

**Minutes of the Public Meeting of the Council of Governors of the  
Royal United Hospitals Bath NHS Foundation Trust  
Thursday 7<sup>th</sup> June 2018  
RUH Boardroom, Oasis Centre, RUH**

**Present:**

Brian Stables, Chairman		
Public Governors	Staff Governors	Stakeholder Governors
Amanda Buss Chris Callow Nick Houlton Anne Martin Mike Midgley Helen Rogers Jacek Kownacki Chris Hardy James Colquhoun Andrew Simkins	Shaun Lomax Julie Scriven Mike Coupe Darrin King	Julian Hughes Ian Orpen Vic Pritchard Johnny Kidney

**In attendance:**

Xavier Bell, Board of Directors' Secretary  
 Claire Radley, Director of People *(item 23 only)*  
 Janet Adeyemi, Membership & Governance Manager  
 James Scott, Chief Executive  
 Dr Tim Craft, Director of Research and Innovation *(item 23 only)*  
 Wil Bevan, Deloitte *(item 8 only)*

**CG/17/06/01 Chairman's Welcome and Apologies**

The Chairman noted that apologies had been received from:

Public Governors	Stakeholder Governors	Non-Executive Directors
Mike Welton	Andrew Girdher	Jeremy Boss Jane Scadding Nigel Sullivan Nigel Stevens Joanna Hole

**CG/18/06/02 Declarations of Interest in items on the agenda**

There were no declarations of interest noted.

**CG/18/06/03 Minutes of the Council of Governors Meeting held on 6 March 2018**

The minutes were approved and would be signed by the Chair as a true record of the meeting.

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**CG/18/06/04                    Action List and Matters Arising**

All action updates were agreed as presented, the following items were discussed:

**CG131** – The STP had not progressed since the last meeting, but it was hoped that material would be produced post October.

**CG143** – The Chairman stated that objectives relating to the STP would be revisited in December 2018. Action to remain open.

**CG150** - The Chairman stated that the action should remain open and would be revisited at the September Council of Governance meeting.

**CG153**- The Chairman stated that the action should remain open and would be revisited at the September Council of Governor meeting.

**CG160**- Queries have been passed on to the Non- Executive Directors and feedback will be provided to the Governors in due course.

**CGG161**- Queries have been passed on to the Non- Executive Directors and feedback will be provided to the Governors in due course.

**CG163**-The Chairman stated that the action should remain open and would be revisited at the September Council of Governor meeting.

**CG169**- James Scott, CEO informed the Council of Governor that it's possible to extend the bus shelter; however, he does not have a date on when this will be done. Action to remain open

**CGC171**- The Chairman requested that the response should come back to the Quality working group.

**CG175**- Queries have been passed on to the Non- Executive Directors and feedback will be provided to the Governors in due course.

**CG/18/06/05                    Report to Governors on the Quality Report 2017/18**

The Chairman welcomed Wil Bevan, from Deloitte, to the meeting. He provided a verbal update to the Council of Governors on the Quality Report 2017/18 and highlighted:

- Deloitte had audited the Trust's Quality Accounts and indicators for year-end 2018 and confirmed that the testing did not reveal many areas for improvement and they were content with the accuracy. The following areas were highlighted for improvement
  - The Trust reported performance levels on 18 week RTT at 87.8% which fell below the target of 92%. The 18 week RTT pathway underlying data has improved based on the results of their testing, comparing to the prior year where a number of recommendations had been raised.

- The Trust performance for 4 hour waits was reported at 82.7% which was below the target of 95%. They identified four instances where the patient's waiting time has been recorded as a negative figure. There were 4 errors in relation to the discharge date and time.
- The Trust reported performance level on 14 day breast symptomatic waiting times at 90.5% which was below the target 93%. They identified two instances where 'suspected cancer' referrals have been incorrectly recorded in the dataset. There were two instances where the pathway start dates had been incorrectly entered. One instance resulted in breaches when the correct start date was considered. The other instance was not a breach due to the patient 'DNA' and the clock was reset.
- The recommendations for each area would be followed up with the relevant managers.
- The overall conclusion was that the Quality Accounts had been prepared in accordance with the requirements.

