

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS
HELD IN PUBLIC ON WEDNESDAY, 28th March 2018
OASIS CONFERENCE CENTRE, RUH, BATH**

Present:

Voting Directors

Brian Stables, Chairman (*Chair*)
James Scott, Chief Executive
Moirra Brennan, Non-Executive Director
Jeremy Boss, Non-Executive Director
Joanna Hole, Non-Executive Director
Nigel Sullivan, Non-Executive Director
Helen Blanchard, Director of Nursing and Midwifery
Peter Hollinshead, Interim Director of Finance
Bernie Marden, Acting Medical Director
Francesca Thompson, Chief Operating Officer

Non-Voting Directors

Victoria Downing-Burn, Acting Director of People
Joss Foster, Commercial Director

In attendance

Catherine Soan, Executive Assistant (minute taker)

Observers

Mike Welton, Public Governor
Chris Callow, Lead Governor
Amanda Buss, Public Governor
Gillian Butler, Patient Experience Coordinator (*item 6 only*)
Laura Davies, Patient Experience Manager (*item 6 only*)
Angela Hayday, Associate Director of Organisational & People Development (*item 13 only*)
Sue Leathers, Learning Disability Liaison Nurse (*item 6 only*)
Susie Slade, Senior Sister, Respiratory (*item 6 only*)

BD/18/03/01 Chairman's Welcome and Apologies

The Chairman welcomed members of the Board of Directors along with the members of the public.

Apologies were received from Jane Scadding, Non-Executive Director and Xavier Bell, Board of Directors Secretary.

BD/18/03/02 Written Questions from the Public

There were no written questions from the public.

BD/18/03/03 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.

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BD/18/03/04 Minutes of the Board of Directors meeting held in public on 28th February 2018

The minutes of the meeting held on 28th February 2018 were approved as a true and correct record of the meeting.

BD/18/03/05 Action List and Matters Arising

Action updates were approved as presented with the following verbal updates:

PB466 Quality Report – The Acting Medical Director will bring a report back to the April Board meeting, action to remain open until then.

PB471 Sepsis and AKI – The Acting Medical Director reported that whilst the paper was prepared and circulated to the Clinical Governance Committee (CGC), the meeting was cancelled because of the recent adverse weather. The Chair asked the Board if they were happy to close the action on the basis that a paper will be considered by the CGC at the reconvened meeting on 16th April. The Chief Executive reported that the Academic Health Science Network (AHSN) have published a significant reduction in Sepsis across the AHSN, one key reason for this being that GPs are using a scoring system when admitting patients. The Board would like to ensure this continues and agreed to leave the action open and to receive an update via the CGC report in May.

PB 473 WI-FI – The Interim Director of Finance reported that he will continue to negotiate future contractual arrangements with Hospedia. The Board agreed to close the action and leave ongoing Wi-Fi discussions with the Interim Director of Finance.

There were no matters arising not on agenda.

BD/18/03/06 Patient Story

The Lead for Patient Experience introduced a story about a patient called Harry and his mum Bridget. Harry is 18 years old and severely disabled. Bridget is Harry's full time carer; Bridget wanted to tell her story to raise awareness of the difficulties she experienced as a parent carer whilst staying in hospital with Harry and the differences between Paediatric and Adult inpatient stays.

On New Year's Day 2017 Harry was admitted to the Paediatric ward and was given a room with two beds so Bridget could stay with Harry. On 7th October Harry became unwell again, by then he was 18 years old and therefore an adult so was admitted to MAU and then to Respiratory Ward. Bridget wanted to stay with Harry and was offered an upright chair to sleep in but she didn't get much sleep. When Harry was fit to be discharged Bridget was concerned about her ability to care for him considering her lack of sleep. When Harry was admitted to MAU again on 20th October Bridget asked staff in MAU if she could stay next to Harry using a reclining chair, at first staff were unsure whether this was possible in case they needed the space at Harry's bedside to treat him. Bridget assured them she could move the chair swiftly if that was the case; she was given a reclining chair and slept much better (although her feet were hanging over the footrest as she is 6 foot tall).

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Bridget explained how important she felt it was for patient carers to have access to reclining chairs to allow them to stay overnight. Being there meant she could translate Harry's needs to staff and help practically.

