

**Minutes of the Public Meeting of the Council of Governors of the
Royal United Hospitals Bath NHS Foundation Trust
Thursday 14th March 2024, 14:00 – 16:00
Pavilion Function Room, Kingswood School Upper Playing Fields,
Lansdown Road, Bath, BA1 9BH**

Present:

Alison Ryan, Chair

Public Governors

Anna Beria

Kate Cozens

Viv Harpwood

Nicola James

Nick Gamble

Ian Lafferty

Paul Newman

Vic Pritchard

Anne-Marie Walker

Staff Governors

Craig Jones

Baz Harding-Clark

Gary Chamberlain

Stakeholder Governors

Cllr Alison Born

Cllr Johnny Kidney

In attendance:

Antony Durbacz, Non-Executive Director

Paul Fairhurst, Non-Executive Director

Paul Fox, Non-Executive Director

Hannah Morley, Non-Executive Director

Nigel Stevens, Non-Executive Director

Joss Foster, Chief Strategic Officer (*deputising for the Chief Executive*)

Jane Carter, Head of Research Operations (*item 6*)

Ben Padfield, Associate Director for People, Culture Change (*item 7*)

Kerrie Hopson, Clinical Lead for Hospital at Home and ART+ (*item 14*)

Roxy Milbourne, Interim Head of Corporate Governance

Abby Strange, Membership & Governance Administrator (*minute taker*)

CG/24/03/01 Chair's welcome, introduction and apologies

The Chair welcomed everyone to the meeting and noted that apologies had been received from Cara Charles-Barks, Chief Executive and Sumita Hutchison and Ian Orpen, Non-Executive Directors. Apologies had also been received from the following Governors:

Public Governors

Di Benham

Staff Governors

Beas Bhattacharya

Narinder Tegally

Stakeholder Governors

Cllr Catrinel Wright

CG/24/03/02 Declarations of Interest relevant to items on the agenda

There were no declarations of interest raised.

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CG/24/03/03 Approval of the minutes of the Council of Governors meeting held in public on 14 December 2023

The minutes of the meeting held on 14 December 2023 were approved as a true and accurate record of the meeting subject to the discussed amendments below.

Anna Beria and Nicola James raised an issue with the way that the physician associate (PA) related questions had been reflected on page 3. They felt the essence of what had been asked and the ensuing discussion had not been captured accurately. The Interim Head of Corporate Governance encouraged the Governors to raise issues as soon as the minutes were circulated so that they could be dealt with in a timely manner. It was agreed that the response to the PA assurance questions would be attached to the minutes of the previous meeting with a note to explain that the relevant section of the minutes did not correspond to the Governor’s memory of the discussion.

Action: Membership and Governance Administrator

Anna Beria sought clarification on the meaning of ART+ on page 4. The Chief Strategic Officer confirmed that this stood for the Acute Regional Therapy Service which provided a wraparound service when patients were due to be discharged. This would be reflected in the minutes and all abbreviations would be spelt out going forward.

Action: Membership and Governance Administrator

CG/24/03/04 Action list and matters arising

The action updates were agreed, and the items listed for closure were approved.

Anne-Marie Walker asked whether the diary could be reviewed as Governors had not been able to observe an Audit and Risk Committee meeting that had taken place earlier in the day. Nicola James suggested that Governors who were due to attend two successive meetings were provided with a workspace at the Trust. The Chair advised that the diaries were incredibly busy, and The Trust would endeavour to accommodate Governors requiring a workspace.

CG/24/03/05 CEO Update Report

The Chief Strategic Officer presented the CEO Update on behalf of the Chief Executive and reported:

- The Trust had ranked in the national top 20 and regional top 3 places that staff would recommend to work in the Staff Survey.
- Operational performance was challenging due the level of demand and the increased complexity and acuity of patients.
- The Trust remained on track to achieve the required £3.5m deficit by year end.
- The Royal College of Surgeons had been invited to conduct a review of cases in relation to an employment tribunal that had recently been covered in the media. The report would be available in 6-8 weeks and an update would be provided.
- Planning permission had been granted for the Sulis Elective Orthopaedic Centre and two additional modular theatres would be operational by the end of the year.

Anna Beria sought clarification on the term ‘reducing headcount’. The Chair explained that this referred to the number of people that the Trust employed, including bank and

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agency. There was pressure to reduce headcount and improve productivity due to the financial situation across B&NES Swindon and Wiltshire (BSW), however the Trust had agreed to increase staffing levels in 2019 and did not intend to make reductions. Vacancies had been frozen as a result and the Trust was focused on reducing agency and bank spend.