The Chairman stated that Deloitte would return to CoG in September to present the Annual Audit Letter.

The Chairman thanked Wil Bevan, Deloitte for the presentation. The Council of Governors noted the update.

## CG/18/06/06 Chief Executive's Update Report

The Chief Executive presented the update report and highlighted:

- C- difficile Infection – As at April 2018, the RUH *C.diff* tolerance was 22 “post 3 day” *C.diff* cases. 1 case is awaiting appeal response (from October 2017). For 2017/18 the best cases scenario is 18 Trust attributed *C.diff* cases which would be within tolerance; the worst case scenario is 19 which would also be within tolerance. This is the best ever performance recorded by the Trust, and represents a major success in the work to tackle infection rates in the hospital.
- 4 hour performance continued to be the highest operational performance risk for the Trust and a detailed improvement plan had been developed, performance against this was reported monthly in a separate 4 hour performance report.
- Wholly Owned Subsidiary – The Board of Directors received a further update on the WOS project at its March meeting and concluded that the Board has insufficient information to make a decision at this time. Further work on the benefits case for staff and patients and in particular an understanding of the impact of new Agenda for Change terms and conditions on current recruitment and retention challenges was required before this can be concluded.
- Organisational Development Programme” Improving Together” - the Board of Directors have provisionally approved an ambitious organisational development for the Trust, to commence in July 2018. The programme of work will support the RUH in the delivery of sustainable high quality services to its patients and enable the Trust to be an employer of choice through our focus on staff engagement and wellbeing.

The Council of Governors noted the update.

## CG/18/06/07 Sustainability and Transformation Plan (STP) Update

The Chief Executive presented the update report and highlighted:

- Financial Recovery Plan
  - The 3 CCGs Great Western Hospital, Salisbury Hospital and AWP are in financial difficulties.
- Focus on stranded and super stranded patients
  - There are 88 super stranded patients in the RUH
  - Reducing super stranded patients by 10% will free up 44 beds in the RUH
- Urgent & Emergency Care
  - System demand and capacity plans- looking at the demands that is placed on the RUH and what capacity do we need, in terms of inpatient beds and out of hospital care.
- Acute Hospital Alliance
  - Model hospital
  - Getting it Right First Time
  - Senate Reviews
    - Stroke services
    - Interventional Cardiology
  - Maternity delivery plan
  - Challenged specialities
- Workforce
  - Delivery of additional recruitment ( AWP/RUH)
  - Reduction on agency spend (GWH)
- Somerset STP
  - RUH Medical Director to join Clinical Strategy Group
  - RUH actively seeking representation of the Mendip population needs

Andrew Simkins, Public Governor, asked whether the creation of a Wholly Owned Subsidiary is a matter of “when” not “if”. The Chief Executive stated that the Board of Directors had not made a decision on whether to pursue a Wholly Owned Subsidiary. He noted that the Board of Directors were still working on it. Andrew Simkins questioned whether there were still opportunities for staff to comment on the proposal. The Chief Executive stated that staff have had opportunities in January to raise their concerns and to engage with both the facilities team and himself through the staff engagement process. He added that staff views were diverse and out of 600 staff who engaged with them the main issue was access to the NHS pension scheme and continuing NHS employment.

Anne Martin, Public Governor, asked if the Trust decided not to ahead with the Wholly Owned Subsidiary, will the Board look into outsourcing. The Chief Executive confirmed that the Board had looked at a range of options around facilities and procurement and had made a decision sometime ago not to outsource those services.

