ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS
HELD IN PUBLIC ON WEDNESDAY, 27 APRIL 2016
OASIS CONFERENCE CENTRE, RUH, BATH

Present:

Voting Directors
Brian Stables, Chairman
James Scott, Chief Executive
Sarah Truelove, Deputy Chief Executive and Director of Finance
Francesca Thompson, Chief Operating Officer
Helen Blanchard, Director of Nursing and Midwifery
Tim Craft, Medical Director
Moira Brennan, Non-Executive Director
Joanna Hole, Non-Executive Director
Nick Hood, Non-Executive Director
Nigel Sullivan, Non-Executive Director

Non-Voting Directors
Claire Buchanan, Director of Human Resources
Howard Jones, Director of Estates and Facilities
Joss Foster, Commercial Director

In attendance
Julie Hill, Trust Board Secretary
Roxy Poultney, Membership & Governance Manager
Sharon Manhi, Lead for Patient and Carer Experience (present for item 16/04/06)
Laura Davies, Patient Experience Manager
Bernie Marden, Consultant Paediatrician and Neonatologist, Head of Women and Children’s Division, (present for item 16/04/06)
Jo Hodson, Lead Nurse, NICU (present for item 16/04/06)
Suzanne Wills, Divisional Manager, Surgery (present for item 16/04/07)

BD/16/04/01 Chairman’s Welcome and Apologies
The Chairman welcomed everyone to the meeting.

Apologies were received from: Jane Scadding, Non-Executive Director.

BD/16/04/02 Written Questions from the Public
There were no written public questions.

BD/16/04/03 Declarations of Interest
Each Director present confirmed that they had no direct or indirect interest in any way in the proposed transactions to be considered at the meeting.
BD/16/04/04 Minutes of the Board of Directors meeting held in public on 30th March 2016
The minutes of the meeting held on 30th March 2016 were approved as a true and correct record of the meeting.

BD/16/04/05 Action List and Matters Arising
The Action List updates were discussed and those indicated as closed were approved. A further update was provided on the following action:

PB444 – Maternity Dashboard – The Chief Operating Officer confirmed that the key Maternity KPIs would be included in next month’s Operational Performance Report.

BD/16/04/06 Patient Story: A Discharge Story (Paediatrics)
The Chairman welcomed the Lead for Patient and Carer Experience, Dr Bernie Marden, Consultant Paediatrician and Neonatologist, Head of Women and Children’s Division and Jo Hodson, Lead Nurse, NICU.

The Lead for Patient and Carer Experience explained that this month’s patient’s story concerned a 2 ½ year old girl who had suffered a neonatal stroke when she was born which had caused her to have severe brain damage and as a result spent a lot of time at the RUH.

The Lead for Patient and Carer Experience played an audio clip in which the patient’s mother described how her daughter had spent a lot of time at the RUH over the past year, particularly over the winter months when she was prone to infection. The patient’s mother explained that the family had received fantastic care from the nursing staff and noted a number of improvements to their experience during their time at the RUH which included an improvement in communication between the doctors and nursing staff regarding her daughter’s treatment.

The patient’s mother stated that one of the biggest frustrations was being required to fill in an admission form upon every visit to the hospital. She added that more often than not her daughter’s condition hadn’t changed between admissions and a passport system would be useful in the future to save filling in forms.

The patient’s mother also said that a useful addition to the child’s bed space would be an introduction of a “communication board” to enable parents to liaise with nurses and leave notes relating to their child’s care. The patient’s mother said that her other children would frequently have to come to hospital when her daughter was admitted and suggested a hospital garden area for the children to play outside would be beneficial. She added that the parents lounge on the children’s ward was not particularly accommodating.

The patient’s mother’s main concern related to when her daughter grows as the Trust did not have anywhere where a carer could change a disabled person in private, baby changing facilities would be inadequate as her daughter would be too big.

