

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST  
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS  
HELD IN PUBLIC ON WEDNESDAY, 19<sup>th</sup> DECEMBER 2018  
OASIS CONFERENCE CENTRE, RUH, BATH**

**Present:**

Voting Directors

Brian Stables, Chairman (*Chair*)  
James Scott, Chief Executive  
Nigel Stevens, Non-Executive Director  
Nigel Sullivan, Non-Executive Director  
Joanna Hole, Non-Executive Director  
Libby Walters, Director of Finance and Deputy Chief Executive  
Bernie Marden, Medical Director  
Francesca Thompson, Chief Operating Officer  
Lisa Cheek, Director of Nursing & Midwifery

Non-Voting Directors

Joss Foster, Commercial Director  
Claire Radley, Director of People

In attendance

Xavier Bell, Board of Directors Secretary  
Sharon Manhi, Lead for Patient & Carer Experience (*item 6 only*)  
Andrew Owens, Associate Audiologist (*item 6 only*)  
Richard Rutkowski, Audiologist (*item 6 only*)  
Lorraine Wapling, Patient (*item 6 only*)  
Claire Tesdale, Advanced Practitioner, Surgical Short Stay (*item 6 only*)  
Dr Dorothy Goddard, Consultant in Diagnostic Breast Imaging (*item 7 only*)  
Ed Nicolle, Cancer Services Manager (*item 7 only*)  
Helen Meehan, Lead Nurse Palliative Care and End of Life (*item 9 only*)  
Catherine Soan, Executive Assistant to the Director of People (*minute taker*)

Observers

Amanda Buss, Public Governor  
Mike Welton, Public Governor  
Ann Martin, Public Governor  
Members of the public

**BD/18/12/01 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 Jeremy Boss, Non-Executive Director and Jane Scadding, Non-Executive Director.

**BD/18/12/02 Written Questions from the Public**

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

**BD/18/12/03 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/18/12/04                    Minutes of the Board of Directors meeting held in public on 28<sup>th</sup> November 2018**

The Board of Directors Secretary will amend Nigel Sullivan, Non-Executive Director to Nigel Stevens, Non-Executive Director on page 6. With this amendment, the minutes of the meeting held on 28<sup>th</sup> November 2018 were approved as a true and correct record of the meeting.

**BD/18/12/05                    Action List and Matters Arising**

PB502 – Quality Report. The Director of Nursing and Midwifery advised that a revised report will be published. Action closed.

PB503 – Quality Report. The Director of Nursing and Midwifery advised that the narrative on pressure ulcer performance had not been included in this month's quality report but will be included in future reports. There had been an improvement in the number of pressure ulcers during November with improvement work continuing. Action closed.

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

**BD/18/12/06                    Patient Story**

The Lead for Patient and Carer Experience introduced the patient story about the experience of patients at the Trust with a hearing impairment. The Board viewed a film produced in house by Becky Bell, Video Producer.

The Lead for Patient and Carer Experience was joined by Andrew Owens, Associate Audiologist, Richard Rutkowski, Audiologist, Claire Tesdale, Advanced Practitioner, Surgical Short Stay (SSU) and Lorriane Wapling, guest speaker who had been a patient in SSU.

The Associate Audiologist and Audiologist gave a presentation on the work taking place to improve the patient experience for patients with a hearing impairment, as follows:

- Improvement in the general awareness of staff and clinicians i.e. checking that hearing aids were stored safely and that patients were wearing them during the ward round.
- Using clear visual/lip reading cues when communicating, looking at patients in the face when talking and being mindful of background noise.
- Assistance with devices to aid hearing (hearing aids, implants, personal listeners).

Actions to raise awareness and communication include:

- Use of magnets on whiteboards and 'above the bed board' to highlight patients with a hearing impairment.
- The introduction of deaf awareness training at Trust induction and mandatory training.
- Staff training in basic sign language and communication cards to aid communication in event of a hearing device not working.

The Associate Audiologist explained how he would like to develop a provision of repair toolboxes through the innovation fund and the training of hearing aid champions who can make basic repairs and provide personal listener devices in the event of a lost device. He would also recommend the provision of additional storage boxes to store away hearing aids when they are not in use to reduce the risk of devices getting lost.

