

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS
HELD IN PUBLIC ON WEDNESDAY, 31ST OCTOBER 2018
OASIS CONFERENCE CENTRE, RUH, BATH**

Present:

Voting Directors

Brian Stables, Chairman (*Chair*)
Jeremy Boss, Non-Executive Director
Joanna Hole, Non-Executive Director
Lisa Cheek, Acting Director of Nursing and Midwifery
Libby Walters, Director of Finance and Director of Finance
Bernie Marden, Medical Director
Francesca Thompson, Chief Operating Officer

Non-Voting Directors

Joss Foster, Commercial Director
Claire Radley, Director of People

In attendance

Kathryn Kelly, Executive Assistant (*minute taker*)
Sharon Manhi, Lead for Patient & Carer Experience (*For item 6*)
Anthony and Victoria Westwell (*For item 6*)
Jo Miller, Head of Nursing, Medicine (*For item 6*)
Chris Knechitli, Consultant Haematologist (*For item 6*)
Fran Moore (*For item 6*)

Observers

Chris Hardy, Public Governor
Amanda Buss, Public Governor
Mike Welton, Public Governor
Anne Martin, Public Governor
James Colquhoun, Public Governor
Members of the Public
Members of Staff

BD/18/10/01 Chairman's Welcome and Apologies

The Chairman welcomed members of the Council of Governors along with members of staff and the public. Apologies were received from James Scott, Chief Executive, Nigel Stevens, Non-Executive Director, Xavier Bell, Board Secretary, and Jane Scadding, Non-Executive Director.

BD/18/10/02 Written Questions from the Public

The Chairman informed the Board of Directors that no questions had been received.

BD/18/01003 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/18/10/04 Minutes of the Board of Directors meeting held in public on 26th September 2018

The Director of Finance requested that the second paragraph on page 9 should read:

“There had been a reduction in *non-elective* income and in elective activity, she had queried with divisions how it would be possible to create capacity to meet the elective activity”.

Subject to this change, the minutes of the meeting held on 26th September 2018 were approved as a true and correct record of the meeting.

BD/18/10/05 Action List and Matters Arising

Updates were provided on the following action:

PB489 – Quality Report - the Medical Director clarified that keeping the median line made it easier to reference the performance level. Closed.

All other items were approved as noted on the Action List.

BD/18/10/06 Patient Story

The Chairman welcomed Anthony and Victoria Westwell and the Lead for Patient and Carer Experience introduced them to the Board.

Anthony explained how he had been taken ill in November 2017 and spent 17 weeks in the Trust after being diagnosed with lymphoma in January 2018. Anthony described how he had been an inpatient on ITU, Pulteney Ward, Robin Smith Ward and also William Budd Ward. Anthony explained how he had previously been a renal transplant patient at Southmead Hospital. He described how he had initially been brought to the RUH with a perforated bowel via the A&E Department. He reported how the Intensive Care Unit staff were amazing and he had then spent four weeks on Pulteney Ward, stating that the staff were very good.

Regarding his stay on William Budd Ward, Anthony described how he noticed that the staff were always very caring and interactive, and asked how he was doing during procedures like infusions. This simple aspect of treatment was not always visible when on other wards. Anthony described how there were differences in the level of care received from agency/temporary staff as he felt that they did not always want to be on the ward. Anthony described how staff had told him that they didn't like being moved between wards.

The Chairman asked if the team who had provided care to Anthony would like to give any perspective or add any comments. The Consultant Haematologist reported that they recognised the problems with nursing shortages and that this could affect the quality of care provided to patients.

Anthony reported that he had since taken part in some HCA training sessions to give a patient's point of view and he was happy to continue with this in the future.

The Chairman thanked Anthony and Victoria for attending the meeting and acknowledged that taking the time to speak or smile made a real difference to patients' experience.

Joanna Hole, Non-Executive Director, stated that she was very interested in the domestic side of Anthony's stay in hospital and asked if we had done well in this respect. Anthony wanted to highlight that he had been supported by his wife during the whole period of time but acknowledged that this was not always the case for other patients, and they might not have family or friends to help them.