The Consultant highlighted the fact that the mother was keen to work with the Trust to make improvements. He confirmed that the Division had already assessed how
patients were admitted but the system was currently restricted by the requirements of the IT system. He added that he was working with the IT department to digitise the process within Millennium.

The Consultant stated that the Division were keen to work in partnership with families. He added that the Royal College of Paediatrics and Child Health had trialled a successful initiative regarding information boards which he would like to implement at the Trust.

Jo Hodson, Lead Nurse, NICU, added that the NICU team had knowledge to ensure the improvements made to parent accommodation as well as the garden space were correct and could support the Paediatric Department in delivering this.

The Chief Executive highlighted that the Paediatrics Department was an area he had visited as part of his patient safety visits and understood the parents' concerns. He added that the Sister of the ward was aware of the improvements needed to the garden and questioned if the Division were reliant on charitable funds. The Consultant confirmed that the Ward were reliant on the charitable funds and had worked up the costs for this but other priorities had arisen.

A Non-Executive Director (Moira Brennan) suggested that the Division engage with the Friends of the RUH for support. The Consultant confirmed that he would look into this.

The Medical Director expressed concern that the patients' mother felt disempowered when in a hospital setting to care for her child. The Consultant stated that the department needed to be better at working together with patients and their families (often expert carers) to embrace and utilise skills. He added that the ward would be establishing a "patient and family interest group" in the near future.

A Non-Executive Director (Nick Hood) questioned how medical staff interact with a patient who is unable to speak and see. The Consultant stated that it was often easier to interact when the child was known to the ward. Interaction was much harder when the child was unknown to the ward but the medical team are reliant on the parents being good advocates for their child as well as working in partnership with the team of Doctors.

A Non-Executive Director (Joanna Hole) asked what resources were available to parents who had to bring other siblings into hospital. The Consultant confirmed that the ward had a number of Play Specialists who would interact with children on the ward as well as siblings. The Lead for Patient and Carer Experience confirmed that this interaction occurred when the patient story was recorded.

The Chairman thanked the Lead for Patient and Carer Experience, Bernie Marden, Consultant Paediatrician and Neonatologist, Head of Women and Children’s Division, and Jo Hodson, Lead Nurse, NICU on sharing the patient’s story and welcomed the creation of a patient and family interest group.
The Chairman requested that an update on the development of the Children’s garden was included in the Women and Children’s Division update to the Board.

**Action: Chief Operating Officer**

**BD/16/04/07 Divisional Patient Safety Presentation**

The Chairman welcomed the Divisional Manager for Surgery who presented the report and invited them to give a presentation on the Surgical Division’s patient safety priorities.

- The Surgical Division’s five key patient safety priorities for 2015/16 were:
  - Reducing LOS
  - Surgical Ambulatory Care (ESAC)
  - Critical Care
  - Integration with RNHRD
  - Improving patient information

- The Surgical Division’s five key patient safety priorities for 2016/17 were:
  - Surgical Ambulatory Care (ESAC)
  - Critical Care
  - Frailty Pathway
  - Medical workforce (middle grades)
  - Nurse retention

A Non-Executive Director (Nigel Sullivan) questioned if Pain Services resided within the Division. The Divisional Manager for Surgery confirmed that pain services did reside in surgery and advised that the pathway needed to be made clear to avoid unnecessary readmissions.

A Non-Executive Director (Nick Hood) asked if the Division received financial support. The Divisional Manager for Surgery confirmed that everyone at the Trust was able to get support, but the Division delivered QIPP on a daily basis and strived to embed QIPP in everything.

A Non-Executive Director (Nick Hood) asked if the Division had any concerns for the forthcoming year. The Divisional Manager for Surgery confirmed that the Division worked within a complex system which included many factors which were out of their control such as GP referral rates. She added that when demand increased the Division was challenged but would be working hard to engage more with the community to change patient pathways and dispel myths.

