

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS
HELD IN PUBLIC ON WEDNESDAY, 27th MARCH 2019
OASIS CONFERENCE CENTRE, RUH, BATH**

Present:

Voting Directors

Brian Stables, Chairman (*Chair*)
James Scott, Chief Executive
Nigel Stevens, Non-Executive Director
Joanna Hole, Non-Executive Director
Jeremy Boss, Non-Executive Director
Jane Scadding, Non-Executive Director
Libby Walters, Director of Finance and Deputy Chief Executive
Bernie Marden, Medical Director
Lisa Cheek, Director of Nursing & Midwifery
Rebecca Carlton, Chief Operating Officer

Non-Voting Directors

Joss Foster, Commercial Director
Claire Radley, Director of People
Howard Jones, Interim Director of Estates & Facilities

In attendance

Ben Irvine, Programme Director Acute Hospitals Alliance
David Seabrooke, Interim Board Secretary
Katie Maslen, Executive Assistant (*minute taker*)
Sharon Manhi, Lead for Patient and Carer Experience (item 6 only)
Fiona Kelly, Consultant Anaesthetist (item 6 only)
Heather White, Theatre Recovery Nurse (item 6 only)

Observers

Mike Welton, Public Governor
James Colquhoun, Public Governor
Chris Hardy, Public Governor
Brian Johnson, Head of Capital Projects
Sue Milloy, Deputy Director of Nursing and Midwifery
Simon Whitby, Communications Officer
Alison Ryan, Incoming Chair (observer)
Members of the public
Members of staff
Member of the press

BD/19/03/01 Chairman's Welcome and Apologies

The Chairman welcomed members of the Council of Governors along with members of staff, public and press.

Apologies were noted from Nigel Sullivan, Non-Executive Director.

BD/19/03/02 Written Questions from the Public

Author: Katie Maslen , Executive Assistant	Date: 29 th March 2019
Document Approved by:	Version: 1.3
Agenda Item: 4	Page 1 of 8

The Chairman informed the Board of Directors that 5 written questions of which he gave details had been received from Mr Kakar, these had been responded to and the questions and responses were available in the public domain.

BD/19/03/03 Declarations of Interest

Each Director present confirmed that they had no direct or indirect interest in any way in the matters to be considered at the meeting.

BD/19/03/04 Minutes of the Board of Directors meeting held in public on 27th February 2019

The minutes of the meeting held 27th February 2019 were approved as a true and correct record of the meeting.

BD/19/03/05 Action List and Matters Arising

The action list updates were discussed and those that were listed as closed were approved by the Committee. The following actions were discussed further;

PB513 – To be re-dated to April 2019

Action: Board Secretary

PB518 –As part of the Operational Performance Report & 4 hour report at the February meeting Jeremy Boss, Non-Executive Director referred to the worsening performance on inpatient assessments in the Wiltshire Health and Care report and the target was not helpful. The Chief Operating Officer confirmed that she would look into this.

The Chief Operating Officer confirmed she had had positive conversations with Wiltshire colleagues and highlighted there had been an increase in staffing support and a follow up meeting to look at the detail would take place. Jeremy Boss, Non-Executive Director confirmed he was happy for this action to be closed.

BD/19/03/06 Patient Story

The Lead for Patient and Carer Experience introduced the patient story. Fiona Kelly, Consultant Anaesthetist and Heather White, Theatre Recovery Nurse provided the Board with an overview of the story of 2 young patients, Logan and Joe who had recently undergone surgery. Logan's mum and Joe's gran were provided with a pager which alerted them when the patient was out of theatre and they were able to join them in recovery.

The parents/guardians found this incredibly helpful, it allowed them the freedom to leave the ward and relieved the stress of missing a call, as coverage was not always reliable.

The pager system had greatly decreased the amount of time it took a parent to get to recovery from an average of 23 minutes before the pagers to just under 3 minutes with the pagers. This also relieved staff and helped keep the patients reassured.

The Consultant Anaesthetist confirmed the first pagers had cost £2k and had been funded through the Innovation Panel and the 2nd cohort of pagers which were provided to main theatres cost £1k and were funded through the League of Friends.

