Royal United Hospitals Bath
NHS Foundation Trust

Report to:	**Public Board of Directors**	**Agenda item:**	**6**
Date of Meeting:	**1 May 2024**		

Title of Report:	**Governor Log of Assurance Questions and Responses**
Status:	**For Information**
Board Sponsor:	**Alison Ryan, Chair**
Author:	**Roxy Milbourne, Deputy Head of Corporate Governance**
Appendices	**Appendix 1: Governor Log of questions May 2024**

1. Executive Summary of the Report

This report provides the Board of Directors with an update on all questions on the "Governors' log of assurance questions" and subsequent responses. The Governors' log of assurance questions is a means of tracking the communication between the Governors and the Non-Executive Directors (NEDs). Governors are required to hold the NEDs to account for the performance of the Board and this is one way of demonstrating this.

One question (FEB24) was closed by the Council of Governors at their meeting on 14 March 2024. Six new questions (MAR24.1, MAR24.2, MAR24.3, MAR24.4, MAR24.5 and MAR24.6) were raised after the last report was presented in March 2024.

The Chief Nursing and Chief Medical Officers have provided a response to MAR24.1 and MAR24.2. Questions MAR24.3, MAR24.4, MAR24.5 and MAR24.6 were submitted to the Membership Inbox on 13 March 2024, and they have been submitted to the relevant Board members for response. Due to the detailed nature of the questions the Board members are still in the process of formulating a response and this will be circulated to the Council of Governors in due course.

2. Recommendations (Note, Approve, Discuss)

The report is presented for information.

3. Legal / Regulatory Implications

None

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)

There are no risks on the risk register.

5. Resources Implications (Financial / staffing)

There are no resource or financial implications.

6. Equality and Diversity

All Governors no matter their background can input into the NED questions.

7. References to previous reports

March 2024.

8. Freedom of Information

Public

9.	Sustainability
Governors have asked questions on various topics including sustainability.	

10.	Digital
Governors have asked questions on various topics including digital.	

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Appendix 1: Governor Log Assurance Questions

Date:	**4 March 2024**
Source Channel	**Email Sent to the Membership Inbox on 4 March 2024.**
Date Sent & Responder	Sent to Toni Lynch, Chief Nursing Officer and Jason Lugg, Deputy Chief Nursing Officer on 4 March.
Question and ID	**MAR24.1 -** Can the Governors receive clarification regarding the reported days without pressure ulcers on Peirce Ward, given the conflicting figures provided by various sources including Quality Governance Committee, social media and the Governor Quality Working Group. The discrepancies in the reported data undermine confidence in the accuracy and integrity of the information provided.
Process / Action	Sent to Toni Lynch, Chief Nursing Officer and Jason Lugg, Deputy Chief Nursing Officer on 4 March. Response circulated on 27 March 2024.
Answer	Thank you for your email and assurance question relating to pressure ulcer data for Pierce Ward. I have reviewed the Quality Reports and the minutes for each of the meetings and I do understand how the presentation of data could be confusing. My summary is as follows: •There was no Quality Report presented at the Board of Directors meeting in November 2023. I therefore assume that any reference to the number of days that Pierce Ward was pressure ulcer free was verbal. •At the December 2023 Quality Governance Committee, the data presented was from September 2023. There was no specific reference in the Quality Report to the number of days the Pierce was pressure ulcer free. Again I can only assume that any reference was verbal in nature. •Reporting at the Governors Quality Working Group in February used the January Quality Report which was November 2023 data. I recall verbally stating at the meeting that the number of days Pierce Ward had been pressure ulcer free was likely to be higher but I had been on leave and was not familiar with the latest data. I am sorry for the confusion that this has caused. Toni or I will often provide a verbal real time position which will be different to the Quality Report as the data is reported 2 months in arrears to allow for analysis and validation. I am sure the Governors will agree that there has been a significant improvement in pressure ulcer care on Pierce Ward and this is something to be celebrated.
Closed?	Open. To be closed at the Council of Governors meeting on 13 June 2024.