Amanda Buss, Public Governor, questioned whether there are any statistics that RUH has about usage in relation to demand capacity and are there any national statistics that will help the Trust in formulating demand capacity plans and the community services we should have per head of the population. She also questioned the trigger point for STP becoming a pioneer Integrated Care Systems (ICSs) as a date has not been set yet. The Chief Executive stated that there is no national data in relation to demand and capacity. He stated that the Trust is putting a system-wide plan in place with partners with the CSU to carry out the detailed work. The Chief Executive suggested that the STP would not transition into one Integrated Care Alliance.

Helen Rogers, Public Governor, highlighted that she want to congratulate the Trust's Home First partnership team in being nominated for the National NHS70 Parliamentary Awards. She added that this is a huge boost for the community and the team and she wanted the Chief Executive to pass on her congratulations to the team. The Chief Executive stated that the team are celebrating this afternoon and added that the Trust also have 3 teams who have been nominated for the BMJ Patient Safety Award.

James Colquhoun, Public Governor, sought clarity about the Chief Executive chairing the A&E Delivery Board and whether there are any emerging priorities and visions on how he is going to close the gap and move things on. The Chief Executive stated that in addition to 4 hour performance the major priority is out of hospital care, stranded patients and demand and capacity.

Chris Callow, Public Governor, stated that he attended a presentation yesterday for the WRVS. He highlighted that the WRVS have sought help from the social services for the last 2 months in focusing on stranded and super stranded patients to try and get them home. He questioned whether it is something the Trust can encourage. The Chief Executive explained that BaNES have done a lot of work in engaging the voluntary and third sector and also Age UK support on the voluntary basis.

Vic Pritchard, Stakeholder Governor, sought clarity on whether the Chief Executive will concentrate on Home First or whether he will widening the scope on improving better care fund for a step down facility. The Chief Executive stated that the key focus was on getting the patient home. He added that he has private sector organisations interested in building integrated care facilities in Bath that found function as step down facilities.

The Council of Governors noted the update.

## **CG/18/06/08      Annual NHS Improvement Declaration – Annual Governor Training**

The Chairman presented the report and highlighted:

- NHS Improvement required NHS Foundation Trusts to make a number of returns and declarations over the course of the financial year. NHS Improvement required the Board of Directors to confirm the statement within the report by 30<sup>th</sup> June 2018.

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- A summary of the governor training opportunities provided by the Trust in 2017/18 was attached at appendix 1.
- The Board of Directors would consider the above statement at its meeting on 27<sup>th</sup> June 2018. Before confirming the statement, members of the Board of Directors needed to have regard to the views of Governors.

The Chairman asked the Governors if there were any additional training requirements for 2018/19. The Council of Governors did not identify any additional training requirements for inclusion in the 2018/19 Governor training programme.

The Council of Governors:

1. Noted the attached summary of Governor Training Opportunities provided by the Trust during 2017/18 (appendix 1)
2. Confirmed that the Trust had fulfilled its duty to provide training for governors to equip them with the skills and knowledge they needed in order to undertake their role.

Anne Martin, Public Governors, sought clarity if attending the Board of Directors meeting can be part of the training that RUH provide the Council of Governors. The Chairman stated that he would ask the Board of Directors' Secretary to consider this as part of our response under the Annual NHS Improvement Declaration.

Andrew Simkins, Public Governors, sought clarity from the Council of Governors whether GovernWell Core Skills is worth attending. Julie Scriven, Staff Governor, confirmed that GovernWell Core Skills is a good course to attend. She also added that the course provides you with the opportunity to see other Governors from different Trusts and what problems they are facing.

### **CG/18/06/09 Feedback from the Governors Annual Review**

The Chairman presented the update and highlighted:

- Four Council of Governor Priorities for 2018/19 were agreed during the Governor Away Day on 26<sup>th</sup> February 2018 as follows:
  1. Strengthen our relationships with stakeholders ⇔ STP development
  2. More interaction with the NEDs → seminar interaction
  3. Devise ways to better understand STP and potential effect on patients, staff members and the RUH as a corporate body.
  4. Measures of CoG effectiveness → visit other FT's to see best practice

The Council of Governors would like to have more engagement with the NEDs.,

**Action: Membership and Governance Manager and Board of Directors' Secretary**

The Council of Governors noted the update and agreed the priorities.