A Non-Executive Director (Moira Brennan) sought clarity on why there had been an increase in pain referrals. The Divisional Manager for Surgery confirmed that often GPs would refer patients who repeatedly visited as they were unable to help them in the surgery. She added that pain was an extremely complex area and as a result of people living longer with complex concerns an expectation of pain management needed to be better embedded at GP level.

The Chairman thanked the Divisional Manager for Surgery for the presentation.
The Director of Nursing and Midwifery presented the report and highlighted:

- No wards had flagged on the Ward Triangulation Chart this month, this was the second month in succession where no wards were flagged.
- The Safer Staffing exception report would change next month to include the number of care hours per patient per day. NHSI were introducing this approach and intended to develop a national triangulation report which would include outcomes, finance and care hours across providers.
- A point system would be introduced to the Nursing Quality Indicators in the local triangulation chart in order to help the Divisions and Board of Directors identify wards that may need highlighting.
- There were 6 wards that had scored <70 on their FFT net promoter and to better understand the patient experience in these areas, the Matrons would be undertaking electronic patient questionnaires (E-quest) on 20 patients within each ward this month. The results would be reviewed by the Heads of Nursing.
- The Trust had had a challenging year regarding Clostridium Difficle and ended the year on 59 cases - 22 cases to date had been successfully appealed with an additional 6 in the appeal process. The CCG had identified no lapses in care.
- During March there had been 7 cases of C.difficile that were recorded as Hospital attributable. Midford ward had the highest number with 3 cases. Every case was being investigated and the root cause analysis would be determined. Early indications showed that late faecal sampling and poor infection control practices e.g. commode cleaning was a factor.
- There had been 6 hospital attributable Grade 2 Pressure ulcers last month, every case was being investigated and the root cause analysis would be determined. The Director of Nursing and Midwifery had discussed her concerns with the Senior Sisters and Matrons at the Professional Nursing and Midwifery Forum and they would be reported into the relevant specific Trust-wide groups and Operational Governance.
- A thematic review of all falls was planned for April to see if there was a correlation between patient risk factors e.g. eyesight or hearing impairment with other risk factors e.g. environmental factors. This would be cross referenced with falls data around time, location, and previous fall history, to identify whether any themes or trends emerge.

Dr Tim Craft, Medical Director, presented on the Deteriorating Patient and highlighted:

- The aim of the National Early Warning Score (NEWS) work stream was to ensure that NEWS was reliably and accurately used to monitor adult patients’ vital signs, that care is appropriately and reliably escalated and that correct actions were taken to ensure optimal care for the patient.
- There was an initiative to standardise the vital signs chart nationally.
- A review of NEWS chart as part of Deteriorating Patient Steering group had commenced.
- Every patient on admission to ED was required to have an early warning score completed within a given timescale.
• A task and finish group led in conjunction with CCIOs had been established to review and identify options for an electronic system to record vital signs.
• The important focus should be the action the Trust takes on the findings of an abnormal early warning score.
• The charts on page 9 of the quality report highlighted the NEWS score recorded for patients. The chart on the right was less green as it highlighted the complexities of acquiring the right score of the vital signs as a consequence of the early warning score.
• An overview of the Sepsis 6 care bundle which explained that the scores recorded in the Quality report highlighted how well the Trust was adhering to the care bundle. By adhering to the care bundle the Trust improved the care of patients.
• Using the metrics available, the Trust could triangulate how successful it had been in detecting deteriorating patients as well as how quickly it had responded to them. Not only would this improve patient outcomes but it would directly impact hospital mortality rates.

The Chairman thanked the Medical Director for the additional presentation and stated that it was useful to have additional information to understand metrics that appear in the Quality report.

A Non-Executive Director (Nick Hood) asked if the CQC used National Early Warning Scores as comparison data. The Medical Director confirmed that the CQC would be likely to look at a Trust’s NEWS score during an inspection.

