

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE PUBLIC BOARD OF DIRECTORS**

WEDNESDAY, 1 November 2023 13:00 - 16:00

VENUE: WIDCOMBE SOCIAL CLUB, LOWER WIDCOMBE HILL, BATH BA2 6AA

Present:

Members

Cara Charles-Barks, Chief Executive
Antony Durbacz, Non-Executive Director
Paul Fairhurst, Non-Executive Director
Jocelyn Foster, Director of Strategy
Sumita Hutchison, Non-Executive Director
Antonia Lynch, Chief Nurse
Hannah Morley, Non-Executive Director
Ian Orpen, Non-Executive Director
Alison Ryan, Chair
Nigel Stevens, Non-Executive Director
Alfredo Thompson, Director for People and Culture
Libby Walters, Director of Finance and Deputy Chief Executive
Paul Fox, Non-Executive Director
Andrew Hollowood, Chief Medical Officer
Brian Johnson, Director of Estates & Facilities
Paran Govender, Chief Operating Officer

In attendance

Donna Burnett, Interim Head of Corporate Governance
Sharon Manhi, Lead for Patient & Carer Experience – Item 8
Katie McClean, Executive Assistant (*Minute taker*)
Lucy Kearney, Head of Communications
Bryony Skipworth, Infant Feeding Advisor Neonatal Nurse – item 8
Sally Tedstone, Infant Feeding Specialist – item 8
Jane Hutchinson-Jones, Patient – item 8
Elizabeth Robinson - ST5 Radiology (Shadowing CEO)
Andrew Badcock, Paediatric Consultant
Public Governors

BD/23/11/01 Chair's Welcome and Apologies

The Chair welcomed everyone to the meeting, and confirmed that no apologies had been received.

BD/23/11/02 Declarations of Interest

The Board of Directors confirmed that they had no additional interests to declare.

BD/23/11/03 Written questions from the public

The Chair stated that a question had been submitted in advance from Victoria Sutton regarding a member of staff but due to legal reasons the Trust was not in a position to respond to it.

BD/23/11/04 Minutes of the Board of Directors meeting held in Public on 6 September 2023

The Chief Nurse highlighted that she had some minor immaterial changes to the minutes which she would feedback to the Deputy Head of Corporate Governance.

Action: Chief Nurse

The Board of Directors approved the minutes of the meeting held on 6 September as a true and correct record subject to the changes above.

BD/23/11/05 Action List and Matters Arising

The actions presented for closure were approved.

BD/23/11/06 Governor Log of Assurance Questions and Responses

The Chair noted that the log of assurance questions was on the agenda for information.

BD/23/11/07 Item Discussed at Private Board of Directors meeting.

The Chair informed the Board that the main items discussed at Private Board of Directors that were not commercially sensitive were:

- Sulis had started making a profit
- Risk appetite
- Early production of papers for Public Board

The Board NOTED the update.

BD/23/11/08 Patient/Carer/Staff Story

The Lead for Patient Experience introduced Jane Hutchison-Jones to the Board. Jane was a patient at the RUH in February 2022 when she was pregnant with her son. Following the birth of her son, Jane received very little breastfeeding support which impacted significantly on her wellbeing. Jane has worked with maternity services to include the emotional side of parenthood in the core training of midwives.

Ian Orpen thanked Jane for coming to the meeting and asked whether she felt that all of her expected outcomes had been met. Jane stated that the Trust had gone above and beyond, and that birth reflections had helped validate her feelings.

BD/23/11/09 CEO and Chairs Report

The Chief Executive highlighted the following key points:

- Industrial action was still impacting patients and the Trust was working hard to recover lost appointments.
- The CQC had visited the Trust to inspect medical care, 4 areas for improvement had been identified which included documentation of fluid balance charts, governance and risk, controlled medicines documentation, storage and equipment maintenance. As a result the CQC have changed the medical line of reference from GOOD to REQUIRES IMPROVEMENT. An action plan was being worked on.
- The overarching CQC rating remained good.
- The site rating had changed to REQUIRES IMPROVEMENT.
- The AGM had been a success.

The Chair stated that the Trust was one of the three owners of Wiltshire Health and Care (provider of community services) and highlighted that their position was currently very challenging, and all three Trusts were working together to find a way forward.

The Board NOTED the update.

BD/23/11/10 Integrated Performance Report (IPR)

The Chief Nurse presented the key highlights of the IPR:

Workforce: There had been a reduction in the number of vacancies and agency spend, although nurse agency spend continued to be high.

Staff turnover had reduced and sickness had improved, the key driver for sickness was identified as stress/depression and anxiety which would be a key area of focus.