Anthony reported that whilst on the ward his medication had been locked away, however as a renal transplant patient he was very familiar with the timings and dosages of his medications. He reported one incident when a member of agency staff hadn't given him his correct dosage and he had queried this with her. Upon his query, the dosage was subsequently corrected. Anthony again wanted to highlight that a patient on their own (e.g. with no family support and possibly dealing with the effects of pain) might not have the capacity to query such an incident with a staff member.

The Chief Operating Officer explained how the hospital had done a lot of work regarding the moving of staff to other wards within the hospital. She asked Anthony how the staff had communicated to him that they did not want to be working on the ward. Anthony explained that they had simply told him this and some of the reasons for this were that the machines were different on that particular ward. Anthony stated that he believed staff were frightened about working on a new ward. Victoria described how staff on Forrester-Brown Ward had given her an unfavourable impression of the ward when they had told her Anthony's diagnosis.

Jo Miller, Head of Nursing, reported that improvements had been made recently in the form of extra ward clerks during the evenings, an acute oncology helpline, extra funding from Bath Cancer Support had been received to free up nurses to spend time with patients, and appointing a practice facilitator. The Head of Nursing reported that recruitment was also being actively pursued. The Head of Nursing agreed that patients should never be aware of whether a member of staff was permanent or agency as this should not affect the care given to the patient. However, the Head of Nursing acknowledged that more work on 'caring' needed to be done.

The Chairman acknowledged that this was a wider issue and that workforce was a challenge and was one of the top three priorities for the Trust. The Chairman described how there was a plan for William Budd Ward to be moved into a new building but this took time. The Chairman thanked Anthony and Victoria and wished them all the best for the future, and also thanked all the support team in attendance.

BD/18/10/07 Ward & Department Accreditation Update

The Quality Assurance and Audit Lead presented an update on Ward & Department Accreditation. He highlighted the main aim which was to recognise and incentivise high standards of care throughout the organisation. The Quality Assurance and Audit Lead explained that the programme helped to standardise care at ward and departmental level. The programme was based on and scored against performance indicators for the CQC domains over the last six months. The Quality Assurance and Audit Lead reported that 75% (or more) achievement was needed in each domain.

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In relation to Outpatient Accreditation, the Quality Assurance and Audit Lead highlighted that at Foundation level all areas had been assessed and 20 out of 22 had achieved Foundation level to date. At Bronze level 17 areas had been assessed during the period of July to September 2018 and 6 out of 17 areas had achieved Bronze level.

The Quality Assurance and Audit Lead reported that Cardiology were on their fifth reassessment and Rheumatology were on their second reassessment, both of which were due in December 2018.

In relation to Ward Accreditation programme at Bronze Level, the Quality Assurance and Audit Lead reported that 23 out of 31 areas had achieved Bronze level to date. All wards had achieved Foundation level except NICU as they had needed to develop new indicators. The Quality Assurance and Audit Lead reported that Parry, Acute Stroke Unit and Surgical Short Stay Unit had achieved Bronze level in July 2018.

He highlighted the Next Steps slide and described that the Ward Accreditation programme was continually evolving, developing indicators for Silver level and being continually tested, working with the Patient Experience Team. The Quality Assurance and Audit Lead reported that it was hoped that Helena Ward would have their Silver assessment in December 2018.

In relation to Silver Assessment, he described how the programme up until Bronze was very much focussed on nursing and midwifery care. As areas moved into the Silver assessment, there would be more focus on the multidisciplinary approach. Nigel Sullivan, Non-Executive Director, questioned if it was a case of “one size fits all”? The Quality Assurance and Audit Lead responded that the expectation was for all areas to eventually achieve Gold level, but acknowledged that variances occurred from area to area. He explained that the team were looking at areas of concern to see if additional support was required and in the past they had delayed assessment in certain areas which were experiencing problems.

Joanna Hole, Non-Executive Director, enquired about Next Steps and shared learning, and asked what support was being offered. The Quality Assurance and Audit Lead reported that the indicators had been developed with wards and departments, but it had been a struggle to develop indicators. Shared learning was taken to sisters’ meetings, etc., to make it easier for areas to go to the next level.

The Director of People reported that the current national focus was on diversity and inclusion and asked how this could be built into the accreditation programme. The Quality Assurance and Audit Lead responded that more work was required on how to assess and measure this, but that some of the principles would be picked up in the assessment observations.