Date:	**5 March 2024**
Source Channel	**Email Sent to the Membership Inbox following Strategy and Business Planning Working Group on 8 February 2024**
Date Sent & Responder	Sent to Chief Medical Officer, Deputy Chief Medical Officer and Physician Associate Leads
Question and ID	**MAR24.2 -** 1. How does the Trust address the significant pay disparity between Physician Associates, Anaesthetic Associates and Junior Doctors, ensuring alignment with the triple aim duty? 2. What provisions has the Trust made to address potential unfair pay claims related to the employment of Physician Associates and Anaesthetic Associates? 3. How does the Trust ensure sustainable employment of Physician Associates and Anaesthetic Associates considering any funding incentives and the triple aim duty? 4. How does the Trust ensure patients are adequately informed about Physician Associate and Anaesthetic Associate roles to facilitate informed decision-making, aligning with the triple aim duty? 5. How will the Trust monitor and address Never Events associated with Physician Associates and Anaesthetic Associates to ensure patient safety and quality of care, in line with the triple aim duty? 6. What measures are in place to ensure that Physician Associates and Anaesthetic Associates work within their defined scope, considering the triple aim duty? 7. How are PAs deployed and supervised at RUH, ensuring alignment with the trust's objectives and the triple aim duty? 8. How is it viable for doctors to supervise Physician Associates and Anaesthetic Associates considering the triple aim duty? 9. What measures are in place to ensure equitable access to training and development opportunities for all staff members, considering the long-term implications for the development of our future senior medical staff and alignment with the triple aim duty? 10. Will the Trust suspend further recruitment of Physician Associates and Anaesthetic Associates until evidence is provided that their roles are safe, cost-effective and aligned with the triple aim duty of improving health outcomes, enhancing service quality and ensuring resource sustainability?
Process / Action	Sent to the Chief Medical Officer, Deputy Chief Medical Officer and Physician Associate Leads on 5 March for response. Response circulated via email on 13 March 2024.
	1. Pay scales are agreed nationally, with PAs and AAs on Agenda for Change (AfC) and junior doctors on doctors' national contracts. This means we cannot amend nationally set pay scales. There are no AAs employed in the Trust and there are no plans to establish these posts. All new posts in the Trust are reviewed prior to advert to determine what professional is the most appropriate to ensure we meet the triple aim duty. Most PAs in the Trust are in posts that we were unable to fill with alternative clinical professionals, so they fulfil an otherwise unmet need. 2. The RUH uses the NHS job evaluation scheme, which allows NHS jobs to be matched to nationally evaluated profiles, based on information from job descriptions and person specifications. There are two nationally evaluated profiles for Physician Associates, both used by the RUH and can be found here. Aligning job descriptions to national profiles minimises the risk of equal pay claims. 3. There are currently no funding incentives in hospitals to employ PAs or AAs. If incentives are forthcoming in the future, we would only employ PAs if we could ensure a clear plan for sustainability once any incentive ends. All posts are reviewed before they are advertised through well-established processes, and this would be the same for any PA expansion. 4. In common with all clinical staff, PAs are expected to introduce themselves to all patients and wear an identity badge with their name and role. They are expected to explain their role in their team and that they are not a doctor (but work as part of the medical team under the supervision of a doctor). We are currently exploring if a trust uniform for PAs would be helpful for the general public. 5. All Never Events are investigated and reviewed at Trust level. If an event involves a PA, it will be investigated in the same way as any other event. Part of this investigation will always include the roles of all those involved to determine if an inappropriate level of clinician contributed to the issue. 6. All PAs currently employed within the Trust have a clearly defined scope of practice, individualised to their area of work. Every PA has a named Consultant supervisor responsible for monitoring their work to ensure they do not work outside their scope of practice. Further we ensure that they have appropriate training to do the role. Any issues with PAs being asked to work beyond this can be escalated to the departmental lead or the trust PA lead. We have a Consultant Geriatrician who is our Trust PA Lead to oversee this new role.