Mandatory training levels were good.

Performance: The Trust had been placed in tier 2 due to the cancer backlog. The number of patients waiting for diagnostics was high, although there had been some improvements.

4 hour performance stood at 68.7%. Bed occupancy had risen to 94% and was one of the Trusts biggest challenges..

Finance: The Trust currently had a deficit of £11.6m which was £3.7m worse than plan; this was as a result of increased run rates, industrial action, elective recovery costs and agency fees. The Trusts saving target of £23m was identified as a risk.

Quality: No quality slides were presented this month as the way that quality data was being managed was under review.

Hannah Morley highlighted that mandatory training levels were low especially in corporate areas. The Director for People replied that the Trust remained compliant but that there was a greater focus on corporate areas, with the introduction of the learn together platform there had been an increase in compliance.

Sumita Hutchison expressed concern that the number of Datix incidents reporting violence had increased and queried whether the Dignity policy was enough to tackle this, the Director for People replied that the Trust had expected there to be an increase in Datix incidents as this was a way to monitor the new pilot.

Sumita Hutchison queried the role of line managers in tackling the high numbers of staff with stress and depression, and the Chief Nurse confirmed that the Trust had relaunched the leadership programmes, which focused on managing burnout and stress.

Paul Fairhurst queried whether a decision had been made on the funding of ward 4, and the Chief Executive replied that there had been no update on any funding but that the ward remained open.

Ian Orpen questioned the reason for long waits for diagnostics. The Chief Operating Officer stated that this had been driven by increasing demand and the 2 key areas of

challenge were Ultrasound and CT. some temporary extra capacity had been provided which helped with the backlog.

The Board of Directors NOTED the update.

BD/23/09/11 Quality Governance Committee Upward Report

Ian Orpen presented the report and reported that Martha's rule was now active. The Board of Directors noted the update.

BD/23/01/12 Clinical Strategy Update

Andrew Hollowood provided the Board with an update on the work that had been undertaken on updating the Clinical strategy. Five strategy steering groups had been introduced with 8 different work streams which had been amalgamated into four. Workshops continued to take place with a wide range of staff to gain feedback on what the RUH could look like, and this work linked back to the transformation programme.

The Chief Nurse stated that she had attended a workshop for clinicians to come together to discuss critical and planned care and reported that there was a real appetite to change the way that care was delivered, and people were energised.

Sumita Hutchison queried how all the different strategies linked in with the clinical strategy, and the Chief Executive confirmed that there was one overarching strategy which contained 3 pillars, with sub components which was how the other strategies were aligned.

The Board of Directors noted the update.

BD/23/11/13 Winter Planning

The Chief Operating Officer provided the Board with an update on winter planning, the following points were highlighted;

- Work was ongoing to support attendance avoidance and keeping patients at home.
- Ambulance services would commence linking with care coordinators.
- The RUH had seen an increase in ambulances, work was on going to ensure that the Trusts capacity could meet demand.
- There had been an increase in acute respiratory infections, and the development of hubs was being reviewed to cope with the demand.
- Improvements were being made to discharge pathways.
- Due to a change in the opel framework, the Trust would always be classified as opal 3 or 4 due to bed occupancy and the number of non-criteria to reside patients.

Sumita Hutchison questioned what would happen if the number of non-criteria to reside patients did not improve. The Chief Operating Officer confirmed that it was within the influence of the Trust to improve the number of patients taken in by the community.

The Board of Directors NOTED the update.

BD/23/11/15 Annual Mortality Review

The Chief Medical Officer provided an update on the annual mortality review and highlighted that there had been 237 structured reviews, which were scored according to the care received, with the average quality of care being good. The Trust was working hard to reduce the expected mortality rate, particularly at weekends. The mortality rate was within range with peers and appropriate levels of care were being seen.

The Board of Directors NOTED the update.

BD/23/11/14 Learning from Deaths Q1

The Chief Medical Officer provided an overview of the learning from deaths report and highlighted that gaps had been identified in the delivery of Structured Judgement Review (SJR's), particularly relating to Oncology and Gastroenterology who were struggling to provide their SJR's. Risk appetite within the Trust for discharge was good, but this was resulting in an increase in readmissions.

The Chair noted that there had been an improvement in HSMR and SHMI.

Ian Orpen queried whether the Trust undertook an analysis on whether people died where they wanted to. The Chair confirmed that this information was contained in the End of Life audit.

The Board of Directors noted the update

BD/23/11/16 People Committee Update Report

Paul Fairhurst reported that the People Committee had received an update on workforce planning and agency costs and they had discussed sickness absences and health and wellbeing. There were concerns on data reliability which could affect the KPIs on the people programme. Progress was being made on changing the people function to ensure it was fit for purpose.