Gary Chamberlain shared his experience of the pressure that staff were under and asked whether staff sickness impacted bank and agency usage. The Chair confirmed that it would vary across departments, but it was likely that bank and agency staff would be required when staff were off on long term sickness, these staff would the count in the 'headcount'. The Staff Survey results indicated that the right decisions were being made and sickness levels were within the normal range for an NHS hospital. The Chief Strategic Officer added that it was incredibly challenging to balance performance and staffing.

Nicola James asked whether the Trust continued to use specialist agency workers. The Chief Strategic Officer advised that a very small number of specialist agency staff continued to work in specialist areas. The Chair assured the Governors that whilst strong controls were in place, the Trust would continue to do what was needed to ensure the delivery of safe care. Paul Fairhurst added that the Chief People Officer intended to implement zero agency zones but recognised that there were some areas that would continue to require agency support.

Anne-Marie Walker reflected on weekend premiums and asked whether staff could be allowed to access this if they worked unsociable hours. The Chief Strategic Officer explained that this was dependent on the type of contract that a member of staff was on.

Kate Cozens recognised that there were contradictory factors and pressures in the Emergency Department (ED) and sought assurance that a plan was in place to improve performance. The Chief Strategic Officer confirmed that plans were ongoing, and the Trust was doing everything it could to improve processes. Greater clarity was being sought on demand to allow predictions to be made, but the range of factors made it difficult to be precise. Nigel Stevens provided additional assurance that the Board had discussed this in detail and had identified three constituent parts; changing demands, managing day to day pressures, and the challenge presented by the overall long term improvement plan. The improvement plan was key to improving performance and the Non-Executive Directors (NEDs) had received a significant amount of assurance around this. The Chair added that as part of work with the Integrated Care System (ICS), the Trust would be focusing on providing a more sustainable health service that centred around prevention, admission avoidance and faster discharge.

Paul Fairhurst referenced the plans to improve the Trust's performance against the 4 hour target and provided assurance that the data indicated that the plans were delivering. Antony Durbacz added that the Finance and Performance Committee discussed this on a regular basis and had identified that the performance objectives were not aligned with the money that was available. The Chair agreed with this and

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stated that whilst funding was needed to enable change, improvements would happen at system level and there were some internal actions that the Trust could take.

Ian Lafferty sought clarification on the financial consequences of the year end deficit. The Chair indicated that finances were operated at system level and plans had initially added up to an overall deficit of £100m. The ICS had been asked to reduce this to £40m and the Trust would need to find a share of the required savings. The deficit had already been reduced from £150m and each organisation would need to drastically change the way that it worked to reduce this beyond £100m. NHS England (NHSE) was now advising systems that they would need to reach a breakeven position by year end and there were ongoing discussions around this. Nicola James reflected on the pressure to meet targets and shared her concern around how NHSE incentives might increase this.

The Council of Governors noted the report

CG/24/03/06 Research and Development Update

The Chair welcomed the Head of Research Operations to the meeting who provided an overview of research and development at the Trust and an update on the development of the Research Strategy.

Gary Chamberlain stated that Southmead Hospital asked patients whether they would like to take part in research and suggested that the Trust could do something similar. The Head of Research Operations explained that this was not a common practice as research projects were specific and not all patients would be able to participate. The Trust currently used a national system to identify patients who met specific criteria.

Nicola James asked whether patients involved in research had the option to opt out of their data being used for commercial purposes. The Head of Research Operations indicated that a range of options were available on the consent form and provided anecdotal evidence of a patient who had changed their mind about their data being used for commercial purposes following a public workshop. Anna Beria reflected on her own experience of research and suggested informing members about various opportunities.

Vic Pritchard asked whether the Trust participated in drug development. The Head of Research Operations stated that the organisation did not develop drugs but worked with pharmaceutical companies to test them. The Trust was paid for this work which enabled it to invest in its own clinical research.

The Council of Governors noted the update.

CG/24/03/07 The RUH Anti-Racist Statement

The Chair welcomed the Associate Director for People, Culture Change to the meeting who presented the RUH Anti-Racist Statement for approval. This had been discussed at the Governor People Working Group in February and the Board of Directors had approved the statement in March for immediate launch subject to the approval of the Council of Governors.