The Consultant Anaesthetist highlighted she had faced some initial difficulty in identifying the appropriate funding source for the pagers. The Director of Finance

confirmed she would consider ways to make the process of accessing the funds easier.

Action: Director of Finance

The Chairman queried whether it would be possible for Jeremy Boss to follow this up as the Chair of the Charities Committee to ensure that small investments were being facilitated correctly.

Action: Jeremy Boss, Non-Executive Director

The Lead of Patient and Carer Experience confirmed she would thank Logan's mum and Joe's Gran for sharing their stories.

The Chief Executive played a short clip from Radio 6 where Tom Robinson thanked the RUH for the recent care of his late band mate, Danny Kustow. The Board were happy to hear such positive feedback.

BD/19/03/07 Quality Report

The Director of Nursing and Midwifery provided the Board with an update on the Quality Report and confirmed there had been an increase in complaints for both Medicine and Surgery but that Women and Children's had not received any in this period. It was highlighted there had been an improvement in the complaint response times although this was still proving challenging. A process mapping review was taking place to try and improve this.

The Director of Nursing and Midwifery highlighted there were 3 main areas requiring resolution, these were appointments, clinical care and concerns and communication. There was still a lot of ongoing work on learning from complaints but that the team were holding workshops in May and they were taking part in patient experience week.

There had been an increase in falls, as a result of this the falls group were doing further analysis to ensure they were focussing on the right areas. The Trust was also taking steps to improve these figures which included training for link nurses and HCAs and further work with the dementia coordinators.

There had been an improvement in insulin administration errors (>50%) on the wards with self administration. The plan was to roll out self administration to Respiratory and Medical Short Stay Wards next.

Progress on outstanding actions on serious incidents continued and the Trust remained on track to complete the RCAs.

Eleven Ward areas had flagged under the nursing quality indicators, some of the reasons around this related to nursing fill rates, sickness and appraisal rates. NICU and MSS flagged as staff had been moved to provide support to other wards.

Three wards had flagged on the quality matrix MAU which had had 2 c.diff cases and William Budd which had had 5. Cardiac Ward had flagged as a result of 5 patient falls. The c.diff cases had been put forward to the CCG for appeal.

The Medical Director confirmed the Trust compliance with WHO surgical safety checklist in Theatres remained high. Compliance in Gastroenterology had decreased but it was believed this was a result of data collection issues.

The Chief Executive highlighted the need to standardise the charts in this report to allow easier comparison.

Nigel Stevens, Non-Executive Director confirmed Clinical Governance Committee were trying to embed the culture of rigid checks and would continue to put pressure on.

Jane Scadding, Non-Executive Director confirmed they were working with Lesley Jordan, Consultant Anaesthetist and Patient Safety Lead in the Clinical Governance Committee to focus on processes and procedures and would review progress in 6 month's time.

The Chief Executive highlighted that further work on standardisation of processes was taking place through the Improving Together programme to reduce variation, with potential to work with Banner. The Medical Director confirmed they were looking into electronic prescribing within maternity.

Joanne Hole, Non-Executive Director queried when the learning from the second never event would be available to provide assurance once the investigation was completed? The Medical Director confirmed he would provide this at the next meeting.

Action: Medical Director

Jane Scadding, Non-Executive Director commended the team on their hard work on serious incidents and the significant improvements made.

Board noted the report.

BD/19/03/08 Learning from Deaths Quarterly Report

It was noted this report will be discussed at the Private Board meeting.

BD/19/03/09 Finance Report

The Director of Finance provided the Board with an overview of the Finance Report and confirmed the Trust was £1.1m adverse to plan for the year, this would improve due to the recovery plan in place and the Trust had therefore forecasted that they would meet to control total by the end of March. By hitting this control total it would mean the Trust would eligible for PSF funding but confirmation on this would not be received until the accounts close at the end of March.

The cash balance was £17.6m, which was slightly higher than expected due to slippage in the capital programme, this was accepted by NHSI.

The Interim Director of Estates and Facilities confirmed relocation of the Maxillofacial department had finished and would be operating from Monday 1st April.

The Board noted the report.