The Acting Director of Nursing and Midwifery reported that there were lessons for all to be learned, especially involving Human Resources in the metrics and that more targeted support was required. Lessons were constantly shared across the organisations.

The Acting Director of Nursing and Midwifery reported that she and Anne Plaskitt, Senior Nurse, Quality Improvement, were in contact with the British Journal of Nursing and were hoping to have two articles published on the Accreditation Programme.

The Chairman thanked the Quality Assurance and Audit Lead for the presentation.

The Chairman requested that Human Resources engaged more specifically in relation to Diversity and Inclusion agenda as we moved forward towards Silver accreditation.

Action: Director of People

BD/18/10/08 Quality Report

The Acting Director of Nursing and Midwifery presented the Quality Report.

She drew the Board’s attention to the fact that complaints had increased in the first quarter. However, there had been a slight reduction in complaints since September, but challenges still remained in closing complaints within the 35 day target. She assured the Board that in these cases constant contact was kept with the complainants so that they were aware of any delays. She described how some of the delays resulted from meetings having to be arranged, the complexity of the complaint itself and some were as a result of ongoing safeguarding investigations.

Clostridium Difficile:

The Acting Director of Nursing and Midwifery reported that a rise had been seen within the last few months. Between April and September 2018 there had been a total of 13 cases, of which 3 were not counted against the trajectory. As a result of this, a number of measures had been put in place; renew of hand hygiene action cards, trolley dashes, renewed education, a link nurse practitioner study day had been held and hand hygiene glow boxes had been used across the whole organisation to raise awareness, including in the Directors’ offices.

The Acting Director of Nursing and Midwifery described that the Serious Incident reports and investigations were now being completed in a timely manner and extra Operational Governance Committee and Falls meetings had been held in order to catch up.

The Acting Director of Nursing and Midwifery drew the Board’s attention to the SI actions, which had now been reported in a slightly different way. 228 actions had been closed over the last three months and the open actions totalled 65. She felt that this should provide the Board with assurance that the process was improved.

The Acting Director of Nursing and Midwifery highlighted the Nursing Quality Indicators Exception Report and that seven areas had flagged again. She felt that this recognised the nurse staffing issues which were being experienced. Staffing sickness and appraisals featured highly in these areas.

Sepsis:

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The Medical Director highlighted the difficulties of obtaining data on patients admitted in ED and “front door” sites, but confirmed that the data was now seen to be re-established in the report. Whilst 71% of patients were receiving antibiotics in an hour from signs of sepsis, this was less than he had hoped for. The Medical Director reported that The Trust elected to perform to a standard that treatment should occur from “signs” of sepsis so that immediate action can be taken, rather than from formal identification of sepsis. He reiterated that this is hard work to do, both clinically and for monitoring purposes.

The Medical Director highlighted that the team had won best poster in the “Improvement of patient outcomes” of the South West Quality Improvement conference in June 2018. They had also received national recognition as they had been shortlisted as finalists in the HSJ Award 2018 for Sepsis and Acute Kidney Injury (AKI) work.

In September 2018 a national Suspicion of Sepsis dashboard had been produced to track outcomes. From this dashboard, the Medical Director reported that there had been a 17% reduction in mortality rate, 12% reduction in average number of ICU bed days and a 10% reduction in length of stay.

In relation to AKI, the Medical Director reported that difficulties still existed in monitoring and in changing the electronic patient record to support this work. ePMA had been updated so that that pharmacists’ patient lists now include AKI grades so that reviews can be prioritised.

The Medical Director highlighted that the NEWS 2 e-learning package had been developed and was currently being tested. The aim was to launch in November 2018 to coincide with the rollout of NEWS 2 across the Trust.

Joanna Hole, Non-Executive Director, asked whether the Acting Director of Nursing and Midwifery had a timeframe for the complaints toolkit review? The Acting Director of Nursing and Midwifery clarified that this would take a couple of months, but would be brought back to a future Board meeting.

Joanna Hole, Non-Executive Director, asked the Medical Director whether there was any sense of what caused some areas to struggle with NEWS? The Medical Director clarified that it was a mix of things which affected performance. He confirmed that in general NEWS 2 and electronic observations would affect performance in a positive way.