The Advanced Practitioner, Surgical Short Stay (SSU) described the work taking place as a result of the guest speaker's experience; a safety briefing at the beginning of every shift and the use of magnets to highlight safety issues. The ward uses the 'this is me booklet' for patients with dementia and passport for patients with learning difficulties. Night staff were ensuring that curtains around the beds were open at night to ensure patients were observed at all times.

The guest speaker welcomed the positive changes and was happy to assist with the development of the communication cards which the Chair thanked her for.

The Chief Operating Officer suggested that discussions about communication could take place with patients at their pre-op assessment and the Lead for Patient and Carer Experience would look into the possibility of this, noting it would be helpful to look at communication through the whole patient pathway.

Joanna Hole, Non-Executive Director commented that she hoped that all staff were communicating clearly with patients whether they had a hearing impairment or not.

The Director of People suggested that the Lead for Patient and Carer Experience meet with the Equality and Diversity Officer to discuss sensory impairment more broadly under the Diversity and Inclusion agenda and the Lead for Patient and Carer Experience will take this forward.

The Chairman thanked the video producer and the team for their presentation and the reiteration that it only takes a little bit more effort to have effective communication. The Lead for Patient and Carer Experience would liaise with the communications team to upload the film to social media and think about where else it could be shared.

## **BD/18/12/07 Cancer Patient Experience Survey 2017**

The Chairman welcomed Dr Goddard, Consultant in Diagnostic Breast Imaging and Ed Nicolle, Cancer Services Manager to the meeting and the Consultant in Diagnostic Breast Imaging gave a presentation on the National Cancer Patient Experience Survey 2017.

The survey was sent out to all patients aged 16 and over (791 patients) who had episodes of care between April – June 2017. 521 responses were received which was above the national average. The survey consisted of 59 questions and the RUH was an outlier in the responses to 11 of the questions; 10 of the 11 questions attained higher than the expected range, 1 out of 11 questions attained lower than the expected range (this question related to GP care). Other results were equivalent to the national average.

The Board noted the survey topics and reviewed the scores of the questions outside the expected range. The Consultant in Diagnostic Breast Imaging explained the actions that were due to commence, or had commenced since the survey in 2017.

In summary the overall care score was the same as the national average and the same achieved by the Trust in the previous year. 68% of comments were positive, mainly around attitude and behaviour of staff, 32% of comments were negative, a key theme being communication in receiving results and timeliness of appointments. In the cancer site specific scores 64% were at the national average, 24% were higher than the national average and 12% were lower.

Joanna Hole, Non-Executive Director asked if the Consultant in Diagnostic Breast Imaging expected to see an improvement in communication in the results of the next survey. The Consultant in Diagnostic Breast Imaging responded that she was confident that the new Dyson Cancer Centre would have a positive effect as will the additional support from the cancer programme.

The Chief Executive referred to the scores on non-clinical care and cleanliness, timeliness and facilities required improvement. The Consultant in Diagnostic Breast Imaging responded that these scores relate to cleanliness of corridors and waiting rooms rather than actual ward areas, with regard to facilities the responses referred to car parking difficulties. The Dyson Cancer Centre would improve this when complete.

Nigel Stevens, Non-Executive Director asked what we could be doing to tackle communication and timeliness more widely and in the short term. The Consultant in Diagnostic Breast Imaging responded that the results had not yet been discussed at the Cancer Strategy Board where she hoped to be able to address some of the communication issues. She clarified that the results on communication referred to communication between teams rather than direct communication with a patient from clinicians, the way in which cancer news was delivered received positive comments and was done in a sensitive way.

The Director of Nursing and Midwifery explained that the Patient Experience Group had done a survey on the quiet rooms across the Trust but this work had not yet gone any further but will be taken forward.

The Chair summarised that communication was a continuing theme across the organisation and asked that Director of Nursing and Midwifery bring back a general update to encompass some of the feedback from the Cancer Strategy Board and the guest speaker's point from the patient story about the little things that make a difference.

#### **Action: Director of Nursing and Midwifery**

The Chairman thanked the Consultant in Diagnostic Breast for her presentation and the Board look forward to receiving further assurance in the future.

**BD/18/12/08                      Quality Report**

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The Director of Nursing and Midwifery presented the Quality report and the Board noted that the report provided an update on complaints, serious incidents and patient safety priorities.

The number of complaints received by the Trust had reduced in November and there had been an improvement in the Trust's response time. The main reason for not meeting the deadline for response was around organising meetings to suit clinicians and complainants, which is an effective form of resolution. Reasons for complaints relate to clinical care and concerns, incorrect discharge and appointments.