The Senior Sister, Respiratory thanked Bridget for sharing her experience and explained that the ward have now purchased new recliner chairs with the help of a donation from the League of Fiends. The Learning Disability Liaison Nurse explained how the story illustrates how important carers of vulnerable patients are and she hoped that the chairs would be made available to all wards.

The Chief Operating Officer was aware how different the model of care is in Paediatrics and asked what the Trust can do to support our long term patients going through the transitional stage into the adult wards. The Senior Sister, Respiratory informed the Board that the Transitional Care Group was encouraging adult wards to spend time in Paediatrics to ensure the transitional stage is as smooth as possible for patients.

The Interim Director of Finance asked how the Trust addresses the needs of vulnerable patients who do not have a dedicated carer. The Learning Disability Liaison Nurse explained that it would be unusual as these patients often live in supported living accommodation where the carers are encouraged to be part of the care on the ward. Patients with learning disabilities also have a hospital passport which they carry with them to highlight their requirements.

Joanna Hole, Non-Executive Director recalled that the Board heard a similar story 4/5 years ago about another transitional patient and asked what the Trust had done to raise awareness since then. The Learning Disability Liaison Nurse explained that we are building on that transitional phase all the time for individual patients. The Director of Nursing and Midwifery added that the Trust is supporting carers to be involved and has seen a real change having learnt from family feedback.

The Chair asked if there was anything the Board could do to support transitional patients and raise staff awareness of their needs. The Director of Nursing and Midwifery said that the Transitional Care Group will be focussing on improving the transitional stage and that this story will help to inform that work, it was agreed that the Director of Nursing and Midwifery would bring a report back to the Board in 6 months.

The Chair asked the Lead for Patient Experience to thank Bridget and Harry on behalf of the Board for sharing their experience.

BD/18/03/07 Quality Report

The Director of Nursing and Midwifery presented the Quality Report and drew the Board's attention to complaints and PALS monthly activity data.

In terms of patient experience, the Medicine division is responding to complaints within the 35 day target, Surgery is having some additional support on systems and processes and timeliness. Women's & Children's did not have a complaint due for closure in February.

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In terms of patient safety, the Trust has seen a reduction in falls since the launch of improvement work, however there was an increase in December 2017 - January 2018 but there has been an improvement since then. Repeat falls per patient has also improved but it is too early to say whether the enhanced observations have had a direct impact on this. Designability want to look at new monitoring technology to look at innovative ways of addressing falls and will be taking this forward.

Cardiac Ward and Forrester Brown Ward have triggered as underperforming on the well led elements and Friends and Family Test response rate, as a result they are being offered additional senior nursing support to understand the issues and give a supportive approach to sustain improvement.

In relation to the National Safety Standards for Invasive Procedures (NatSSIPS), Theatres and Gastroenterology were performing well and demonstrate the effectiveness of electronic recording. Compliance in Gynaecology is inconsistent and work is ongoing to understand areas of focus.

The Chief Operating Officer said it was encouraging to see patient audit results have improved year on year and are now more in line with national benchmarking.

Moira Brennan, Non-Executive Director referred to the new metric of measuring care hours per patient day and asked if there was a level the Trust should be aiming for. The Director of Nursing and Midwifery confirmed there was no parameter but information will be recorded on the Model Hospital in order to benchmark against other Trusts.

The Chief Operating Officer asked if the complaint numbers for patients in ED was correct and the Director of Nursing and Midwifery will check this.

Action: Director of Nursing and Midwifery

Joanna Hole, Non-Executive Director asked how significant it is that sign-off of the new Cardiac Pacemaker procedures was not being completed. The Acting Medical Director responded that the process is designed for sign-off to be completed and that it was important to have that final check, work to improve this is in progress.

The Board of Directors noted the report.

BD/18/03/08 NHS Improvement follow-up Infection Prevention and Control Visit

The Director of Nursing and Midwifery presented the report following the visit by NHS Improvement (NHSI) in January to review infection prevention and control performance in relation to C Diff infections. The Board noted:

- This was a follow up visit from NHSI's initial visit in January 2017 after which a report and improvement plan came to Board.

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- NHSI had provided a further report and improvement plan following the most recent visit which was more positive; the recommendations were helpful and will be followed through.
- The report confirmed there was no lapse in what the Trust is doing around infection prevention and control (IPC); the Trust has made two good appointments in Microbiology.
- The Trust has seen a continuing C Diff improvement in performance which is a credit to staff.

