

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE PUBLIC BOARD OF DIRECTORS****WEDNESDAY, 1 May 2024, 13:00 – 16:00****VENUE: PAVILION FUNCTION ROOM, KINGSWOOD SCHOOL UPPER PLAYING
FIELDS, LANSDOWN ROAD, BATH, BA1 9BH****Present:**Members

Alison Ryan, Chair
Christopher Brooks-Daw, Director of Governance / Chief of Staff
Cara Charles-Barks, Chief Executive
Antony Durbacz, Non-Executive Director
Paul Fairhurst, Non-Executive Director
Jocelyn Foster, Chief Strategic Officer
Paul Fox, Non-Executive Director
Sumita Hutchison, Non-Executive Director
Jon Lund, Interim Chief Finance Officer
Antonia Lynch, Chief Nursing Officer
Hannah Morley, Non-Executive Director
Ian Orpen, Non-Executive Director
Nigel Stevens, Non-Executive Director
Alfredo Thompson, Chief People Officer

In attendance

Elizabeth Bradbury, Aqua (*Observer via Teams*)
Public Governors
Sarah Hudson, Divisional Director of Operations, Medicine
Zita Martinez, Director of Midwifery (*agenda item 11*)
Roxy Milbourne, Interim Head of Corporate Governance
Charlotte Nicol, Lead Paediatric Nurse (*agenda item 8*)
Sarah Richards, Deputy Chief Medical Officer
Pippa Ross-Smith, Deputy Chief Finance Officer (*agenda item 16*)
Kelly Spencer, Head of Research Operations (*agenda item 15*)
Kathryn Kelly, Executive Assistant (*minute taker*)

Apologies

Para Govender, Chief Operating Officer
Andrew Hollowood, Chief Medical Officer and Deputy Chief Executive
Libby Walters, Chief Finance Officer

BD/24/05/01 Chair's Welcome and Apologies

The Chair welcomed everyone to the meeting, and confirmed that apologies had been received from Libby Walters (Chief Finance Officer), Andrew Hollowood (Chief Medical Officer) and Paran Govender (Chief Operating Officer).

The Chair introduced Jon Lund (new Interim Chief Finance Officer) and Pippa Ross-Smith (Deputy Chief Finance Officer) to the meeting and explained that Sarah Hudson (Divisional Director of Operations, Medicine) and Sarah Richards (Deputy Chief Medical Officer) were representing their Directors respectively.

BD/24/05/02 Declarations of Interest

The Interim Chief Finance Officer explained that he was currently on secondment from the BNSSG (Bristol, North Somerset and South Gloucestershire Integrated Care Board), who held a commissioning contract with the Trust.

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

BD/24/05/03 Written questions from the public

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

BD/24/05/04 Minutes of the Board of Directors meeting held in Public on 6 March 2024

The Chief Nursing Officer reported that she had requested an amendment to page 5 of the minutes and confirmed that the version of the minutes provided had been updated.

The minutes of the meeting held on 6 March 2024 were approved as a true and accurate record.

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

There were no actions to close on the action list.

BD/24/05/06 Governor Log of Assurance Questions and Responses

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

BD/24/05/07 Item Discussed at Private Board of Directors meeting.

The Chair reported that the majority of the private meeting had been confidential, however there were a few items to note:

- Community services had been discussed and the challenge of resolving various conflicts had been acknowledged. The Trust was currently halfway through the bid process and this would end in July;
- The Trust was currently in critical incident level 2 and this was due to norovirus cases and problems with managing the estate during an infection. There was also a backlog of patients testing positive for COVID and emergency demand was extremely high, with over 300 attendances. The Chair reported that this was happening virtually every weekend and the Trust was focussing on flow and the reason for the high acuity;
- The Board had agreed to proceed with the Decarbonisation scheme.

BD/24/05/08 Patient Story

The Chair welcomed Charlotte Nicol, Lead Paediatric Nurse, to the meeting. The Chief Nursing Officer invited the Lead Paediatric Nurse to give a brief overview of the story contained in the video. The Lead Paediatric Nurse explained that the patient had been patient on the ward with her mother and had been admitted with an eating disorder and complex mental health issues.

The video highlighted the ward environment as not being very good and the mother explained how it would have been helpful to have somewhere for long-term patients to have access to. The Lead Paediatric Nurse explained that the aim was to divide the ward up to create an area for teenagers/young people experiencing mental health

disorders. The mother highlighted the lack of communication between the CAMHS team and the Trust and there had been a lack of understanding as to who was taking forward the child's care. The mother reported that his had now improved and closer links had been formed which would hopefully enable for less of a traumatic experience in future for patients.

The Lead Paediatric Nurse stated that the Trust was confident in the newly strengthened relationship with CAMHS and improved security on the ward. Bespoke training was also now in place and it was hoped that this would help build the confidence and expertise of staff.