The Chief Operating Officer questioned if the Board should be concerned about the lack of accuracy in Emergency Department. The Medical Director confirmed that the Trust should be concerned about lack of accuracy everywhere, but stated that if the Board saw the operational run charts it would show the continuous improvements in detail.

A Non-Executive Director (Nigel Sullivan) asked if there were occasions where the vital signs don’t show and the patient deteriorated. The Medical Director confirmed that as the early warning score was now a national drive it meant that vital signs would be captured. He added that the use of NEWS was extended to outside of acute hospitals and therefore private hospitals and GPs would be aware of its importance.

A Non-Executive Director (Joanna Hole) stated that she understood there was greater prevalence of C.difficile nationally, but expressed her disappointment relating to the reasons why C.difficile was a factor at the Trust given the amount of investment and focus during 2015/16. The Director of Nursing and Midwifery confirmed that she shared these concerns, but added that the high number of vacancies, staff sickness rates, flow of patients and acuity all added to the complexity of reducing C.difficile at the hospital. The Medical Director added that a business case had been approved at Management Board in April which would enable the Trust to have onsite technology to test stool samples for C.difficile which would enable staff to identify whether a patient has C.difficile within two hours.
A Non-Executive Director (Joanna Hole) asked if there was anything else that could be done. The Director of Nursing and Midwifery stated that the education of staff was key to understanding the importance of testing for C.difficile as well as monitoring for the improvement and supporting staff to ensure the Trust had safe staffing levels to achieve the outcomes the Trust wanted to deliver.

A Non-Executive Director (Joanna Hole) queried why there was no data relating to sickness or appraisal rates on Violet Prince ward. The Chairman asked the Director of Human Resources to look into this and provide an update to the next meeting to understand why there was a gap in the data.

**Action: Director of Human Resources**

The Chief Operating Officer asked if the Trust could take a leadership role in regards to the deteriorating patient, she added that she would welcome a wider system approach to the deteriorating patient. The Medical Director confirmed that there was always more that could be done in the wider system which was underpinned by the work being undertaken with GPs which would ensure that GPs request patients are assessed rather than admitted in the first instance. He added that internally there was a lot of work to be done to identify deteriorating patients who were already inpatients but highlighted that the Trust should be able to take advantage of IT solutions which should see a step change internally to improve this.

The Chief Operating Officer questioned if the Trust was closing the loop in relation to the high number of datix reports at ward level. The Director of Nursing and Midwifery confirmed that the Heads of Nursing compiled a quarterly report which was reviewed by the Divisions as well as the Operational Governance Committee.

A Non-Executive Director (Moira Brennan) noted that the contact with PALS had decreased and sought assurance that the Trust hadn’t reduced people’s ability to contact PALS. The Director of Nursing and Midwifery confirmed that the Trust had in fact increased people’s ability to contact PALS by implementing increased weekend opening hours. She stated that the number of formal complaints had reduced, but added that it could have been a result of the CQC inspection.

The Chairman supported Joanna Hole’s concerns regarding C.difficile and the number of cases presented during March 2016 but took some assurance that the Management Board had approved the Business Case to provide in-house testing of stool samples. The Director of Nursing and Midwifery added that this should be implemented by July but the Division was being asked to implement sooner if possible.

The Board of Directors noted the report.
Six Monthly Safer Staffing Report

The Director of Nursing and Midwifery presented the report and highlighted:

