

**Minutes of the Public Meeting of the Council of Governors of the
Royal United Hospitals Bath NHS Foundation Trust
Thursday 2nd December 2021, 13:30 – 15:30
Virtual via MS Teams**

Present:

Alison Ryan, Chair

Public Governors

Anne Martin
Gill Little
Melanie Hilton
Peter McCowen
Peter Buttle
Nesta Collingridge-Padbury
John Osman
Virginia McNab

Staff Governors

Julie Stone
Narinder Tegally
Sarah Bond
Baz Harding-Clark

Stakeholder Governors

Bryn Bird

In attendance:

Ian Orpen, Non-Executive Director
Jeremy Boss, Non-Executive Director
Nigel Stevens, Non-Executive Director
Victoria Downing-Burn, Deputy Director for People (*item 8*)
Rhiannon Hills, Deputy Chief Operating Officer for Transformation (*item 10*)
Members of public
Adewale Kadiri, Head of Corporate Governance
Dan Asamoah, Interim Deputy Head of Corporate Governance
Abby Strange, Membership & Governance Administrator (*minute taker*)

CG/21/12/01 Chair's Welcome and Apologies and Resignation

The Chair welcomed the Governors to the meeting and noted that apologies had been received from Anna Mealings, Sumita Hutchison, Catrinel Wright, Alison Born, Dave Clarke, Johnny Kidney, Sophie Legg, Suzanne Harris and Horace Prickett

The Chair indicated that Horace Prickett had joined the Council of Governors as the new Public Governor for South Wiltshire.

CG/21/12/02 Declarations of Interest relevant to items on the agenda

No declarations of interest were noted.

CG/21/12/03 Approval of the minutes of the Council of Governors meeting held in public: 2 September 2021

The minutes of the meeting held on 2 September 2021 were confirmed as a true and accurate record of the meeting.

CG/21/12/04 Action List and Matters Arising

All action updates were agreed as presented.

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CG225 – The Interim Deputy Head of Corporate Governance confirmed that the IT team would set nhs.net accounts up for all Governors once approval had been received from the Information Governance team. A guide had been designed to support Governors.

Melanie Hilton enquired whether a virtual training session would still take place. The Interim Deputy Head of Corporate Governance confirmed that this would be scheduled once all accounts had been created.

Anne Martin indicated that Microsoft Teams allowed her to view a maximum of 4 people and identified this as a disadvantage as the pandemic had not allowed all Governors to meet. The Chief Executive confirmed that a ‘together mode’ was available that enabled the user to see all camera feeds during meetings. Peter Buttle recognised that this could related to the version of Microsoft Teams that had been downloaded and shared his concern that use of nhs.net accounts would prohibit Governors from using Microsoft Teams to participate in activities outside their role. The Chair requested that a discussion take place with IT to prevent this from happening and the ‘together mode’ was explained in the training session.

Action: Interim Deputy Head of Corporate Governance

CG/21/12/05 CEO, Operational and BSW Update Report

The Chief Executive presented the report and indicated that priorities were to increase staffing levels and close vacancies. A recruitment taskforce had been established to support this and the Chief Nurse was undertaking a review to uplift nursing levels. Finance was challenging and an efficiency drive was in progress to maintain the position and breakeven by the end of the financial year. Access to ED remained challenged and the Chief Operating Officer was in attendance to provide an update on this.

The Chief Operating Officer reported that the Trust was using data to understand whether the situation was improving as a result of the action taken. There had been an improvement in the performance of hospital but the Trust faced specific challenges relating to COVID-19 rates and staffing. Key priorities to progress were:

- Improving the estate to isolate infection and increase winter capacity;
- Improving infection prevention and control processes and flow;
- Reducing the number of patients that did not meet criteria to reside;
- Recruiting to vacancies and increasing staffing levels;
- Remaining united and positive as a Trust;

Gill Little enquired why higher levels of COVID-19 infection had been seen in comparison to Bristol following the distribution of false negatives and what learning points had been identified. The Chief Operating Officer agreed to investigate this with Public Health England and Banes Swindon and Wiltshire Clinical Commissioning Group (BSW CCG).