### **CG/18/06/10 Staff Governor Feedback**

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Darrin King, Staff Governor presented the report on behalf of all Staff Governors. He highlighted that Membership and Governance team have set up some engagement sessions for Staff Governors to partake during lunchtimes outside the Lansdown as a way to talk to staff. There is currently a timetable of these meetings being put together and Staff Governors have expressed their interest as to which meetings they wish to attend.

Julie Scriven, Staff Governor, thanked the Membership and Governance team for creating an engagement form for Staff Governor to begin to note the feedback they received from members of staff.

The Council of Governors noted the feedback from the Staff Governors.

### **CG/18/06/11          Public Governor Feedback**

The Chairman stated that the report provided the Council of Governors with an overview of the feedback received from public members and the general public during the past 3 months.

He asked the Council of Governors if any of the feedback raised concern. There were no concerns raised.

Amanda Buss, Public Governor sought clarity on volunteer's security and checks, she stated that she was told that the volunteer are managed through different channel and The Chairman stated that he will ask the Deputy Director of Nursing and Midwifery to look into this..

**Action: Deputy Director of Nursing & Midwifery**

Nick Houlton, Public Governor, questioned security of the Trust in a wider context; he stated that the Trust is an open site and in most large organisations you will find CCT cameras and security guards. He confirmed that in most cases when he visits wards he has not been checked, and he questioned if there is a chance to have cameras across the Trust. The Chairman confirmed that there are some CCT in some areas of the Trust such as the front doors. The Non-Clinical Governance Committee, chaired by the Senior Independent Director, obtains assurance on Security across the Trust.

Jacek Kownacki, Public Governors, stated that all volunteers have to carry a badge on them at all times and they are permitted to go into the wards.

The Council of Governors noted the update report.

### **CG/18/06/12          Stakeholder Governor Feedback**

The Chairman asked the Stakeholder Governors present to inform the Council of Governors about any issues pertinent to the RUH.

Dr Ian Orpen, Stakeholder Governor, BaNES CCG

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- None

Prof Julian Hughes, Stakeholder Governor, University of Bristol

- None

Cllr Vic Pritchard, Stakeholder Governor, BaNES Council

- None

Cllr Johnny Kidney, Stakeholder Governors, Wilshire Council

- None

### **CG/18/06/13 Working Group Actions arising out of feedback**

The Chairman asked the Council of Governors if there were any concerns raised by members which should be passed to a working group to look at in more detail.

The Council of Governors identified no additional issues that should be passed to the working groups.

### **CG/18/06/14 Strategy & Business Planning Working Group Update Report**

The Chair of the working group presented the report and highlighted:

- The working group agreed to receive a written update on Maternity Services redesign prior to formal consultation;
- The working group agreed to see further assurance from the Non-Executive Directors with regards to the Trust's financial plan related to the WOS and QIPP targets;
- The working groups Terms of Reference were included at appendix one for approval.

The Council of Governors approved the Terms of Reference and noted the update report.

### **CG/18/06/15 Quality Working Group Update Report**

The Chair of the working group presented the report and stated that the working group will be discussing Jeremy Boss responses in July's meeting.

The Council of Governors noted the update report.

### **CG/18/06/16 Membership & Outreach Working Group Update Report**

The Chair of the working group presented the report and highlighted:

The working group discussed the membership target and the Governors agreed that there should be no numerical target for membership and instead have the focus on increasing an engaged membership . They suggested the following objectives

*“The Trust will continue to steadily recruit and increase a representative membership and increase and measure member engagement”*

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The Council of Governors approved the membership target, Terms of Reference and noted the update report.