Joanna Hole, Non-Executive Director, asked the Medical Director about antibiotics for children and the difficulties which occur on transfer to the ward. The Medical Director confirmed that education and better communication within teams to establish responsibility would alleviate this.

The Chief Operating Officer clarified that paediatric service vacancies had been highlighted through executive patient safety visits. This was not flagging in the triangulation report and it was not covered in the safer staffing report. The Acting Director of Nursing and Midwifery confirmed that the Lead Nurse for Workforce was currently looking at working with five different areas in terms of the triangulation

chart. For paediatrics, there were eight WTE vacancies at present, but four had been recruited into.. The Acting Director of Nursing and Midwifery confirmed that she was currently looking into a piece of work on acuity and dependency within paediatric ward areas.

The Chairman asked the Acting Director of Nursing and Midwifery to pick up on the concern highlighted by the Chief Operating Officer in terms of paediatric vacancies.

Action: Acting Director of Nursing and Midwifery

The Board noted the report.

BD/18/10/09 Freedom to Speak Up Update

Jo Hodson, the Trust Freedom to Speak Up Guardian, provided the Board with an overview of the Freedom to Speak Up Report.

She explained that the report outlined the processes the Trust had in place to encourage the raising of concerns by staff, visitors, relatives and patients, and was upheld through a culture of learning and improvement. She explained that the experience of staff was improved year on year as measured through the staff survey.

The report included the refreshed Freedom to Speak Up: Raising Concerns Policy, which is currently out for consultation. The final version of this policy would be approved via the Trust’s Strategic Workforce Committee in November/December.

The Trust Freedom to Speak Up Guardian reported that a draft Freedom to Speak Up Vision and Strategy and Freedom to Speak Up Self Evaluation was presented for Board approval.

The Trust Freedom to Speak Up Guardian felt that her job description needed to be reviewed as she did not feel she was meeting the needs of the Trust at present. The role continued to be challenging for one person. She reported that she attended as many sharing events that occurred, both locally and nationally, and was continually supported by Human Resources.

The Director of People confirmed that the policy had now been reworded to ensure clarity, with references to whistleblowing removed in favour of clearer language.

The Director of People highlighted the Self-Evaluation and required a return to NHSI on this. A workshop had been run which highlighted good practice which had been attended by divisional staff and not having a vision or a strategy had been highlighted. Patient safety visits had also been used to highlighted FTSU issues.

The Director of People highlighted the draft Vision and Strategy. It was felt this should be kept simple with an emphasis on training, roles and responsibilities, strengthening monitoring arrangements.

The Director of Finance asked how the strategy was fed into the divisions so that they were aware of the themes. The Trust Freedom to Speak Up Guardian responded that the divisional guardians would feed back the messages to their

divisions. She felt that this was currently not getting through but would need developing in the future. The Director of People clarified that the three divisional managers were also members of the Strategic Workforce Committee.

The Board approved the Vision and Strategy.

The Chairman asked if the Trust Freedom to Speak Up Guardian's role was moving in the right direction. The Trust Freedom to Speak Up Guardian felt that there were some negatives and positives. She felt that the learning from cases could be used more effectively.

The Chief Operating Officer questioned the relationship between the Trust Freedom to Speak Up Guardian's report and the Vision and Strategy, and asked the Director of People to clarify. The Chief Operating Officer asked about Assurance and the commitment as a Board towards benchmarking against other Trusts in the Region and asked if this was difficult to obtain. She asked for clarification on whether this was something the Trust was hoping to measure. The Director of People reported that it was possible to get national data now and there was a national evaluation programme in existence so that benchmarking data should be easier to access in the future

The Chief Operating Officer highlighted the statement from the Trust Freedom to Speak Up Guardian about how she was not performing very well in her role. The Chief Operating Officer asked the Director of People if this was a resource issue? The Director of People acknowledged that this was the case and notified the Board that the Trust Freedom to Speak Up Guardian would be standing down from her post and a recruitment process would be taking place. This would give an opportunity to review the role profile and time allocated to the role.

