajectory. The Committee was concerned about the Business plan, due to the size of the task the Trust was trying to achieve from a financial point of view, the second aspect of it, was that advice and guidance operationally had not yet been disclosed nationally.

The Board of Directors noted the upwards report.

**BD/24/03/20 Charities Committee Upward Report**

Sumita Hutchison explained that the Trust was still waiting for funding regarding the Green Heart. The Trust's Internal investment improved to £3.5 million, compared to £2.6 million from last year, and that the robotics' campaign had been achieved ahead of schedule due to the hard work from RUHX.

Nigel Stevens asked how the Trust compared to other charities. The Chief Strategic Officer explained that the Trust was being more efficient as a charity compared to previous years, and that the Trust had benchmarked well. The Chair felt that compared to other organisation the RUHX was very effective.

The Chief Medical Officer confirmed that he would be running the Bath Half Marathon on Sunday 17<sup>th</sup> March 2024 in aid of RUHX.

The Board of Directors noted the upward report.

**BD/24/03/21 Any Other Business**

No other business was discussed.

*The Meeting closed at 15:05*