The Chief Executive referred to the board assurance section of the report where it states that key performance indicators were providing assurance that did not triangulate with the IPC audit data, for example hand hygiene. He asked the Director of Nursing and Midwifery what action we were taking to resolve this; she responded that monthly peer audits on hand hygiene have been introduced so wards are not auditing themselves.

Moira Brennan, Non-Executive Director commented that the letter from NHSI states that the purpose for the visit was to support the Trust to make improvements in the upward trend in MRSA colonisation. The Director of Nursing and Midwifery will clarify performance relating to MRSA colonisation at the next meeting.

Action: Director of Nursing and Midwifery

The Board of Directors noted the report.

BD/18/03/09 Operational Performance Report

The Chief Operating Officer presented the report which gives an overview of the Trust's performance for month 11. The Board noted:

- The Trust has been rated as segment 3 overall against the NHSI Single Oversight Framework, for 4 hour performance the Trust has been rated as category 4, the lowest performance category.
- In February three metrics triggered concerns, 4 hours, RTT incomplete pathways and diagnostic tests.
- 4 hour performance is at 74.4% which is well below the national standard (95%) and improvement target. The year to date has shown a non-elective growth of 7.7%, the Chief Executive reported from a recent Chief Executive Conference that we should base predictions on a 5% increase next year but we have already exceeded that.
- RTT incomplete pathways in 18 weeks at 85.3% and the Trust reported six 52 week breaches, the main reason being around admin and human error which was disappointing as well as cancellations resulting in longer waiting patients. We are undertaking detailed patient list management as a result and had an external audit giving us assurance on waiting list management.
- Diagnostic tests - 6 week wait at 1.73% failing the national standard of 1%. We were on track but have deteriorated again; we have an improvement plan to see what more can be done.

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The Acting Director of People presented the Well Led – Workforce report and highlighted:

- The increased number of green and ambers against workforce targets in quarter 4. Turnover has fallen to 11.9%, the Strategic Workforce Committee are reviewing reasons for people leaving, retirement is a key theme but also work life balance and we are exploring the availability of flexible working patterns.
- There has been an improvement in sickness absence and the HR team are supporting sickness management within the divisions.
- The vacancy rate has dropped now amber against the Q4 target of 4%.

The Chief Executive informed the Board of an interesting article published in the Guardian about non-elective activity levels and growth. Dr Helen Kingston, Frome Medical Centre had been working on a scheme about community support for people who would otherwise have been brought to hospital as a non-elective admission. This has had a huge impact; Somerset had seen a 16% growth compared to Frome who have seen a 1% increase. The Chief Executive will be making contact with Dr Kingston to invite her to share the learning from Frome Medical Centre with the Trust and GP's.

The Board of Directors noted the report.

BD/18/03/10 4 Hour Performance Report

The Chief Operating Officer presented the update report on the 2017/18 RUH Urgent Care Collaboration programme. The Board noted the factors affecting performance:

- Ambulance conveyance activity +4.2% variance compared to 2016/17 week ending 4th March 2018
- Emergency presentation +1.8% year to date variance compared to last financial year
- The number of beds closed to flu and norovirus
- The negative impact on bed capacity due to delayed transfers of care

As we have slipped into category 4 we have now got a system wide improvement plan and have meetings with our regulators to get some traction in place. The single most collective requirement for action is the stranded and super stranded patients. The RUH is seen as a national outlier at 19% against a national benchmark of 14% the latest figure today is 18% which is coming down but we are still an outlier.

In terms of discharge figures the Chief Operating Officer provided some context in that we would have to triple fold the number of patients on the HomeFirst pathway to reach our target, this is a significant challenge and we have to get a Trust wide understanding of the scale and that we are not just relying on freeing up beds.

The Trust had a visit from the NHS Improvement National Urgent & Emergency Care Director on 7th March 2018 to understand the root cause of the level of 4 hour performance. The Board noted the summary of the visit including:

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- The expectation that frontline staff should continually trial and experiment to make changes and achieve better outcomes;
- The expectation that the urgent care centre will have a more acute staffing skill set;
- That ED looked tired and needed redecoration;
- That ED is the right size and that minors and paediatrics is functioning to national expectation;
- That the Orthopaedic inter professional standard for patient review is not interfacing with ED and this has been added to the improvement plan;
- The expectation that ITU capacity is prioritised to facilitate timely ED transfers;
- The expectation that the senior review of patients takes place twice daily;
- That the Executive Team have oversight of stranded patients.