- The report served as a six monthly review of safer staffing at the RUH and fulfilled a requirement of the National Quality Board (NQB) expectations and NICE guidance (2014) that all NHS organisations took a six monthly report to their Board of Directors on nurse staffing levels.
- The report provided summary details of the National Quality Board (NQB) expectations and actions taken by the Trust to date and compliance against current NICE guidance regarding safe staffing levels.
- The report provided a more detailed review than previous reports with regard to midwifery and children's nurse staffing levels and informed the Board of relevant NICE and RCN guidance and relevant benchmarks. The Women and Children's Division would be undertaking a staffing review in both these areas.
- The report informed the Board of the nursing and midwifery risks on the Trust’s risk register and those that are the current top highest risks.
- The report included the nursing and midwifery pay costs for 2015/16 and informed the Board of the overspend position and what actions were being taken to manage the pay costs in line with the budgets.
- In October 2015 a project whereby a Mental Health Practitioner reviews, assesses and plans the care for patients who require mental health support was commenced. This approach had a positive impact and resulted in a 50% reduction on RMN spend during 2015/16 compared to last year.
- The Trust had reduced agency spend by circa £1m which had been linked to greater access to bank staff.

A Non-Executive Director (Nigel Sullivan) questioned if the Trust captured why staff were leaving the Trust. The Director of Human Resources confirmed that reasons for leaving were captured in an exit interview with staff, but the main reason for the reduction in workforce was due to retirement but added that once retired a number of staff returned to work at the hospital.

A Non-Executive Director (Joanna Hole) asked if the Trust retained staff who had been recruited from abroad. The Director of Nursing and Midwifery confirmed that although recruitment drives were successful, once staff had gained confidence they were often drawn to apply for new roles for example, in London.

A Non-Executive Director (Nick Hood) questioned how norovirus affected staff. The Director of Nursing and Midwifery confirmed that the majority of staff had good resilience to norovirus, but the presence of norovirus in the hospital restricted the ability to move staff to other wards.

The Board of Directors noted the report.
BD/16/04/10 Operational Performance Report and
BD/16/04/11 Four Hours Improvement Plan Report
The Chief Operating Officer presented the report and highlighted:

- The two reports would be combined in May.
- The Trust was rated red in month against the Monitor Risk Assessment Framework access measures for March.
- The Trust’s four hour performance for March was 82.1%, rated red.
- The Trust had met the 62 day and two week wait cancer access target.
- The Trust’s performance against the two week wait breast symptomatic standard was 73.5% and was rated red in March.
- There were six case of C.difficile reported in March which were still under review. The total confirmed cases stood at 31, with an additional 5 at appeal and 6 awaiting RCA, making the total 43. Rated red
- The Trust had delivered the six weeks diagnostic tests indicator in March.
- The Trust’s performance against the Referral to Treatment Incomplete pathway was rated red for March with performance at 89.7%.
- General Surgery continued to experience growth in the backlog, where multiple large cancer cases again caused routine surgery to be delayed in order to treat the more urgent cases. Trauma and Orthopaedics have also seen a large increase in month, with particular referral pressures in spinal surgery.
- Performance against the access targets remained a significant concern, impacting the planned timeframe for recovery. Work continued with specialty teams to address the underlying issues in relation to access to diagnostics and streamlining patient pathways.
- A ‘backlog blitz’ was planned for June and July to take advantage of anticipated reductions in non-elective bed pressures. Plans were being put in place to maximise opportunities for additional activity during this time.
- All suspected breast cancer referrals were triaged according to clinical suspicion of cancer. All those referred as urgent suspected cancer, plus those upgraded at triage to same category were offered an appointment within 2 weeks of referral and managed against the 2ww suspected cancer target, not the 2ww breast symptomatic.
- A new breast consultant would be in post by June 2016. Locum cover was also being arranged for the summer months to maintain activity. Performance would be expected to be in line with the trajectory submitted as part of the Remedial Action Plan.
- Remedial action plan (RAP) had been agreed with commissioners. Negotiations were underway with regard to the contribution and performance management of the wider system through the Banes strategic resilience group 4 hour recovery plan.

The Chief Executive stated that the Trust had a fixed surgical capacity and was unable to deliver RTT as a result of the volume of new referrals. He questioned what the CCG’s response was to the Trust’s challenges relating to the increase of referrals. The Chief Operating Officer confirmed that the CCG understood that the whole system needed to work differently and a multidisciplinary approach was
required. She added that the Trust needed to strengthen GP to Clinician relationships and processes in order to avoid admissions.