The Board of Directors noted the report.

BD/23/11/16.1 Workforce planning

The Director for People provided an update on workforce planning and highlighted that the workforce had grown by 812 WTE since the end of the financial year 2019/20, it was important to understand the benefits that this had brought to patients and patient care. In terms of productivity the Trust needed to review the movement in costs and the activity.

The next steps to be taken were;

1. Scrutinise where the Trust was recruiting and why.
2. Focus on tighter controls on agency.

The committee NOTED the update.

BD/23/11/17 Finance and Performance Committee Update report

Antony Durbacz provided an overview of the work of the Finance and Performance Committee and stated that the purpose of the Committee was to spend time on outcomes and trajectories of the operational and financial aspects.

The improvement plan was highlighted as an area of concern as although there was significant activity there was a level of uncertainty as to the final output. Future Committee meetings would focus differently going forward with more time being spent on the improvement plan and productivity.

The Board of Directors NOTED the report.

BD/23/11/18 Audit and Risk Committee Upward Report

Paul Fox provided an overview of the work of the Audit and Risk Committee and stated that the Committee had focused on the following topics;

- Cyber security risk - NCGC would be taking this forward.
- Sulis accounts were on track for submission.
- Low numbers of outstanding audit actions.

The Board of Directors NOTED the update.

BD/23/11/19 Charities Committee Upward Report

Sumita Hutchison provided an update on the work of the Charities Committee the following points were highlighted;

- Funding was coming in from donors but it was not being processed quickly enough.
- There were unspent funds with no spending plans.
- There had been a decrease in legacy donations.
- The Trust was trialling an app to allow patients to say thank you and donate at the same time.
- The Friends of the RUH contribution towards robotics was greatly welcomed and appreciated..

The Board of Directors NOTED the update

BD/23/11/20 Trust Management Executive Upward Report

The Board of Directors noted the update.

Antony Durbacz questioned the assurance processes around the EPR funding to ensure the finances were under control. The Chief Medical Officer replied that the project had been submitted through the first gateway. The role of the Senior Responsible Owner (SRO) was now under discussion, and as part of that role there would be greater oversight of the assurance processes.

The Chief Executive added that there was a robust programme in place to ensure that the costs did not shift. The change in fees from the original business case was as a result of server costs. An EPR Programme Board would be established in the future for the implementation of the EPR which would include NEDS and Directors.

BD/23/09/21 Board Assurance Framework Summary Report

The Interim Head of Corporate Governance provided an update on the BAF and confirmed that significant progress had been made since the last meeting and some of the risk scores had been updated. Three new BAF risks had been added relating to workforce.

Paul Fairhurst highlighted risk 3.6 which related to the lack of funding resulting in not being able to take advantage of opportunity to develop digital capabilities and suggested that the cost overrun with EPR should be added to the risks. The Chief Executive agreed to add this as a corporate risk and discuss whether it should also be added to the BAF.

The Board of Directors APPROVED the new risks.

BD/23/09/22 Board of Directors Annual Effectiveness Review

The Interim Head of Corporate Services provided an overview of the effectiveness review and stated that the report reflected the performance against the Terms of Reference and was aligned to the key lines of enquiry from the CQC. The CQC key lines of enquiry would be replaced by the quality impact statements, the Impact of feedback in the self-evaluation would form part of the evaluation process.

The Chief Executive questioned the timeframes for completion to ensure feedback was built into the well led improvement plan. The Interim Head of Corporate Services confirmed it would be shared by the end of the week for feedback.

The Chair questioned whether the sightedness of the Board on system collaboration should be added. The Interim Head of Corporate Governance agreed to incorporate it.

Action: Interim Head of Corporate Governance

The Board of Directors noted the update.

BD/23/11/23 Terms of Reference ratification

The Head of Corporate Governance confirmed that all of the Terms of Reference had been reviewed by the relevant Committees.

The People Committee Terms of Reference were approved

The Finance and Performance Committee Terms of Reference were approved.

The Audit and Risk Committee Terms of Reference were approved with the caveat that cyber was moved to NCGC.

The Charities Committee Terms of Reference were approved. The process for requesting and approving funds to be added for clarity.

Action: Interim Head of Corporate Governance

The NCGC, Quality Governance Committee and Subsidiary Oversight Committee Terms of Reference would be reviewed at the next meeting.

Action: Interim Head of Corporate Governance

BD/23/11/24 Any Other Business and Questions on Blue Box

No questions were raised on the R&D annual report.

The Meeting closed at 15.30