In terms of the patient safety priorities, there had been a relaunch of the falls improvement work which had previously been very successful resulting in an improvement in the number of falls. There were five wards where there had been a high number of repeat falls and they had been given targeted support from Quality Improvement team. The Trust remained under the trajectory for repeat falls. The Falls Policy and falls prevention website had been updated to reflect changes to the falls prevention pathway. The Falls elearning programme was also being developed. Fall Simulation training was continuing and 182 staff across 9 wards had been trained to date and it had been very well received. The "Fred is Falling" workbook had been introduced as well as a video capturing the teaching given as part of the simulation training. A further video was being developed in the use of the falls retrieval kit (hover jack). A project on Enhanced Observation was underway in ASU to review the correlation between enhanced observation scores, the number of falls and nurse staffing levels. This would then be rolled out to Waterhouse and Midford Ward.

Work continues on improving insulin safety, the self-administration of insulin project had been well received.

The Board noted the serious incidents summary and that the outstanding actions remained a priority, monitored through the Operational Governance Committees.

There were four wards flagging for improvement against nursing quality indicators, mainly around staff sickness, staffing and appraisal rates but also in some cases on the Friends and Family Test (FFT) response rates. The Heads of Nursing were working with Matrons in response to this.

The Medical Director presented the National Safety Standards for Invasive Procedures (NatSSIPs) summarising that NatSSIP performance in theatres remained strong with utilisation of the WHO checklist. There was continued focus on debriefing at the end of the list and this was being rolled out across theatres.

The checklist implementation for procedures outside theatres was in progress and the Medical Director highlighted the areas where progress had been made. There had been some inconsistencies in the ability to record compliance in Gastroenterology and Oral Surgery. Compliance in Gynaecology remained average which reflects the complexity of activity, this would be reviewed as part of the annual review of Locsips in January.



The Medical Director reported a significant incident (never event) in the Emergency Department in September 2018 and he would feedback the results of the investigation once complete. Unfortunately another never event had occurred in theatres but it was too early to comment on it. Joanna Hole, Non-Executive Director commented on the delay in informing the Board about the never event in ED. The Medical Director reflected that the Board should have been informed by exception and he will be aware of that in future. The Chairman requested that assurance comes back to the Board as part of the commitment to patient safety and the Board Secretary will confirm that the structure was in place to ensure that the outcome of the investigations go through the governance process.

**Action: Board Secretary**

Joanna Hole, Non-Executive Director referred to the low appraisal rates in Pulteney Ward. The Director of Nursing and Midwifery responded that the Senior Sister had been working clinically due to staffing difficulties and some of the band 6 nurses needed upskilling to undertake the appraisals, this was underway.

The Director of Finance commented that it would be helpful to see vacancies on the Nursing Quality Indicators monthly template, the Director of Nursing and Midwifery would consider whether this could replace another indicator or whether it was included just for the wards that flag under the nursing quality indicators.

**Action: Director of Nursing and Midwifery**

The Board noted the report.

**BD/18/12/09 Palliative and End of Life Care Strategy**

The Chairman welcomed Helen Meehan, Lead Nurse Palliative Care and End of Life to the meeting who presented the Palliative and End of Life Care Strategy 2018-23, which was the first the Trust has had. Caring for people near the end of their life is one of the most important things we do as an organisation and it is crucial we support our staff to be the best that we can be, the strategy sets out our vision; to ensure that we provide the highest quality palliative and end of life care to our patients and their families, delivered by outstanding staff who live by our Trust values.

The Strategy had engaged Trust members, staff, the End of Life Steering Group, CCG's, End of Life Leads, Dorothy House Hospice Care and Community partners. We had listened to feedback from patients and their families and responded to feedback throughout the process of developing the strategy. The strategy was presented to Management Board last week who picked up the need to include equality and diversity which was now part of the workplan.

The strategy builds on the Trust Strategy and the national ambitions for palliative and end of life care and sets out 5 goals supported by 8 enablers which were aligned to the national strategy and the ambitions for palliative end of life care.

The workplan had three main themes and each theme has been linked to the goals and enablers in the Strategy. It was recognised that the strategy been developed to strive towards best practice for adults with end of life care needs and it was brought

up at Management Board about links with Children's services and transition into adult care and this will be taken forward into the next year.