Action: Chief Operating Officer

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Gill Little acknowledged failures to recruit to domiciliary care roles in the private sector and enquired whether delays in discharge could be attributed to this. The Chief Operating Officer explained that this related to short term care and discharge was predominantly hindered by limited access to long term domiciliary care. The Trust had partnered with BANES Council to develop a plan to build long term resilience by creating different workforce and career opportunities and this was due to be signed off. This would focus on complicated and rural packages of care to address the challenge created by unfulfilled hours in BANES and Wiltshire.

Melanie Hilton queried whether there were opportunities to utilise St Martins. The Chief Executive confirmed that short term leases were available and the Director of Estates and Facilities was reviewing refurbishment requirements to establish whether this was viable.

Anne Martin requested an update on the status of outpatient waiting lists. The Chief Operating Officer indicated that all hospitals had received additional funding to maximise elective work and reduce waiting times. Waiting lists were prioritised from a clinical perspective but the Trust was required to balance this with increased cancer referrals, COVID-19 infections and increased demand in the Emergency Department. The Chief Executive informed the Council that appointments were at pre-COVID levels but staffing levels and recruitment difficulties limited the ability to scale appointments up to meet the increased demand. Nigel Stevens provided assurance that Quality Governance Committee (QGC) were monitoring the backlog and were assured that processes were in place to progress this. The Chair reflected that whilst a complete resolution was not in the Trust's power, the aim was to work constructively with the Integrated Care System (ICS) to problem solve. The recently appointed BSW Chief Executive had an extensive understanding of community services and would be able to use this experience to provide support once in post.

The Council of Governors noted the report.

CG/21/12/06 NED Update on Questions from Governors

The Non-Executive Directors (NEDs) provided assurance on questions submitted by the Council of Governors relating to staffing, patient stories, Sulis, financial deficit, impacts of financial decisions on quality and the Emergency Department.

Staffing

The Chair provided a response on behalf of Anna Mealings. She reported that the People Committee reviewed staffing levels at each meeting and the Chief Nurse was in the process of reviewing establishment levels to ensure that enough staff were recruited with the correct skills mix. NEDs were assured that robust plans and processes were in place to address recruitment challenges and this was a priority for the Board as a whole.

Patient Stories

The Chair reported that patient stories were not part of the feedback mechanism that the Trust had in place but were a way for the Board to sample patient and staff experience. They set the tone for the following meeting.

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Sulis

Jeremy Boss assured the Council of Governors that the acuity level of patients treated at Sulis had been agreed and verified. A review was underway to ensure this was at the correct level and work was in progress to maximise the capacity and capability of the Trust and Sulis.

Deficit

Jeremy Boss assured the Council of Governors that Finance and Performance Committee (FP&C) received regular reports on key performance indicators (KPIs) from the integrated performance report and collated COVID-19 costs and worked to understand BSWs view on the financial position of the system as a whole. He indicated that Governor Observers on the committee could provide additional assurance on these processes.

Impact of Financial Decisions on Quality

The Chair assured the Council of Governors that the Trust was required to make quality impact statements if cost releasing savings were made. Jeremy Boss reported that all decisions included an element of quality and safety and this was evident in reports to Board of Directors, QGC and FP&C. Cross membership on these committees ensured that work was not duplicated and Governors could seek assurance through committee observation.

Emergency Department

The Council of Governors received assurance as part of item 5.

The Chair reflected that the majority of assurance questions could be answered by information included in meeting papers and asked the Council of Governors to consider information that was available to them when discussing questions to submit.

CG/21/12/07 Governor Working Groups Chairs' Reports & Approve Annual Reports

Strategy and Business Planning

Melanie Hilton reported that the working group had received updates on the Patient Engagement Strategy, Strategic and Business Plan and Sulis Mobilisation and had sought assurance on the division of funding across the system and recruitment to Sulis.

Quality

Gill Little reported that the working group had received updates on the decision making process in relation to the transfer of patients to Sulis, Critical Care Outreach and working with volunteers to improve patient and staff experience. They sought assurance on patient satisfaction and auditing at Sulis and arrangements for patients requiring support from specialist clinicians.

Membership & Outreach

Mike Midgley reported that the working group had received a briefing on Shaping a Healthier Future Engagement and had emphasised the importance of reaching seldom heard groups. They were keen to resume engagement via face to face meetings but were exploring the possibility of producing Governor introductory videos in the interim.

People Working Group

The working group had not met since the last Council of Governors meeting.

Board Monitoring

Gill Little reported that Governor observers had discussed covering key items of importance to members of the public earlier in the meeting. They had reflected on the lack of questions received from members and had discussed the possibility of the Membership Office emailing members to encourage this.