The Chief Nursing Officer reported that the Trust was currently reviewing the paediatric nursing establishment and conversations were ongoing with Wiltshire College to see if they could assist in providing some education to children's and adults' nurses. The Chief Nursing Officer stated that providing an area where young people felt safe was very important. The Lead Paediatric Nurse stated that the Trust was not alone and these issues were being experienced across the country.

Sumita Hutchison posed a question regarding the position of the local Mental Health Trust and questioned as to how the Lead Paediatric Nurse felt about adjusting to the crisis. The Lead Paediatric Nurse stated that the position was challenging as the hospital was viewed as a place of safety.

Ian Orpen thanked the Lead Paediatric Nurse for all the work she was doing and acknowledged the challenges being faced. He questioned whether the Lead Paediatric Nurse was receiving the right amount of support. The Lead Paediatric Nurse stated that she felt well supported and felt happy with the progress being made. The Chief Executive acknowledged the changing face of paediatrics and stated that it was important to link in with training programmes to influence the spectrum of training to achieve a better balance.

Paul Fairhurst reflected on a discussion which had taken place at the last People Committee in relation to clinical skills training and incorporating mental health training. He stated that he would be interested to hear if the community services contract would present an opportunity for improvement. The Chief Strategic Officer agreed that this would be the case if within the area, but would not work with patients out of the area. The Chief Executive stated that this could be discussed within the mental health collaborative and recognised that this was a challenge.

Antony Durbacz questioned whether the Lead Paediatric Nurse was getting enough support to provide the new space. The Lead Paediatric Nurse stated that the team were taking the time to think about what would create the best service for patients and the Trust was supporting them in this.

In conclusion, the Chair agreed that she and the Chief Executive would look into the issues raised regarding mental health.

Action: Chair/Chief Executive

The Chair stated that the Chief Strategic Officer would further investigate the issues regarding community health.

Action: Chief Strategic Officer

The Chair thanked the Lead Paediatric Nurse for her presentation.

The Board of Directors noted the patient story.

BD/24/05/09 CEO and Chair's Report

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

The Trust had formally received the results from the staff survey and this had been the best response rate so far. The Chief Executive stated that it was fantastic for 69% of staff to recommend the Trust as a place to work, which put it in the top 20 in the country. The Chief Executive also highlighted that a greater number of staff from global majority backgrounds had responded to the survey.

The Chief Executive highlighted Maternity Services and how this was a real public concern at present. She praised the Maternity Team for retaining their outstanding rating from the CQC which put them in the top 3 nationally. The Chief Executive reported that this rating had been achieved by an incredible amount of hard work. She described the Director of Midwifery as being phenomenal, with a fantastic degree of positivity and energy, which was encouraging the staff to thrive. The Chief Executive explained that the local Birthing Centres had also improved and both had received good ratings.

The Chief Executive stated that the report from the unannounced CQC inspection in the Surgical Division would be received in due course.

The Chief Executive stated that the Dyson Cancer Centre had opened on 26th April 2024 and feedback so far had been phenomenal. The Trust was one of the largest providers in the South West and the ambition was to be the best in the country. Work had also commenced on ICU improvement works and a key strategic aim was for this to be consolidated to achieve a larger ICU which would be ready by Winter 2024.

The Chief Executive explained that there had also been refurbishment of staff and public areas, e.g. Lansdown Restaurant, and the menu had been refreshed. There was also now a Barista coffee van outside the Maternity Unit, further facilities planned for the Cancer Centre and the regular Food Fayres.

Sumita Hutchison highlighted the number of attendances in ED, especially in March, and questioned what sort of conversations were taking place to address this. The Chief Executive stated that the Trust continued to work with the Ambulance Trust and GP's to identify where the variation was and the interventions in place.

The Divisional Director of Operations, Medicine, acknowledged that March had been exceptional with paediatric attendances increasing steadily. Work was being done in urgent care and, whilst the pressures in primary care were understood, this was why high numbers were being seen at weekends. Pharmacy provision within Bath city was also not ideal out of hours and this was having a knock-on effect.

The Chair acknowledged that the current aspirations were being looked into in the community services bid and it was hoped that this would lead to a reduction in emergency demand.

Ian Orpen questioned whether patients were being seen in a timely manner in primary care. The Divisional Director of Operations, Medicine, acknowledged that access to primary care physicians could affect attendances and that work was ongoing to recognise health inequalities areas and how communities could be further supported.

The Board of Directors noted the report.