Author: Katie Maslen , Executive Assistant	Date: 29 th March 2019
Document Approved by:	Version: 1.3
Agenda Item: 4	Page 4 of 8

BD/19/03/10&11 Operational Performance Report & 4 hour report

The Chief Operating Officer provided the Board with an overview of Operational Performance and 4 hour, the following points were highlighted;

- There had been an increase in demand on the 2 week cancer referral pathway.
- RTT incomplete pathways were below the national standard and a number of specialties were under pressure. A review of admin processes had given assurance that waiting lists were being managed correctly. Four 52 week breaches had been reported in February.
- There had been a significant improvement in CT and MRI performance
- Endoscopy were struggling due to an increase in referrals on the cancer pathway but further staff were being sought to try and resolve this
- The 6 week wait on diagnostic testing failed to meet the national standard of 1%.
- In February 2019 the four hour performance target had not been achieved
- There had been an increase in patients admitted through A&E Dept
- Opportunity to work more closely with the ambulance services and to use the treatment centre to work on pre hospital care
- New models of care will be a focus in Q1
- An improvement had been seen in emergency care which could be related to season and a change in ways of thinking within the emergency Department.

The Chief Executive queried whether the recently published guidance on changing the 4 hour target would impact the Trust? The Chief Operating Officer confirmed there would be more of a focus on the total time patients spent in the Emergency Department and ensuring they were seen by the correct speciality as soon as possible would help improve this.

Nigel Stevens, Non-Executive Director highlighted it was hard to map a plan to improve the 4 hour results, the report provided still didn't give high levels of assurance and it still felt defence in tone instead of more of a focus on what we are doing and how effective it has been on delivering improvement. The Chief Operating Officer would consider the layout and narrative for the April report to show connectivity in a complex system.

Action: Chief Operating Officer

Jeremy Boss, Non-Executive Director queried when it would be possible to have sight of the medical staffing rota in Emergency Department? And queried whether this was hiding any concerns.

The Chief Operating Officer had no concerns in this area but would provide further assurance at the next meeting.

Action: Chief Operating Officer

Jeremy Boss, Non-Executive Director noted the continued trend on ambulance turn around time and highlighted it would be good to see the trend turn around. The Chief Operating Officer confirmed there has been some improvement but further dialogue needed to happen with the ambulance services.

Joanna Hole, Non-Executive Director queried whether anymore was being done to improve the discharge by midday figures? The Chief Executive highlighted that some of the data used to produce these figures wasn't specific enough for example some surgical wards would never be able to significantly improve discharge by midday due to their Day Case work and this would confuse the target.

The Director of People confirmed that staff turnover was still red, this was as a result of a rolling 12 month target. Appraisal and mandatory training rates had remained static, although Information Governance training had exceeded the 95% target. Overall agency was below the 2.5% target, with challenges still apparent on agency spend.

The Chief Executive questioned as to whether any progress had been made on overseas nursing recruitment? The Director of Nursing and Midwifery highlighted that initially this had been slow but it was now starting to take pace with 31 recruited as of last week, the first 12 of these would qualify in April. Other work was taking place on retention and 2 carer hubs had recently taken place with a focus on what opportunities are available at the RUH and how to gain professional development. As a result vacancies had started to decrease.

The Board noted the report.

BD/19/03/12 Staff Survey Results

The Director of People provided an overview of the staff survey results which had been taken in September 2018 and confirmed the results were compared with 88 other acute Trusts and the response rate for the RUH was 46%. The following points were highlighted;

- Some of the survey themes had changed from previous years which made it difficult to make comparisons.
- There had been a good response rate from the Estates and Facilities staff
- Health and Wellbeing had deteriorated but this reflected the national pattern – the results of this were being reviewed by the Health and Wellbeing Steering Group
- There were 8 areas that the RUH scored favourably these were Equality and Diversity, Immediate Managers, Morale, Appraisals, Bullying, Violence, staff engagement and Health and Wellbeing
- The RUH scored lower than average on Quality of Care and Safety culture
- There had been a drop in reported feedback to staff once they had reported an incident
- The key levels of priority for the Trust level focus were to improve the experiences of Black, Asian and Minority Ethnic (BAME) staff and staff with disabilities, there was now a staff network for these 2 groups

Jane Scadding, Non-Executive Director queried whether the Trust feedback “you said, we did?” and whether we were looking into improving the response rates for other age ranges as the majority of respondents this year had been between 51-65 years old. The Director of People confirmed there was a staff survey action group which fed back on changes that had been made and further work would take place to understand why the response rate was low for the other age groups.