The Chief Executive stated that the volume of emergency admissions was greater than the contract which had been agreed with the CCG who had failed to deliver the agreed plans in order to reduce the number of emergency admissions to the Trust. He added that the Trust had a fixed capacity and had seen a 13% increase of referrals in month. He expressed his thanks to the nursing staff across the hospital who had been working in extremely highly pressured circumstances.

The Board of Directors noted the Operational Performance and Four Hour Improvement Plan reports and fully supported the proposal to receive a combined report next month.

**BD/16/04/12 Junior Doctors Full Strike Contingency Planning Report**
The Chief Operating Officer presented the report and highlighted:

- The Trust was on day 2 of the proposed strike action by Junior Doctors.
- The report provided the Board of Directors with assurance as to the key actions, planning and mitigation that was in place in preparation for the period of industrial action by the Junior Doctors.
- Silver and Gold command and control structures would remain in place for the period of industrial action along with a spoke clinical group to support planning.
- Planning has been system wide with good input across the SRG.
- Robust plans were in place to allocate available resource in a way that supported the emergency department whilst keeping wards safe.
- NHS England had issued planning guidance which had been followed and all NHSE assurance data requests have been submitted.
- A communications schedule was in place to ensure that staff remained well briefed

The Chairman asked the Medical Director to express his thanks to the Senior Clinical Staff who had ensured that the hospital continued to run in a safe way.

The Medical Director highlighted that during day one of the strike action the conversion of attendance at ED to admission rate remained the same but the number of people presenting with minor injuries had reduced. He added that the Board of Directors could take this as good assurance that the Trust did not admit unnecessarily day to day.

A Non-Executive Director (Moira Brennan) stated that it was reassuring to understand that the Trust was not admitting patients unnecessarily but added that it would be useful to understand the cost of the strike to the hospital and the impact on the patients. The Chairman asked The Chief Operating Officer to provide an update on the impact of the hospital at the May Board meeting.

**Action: Chief Operating Officer**
The Chief Executive expressed his thanks to the Clerks who, as a result of the strike, had to call patients to postpone operations and appointments. The Medical Director added that in preparation of the strike, the Trust had not cancelled patients on more than one occasion.

The Board of Directors endorsed this proposal and asked for the thanks to be passed on to the relevant staff.

Action: Chief Operating Officer

BD/16/04/13 Finance Report

The Deputy Chief Executive and Director of Finance presented the report and highlighted:

- The year to date position (excluding donated asset income and impairments) was a £0.45m deficit which was in line with the planned position.
- The revised deficit position was adjusted from the original planned £0.9m deficit due to a £0.5m benefit arising from a Capital to Revenue transaction agreed with NHS Improvement.
- £12.3m of QIPP delivery had been achieved against a plan of £14.1m (87% delivery to date). The main area of under delivery was within the Medicine Division.
- The cash balance at month end was £12.2m which was in line with the planned position. The Trust’s financial risk rating for liquidity was 3 which was in line with the revised plans.
- The way in which Monitor calculate the Continuity of Service Rating changed this year and now included the underlying position and variance from plan as metrics. At the end of the year the rating was a 3, in line with revised plan.
- Work was ongoing to agree final outturn with Banes CCG and NHS England Specialised Commissioning for 2015/16.
- The national deadline for contract agreement for 2016/17 was Monday April 25th and the 2016/17 contract negotiations were still ongoing. The Trust had entered into a mediation process with NHS BaNES and was anticipating going through a formal arbitration process to get to agreement with NHS England.

A Non-Executive Director (Nick Hood) stated that the delivery of QIPP was always back-loaded and asked what more could be done to deliver more throughout the year. The Deputy Chief Executive and Director of Finance highlighted that work was ongoing to encourage staff to plan QIPP savings for a longer period rather than just focus year on year.