BD/24/05/10 Integrated Performance Report (IPR)

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

- Demand had affected the Trust’s delivery and, despite unplanned care pressure, the Trust was reporting good performance in relation to patients reporting for planned care.
- The Trust had seen more category 2 pressure ulcers and there had been two category 3 ulcers in February.
- The Maternity CQC survey had reported a positive performance and the only area of concern had been offering a choice of birthing centres which had been the impact of community birthing centre services being suspended in February.
- The pleasing staff survey results which had been received and the approval of the People Plan programmes;
- The publication of the Trust’s anti-racism statement in March;
- Focussing on the reduction of temporary staffing costs including a reduction in agency spend;
- The small increase in sickness absence which was being carefully monitored;
- The challenges of controlling spend and the work which was ongoing to make improvements on the trajectory.

Hannah Morley questioned Length of Stay and what the Trust’s position was on this as an objective in the future. The Deputy Chief Medical Officer stated that, as the Trust moved to the electronic care data set, discussions were ongoing about how the Trust mitigated against this.

Paul Fairhurst highlighted the ward round compliance and the option of reverting back to a paper system. He questioned whether this was a backward step. The Chief Nursing Officer explained that the Trust did not currently have hand held devices for ward rounds but it would in the future when the transition from paper to digital would take place.

Sumita Hutchison questioned how the Trust was responding to the non-movement of figures relating to staff anxiety, stress and depression. The Chief People Officer acknowledged that the figures had remained persistent over time despite interventions. This required more analysis and review and lots of work was being dedicated to understanding short term sickness.

Sumita Hutchison questioned whether the pressure ulcer figures were the result of lapses in care and not having enough staff in place. The Chief Nursing Officer stated that pressure ulcers occurred for a number of reasons but acknowledged that inadequate staffing levels were one of the reasons for increased numbers. She explained that there could often be delays in care and leadership, but that it was important to have well-run wards with the right level of knowledge and skills in place. The Chief Nursing Officer stated that any pressure ulcer obviously caused harm but the Trust’s continued programme of improvement ensured that the pressure ulcer figures were much lower than other Trusts.

Antony Durbacz questioned whether there was a start date to the maternity EPR system. The Director of Midwifery confirmed that the start date would be 2025.

In response to a question from Nigel Stevens, the Chief Nursing Officer confirmed that the Patient Experience Strategy would be present to the Quality Governance Committee first and then to Board. The Chief Strategic Officer reported that the work relating to the Atrium was ongoing with a group of staff and volunteers looking at that the future experience should be like. This would be reported back at a future Board meeting and the most likely option was a phased approach which it was hoped would not cost a great deal of money.

In response to a question from Paul Fairhurst relating to the anti-racism statement and results from the staff survey, the Chief People Officer agreed to think about how results could be evaluated sooner.

Action: Chief People Officer

The Board noted the Integrated Performance Report.

BD/24/05/11 MIS Combined Maternity and Neonates Quarterly Report Q3

The Chair welcomed the Director of Midwifery to the meeting.

The Director of Midwifery highlighted that the Trust made two referrals to the Maternity and Neonatal Safety Investigations (MNSI) team hosted by the Care Quality Commission. One referral had been confirmed as an ongoing investigation at the family’s request, one had not progressed following the MNSI triage process. The Director of Midwifery noted that one new internal Serious Incident was declared in Q3.

The Director of Midwifery reported that the Avoiding Term Admissions into Neonatal Units (ATAIN) rates had increased and a deep dive had been requested with thematic analysis. This would be reported to Board through future reports.

The Chief Executive posed a question to the Director of Midwifery regarding her learning over the past year. The Director of Midwifery stated that culture and leadership was the most important. She explained that she had found colleagues to be very welcoming, friendly and engaging and she encouraged her team to be kind, respectful and to lead with empowerment.

Nigel Stevens questioned whether any of the successes in Maternity could be replicated elsewhere in the Trust. The Director of Midwifery reported that the team had a lot of

engagement with its users and rhythmical governance systems and processes were important.

Ian Orpen congratulated the Director of Midwifery on enabling staff to feel listened to in a way they had not previously been and he stressed the importance of this.

The Chief of Staff questioned what had been the most challenging part of the Maternity Incentive Scheme. The Chief Nursing Officer explained that it had been difficult to hear midwives who had told her that services were not right and safe. She praised the Director of Midwifery for providing clarity and ensuring that the speciality was well connected. The Chief Nursing Officer stated that the only way to assure the Board was through truly understanding maternity services and that to have achieved the outstanding CQC rating was a cause for celebration but the level of focus must be maintained.

The Board thanked the Director of Midwifery for all her work.

The Board noted the report.

BD/24/05/12 Delegation of Authority to Sign Off Quality Accounts

The Chief Nursing Officer reported that the Quality Accounts must be published by 30th June 2024.

The Board agreed the delegation of authority to the Quality Governance Committee to sign off the Quality Accounts.