The Chairman provided some feedback from Jeremy Boss, Non-Executive Director, who was the Non-Executive lead involved in the End of Life Steering Group, he was assured by the processes in place and supported the approval of the strategy.

Nigel Sullivan, Non-Executive Director asked how the Trust would know the strategy was being achieved. The Lead Nurse Palliative Care and End of Life responded that the End of Life Steering Group would measure outcomes, a new dashboard had been set up looking at the number of patients with clinical coding of palliative care or end of life care, their length of stay and outcomes. The strategy would also be measured through patient feedback, bereavement feedback, the training needs analysis of staff and compliance with essential training, complaints and compliments moving forward.

The Commercial Director requested that the cover sheet include Equality and Diversity and a comment about resources. The Director of Nursing and Midwifery apologised for the error, the front sheet had been updated following Management Board to include this but it had not been circulated to Board, she will circulate a revised cover sheet.

#### **Action: Director of Nursing and Midwifery**

The Director of People was pleased that Equality and Diversity was part of the delivery plan and reinforced the message about communication from this morning's patient story.

The Board approved the Strategy.

#### **BD/18/12/10 Learning from Deaths and Annual HSMR/SHMI Update**

The Medical Director presented the report which described how work was ongoing in terms of standardising learning from deaths across the divisions, ensuring that any learning is more visible.

The report demonstrated that some of the structural, as presented to Board previously, were coming into place such as the electronic system for monitoring progress on learning from deaths i.e. whether a death had been allocated for a structure view. The system needed refining but the data in the report was the most accurate the Trust had been able to report to date and this provided an opportunity to manage the whole system more effectively. The report we need to assist clinicians was now in place providing critical triangulation in order to feed into clinical governance. There had been some restructuring in the clinical governance team providing the opportunity to develop a clinical lead to take on the coordination work. In summary, everything was coming into place in order to manage learning from deaths.

The Board noted the annual mortality rates in the report and the difference between the mortality indicators; Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital Mortality Indicator (SHMI). The HSMR being the ratio of observed

deaths/expected deaths in hospital and SHMI projects forward to 30 days beyond episode of care, the Trust monitors both indicators. The Trust reported as expected against SHMI but HSMR reporting has caused concern. The Board noted the monthly trend September 2017-August 2018 where the Trust was trending down, this was being reviewed by the Clinical Outcomes Group and at present there was no theme consistently flagging. The Board noted however that the HSMR for the Trust was within expected range.

The Board noted the report and the Chairman requested that the Board receive clear direction in the report leading to a defined outcome and purpose.

## **BD/18/12/11 Finance Report**

The Director of Finance presented the finance report, the Trust's financial position remains a risk, the Trust is now £3.2m off plan year to date. The key risk is income position, being £3m behind where we want to be on our performance against contracts. The Trust should be £2m over as we received an additional £2m of Marginal Rate Emergency Tariff (MRET) reinvestment which did not form part of our income plan.

Activity had grown from last year but less than planned and this remained a significant risk. Nationally, providers were being asked to agree with their commissioners what their income would be for this financial year, if we were to accept a financial position based on our current performance it would not give us the income to achieve our plan and financial control total. Therefore we are negotiating that bearing in mind we are expecting more growth in the latter quarter of the year.

Regarding pay and non-pay, the majority of the reduction in spend rates were due to happen in the latter quarter of the year and a recovery plan was in place. Key areas of spend were on nurses and HCA's to cover vacancies, the Heads of Nursing had stepped up some of the controls in place to ensure we are not spending above budget. The Director of Finance was therefore confident this spend would reduce in the latter months of the year. The Director of Finance reported that non pay was not as concerning but another level of control was in place; staff had been asked not to spend on anything that is not absolutely necessary until the new financial year as long as it does not compromise patient care and that included holding vacancies.

The closing cash balance is £16m which is less than planned as we are away from our control total and hence we have not received national PSF money. In terms of capital the plan was £42m for the year, we have spent £20m to date and planning to spend more in the latter quarter of the year. We anticipate to be £2.5m under plan at the end of the year.

Joanna Hole, Non-Executive Director asked the Director of Finance is she had a reasonable level of confidence that we were on track with the financial recovery plan. The Director of Finance responded that in terms of spend she was assured by what the divisions are doing to reduce spend. The key risk related to income and the ability to negotiate income at a level above the activity currently undertaken.