In summary the Chief Executive said there was nothing brought to our attention that we were not already aware of but that performance is not improving. The RUH has the second worst performance in terms of urgent care in the region, nationally we are the 34th worst and the degree of national and regional oversight the Trust is under is becoming a distraction from getting on with the job. Today we have 59 super stranded patients in the hospital and there is not sufficient capacity for 59 patients to be released into the community.

The Board of Directors noted the report.

BD/18/03/11 CQC Letter – Winter Pressures in ED

The Chief Operating Officer gave a presentation on the key risks and mitigations in Winter Planning 2017/18 to support the paper and highlighted:

- The issues:
 - Outlier in 7 day + and 21 day +
 - Unmet Delayed Transfer of Care (DTCs) target reduction, although we are seeing a reduction
 - A reduction in Isolation capacity due to flu and norovirus
 - Timely ITU ward transfer
 - Staff resilience concerns
 - Workforce capacity gaps to meet demand, particularly middle grade medical staff
 - ED workflows in minors & majors.
 - Impact of the big three
 - Non-Emergency Patient Transport, the contract continues to underperform (although the Commissioners have now agreed the mitigation for an alternative provider).
- The positives:
 - Revised system wide/per CCG escalation plan & ECIP, with weekly monitoring
 - Clinical leadership & CQC safety emphasis. CCG assurance visits undertaken and has been positive in ED where they were impressed with safety and quality

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We have finished the HomeFirst leadership programme having gone through an intensive programme of evaluations and we continue to strategically drive HomeFirst forward

Revision of the Escalation policy & full hospital protocol

Flu management plan which has been well managed through winter

Winter schemes with additional front door staff and alternative transport provider for inpatients

The Chief Operating Officer presented a graphic outlining CQC expectations which the Board noted.

Moira Brennan, Non-Executive Director asked if the medical staff rota gaps were within the Trust's control. The Chief Operating Officer responded that people do want to work in ED but there just aren't enough people to recruit, through winter we had additional staffing and the Nurse Practitioner role is also an asset. ECIP provided a Senior Nurse who was very helpful in giving us different ideas such as involving Senior Nurses in nurse led discharge.

The Board agreed this was a good assurance summary and noted the report.

BD/18/03/12 Finance Report M11

The Interim Director of Finance presented the finance report for month 11, the period to the end of February 2018 and highlighted the following:

- The Trust has an Income and Expenditure control total of £12.8m (operating surplus of £5m and STF of £7.8m).
- The plan to Month 11 was to achieve a surplus of £5.2m which has been achieved.
- Income variance was circa £11.5m under recovered due to a lower than planned elective and outpatient activity but higher non elective, the specialised contract is £7.9m under plan, all CCG contracts over plan, high cost drugs (£5.5m less than planned but offset by lower expenditure) and a full and final settlement for the year reached with all main CCGs and Specialised contracts which removes income risk.
- Expenditure
The Trust was £5.6m under spent on budget, the high cost drugs had an impact, agency expenditure was low in comparison to winter 2017 and there has been a marginal increase in the pay figures
- QIPP
A target of £7.8m and forecast delivery of £8.3m. 30% non-recurrent which will need to be identified in 18/19.
- Statement of Financial Position
Property, plant and equipment – fixed assets lower than expected because of slippage on the capital programme. Reduction in debtors – Virgin settled.

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Cash balance of £32m - required to service the capital programme. Excellent performance against the better payment practice code – 95%

- Capital Programme
Programme of £33m – significant slippage of £13m
- Summary
Forecast to deliver the operating surplus
Key risk of income mitigated through contract settlements
Capital profiling of delivery needs reviewing
Cash position healthy but required to deliver capital programme

The Board of Directors noted the report.