The Chief Executive highlighted that receiving the results in March 2019 from a survey that took place in September 2018 wasn't that helpful and queried whether

the Trust was looking to invest next year in “Go engage” which tested staff opinion on a monthly basis? The Director of People confirmed the funding had been agreed from April.

Nigel Stevens, Non-Executive Director highlighted that he felt some of the younger staff might be more engaged if the survey was communicated through other social media platforms like Instagram. The Director of People confirmed “Go engage” was mobile.

The Commercial Director highlighted that there were opportunities to help staff morale through the improving together “Go and See visits” the Executive Team were reviewing how these visits happened, the range of areas that were visited, the frequency of these visits and the focusses.

The Board noted the report.

BD/19/03/13 Non-Clinical Governance Committee Report

Joanna Hole, Non-Executive Director provided an update on the work of the Non-Clinical Governance Committee and highlighted the Committee recognised the risk on volunteer checks, further assurance was being provided this week and being actively pursued. All internal audit actions had been completed.

The Board noted the report.

BD/19/03/14 Audit Committee Report

Jeremy Boss, Non-Executive Director confirmed the Audit Committee had received benchmarking from internal and external audit and counter fraud and the RUH had performed well. He provided assurance that all of the processes were in place for year end.

The Board delegated authority to the Audit Committee to sign off on its behalf the annual report and accounts at the next meeting of the Audit Committee on 21st May 2019.

The Board noted the update report and approved the delegated authority.

BD/19/03/15 Charities Committee Report

Jeremy Boss, Non-Executive Director confirmed the Charities Committee had received updates from all of the Trusts fundraising elements.

The Board requested that the full title for ICO (Incorporated Charitable Organisation) was included in the report.

Action: Executive Assistant

The Board noted the report.

BD/19/03/16 Gender Pay Gap Report

The Director of People provided the Board with an overview of the gender pay gap report and confirmed the Trust submitted their pay gap information annually on the 31st March. The figures this year showed the RUH had an average median gender pay gap of 2.75% favouring men and an average mean gender pay gap of 21.89% favouring men.

Author: Katie Maslen , Executive Assistant	Date: 29 th March 2019
Document Approved by:	Version: 1.3
Agenda Item: 4	Page 7 of 8

When medical staff were excluded from the data women earned more than 5% more than men.

The Director of People confirmed there had been a detailed look at bonus payments as a higher number of men were awarded these, this review did not highlighted any issues.

The Board noted the report.

BD/19/03/17 Information Governance Toolkit Report

The Director of Finance highlighted this report was now called the Data Security and protection toolkit and now required 100 mandatory evidence items which were used to measure the Trusts performance against the National Data Guardians 10 data security standards. All of these 100 mandatory data items had been completed, therefore the Trusts overall score was satisfactory.

This report had been reviewed by the Information Governance Group and Management Board and they had recommended it for approval.

The Board approved the Data Security and Protection Toolkit return.

BD/19/03/18 Review of Annual Board Cycle 2019/20

The Board approved the annual board cycle.

BD/19/03/19 Management Board Update Report

The Board noted the report.

BD/19/03/20 Chief Executive's Report

The Board noted the report.

BD/19/03/21 Chairman's Report

The Board noted the report.

BD/19/03/22 Items for Assurance Committees

No items identified.

BD/19/03/ 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 Chairman bid farewell to Howard Jones, Interim Director of Estates and Facilities and thanked him for his hard work.

As it was his final meeting Joanna Hole, Non-Executive Director thanked the Chairman on behalf of the Board for his hard work and support since joining the Trust. Members of the Board applauded the Chairman.

The meeting was closed by the Chairman at 11.42

Author: Katie Maslen , Executive Assistant	Date: 29 th March 2019
Document Approved by:	Version: 1.3
Agenda Item: 4	Page 8 of 8