Answer	7. There is not a lead PA currently in the Trust but there is a Consultant who leads on PA development. There are 3 PAs in Haematology working on the ward, day unit and in clinic. They have consultant supervision at all times to ensure safe practice. They also all have a named educational supervisor, responsible for ensuring they have regular appraisals and career progression. They were appointed following a business case to expand the Haematology department and to deal with gaps in service provision. They provide weekend cover for the Haematology ward with a Consultant always in the building supervising them. There are 2 PAs in General Surgery. They have a named supervisor and work as part of the surgical team ensuring patient care is provided in a timely manner. One of these PAs works predominantly on the in-patient wards supporting the FY1 doctors, the other supports the colorectal 2week wait pathway triaging referrals against a set protocol. Both have a dedicated Consultant supervisor. There are 2 PAs in the Stroke Department (less than full time as one PA has teaching commitments in University of the West of England). They support the medical team in providing care for ward patients. They have a named supervisor and work on the ward with a team of Advanced Care Practitioners and Specialty Doctors plus a supervising Consultant of the day. There is one PA in Breast Surgery. This post has started recently and they remain in training. Ultimately the aim is for this PA to support the clinical team in providing care for outpatients and inpatients. They have a named supervisor and are currently supernumerary in their role. All the PAs currently employed are in post to support the other clinicians. They can perform blood tests, insert cannulas and provide clinical assessment of differentiated patients. They are able to complete admin tasks otherwise done by doctors such as discharge letters and discharge discussions with patients and their families. This saves time and helps support doctors being able to attend training such as clinics and procedure lists. There will be clear pathways for career progression for PAs within each department (under development currently). These pathways will be reviewed centrally to ensure they do not negatively impact training for doctors. 8. As a Trust, we have only put PAs in post when there was a need that could not be met by an alternative or where meeting that need with a doctor would negatively impact upon their medical training. Every department employing PAs has a clear plan in place to ensure that supervision of PAs does not negatively impact on doctors' workload. For instance, in Haematology, employing PAs to work at weekends means the Consultant on the ward can focus on the clinical review of patients while the PA supports this. In General Surgery the PA triaging 2ww referrals mean the registrars have more training time in theatre. 9. Each department is responsible for training for all staff within the department. All departments are aware of the need to ensure doctors in training can access their required education to ensure they develop to be consultants in the future. In most departments employing PAs, they are used to support trainees rather than compete for training opportunities. The aim of the trust in future is to ensure that any new PA post clearly specifies how the post will support trainees to meet their educational requirements as well as improving patient care. In this Trust, we have a long history of employing Nurse Practitioners who support the medical teams and provide local knowledge to ensure the best care for patients. The expectation is that PAs will do the same in future. PAs should be appointed as well as doctors, in a supporting role both for patients and clinicians, while also ensuring PAs have access to career development to aid retention. 10. The Trust has not committed to suspending further recruitment of PAs but all proposed posts need to be scrutinised and authorised by the Deputy Medical Director (Workforce.) Specific need for these roles needs to be articulated by the specialty as well as the positive impact they will have on doctors and medical training. For assurance purposes a job description, clear supervision and line management will be established (as currently). New legislation whereby the GMC will become a multi-professional regulator will help assure patients, colleagues and employers that PAs are appropriately educated, qualified and safe. The GMC is clear that they are not doctors, and can't replace them but can play an important role within a multidisciplinary team.
Closed?	Closed at the Council of Governors meeting on 14 March 2024.

Date:	**13 March 2024**
Source Channel	**Email Sent to the Membership Inbox on 13 March 2024.**
Date Sent & Responder	Sent to the Chief Nursing Officer for response on 18 March 2024
Question and ID	**MAR24.3 -** 1. Can assurance be provided that the hospital administration is actively addressing concerns raised by cleaning staff regarding safety, workload, and training adequacy? 2. How confident are we that measures are in place to enable cleaning staff to feel safe and supported in raising concerns through appropriate channels? 3. Can assurance be given regarding efforts to ensure that new cleaning staff receive sufficient training to perform their roles effectively and safely, considering the recommended duration compared to the current duration? 4. How assured are we that the hospital is effectively managing staffing shortages to prevent cleaning staff from frequently working alone without necessary support? 5. Can assurance be provided that protocols are in place to facilitate assistance from clinical staff for cleaning tasks involving heavy furniture and equipment? 6. How confident are we that the hospital is ensuring proper utilisation of the new microfibre mop system, including the necessary frequency of steam cleaning? 7. Can assurance be given regarding strategies to mitigate the absence of a dedicated level 2 cleaning team and the associated workload and efficiency challenges for cleaning staff? 8. How assured are we that cleaning staff consistently adhere to infection control protocols, including the proper removal of PPE when exiting level 2 rooms/zones? 9. Can assurance be provided that procedures are in place to ensure the safe transportation of dirty mops and microfibre cloths to prevent contamination of patient and public areas? 10. How confident are we that the hospital effectively monitors and enforces compliance with protocols for the transportation of cleaning equipment to minimise the risk of cross-contamination in patient care and public areas? 11. Can assurance be provided re the hospital's response to the reported escalations in infection levels, including any measures being taken to investigate contributors such as cleaning standards, and the implementation of corrective actions where necessary?
Process / Action	Sent to Toni Lynch, Chief Nursing Officer for response on 18 March 2024.
Answer	
Closed?	Open