### **CG/18/06/17 Board Monitoring Group Update Reports**

Amanda Buss, Public Governor presented the report and highlighted:

- The QWG would follow up on the Cardiology Improvement plan
- Governors would like to be reassured that the Capital plan delays will be recovered and that the 2018/19 plan will be substantially delivered within that financial year.
- The Governors would like reassurance that the contracts between RUH and CCG's will take account of these estimates and allow for a significant increase in non- elective demand.

The Chairman suggested that the Board Monitoring Group should send the Membership and Governance Manager direct questions that the Board Monitoring Group committee feel haven't got answer to.

**Action: Board Monitoring Group**

The Council of Governors noted the update report.

### **CG/17/06/18 Governors as Observers – Assurance Committee Update**

Amanda Buss, Public Governor, presented the update on her attendance at the Non Clinical Governance Committee meetings held on 14<sup>th</sup> May 2018. She highlighted:

- She would like to seek further Board assurance on MRI, equipment failure; whether there is a logging system for equipment and is it reviewed in a timely fashion.

**Action: Membership & Governance Manager**

Nick Houlton, Public Governor, presented the update on his attendance at the Clinical Governance Committee meeting held on 16<sup>th</sup> April 2018. He highlighted:

- He is concerned and has assurance questions for the Board in relation to the Lung Cancer services and the ambition to build new Cancer Centre.

**Action: Membership & Governance Manager**

Chris Callow, Public Governor (Lead Governor) presented the update on his attendance at the Audit Committee on 27<sup>th</sup> May 2018. He highlighted:

- He was very impressed in the way the Non-Executive Directors asked probing questions and are effective at questioning.
- He recommended that the counter fraud department should give a presentation on counter fraud to the Council of Governors.

The Council of Governors noted the update.

### **CG/18/06/19 Update Following NHS Providers Governors Conference**

Amanda Buss, Public Governor presented the update and highlighted:

- She and Chris Callow had attended the Annual Governor Conference in May which was organised by NHS Providers.
- The conference attracted approximately 180 delegates from Trusts nationwide.
- She recommend that the Council of Governors should consider utilising some of the methods used by other FTs to hold NEDs to account
- She suggested that Governors would find the presentation slides interesting to look at
- One area of interest for M&OWG will be to look at some of the member initiative on the FT showcase stands

**Action: Membership & Governance Manager**

Helen Rogers, Public Governor (Chair of S&BP) stated that she found the report useful and she queried if it's possible for Amanda Buss Public Governor to deliver a seminar on her report at the next Council of Governors meeting in September. The Chairman asked Amanda Buss and Helen Rogers to lead a seminar.

**Action: Amanda Buss and Helen Rogers - Public Governors**

### **CG/18/06/20 Working Group Actions Arising Out of Update Reports**

The Chairman asked the Council of Governors whether there were any working group actions arising from the reports presented. It was agreed that there were no further recommendation other than those already agreed.

### **CG/18/06/21 Lead Governors Update Report**

Chris Callow, Lead Governor provided a verbal update and highlighted:

- Chris Callow stated that he would like to continue for another term as a Lead Governor;
- All Governors to feed into the 2017/18 working groups annual report.

The Chairman asked Governors to consider if they wished to put themselves forward for the role of Lead Governor and submit any expressions of interest and supporting statements to the Membership Office.

**Action: All Governors**

The Council of Governors noted the update.

### **CG/18/06/23 Annual Members Meeting – Governors Annual Report**

The Chairman asked the Council of Governors to confirm if they are happy to adopt the format/structure from last year's Council of Governors annual report. He added that he wants to do something similar this year.

The Council of Governors agreed that the format/ structure are fine; however they would like to make this year's content more exciting.

The Council of Governors approved the format and structure.