Joanna Hole, Non-Executive Director, made an observation about the amount of work which had already been done and congratulated the Director of People and Trust Freedom to Speak Up Guardian. She asked if workforce was currently a theme that was regularly coming through. The Trust Freedom to Speak Up Guardian clarified that patient safety and staffing were regular themes.

Joanna Hole, Non-Executive Director, asked the Director of People if the Trust Freedom to Speak Up Guardian's job description was being reviewed and asked how this would be managed. The Director of People clarified that the Trust Freedom to Speak Up Guardian had agreed to stay in post until this post had been recruited to. The Director of People wanted to develop the role profile in light of best practice which was emerging from national evaluation. The Director of People hoped to commence this work next week.

Nigel Sullivan, Non-Executive Director, commented that he felt the policy looked very good but that it might be beneficial to look at the policy from an "outside in" approach and test it from this perspective. The Director of People stated that she thought this was a good suggestion. It was requested that the Director of People action this request and the Chairman volunteered his help in this process.

Action: Director of People

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The Board approved and noted the policy.

BD/18/10/10 Safer Staffing Report

The Acting Director of Nursing and Midwifery described how this month the report was much more 'in depth' than usual. She reported that it had been very humbling to listen to Anthony's story and the impact that staffing levels were having on patients and staff groups. She highlighted some of the key issues:

- There had been an increase in the number of band 5 vacancies in the Trust over the last year; this represents the biggest gap. However, this was a national picture.
- Recruitment and retention remained a challenge, and the majority of vacancies sat within the medical division and this was on the risk register. A Recruitment and Retention plan was in place and open days had been held to recruit staff into the organisation, however, this remained a challenge.
- Three open days had been held over the last nine months. Out of these events, approximately 6-8 members of staff were appointed each event. Different ways of advertising were also being trialled
- The overseas recruitment process remained a challenge as it was a frustratingly slow process. 7 nurses from the Philippines were in post and they were settling in well. A further 16 nurses were scheduled to join between now and the end of December.

In recognising these difficulties with recruitment, the Acting Director of Nursing and Midwifery wanted to draw the Board's attention to some of the areas in which the Trust had sought to overcome these issues:

- Currently supporting three cohorts of training nursing associates and the first cohort of twelve were due to qualify in the Spring of next year.
- The initiative of Band 5 Therapists – now fourteen across the organisation– were working as part of the ward nursing teams.
- Retention initiatives - many initiatives were in place to support nurse retention and this was ongoing.
- The first nursing and midwifery conference had taken place earlier in the year with over 140 colleagues attending.
- The reviews of skill mix were ongoing.
- Started to use and look at using the Model Hospital to look at care hours per patient day.
- Taking into consideration patient safety as the prime aim, a new electronic ward staffing dashboard had been developed and this allowed staff to be moved more sensitively
- During the recent CQC inspection report, staffing levels were recognised as a concern across Medical ward areas, the Emergency Department and Children's Services. It was acknowledged within the report that patient safety remained a priority and this was constantly monitored.
- Staffing levels were being reviewed twice a year against the safer nursing care tool. Forrester-Brown Ward and the Respiratory Unit had flagged with under-establishment. Work was still ongoing.

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- Work was ongoing in Children’s Services vacancies. 8 qualified nurse vacancies existed, of which four were now recruited.

The Director of Finance asked how the Model Hospital information is used, in an objective way? The Acting Director of Nursing and Midwifery acknowledged it was difficult as using the Model Hospital in this way was a new process. She didn’t feel it triangulated as well across all the sets of data and they needed to be brought together more.

Jeremy Boss, Non-Executive Director, thanked the Acting Director of Nursing and Midwifery for a very comprehensive report and noted that he had some assurance that progress was being made. He agreed that retention was key and encouraged further activity in this area.

Nigel Sullivan, Non-Executive Director, felt it was a very comprehensive and honest report. He posed the question of whether the Trust had thought about how it approached the provision of agency staff in future. The Director of Finance stated that it was agreed that more work could be done but did not feel this was the right way forward. The Commercial Director reiterated that the Trust had a bank and different models existed. The Director of People reported that a neutral vendor arrangement around agency existed in partnership with Bristol.

The Acting Director of Nursing and Midwifery felt that the next step should be to look at shifting from Agency to Bank staff. The Director of People was happy to explore this.