BD/18/03/13 Staff Engagement and Staff Survey Results

The Associate Director of Organisational & People Development attended the meeting and gave a presentation on the 2017 Staff Survey results and the key themes:

- Staff engagement score has remained as last year and we continue to be average for Acute Trusts. The Board noted the comparison on three key findings on staff engagement. There was a high level of engagement reported by staff who work in roles with more autonomy.
- The Trust has two key findings in the top 20% and four in the bottom 20%. Last year we had only 1 in the top 20% & 6 in the bottom 20%.
- There were two statistically significant changes in 2017 compared to 2016; the percentage of staff satisfied with the opportunities for flexible working had decreased and we are in the bottom 20% of Acute Trusts. Staff satisfaction with the quality of work and care they are able to deliver has also decreased.
- Quality of non-mandatory training is one of the key findings in the bottom 20% which from closer examination is more to do with access to training rather than the quality.
- Concerning results relate to Patient Care and Experience, Staff experiencing violence from colleagues and opportunities for BME staff in career progression/promotion. These will be key areas of focus linked to the Trust values.
- Results will be analysed further by staff groups (where there is over 20 in a department).
- The Staff Survey Working Group (who report to the Strategic Workforce Committee who report to Board) will be monitoring progress against an action plan.

The Chief Executive said that average is not our ambition and it was disappointing as we have been average for a number of years.

Joanna Hole, Non-Executive Director asked if the Trust values had impacted on our results, the Associate Director of Organisational & People Development felt that there

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was a high levels of awareness of the values but that they had not yet been fully embedded.

Nigel Sullivan, Non-Executive Director expressed his disappointment in the 45% participation rate.

The Board of Directors noted the report.

BD/18/03/14 Management Board Update Report

The Board of Directors noted the report.

BD/18/03/15 Guardian of Safe Working Quarterly Update Report

The Board of Directors noted the report.

BD/18/03/16 Charities Committee Report

The Board of Directors noted the update.

BD/18/03/17 Audit Committee Report

The Board of Directors noted the report.

BD/18/03/18 Gender Pay Gap Report

The Acting Director of People presented the report and highlighted:

- Under the Equalities Act the Trust is required to report data on pay from the end of March 2018 (this is a national requirement for any organisation with over 250 employees).
- The Trust has published gender pay gap data on the internet.
- The Trust has an average mean gender pay gap of 19.70% in favour of males; however the context of this broadens when you consider the median, 2.86% that women have a positive difference in terms of pay.
- The focus will be on the medical and dental workforce as when investigating the figures; it is this staff group that has the greatest disparity. Bonus payments in the NHS are made to Consultants through the Clinical Excellence Awards (CEA) and it is thought that this is where the disparity lies as less female Consultants apply for awards. The Trust will therefore be reviewing the CEA process and considering how we can encourage female Consultants to apply for awards.
- The Trust has prepared a response to the media should there be any enquiries

The Chief Executive stated that in terms of the National Clinical Excellence Awards most applications are from older, white, male Consultants, over time this will be rebalanced as the older generation works its way through, however he was not suggesting that we do nothing. The Acting Medical Director agreed that this is an example of how the legacy of the profession has changed. The Chief Executive added that at the local CEA's, the panel look at whether there is a bias on gender and ethnicity but there isn't.

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The Director of Nursing and Midwifery asked how the Trust compares on the medical and dental gender pay gap with other Trusts. The Acting Director was unable to provide an answer on this as not all Trusts have published their results yet, however we will be able to gather this information at the end of the month once the deadline for reporting has passed.

The Acting Director of People summarised that if we focus on the mean average for non-medical female staff (the majority of our workforce) female staff are not disadvantaged.

The Board of Directors noted the report.

BD/18/03/19 Chief Executive's Report

The Chief Executive had attended the Bath Life (free local magazine) Awards Ceremony last week with George Gallagher from Forrester Brown Ward and Louise Herbert from Theatres (who previously worked in Forrester Brown) and was very proud to win the Special Achievement Award. The Chief Executive was delighted the local Community recognise the contribution our staff make.

The Board of Directors noted the report.

BD/18/03/20 Chairman's Report

The Board of Directors noted the report.

BD/18/03/21 Items for Assurance Committees

No items were identified.

BD/18/03/22 Resolution to exclude members of the public and press

The Chair proposed 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.

This was Moira Brennan's last meeting before leaving her role as Non-Executive Director at the Trust. The Chair thanked Moira for her contribution over the last ten years and one month particularly in relation to the RNHRD, Wholly Owned Subsidiary, the Audit and Charities Committees, Whistleblowing and the Commercial Transaction Steering Group.

The meeting was closed by the Chairman at 12.15.

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