The Chief Executive emphasised the significance of entering mediation with BaNES CCG and entering into arbitration with NHS England as this had not happened in the past which gave the Board of Directors an indication of the financial position nationally.

A Non-Executive Director (Nick Hood) questioned who the arbitrator would be. The Deputy Chief Executive and Director of Finance confirmed that for the formal arbitration with NHS England there would be an independent arbitrator appointed. She added that when the Trust experienced mediation with BaNES CCG
relating to the 2016/17 contract negotiations the process was not independent as it was mediated by a representative from NHS Improvement and a representative from NHS England.

The Board of Directors noted the report.

BD/16/04/14 Review of the Board of Directors’ Declared Interests; Adoption of the Nolan Principles of Public Life; and Fit and Proper Persons Test Declaration

The Board of Directors’ Declared Interests had been circulated for information.

The Board of Directors:
1. Approved the Register of Directors Interests
2. Agreed to continue to abide by the Seven Principles of Public Life
3. Confirmed that members of the Board of Directors continued to meet the requirements of the Fit and Proper Persons Test.

BD/16/04/15 Legionella Review

The Director of Nursing and Midwifery presented the report and highlighted:
- The protocol was for information and not approval as stated in the report.
- Following the February 2016 inquest into the death of a patient who died after contracting Legionnaires’ Disease, HM Assistant Coroner requested that the Trust “implement an approved procedure for the investigation of any future outbreaks of Legionella infection should they occur. This procedure should describe and define clearly inter alia the nature, limitations and interpretation of the results of any microbiological testing undertaken.”
- The Trust had worked closely with an independent consultant microbiologist and solicitors to develop a robust protocol that would ensure that any future positive tests for the legionella antigen, where there is a possibility that the infection had been acquired in the Trust, would initiate an investigation strategy that would allow comprehensive and sound conclusions to be reached.

The Chief Executive sought clarity on where the protocol would be approved. The Director of Nursing and Midwifery confirmed that the protocol would be signed off by the Trust’s Infection Prevention Committee but added that she would sign it off prior to submission to the committee.

A Non-Executive Director (Nick Hood) stated that Wessex Water would be happy to help where possible. The Chairman asked the Director of Estates and Facilities to note this if appropriate.

The Board of Directors noted the report.

BD/16/04/16 Management Board Update Report

The Management Board Update Report for March 2016 had been circulated for information. The Board of Directors noted the report.
The Director of Estates and Facilities presented the report and highlighted:

- Although the pharmacy project was delayed due to an extended value engineering period, 2015/16 was a very successful year for the completion of both the strategic and operational estates programme.
- Apart from the investment in the hospitals environment and infrastructure, the backlog maintenance liability reduced by £6M to £26M.
- The ‘Fit for the future’ Programme Board meeting on the 11th April discussed a paper on the activities that could be safely delivered from the new Therapies Centre/RNHRD being planned on the existing pharmacy site. Following a lengthy discussion which considered the users point of view, it was agreed that the Bath Centre for Pain Services would not be located in the new building. It was accepted that this service did not fit well with acute services and therefore the project team would look at alternatives for this service both at the RUH and in or around Bath.
- The summary of 2015/16 successes in energy management/sustainability and relevant targets to reduce the Trust’s carbon footprint.

The Chief Executive asked the Director of Estates and Facilities to provide an update on car-parking. The Director of Estates and Facilities confirmed that contractors would be on site next week to begin developing the new carpark. The Chief Executive asked the Director of Estates and Facilities to ensure information was passed to the Communications Team in time for next week’s press editions.

**Action: Director of Estates and Facilities**

The Chairman asked the Director of Estates and Facilities to remove the sign at the front of the hospital which stated that the new carpark would be open during “Spring 2016”.