The Chairman welcomed the detail in the report and noted the concern regarding nursing staffing issues. It was requested that the Director of Finance and the Executive Team should look at other alternatives and an STP based approach to using agencies, and update at the next Board meeting.

Action: Director of Finance/Executive Team

BD/18/10/11 Guardian of Safe Working

The Medical Director gave an overview of the report that Dr Maggs, the Guardian of Safe Working, had produced. He described how the methodology had allowed the junior doctors to find a voice to raise any concerns. This enabled the Trust to find out if they were accessing education sessions and whether any factors impeded their ability to do this. This was also an opportunity for them to raise any safety concerns.

He described how exception reporting required the individual to be motivated to actually complete a report and it had been difficult to look at the data in the report and fully understand what it truly represented. He described how this left the Trust vulnerable to fluctuations in reporting.

He reported that the trends identified were interesting but he was not sure that they allowed the Trust to understand too much. There was a definite “rhythm” to when exception reports were submitted and this matched the rotation of junior doctors. This may be due to being more under pressure, however it may also be that those

pressures did not truly disappear and staff became more complacent. However, he would continue to look into this.

Dr Maggs had requested a work schedule review within surgery, given the high numbers of exception reports from this cohort of doctors. This review was in progress. There has been a rota change within ENT as a result of some of the information gained from the exception report.

The Medical Director described that there were exceptional pressures which existed within OPU and this was reflected in the exception reporting, and in particular one of the patient safety concerns that was illustrated in the report described some of the pressures junior doctors faced in carrying out this work. This team had made some changes to work harder to ensure the full complement of junior doctors within that time and recognition of increased work generally within that area of activity. The appointment of a new consultant has also taken place.

The Medical Director reported that in summary the work continued and was useful. This document enabled the junior doctors to find a genuine voice within the organisation.

The Acting Director of Nursing and Midwifery asked about the future challenges around safety at night, and could he elaborate further on next steps or timeframes. The Medical Director reported that it was hard to be specific, but it was fair to say that the pressures we carried at night were increasingly recognised. The Deputy Medical Director will be doing more work on this.

The Chief Operating Officer asked about the rota gaps at 'ST3 and above level' and asked what was the reason for the gaps. The Medical Director reported that there were a number of reasons for the gap at this level, one being professional when it was an opportunity for doctors to look at individualising their training. He reported that a lot of maternity leave factored in significantly at this time in an individual's training. He noted that this is a wider national workforce planning issue.

Jeremy Boss, Non-Executive Director, made an observation about the under-reporting but wanted to make sure that there were not areas in the hospital where reporting was suppressed. The Medical Director confirmed he was confident that all was as it should be but this required constant attention and vigilance.

The Medical Director reported that one of trainees had recently undertaken their own evaluation regarding exception reporting from the view of a trainee and the BMA had expressed an interest in this work.

The Board noted the report.

BD/18/10/12 Finance Report

The Director of Finance provided an update on the finance position. The income position as at the end of September was £1.6m below plan and year to date we were £2.6m away from financial plan.

The Director of Finance reported that the Trust was in a very challenging situation at present. Their key risks were:

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- Commissioning income was currently down.
- Winter Peak activity was still a number of months away
- Pay costs – agency costs
- Number of posts over budgeted establishment

The Director of Finance reported that this needs to be managed alongside safety and risk. QIPP remained a challenge and progress had been made on closing the gap.

The Director of Finance reported that each division were currently working on their own financial recovery plans, focussing on income recovery and cost reduction. The majority of pressure was in the Medical Division regarding their staffing establishment.

Each area was looking at pay controls, and how they used agency and more cost effective alternatives. The nurse recruitment programme will help reduce the high cost agency usage.

In relation to non-pay, there are some opportunities to reduce costs around how stock is managed.

Capital – the plan is behind at the moment and there are a number of significant projects which were forecasted to be overspent. This was currently being managed through the capital group and it was reported that it was expected that the capital plan would be spent this financial year.

Cash – the report should read that the cash balance at the end of September, not August, was £2.4m.