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Ian Lafferty asked whether anti-racism would form part of mandatory training for staff. The Associate Director for People, Culture Change was unsure whether this would form part of mandatory training but advised that resources would be available to staff.

Kate Cozens asked whether the Trust tracked the number of job applicants from a global majority background. The Chair confirmed that the Trust was required to track and publish this information and the process was fully transparent.

The Chair reported that a key role for the Council of Governors would be to hold the organisation to account for the delivery of its anti-racist stance. She emphasised that the Board of Directors, Council of Governors, and all staff were individually required to demonstrate a commitment to the statement through their behaviours.

The Council of Governors approved the statement.

CG/24/03/08 Appointment of External Auditors

Paul Fox provided an overview of the external auditor tendering process and reported that of the two bids received, Deloitte had been the only compliant provider. The Audit and Risk Committee had approved the proposal to award a contract to Deloitte and it was recommended that the Council of Governors approve the appointment.

Viv Harpwood and Anne-Marie Walker identified themselves as the Governors who had participated in the tendering process. They provided assurance that they had been fully briefed on and involved in the process and agreed with the recommendation.

Gary Chamberlain sought clarification on the length of the contract and why the recommendation was to continue with the same auditors. Paul Fox advised that the contract was for an initial period of 3 years, with an option to extend for 2 periods of 12 months. Deloitte had been recommended as the only eligible bid and this would align the Trust with the other acute hospitals in BSW. The Chair added that it was difficult for NHS organisations to appoint auditors.

The Council of Governors approved the recommendation to award a contract to Deloitte LLP for the provision of External Audit Services for an initial period of 3 years, with an option to extend for 2 periods of 12 months.

CG/24/03/09 Report from the Joint Board of Directors and Council of Governors Strategic Planning Away Day

The Council of Governors noted the report.

CG/24/03/10 NED Update on Questions from Governors

Nigel Stevens reported that he had drafted the response to 'FEB24' and much of the information had been covered in the earlier conversation around performance. He stated that whilst the whole system was under pressure, work was ongoing with local authorities and significant progress had been made during the last 18 months. This remained challenging due to conflicting priorities and limited funding, but the NEDs were assured that the Trust was doing all that it could to work with its partners.

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The Chair advised that a response to the question on pressure ulcers would be circulated as soon as possible and a response to the Physician Associate questions had been circulated prior to the meeting.

The Council of Governors noted the update and agreed to close ‘FEB24’ and ‘MAR24.2’.

CG/24/03/11 Governor Working Group Updates

Strategy and Business Planning

An update was not provided.

Quality

An update was not provided.

Membership and Outreach

Anna Beria reported that the working group had received an update on the Communications Strategy for the People in our Community and had discussed proposals for a Trust community day. An update had been provided on Insight magazine and a survey had been emailed to the members. Nicola James added that Governors would have the opportunity to submit articles to be included in the new magazine and the Chief Strategic Officer confirmed that the first issue was due in June 2024.

People

Baz Harding-Clark reported that the working group had discussed the Anti-Racist Statement and recommended its approval to the Council of Governors. They had also received updates on the REACH Network, Freedom to Speak Up and training opportunities for staff.

The Council of Governors noted the updates.

CG/24/03/12 Lead Governor Report

Viv Harpwood thanked the Council for their ongoing engagement and enthusiasm and welcomed Nick Gamble as the new Deputy Lead Governor. She reported that she had met with the Chair and Interim Head of Corporate Governance twice since December, and discussions had centred around assurance questions. She asked the Governors to make use of the ‘NHS Providers Induction Toolkit’ and provided an overview of the qualities that an effective Council of Governors should possess. Collaborative working would be a priority going forward with an emphasis on working with the Board in a constructive and effective way.

Viv Harpwood asked when the Council had last completed an evaluation of its effectiveness. The Interim Head of Corporate Governance advised that this had last been completed prior to the pandemic.

Nick Gamble provided an overview of his experience of the ward accreditation programme and recent Patient Led Assessment of the Care Environment (PLACE). The

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Chair encouraged the Council to get involved in future ward accreditations and PLACE assessments.

The Council of Governors noted the report.

CG/24/03/13 Stakeholder Governor Feedback

Alison Born reported that collaborative work between the Trust and B&NES Council was progressing well with a significant improvement in flow over the last 6-12 months. The third sector presence in the Trust atrium was providing a good level of support and local adult and social care services would be moving in house from the beginning of April. The overall position was positive despite the ongoing financial challenges.