Nigel Stevens, Non-Executive Director referred to expenditure and for assurance that the Trust had done everything possible to ensure staff costs were structurally



effective. The Director of Finance responded that the action to hold vacancies was to mitigate the risk we have this year, in the longer term we need to ensure our staffing goes back down to affordable levels by looking at different workforce models. In the longer term we will be looking at where our staff costs have increased and questioning the affordability.

The Director of People commented that she had organised a meeting with the organisations we share our agency arrangements with about whether we can reduce the cost of agency fees.

The Chief Operating Officer commented that through the Executive Performance Reviews we have seen staff costs slow down which provides some encouragement and have revisited all controls for nursing and will be revisiting again in the escalation meeting tomorrow.

The Board noted concern about the deviation between expected and actual month 8 position and noted the work on the income position with commissioners and took some assurance on the operating expenditure controls in place with the aim to bring expenditure back to end year position.

#### **BD/18/12/12                      Operational Performance Report**

The Chief Operating Officer presented the operational performance report. The Board noted the Trust remained at level 3 against the NHSI Single Oversight Framework, for 4 hour performance the Trust has been rated as category 4. The Trust was delivering against the improvement trajectory target for RTT incomplete pathways and performance in diagnostic tests continues to improve, although we are not yet meeting the national standard. There had been three cases of C Diff in November, the best case scenario remains within the Trust tolerance at year end.

Nigel Stevens, Non-Executive Director made an observation that the Board received a lot of statistics but the focus on what could be done differently in ED to achieve a better output was the last page of the document. He suggested the Trust focusses on this plan first followed by the statistics.

The Chief Executive commented that he attended the regional Chief Executive meeting and the Trust was usually the best in region on all the key performance metrics apart from 4 hour performance. He had confidence in what we are doing with 4 hours i.e. superstranded patients and Home First but that wasn't yet coming through in the numbers. The two issues for the Trust was access to medical beds and the focus needed in ED on some of the processes. The Chief Executive was assured about the safety of the patients within ED, which is our prime focus.

Joanna Hole, Non-Executive Director noted that the cover sheet stated that the closure of William Budd was due to essential infection control works, although her understanding was that it was environmental. The Board Secretary would ensure the front sheet was updated if necessary.

**Action: Board Secretary**

The Board noted the report.

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#### **BD/18/12/13      4 Hour Performance Report**

The Chief Operating Officer presented the 4 hour performance report before the operational report as 4 hour performance remained the most challenging metric. 4 hour performance was disappointing in November at 76.9% with the improvement trajectory not being met. Factors affecting performance include the hike in year on year ambulance conveyance which was an area of focus for the A&E Delivery Board and Ambulance provider who were now seeing the ambulance batching behaviours.

Presentation in ED and Ambulatory Care had increased particularly from the Wiltshire and Somerset population. The Trust had 82 beds closed in November due to norovirus and William Budd closure and this provides some explanation on the performance. ED delays were quite significant out of hours and this was being investigated.

The Board had previously been interested in time to triage and this would be provided at the next meeting. The data in the report was the data against the national quality indicator (85% of patients arriving by ambulance are triaged within 15 minutes which does not meet the 95% standard).

The Frailty Flying Squad were exceeding expectations and the 7 day extended service continues.

Work was ongoing on the length of stay in the emergency observation unit where the Trust was achieving the standard in the minors department but could increase further. The ambition for length of stay is a reduction of 24%, we had met a 21% reduction and hope this could be sustained, delayed transfers of care were at an all-time low and the back door was working very well.

The Board noted the report.

#### **BD/18/12/14      Brexit Update**

The Chief Operating Officer presented the report for information and assured the Board that the Task and Finish Group were meeting with key stakeholders and asking Subject Matter Experts to provide their risks. An overarching risk had been written for the Board Assurance Framework.

Board noted the report.

#### **BD/18/12/15      Management Board Update Report**

Board noted the report.

#### **BD/18/12/16      Item Withdrawn**

#### **BD/18/11/17      Chairman's Report**

The Chairman welcomed members to view a copy of the tabled report.

The Board noted that the Chairman had met with all the candidates applying for the Chairman role. The Chairman had chaired four Consultant interview panels over the last 11 days and was delighted to report the quality of the Consultants wanting to work at the Trust which was a gratifying testament to our clinical reputation.

**BD/18/11/18            Items for Assurance Committees**

No items.

**BD/18/11/19            Resolution to exclude the press and public**

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 12:06*

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