BD/24/05/13 Quality Governance Committee Upward Report

The Chief Nursing Officer stated that it was proposed to rename this Committee as the Quality Assurance Committee and to move to meeting bi-monthly once systems and processes were aligned.

The Board approved the renaming of the Committee.

The Board noted the report.

BD/24/05/14 People Committee Upward Report

Paul Fairhurst stated that most of the issues raised in the report had been covered in the CEO and Chair's Report and the Integrated Performance Report. He summarised that there were currently high levels of activity across all elements of the People Plan with good assurance and equity. Areas to watch were the Restorative Just and Learning Culture and challenges to address from the Staff Survey. In terms of culture and leadership development, Paul Fairhurst acknowledged that there was more work to be done in order to drive staff experience and patient care.

Antony Durbacz questioned the reservist scheme and how this had come to the fore. The Chief People Officer reported that this scheme had been in existence for approximately two years and had been a legacy of COVID.

The Chief of Staff stated that it would be interesting to see how the Restorative Just and Learning Culture would connect with PSIRF (Patient Safety Incident Response Framework). The Chief People Officer acknowledged that consistency would be key.

The Chief Nursing Officer stated that the Trust was working hard in its transition to PSIRF and trying to take away the punitive/blame approach which had been integral to the NHS. The Chief Nursing Officer described that the Trust was really focussed on this and it was a work in progress.

The Chief Strategic Officer stated that it was easy to miss some of the emerging risks. Paul Fairhurst stated that, in terms of workforce planning and reviewing risks, this was an issue for all the Committees. The Chair suggested that horizon scanning might be something which could be added to the template for upward reports. The Chief of Staff stated that he had been noting any rising risks and it would be more appropriate for these to be added to the Risk Register.

Nigel Stevens stated that the biggest risk to the Board was taking the time to think and not giving the appropriate amount of time and space to look at what was on the horizon.

The Board noted the upward report.

BD/24/05/15 Research and Development Strategy

The Chair welcomed the Head of Research Operations to the meeting.

The Head of Research Operations reported that the Trust stood out as a research organisation and it continued to deliver research strategies and developed areas of expertise. The Head of Research Operations stated that research was important for the entire organisation and the aim was to make research as accessible as possible. The Head of Research Operations explained that the team were good at reaching out to partners, funders and peers to use research to support the local community and the people the Trust served.

Nigel Stevens stated that he liked the clear and simple style of the strategy.

Paul Fairhurst expressed his gratitude for the clarity of the report and questioned whether the Trust was where it wanted to be in terms of incorporating this into other areas. The Head of Research Operations confirmed that there was still more work to be done.

The Chief People Officer raised the issue of consultants and the expectation of them carrying out research projects. The Deputy Chief Medical Officer reflected that the majority of medics wanted to do research and this was an untapped resource. The Head of Research Operations explained that the allocation of time for research was important and capacity was being looked at in job planning.

The Board approved the Research and Development Strategy.

BD/24/05/16 Year End Position

The Deputy Chief Financial Officer stated that the position had vastly improved and this had been despite the year of change which included periods of industrial action.

The Chief Strategic Officer stated that the final plan would be provided to Governors in June.

Paul Fox thanked the Finance team for all their hard work in arriving at this position.

The Board of Directors noted the report.

BD/24/05/17 Non-Clinical Governance Committee Upward Report

Sumita Hutchison shared her concern about the development of a new Sustainability Strategy and she requested clear direction from the Board as to how this could go forward. The Chief Executive acknowledged that this could be covered in a future Board Seminar session.

The Board of Directors noted the report.

BD/24/05/18 Finance and Performance Committee Upward Report

Antony Durbacz explained that the numbers had been changing as the FPC met and this had been unusual. He acknowledged that the Improvement Programme was important and it would be important to monitor how the structure was modified.

The Board of Directors noted the report.

BD/24/05/19 Audit and Risk Committee Upward Report

Paul Fox highlighted that the Internal Audit position had not been where it should be but he had raised this with the Chair and Chief Executive. As a result, the Chief of Staff had now intervened and a positive outcome had been achieved.

The Board approved the delegation of approval of the Annual Report and Accounts to the Audit Committee on 20th June 2024.

The Board of Directors noted the report.

BD/24/05/20 Board Assurance Framework Summary Report

The Chief of Staff requested that the Board take the paper as read and explained that the full BAF would return to the Board in July. The Chief of Staff reported that the BAF had recently been reviewed by the Executive Team and much tighter synergy was being brought to the risk register.

The Board of Directors noted the report.

BD/24/05/21 Any Other Business

The Chair expressed her thanks to Elizabeth Bradbury (Aqua), Governors, members of the public and to the Head of Communications for attending the meeting.

No other business was discussed.

The Meeting closed at 15.50 hours.