Johnny Kidney reported that there had been a significant decrease in the number of Wiltshire based patients waiting for support to be discharged from the Trust. Additional support had successfully been purchased from the private domiciliary care market to expand community capacity and it was hoped that the necessary funding would be available to support continued improvement into the next financial year. The Social Work and Brokerage Teams had worked incredibly hard to deliver this positive shift and the council was reducing the number of care home beds purchased as it was confident in the ‘home is best’ ethos. A Care Quality Commission inspection was expected in the next year as part of a new assurance process for local authorities and partners would be asked to share their views.

Nicola James asked whether recent nursing home closures related to the planned change in the provision of adult and social care services in B&NES. Alison Born confirmed that the only council run nursing home that had been closed was Charlton House. Staff had been redeployed and this would reopen as a residential school.

The Council of Governors noted the update.

CG/24/03/14 Hospital at Home Update

The Chair welcomed the Clinical Lead for Hospital at Home and the Acute Regional Therapy Service (ART+) to the meeting who provided an overview of the Hospital at Home Service. She provided the Governors with a Doccla kit and explained that this was used to monitor patients virtually.

Vic Pritchard asked whether the termination of the social care contract between B&NES Council and HCRG Care Group would impact the Hospital at Home service. Alison Born confirmed that HCRG Care Group would be given a 1 year interim contract whilst services were recommissioned to avoid disruption. She emphasised that only social care services would be operated in house.

Vic Pritchard asked how patients requiring a regular intravenous drip could be cared for at home. The Clinical Lead for Hospital at Home and ART+ explained that a wearable device was used to drip medication at regular intervals. Discussions would also take place with the Pharmacy Team to determine whether there were other ways of delivering medication and this was usually possible.

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Nicola James sought clarification on the purpose of the tablet in the Doccla kit. The Clinical Lead for Hospital at Home and ART+ confirmed that each element of the kit, excluding the thermometer, was Bluetooth enabled and automatically uploaded information to the Trust via the tablet.

Nicola James asked whether patients were provided with the necessary equipment on discharge and reflected on the need to consider factors such as ensuring patients moved regularly and could attend appointments. She added that admitting patients into hospital could often provide some respite for relatives. The Clinical Lead for Hospital at Home and ART+ recognised that it could be difficult for families to provide support and indicated that external support was arranged if this was not possible. This worked well in B&NES but was currently more challenging in Wiltshire. Encouraging patients to take responsibility for their care proved to be effective but the service only worked with those who wanted to go home and could safely managed this. The Trust organised the relevant equipment prior to discharging a patient and would refer them onto the relevant pathway once Hospital at Home support had ended.

Ian Lafferty noted that there were currently 4 different Hospital at Home models within the ICS and asked which model would be adopted by the Integrated Care Board (ICB). He also sought clarification on how the services were funded and whether this impacted personal care budgets. The Clinical Lead for Hospital at Home and ART+ confirmed that BSW was working hard enable 1 model and had identified the Trust’s model as the most viable in terms of meeting targets and quality requirements. Services were funded by NHSE through the ICB and did not impact personal care budgets.

Alison Born reflected that Hospital at Home was cost effective in that it enabled quicker recoveries. The Clinical Lead for Hospital at Home and ART+ agreed but emphasised that whilst efficiencies had been made, the quality of care had not reduced. She added that readmission rates had improved and the 28 day readmission rate for heart failure was at 10% in comparison to that national rate of 25%.

Kate Cozens asked whether patients from Mendip could be transferred to a Hospital at Home Service in Somerset. The Clinical Lead for Hospital at Home and ART+ confirmed that patients could be transferred, and it was beneficial for them to be looked after by the team that was closest to them. If a patient could not be transferred, the Trust would take care of them where possible.

The Council of Governors noted the update.

CG/24/03/15 Items for Future Work Plan / Any Other Business

No items were identified for the future work plan.

The Interim Head of Corporate Governance reported that NHS Providers had offered to facilitate a development session with the Council of Governors as part of their effectiveness evaluation and the proposed date was 4 June 2024, she asked all Governors to confirm to the Membership Office if they would be able to attend this date.

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Action: All Governors

The Interim Head of Corporate Governors advised that the Governor Code of Conduct had been reviewed to bring it in line with best practice. The initial draft would be circulated to the Governors for their comment and input and a small working group could be established if Governors so wished. The Code of Conduct would then be presented at the next meeting in June for final approval.

The meeting closed at 16:30

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