Nigel Sullivan, Non-Executive Director posed a question in relation to debtors, and asked if the Director of Finance was satisfied that there was enough focus on aged debt. The Director of Finance was satisfied with where we were at present. There are some outstanding debts that had been difficult to resolve but the process was robust.

Joanna Hole, Non-Executive Director, asked whether the Director of Finance felt the risk to the financial position could be managed. The Director of Finance reported that the Trust could reduce the risk and come back to delivering its control total. The big risk remained around recruitment, temporary workforce and what the winter may bring.

Jeremy Boss, Non-Executive Director, noted that the Trust was in a risky situation, but that it was good to see the QIPP coming back in line. He queried if PSF could be recovered if the control total was reached. The Director of Finance confirmed that this was the case, but not for the ED component.

The Board noted the concern and challenges and looked forward to updates at the next meeting.

BD/18/10/13 Operational Performance Report

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The Chief Operating Officer presented the Operational Performance Report and asked the Board to note:

The RUH had been rated as segment 3 overall against the NHSI Single Oversight Framework. 4 hour performance remained a significant challenge.

There are some operational performance metrics triggering concern:

- 4 hour performance
- RTT incomplete pathways
- Diagnostics
- 6 weeks wait
- C.Diff

The Chief Operating Officer reported that in terms of 4 hour, this was an improved position at 85.5% but still below the improved trajectory.

Nationally, for Type 1, the Trust had missed the target but was above the majority of other acute trusts for the month of September. Ambulance conveyance continued to be a challenge and some deterioration had been seen in the DTOC position.

In terms of RTT, the Trust was meeting its improvement trajectory. 52 week breaches had also reduced.

Diagnostics – some deterioration had occurred particularly in the area of CT.

Joanna Hole, Non-Executive Director, asked if the time to triage within ED was becoming more of a challenge. The Chief Operating Officer reported that this inaccurate data capture was not acceptable and a task and finish group had been looking into this and work was ongoing. Some auditing may have to take place to gain more detailed analysis to assure the Board and the Chief Operating Officer agreed to provide this at the next meeting.

Action: Chief Operating Officer

The Director of People noted that in relation to Well Led - Workforce, retention was key. She also wanted to highlight that the agency staff rate had increased since August.

The Board noted the report.

BD/18/10/14 4 Hour Performance Report

The Board noted the report.

BD/18/10/15 Management Board Update Report

The Director of Finance highlighted the key areas of Improving Together, the approved Winter Plan, Cyber Security and the Health and Safety Review.

The Board noted the report.

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BD/18/10/16 Strategic Assurance Committee Report

The Director of Finance highlighted the key issues:

- The meeting on June 2018 was used to prepare for NHSI use of resources assessment.
- The Medical Director had also provided the committee with an update on Getting it Right First Time (GIRFT).

Jeremy Boss, Non-Executive Director, asked if there was any benefit for the Trust in relation to the STP digital plan. The Director of Finance confirmed that this was of benefit to the organisation.

Board noted the report

BD/18/10/17 Clinical Governance Report & Terms of Reference

The Board noted the report and approved the terms of reference.

BD/18/10/18 Non-Clinical Governance Committee Report & Terms of Reference

Joanna Hole, Non-Executive Director, reported that it had been decided to only hold joint meetings by exception for 2019. Extra assurance was provided with attendance by the Board of Directors' Secretary at both of the meetings.

The Board noted the report and approved the terms of reference.

BD/18/10/19 Joint CGC & NCGC Report

The Board noted the report and approved the terms of reference.

BD/18/10/20 Audit Committee Report, Annual Report & Terms of Reference

The Board noted the report and approved the terms of reference.

BD/18/10/21 Charities Committee Report and Terms of Reference

The Board noted the report and approved the terms of reference.

BD/18/10/22 Review of Standing Financial Instructions

The Director of Finance reported that the procurement limit had now been agreed at £5,000.

The Board approved the Standing Financial Instructions.

BD/18/10/23 EPRR Report

The Chief Operating Officer reported that the EPRR work programme had been through the Non-Clinical Governance Committee. This had been awarded significant assurance by NHSE external assessors so progress had been maintained.

The Board noted the report.

BD/18/10/24 Chairman's Report

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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.

The meeting was closed by the Chairman at 12:25.

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