## **CG/18/06/23 Human Resources Business Plan 2017-18**

The Chairman welcomed Claire Radley, Director of People. She presented the update and highlighted:

### **Equality Diversity & Inclusion 2018**

- The Trust have a diverse workforce
  - 76% of our staff are female and 103 different countries represented across the Trust
  - 1% of staff is LGB and 139 of our staff are over 66 years old
  - 2% of staff consider themselves to have a disability
- 4 Equality Areas and 4 projects
  - A representative and supported workforce
  - Better health outcomes
  - Improved patient access and experience
  - Inclusive leadership

### **Staff Survey results**

- The Staff Survey had seen some good improvements, the experience of staff had improved but the team have a long way to go.
- Comparison with the other acute Trusts- two questions came in the top 20%
  - Believing the organisation provides equal opportunities for progression
  - Attending work despite feeling unwell because they felt under pressure
- Comparison with other acute Trusts; four questions came in the bottom 20% of all Trusts:
  - Flexible working arrangements;
  - The quality of work and care that they are able to deliver;
  - Quality of non-mandatory training;
  - Staff confidence and security in reporting unsafe clinical practise.

### **Flu Campaign 2017-18**

- The Trust achieved a target of 71.6% of clinical staff being vaccinated
- The target for 2018/19 is 75%

### **International Nursing Recruitment Project**

- Working with Yeovil District Hospital to recruit 80 International Nurses
- Interviews undertaken in the Philippines and Dubai in March and April/May 2018
- 253 candidates offered roles with 243 candidates in the active pipeline
- Fortnightly project group meeting to plan and implement welcome, UK orientation, induction

### **Supporting Young People Into Work**

- 154 young people have completed work experience , compared to 55 last year, an increase of almost 180%
- The department have attended 33 careers events and help 2 conference

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- As a Trust we are right at the top end in the apprenticeship levy comparison to other Trusts in the country

### **Prevention and Management of Violence and Aggression (PMA)**

- The 2016 Staff Survey showed that staff feel they are experiencing physical violence from patients, their relatives and other members of the public at a higher percentage than in other trusts.

### **Key Issues for 2018-19**

- Staff survey results
- Diversity and inclusion
- Flexible working
- Sickness absence
- Recruitment and retention
- Staff engagement

The Chairman thanked the Director of People for a very focused and well delivered presentation.

The Council of Governors noted the update.

Andrew Simkins, Public Governor, asked has Brexit changed the Trust direction for recruitment and has this made any impact at all. The Director of People stated that they tend to use nurses from Europe and nationally there is a general expectation that would have had a significant impact and with the more recent information that she had seen, the impact is not as big as they thought it might have been. The Chairman added that he looked at some figures about 6 months ago and that if nursing turnover for the Trust was 11%, and that the European Union cohort nurse turnover was just about 6% higher. He added that a lot of European Union nurses have left the south west and gone back to London.

Helen Rogers, Public Governor, confirmed that the Nursing and Midwifery Council have reported major concern as more EU nurses and midwives are leaving the register. The Chairman confirmed that in the last month he has visited 5 wards and there are few if any nurses from the European Union excluding England. Helen Rogers stated that 10% of our staff are from black or ethnic minority and she expressed queried how this reflects the local population. The Director of People confirmed that this figure exceeds the proportion of people from these backgrounds in the local population.

Helen Rogers, Public Governor sought clarity on the violence and aggression; she stated that the previous Director of People informed the Council of Governors about 2016 Staff Survey on prevention and management of violence and aggression (PMVA) but have not informed the Council of Governor of 2017 PMVA. The Director of People confirmed that she doesn't have the figures to hand.

Helen Rogers, Public Governor requested an update on what actions have been taken and any signs of improvement on the prevention and management of violence and aggression.

**Action: Director of People**

Nick Houlton, Public Governor questioned whether the Trust was looking into the staff bullying and harassment from other members of staff. He asked that it should be something the Director of People will be focusing on as other members of the Council of Governors have concern over this issue too. The Director of People will provide an update at a future meeting about the actions being taken to understand and address this finding.

**Action: Director of People**

Mike Coupe, Staff Governor, confirmed that he has received feedback from other staff members about staff bullying and harassment during staff engagement sessions. The Director of People sought clarity if this is from a specific staff group; Mike Coupe, Staff Governor confirmed that these feedbacks are from nurses.