Date:	**13 March 2024**
Source Channel	**Email Sent to the Membership Inbox on 13 March 2024.**
Date Sent & Responder	Sent to the Chief People Officer, Paul Fairhurst and Sumita Hutchison, Non-Executive Directors for response on 18 March 2024
Question and ID	**MAR24.4 -** How does the trust ensure that 'Freedom to Speak-Up' effectively safeguards employees who raise concerns, especially in light of recent reports in media about a senior staff member alleging that they were sacked for whistleblowing?
Process / Action	Sent to the Chief People Officer, Paul Fairhurst and Sumita Hutchison, Non-Executive Directors for response on 18 March 2024
Answer	
Closed?	Open

Date:	**13 March 2024**
Source Channel	**Email Sent to the Membership Inbox on 13 March 2024.**
Date Sent & Responder	Sent to Toni Lynch, Chief Nursing Officer for response on 18 March 2024.
Question and ID	**MAR24.5 -** Drawing from the lessons learned from the Mid Staffordshire scandal, and in light of recent concerns regarding potential compromises to safe staffing levels and patient safety amidst financial considerations, could the Board reaffirm its commitment to guiding strategic direction and ensuring that executive decisions prioritise patient safety above financial targets? Specifically, could the Board provide insights into the overarching strategies in place to maintain safe staffing levels, monitor workload pressures, and support staff well-being, thereby upholding the trust's duty of care to both patients and employees, while actively mitigating risks associated with historical incidents such as Mid Staffordshire? Furthermore, acknowledging the decision to delay replacing the Director of Estates & Facilities, and entrusting the responsibility to the Director of Nursing on an interim basis, how does the Board plan to ensure that essential functions are adequately overseen during this transition period, while proactively addressing any potential gaps in expertise to safeguard against adverse impacts on patient care and safety?
Process / Action	Sent to Toni Lynch, Chief Nursing Officer for response on 18 March 2024.
Answer	
Closed?	Open

Date:	**13 March 2024**
Source Channel	**Email Sent to the Membership Inbox on 13 March 2024.**
Date Sent & Responder	Sent to Paran Govender, Chief Operating Officer for response on 18 March 2024.
Question and ID	**MAR24.6 -** Can the governors be provided with assurance that steps are being taken to address these concerning incidents and improve the care and dignity of patients during ambulance handovers?
Process / Action	Sent to Paran Govender, Chief Operating Officer for response on 18 March 2024.
Answer	
Closed?	Open

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Date:	**20 February 2024**
Source Channel	**Email Sent to the Membership Inbox / Membership and Outreach Working Group**
Date Sent & Responder	Sent to NEDs on 27 February 2024
Question and ID	**FEB 24-** Have the NEDs received assurance and reassurance that the Trust is working closely with the ICS, and in particular BaNES Council, to address the discharge of patients from hospital to more appropriate community settings?
Process / Action	Sent to NEDs on 27 February 2024. Response provided by Nigel Stevens, Non-Executive Director on 5 March 2024.
Answer	The NEDs through both Board meetings and assurance committees have continually reviewed actions in hand to improve discharge options and consequently reduce the numbers of patients who fall into the Non-criteria to Reside category. The NEDs have been provided with evidence of significant work that has taken place with all key stakeholders, most notably BaNES to manage the complex pressures, both operational and financial, facing all agencies. NEDs have also noted that significant improvements in the relationships between key stakeholders has lead to advances in discharge management, but recognise the significant challenges still faced. NEDs will continue to focus on these very important issues including some of the changes happening in local care provision.
Closed?	Closed at the Council of Governors meeting on 14 March 2024.