**Action: Director of Estates and Facilities**

A Non-Executive Director (Joanna Hole) questioned if the Bath Centre for Pain Services were content with the decision not to be co-located in the new building. The Director of Estates and Facilities confirmed that this was their preferred solution and they looked forward to working with the Trust in the future.

The Board of Directors noted the report.

**BD/16/04/18**  
**Item withdrawn**

**BD/16/04/19**  
**Local Election and EU Referendum Pre-Election “Purdah” Considerations**

The Local Election and EU Referendum Pre-Election “Purdah” Considerations had been previously circulated.

The Board of Directors noted and agreed to abide by the pre-election rules in the period leading up to the European Union Referendum.
BD/16/04/20  Equality & Diversity Priorities 2016/17

The Director of Human Resources presented the report and highlighted:

- The purpose of the report was to demonstrate what systems, process and governance were in place within the Trust in order to meet the requirements of the Equality Act 2010, in particular the Public Sector Equality Duty (PSED) and general duty.
- The Trust held its annual “Showcasing Equality” event on 9th March 2016, to which members of staff, patients and carers, plus local stakeholders were invited to attend. The event was a success and enabled the Trust to demonstrate what work had been undertaken during 2015/16 in relation to equality and diversity and identify its priorities for action in the forthcoming year.
- Participants reviewed the published equality objectives identified in the previous year to evaluate how effective they had been and reached agreement about whether they should be revised or replaced in the forthcoming year.
- Based on the grading of the EDS2 evidence against the four goals and a review of the objectives in 2015/16, two equality objectives had been carried over from the previous year and two new equality objectives identified for the forthcoming year.
- Examination of the data currently available in support of the Trust’s position against the Workforce Race Equality Standard (WRES) indicated that despite a detailed action plan being put in place last year, further work was still required to establish a better understanding of what appeared to be potentially detrimental treatment of BME staff across a number of areas.
- The Board of Directors was asked to note the revised nine point action plan outlined within Appendix 2.2 for the forthcoming year.
- The Equality and Diversity Committee would rigorously monitor its implementation over the next twelve months, with a full review in April 2017.

A Non-Executive Director (Moira Brennan) questioned if the Trust captures the views of Eastern Europeans as an ethnic minority. The Director of Human Resources confirmed that unfortunately ESR was quite restrictive in how the Trust could record data and did not allow the Trust to capture this information.

A Non-Executive Director (Nigel Sullivan) stated that the Trust could make subtle changes to the way in which it communicated and promoted patient stories by promoting stories which included BME staff and patients it could influence how staff and patients feel the organisation treat BME staff.

The Board of Directors:

a) Noted and approved the four equality objectives identified as part of the EDS2 process;

b) Noted the approach to delivering the objectives and thereby embedding equality in the work of the Trust;

c) Supported their inclusion within the Equality and Diversity Strategy to be developed in 2016.
d) Noted that progress against these objectives would be reviewed quarterly by the Equality & Diversity Committee and annually, as part of the “Showcasing Equality” programme each February, with a six month update to Management Board in October 2016.

e) Noted the revised nine point action plan outlined within Appendix 2.2 for the forthcoming year.

BD/16/04/21 Chief Executive’s Report
The Chief Executive’s report had been circulated.

The Board of Directors noted the report.

BD/16/04/22 Chairman’s Report
The Chairman’s report had been circulated.

The Board of Directors noted that report.

BD/16/04/23 Resolution to exclude members of the public and press
That representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

The Board of Directors approved the resolution.

The Chairman reported that Julie Hill, Trust Board Secretary would be leaving the Trust next week. On behalf of the Board of Directors, the Chairman thanked Julie for her contribution to the work of the Trust and wished her well in her new post.

The next Trust Board meeting was due to be held on Wednesday, 25 May 2016 in the RUH Boardroom, Oasis Centre, RUH, Bath.

The meeting was closed by the Chairman at 12.25.

Signed …………………………………………………………………………………

Date …………………………………………………………………………………