Vic Pritchard, Stakeholder Governors, questioned about 2017 flu fighter target of 71.6% and 75% for 2018. He added that it should be a statutory requirement for all staff to have flu vaccination. The Chairman added that as a Trust we ask this question every year and legally the Trust cannot force an individual to have a flu vaccination.

The Council of Governors noted the update.

**CG/18/06/24 Research and Innovation at the RUH (An opportunity)**

The Chairman welcomed Dr Tim Craft, Director of Research and Innovation. He presented the update and highlighted:

**Research is good for patients**

- Patients benefits from being treated in research active hospitals
- Access to new drugs or treatments that might not otherwise be available to them
- Outcomes for patients treated at research active hospital are better

**Diabetes Trial**

- Diabetes trial in last 12 months , patient benefit:
  - All 21 patients improved HbA1c
  - Support patient knowledge and lifestyle changes
  - Improve future health outcomes
  - Reduce costs to NHS
  - Contribute evidence towards future treatment planning
- **Commercial trial, paid following costs:**
  - Drugs
  - Equipment
  - Staff costs in clinics

## Research is good for the Trust

- Attracts and retains high calibre staff
- Enhances reputation
- Contributes soft £
  - Extra clinical services e.g. out pt clinic, on call rota
  - Relieves other clinician time
  - Equipment

## What is Research at the RUH?

- Basic science (lab)
  - Tissue based (Ben Colleypriest)
  - Mechanical engineering ( Candy McCabe/Sharon Grieve)
- Biobank
  - Serum (RNHRD)
  - Tissue (start soon)
- Observational – Cardiology
- Interventional- Oncology
- Systematic review- Anaesthesia

## 2018 Grant success

1. Phase three clinical trial- Parkinson's £2.1 million- NIHR
  - University of Bristol, 26 Trusts, RUH= CI
2. Drill guidance system – Hand surgery - £ 638,000- i4i
  - University of Bath, RUH= CI
3. Systematic sclerosis- patient report outcomes (Vascular)- \$1.2 million- Department of Defence office of the Congressionally Directed Medical Research Programs
  - University of Pittsburgh (Johns Hopkins, Baltimore, and RUH, Bath)
4. Systemic sclerosis- patient reported outcomes- \$12,000 – Scleroderma Clinical Trials Consortium ( University of Boston)

James Colquhoun, Public Governors, mentioned that it is really good to see RUH building relationship with Universities; however, he is interested in working conditions with pharmaceutical companies. He sought clarity on what checks and balances are there to prevent people for being forced into doing something bad. He added that are there committees who has responsibility for checking the process or regulation. Director of Research and Innovation commented that there are research delivery unit in the RUH, senior research nurses and investigators who are often doctors. He noted that separate from that RUH has research central office where all the governances and tracking of the ethics are managed.

Director of Research and Innovation confirmed that every trial the RUH participate in is being reported to external organisation and it goes on to the national database.

James Colquhoun, Public Governors, asked to what extent does the Director of Research and Innovation knock on the doors of pharmaceutical companies and sought clarity if it is the other way round. The Director of Research and Innovation stated that the RUH metaphorically knock on the door by demonstrating our ability to undertake research and that RUH is fit for purpose displaying our track record of delivering research in a timely manner. He added that beyond that pharmaceutical company comes to us to ask if the RUH is interested in undertaking research trial.

Director of Research and Innovation mentioned that every month there is a central system that filtered all the opportunities to do research and offers them around.

**CG/18/06/25            Items for future work plan**

The Council of Governors noted the future work plan.

**CG/18/06/26            Meeting Review**

The Council of Governors felt that the meeting had run well.

**CG/18/06/27            Resolution into private meeting**

The Chairman resolved that the Council of Governors would now meet in private due to the confidential nature of the business to be transacted.

*The meeting closed at 12:30*

The next Council of Governors meeting is due to be held on 5<sup>th</sup> September 2018.

Signed .....Date .....