The Chair extended her apologies for the number of agenda items discussed at the last Public meeting, leading to rather truncated discussions, and assured the Council that further time and focus was given to items during the Private Board of Directors meeting which followed.

CG/21/12/08 People Strategy and Milestones

The Chair welcomed the Deputy Director for People to the meeting who presented an update on the draft People Strategy. She reported that this would continue to progress and was vital in terms of supporting staff to support patient experience. The Strategy was being developed as part of a national programme of work and further guidance had recently been received to provide direction on working with social care for NHS organisations.

Mike Midgley acknowledged reports on the number of staff that felt bullied and harassed by other staff and enquired whether this was improving. The Director for People indicated that this was measured through the staff survey and was included in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) to establish whether these groups was disproportionately affected. Restorative Just Culture had been introduced as a counter measure and the prevalence in staff raising concerns through the Freedom to Speak Up service had increased as people felt more able to do so.

Anne Martin queried whether the increase in paperwork requirements was a source of pressure. The Deputy Director for People reflected that clinical colleagues understood the need for reporting and requirements had increased to ensure that employers were providing the opportunity for staff to work at the top of their licences. Where possible non-clinical staff would take responsibility for paperwork to release clinical hours. Bryn Bird indicated that paperwork was important in terms of data gathering and coding.

The Council of Governors noted the report.

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CG/21/12/09 Annual Declarations of Interest

The Interim Deputy Head of Corporate Governance presented the report and indicated that the following declaration had been received from Johnny Kidney after the paper had been published:

- Chair of Wiltshire Health Select Committee, commenced May 2021

The Council of Governors noted the report.

CG/21/12/10 Alongside Maternity Unit Briefing

The Chair Welcomed the Deputy Chief Operating Officer for Transformation to the meeting who presented a briefing on the Alongside Maternity Unit. She reported that the primary risk related to capital funding which was yet to be identified and a full NHS England and Improvement (NHSEI) compliant business case had been completed to mitigate this by applying for central funding. Next steps were to present the outline business case to the Local Maternity System (LMS) in December in preparation to submit a final version to Management Board and Board of Directors by February 2022.

Gill Little enquired whether rental savings from Paulton and Trowbridge Maternity Units could provide a source of funding. The Deputy Chief Operating Officer for Transformation indicated that plans had been developed to better utilise the space to cover some of the revenue costs.

Mike Midgley queried whether capital funding could be received via the New Hospitals Programme (NHP). The Deputy Chief Operating Officer for Transformation indicated that a national bid had been submitted for longer term investment as part of phase 1 but BSW CCG had advised the Trust to ensure a stand-alone business case was ready in addition to this to maximise funding opportunities.

Anne Martin sought assurance on car parking provisions. The Deputy Chief Operating Officer for Transformation confirmed that staff, women and families had decided that a dedicated parking area would discriminate against other patients. A drop off area would be provided and extra spaces would be created where possible.

The Council of Governors noted the report.

CG/21/12/11 Deputy Lead Governor Proposal and Decision

Gill Little presented the proposal to introduce a Deputy Lead Governor role as a way of planning for succession to the Lead Governor role. She asked the Council to consider three potential processes for appointing to the Deputy role.

Mike Midgley reflected that Salisbury NHS Foundation Trust had a system to elect a Deputy to shadow the Lead Governor prior to fulfilling the role. He recommended that this be arranged in conjunction with election cycles.

The Council of Governors approved the proposal and agreed to submit suggestions on the appointment process to the Membership Office.

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Action: Council of Governors

CG/21/12/12 Lead Governor Report

Gill Little requested that Public Governors inform the Membership Office of their availability to establish a schedule of coffee mornings for each constituency.

Action: Public Governors

A considerable number of assurance questions had been submitted to the Non-Executive Directors and a log of these was requested from the Membership Office.

Action: Membership and Governance Administrator

The Council of Governors noted the report.

CG/21/12/13 Stakeholder Governor Feedback

No feedback was provided.

CG/21/12/14 Items for Future Work Plan

No additional items were identified.

CG/21/12/15 Meeting Review

The Chair extended her thanks to the Interim Deputy Head of Corporate Governance for his work whilst in post.

The meeting closed at 15:30

The next Council of Governors meeting is due to be held on 10 March 2022.

SignedDate

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