Present:

Voting Directors
Brian Stables, Chairman
James Scott, Chief Executive
Sarah Truelove, Deputy Chief Executive and Director of Finance
Francesca Thompson, Chief Operating Officer
Helen Blanchard, Director of Nursing and Midwifery
Moira Brennan, Non-Executive Director
Joanna Hole, Non-Executive Director
Nick Hood, Non-Executive Director
Nigel Sullivan, Non-Executive Director

Non-Voting Directors
Claire Buchanan, Director of Human Resources
Howard Jones, Director of Estates and Facilities
Joss Foster, Commercial Director

In attendance
Roxy Poultney, Membership & Governance Manager
Bernie Marden, Head of Women and Children's Division (deputising for Dr Tim Craft)
Sharon Manhi, Lead for Patient and Carer Experience (present for item 16/05/06)
Jenny Evans, PALS Manager
Mandy Rumble, Emergency Directorate Matron (present for item 16/05/06)
Yvonne Pritchard, Senior Infection Prevention & Control Nurse (present for item 16/05/09)
Suzanne Wills, Divisional Manager, Surgery (observer)
Robin Fackrell, Head of Medicine Division (present for item 16/05/07)
Jo Miller, Head of Nursing for Medicine (present for item 16/05/07)
Fiona Bird, Divisional Manager - Medicine (present for item 16/05/07)

BD/16/05/01 Chairman’s Welcome and Apologies
The Chairman welcomed everyone to the meeting including Dr Bernie Marden, Head of Women and Children’s Division, who was deputising for Dr Tim Craft.

Apologies were received from: Dr Tim Craft, Medical Director.

BD/16/05/02 Written Questions from the Public
Two written public questions had been received from Lara Varga, a member of the public. The Chairman read out the question and the Trust’s response. A copy of the question and response is attached to the minutes at appendix 1.

The Chairman thanked Ms Varga for her question.
BD/16/05/03  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.

BD/16/05/04  Minutes of the Board of Directors meeting held in public on 27 April 2016
The minutes of the meeting held on 27 April 2016 were approved as a true and correct record of the meeting.

BD/16/05/05  Action List and Matters Arising
The Action List updates were discussed and those indicated as closed were approved. A further update was provided on the following action:

PB438 – Maternity Dashboard –The Chairman asked the Director of Nursing and Midwifery for an update at the June Meeting. The item remained open.

BD/16/05/06  Patient Story: An admission to ED Story
The Chairman welcomed the Lead for Patient and Carer Experience and Mandy Rumble, Emergency Directorate Matron.

The Lead for Patient and Carer Experience explained that this month’s patient’s story concerned a 35 year old man who suffered from Kearns-Sayre syndrome which was a rare neuro-muscular disorder. As a result of the syndrome, the patient had very limited sight and was deaf but lived an extremely full and active life.

The Lead for Patient and Carer Experience played an audio clip in which the patient’s mother described her son’s most recent experience at the RUH in April 2016. The patient’s mother described a Care Passport that her son carried with him at all times which provided detailed up-to-date information about her son’s health and visits to hospital. She stated that on the most recent visit to the Emergency Department, the doctors did not look at the Care Passport but looked to the family to provide a verbal update.

When the patient was moved from the Emergency Department to MAU, the patient’s mother described the pictures that were used on her son’s bed board to identify his ailments which included information regarding his visual and hearing impairments and that he required help feeding. She added that on more than one occasion staff had left food and water for him on the table without making him aware that it was there rather than helping him to eat.

The patient’s mother described an experience with an HCA and stated that she did not understand basic English. She went on to describe the occasion when her son had been moved from MAU at night to another ward. As a result of the move he no longer understood his surroundings and should not have been moved until the day time so staff could explain the layout of the ward so that her son could remain independent. She stated that staff needed to “See the person”.

The Lead for Patient and Carer Experience confirmed that she had spoken with Sirona Care and Health to deliver training for staff on how to work with patients with
similar hearing and visual impairments. She added that a bid may be put forward to the Trust’s Innovation Panel relating to staff training.

The Lead for Patient and Carer Experience stated that all of the patient stories would soon be available to all staff via the intranet to enable staff to learn from patient stories for training purposes and to share learning.

The Emergency Directorate Matron confirmed that the Emergency Department Team would be listening to the patient story at nurse handovers throughout the week to ensure that all staff were made aware of the patient’s experience in order to learn from it and make changes. She added that more detailed training would be undertaken with HCAs as the ear symbol on a patient’s bed board indicated that a patient had a hearing impairment rather than being deaf.

The Emergency Directorate Matron confirmed that she had interviewed all foreign nursing staff within the Emergency Department and confirmed that they all had a good level and understanding of the English language. She added that the Nursing and Midwifery Council had implemented an international English language test as a requirement for all registered nurses.

The Emergency Directorate Matron stated that the team did not wish to move any patients at night, but when this was required an assessment would be made about each patient. She added that although on this occasion the patient was clinically fit to move a holistic assessment was not made and the patient should not have been moved.

A Non-Executive Director (Nick Hood) questioned if HCA’s received basic training regarding the patient’s bed board. The Emergency Directorate Matron stated that although there was no formal HCA training and the employee may be new to care, such training should form part of their internal induction. She added that patient information should be handed over during the staff safety briefing and this would now be made explicit to staff during the training that would take place this week. The Director of Nursing and Midwifery added that she would look at the HCA care certificate to see if it covered issues that had arisen as part of the patient story. She added patient stories were an important part of ongoing nurse education.

A Non-Executive Director (Nigel Sullivan) asked if there were staff who specialised in working with patient’s who suffered from Kearns-Sayre syndrome. The Lead for Patient and Carer Experience stated that there was not, but education for staff needed to focus on ensuring the patient’s Care Passport was used.

A Non-Executive Director (Joanna Hole) asked if Millennium could alert nursing staff to the gentleman’s needs relating to the syndrome. The Emergency Directorate Matron stated that the Emergency Department didn’t currently use Millennium but would take this away to establish if it was possible for the future.

The Chief Operating Officer stated that the patient story linked well with the new Trust Values and could be used Trust wide. The Director of Human Resources
stated that team training worked better at department and ward level rather than introducing it corporately.

A Non-Executive Director (Jane Scadding) questioned if patient’s family had raised concern regarding not using the patients Care Passport in the past. The Lead for Patient and Carer Experience confirmed that the patient had visited the Trust regularly as an outpatient where the Care Passport was used regularly. She added that although contact had been made with PALS previously, this concern related specifically to the Emergency Department where the Care Passport was not used.

The Chairman thanked the Lead for Patient and Carer Experience and Mandy Rumble, Emergency Directorate Matron on sharing the patient’s story and stated that he was delighted that learning would be shared across the whole team.

The Chairman advised that the Trust would need to encourage staff to use the patient stories online as a valuable resource. He stated “Please see the patient”.

**BD/16/05/07 Divisional Patient Safety Presentation**

The Chairman welcomed the Head of Medicine Division, Divisional Manager for Medicine and the Head of Nursing for Medicine, and invited them to give a presentation on the Medical Division’s patient safety priorities.

- The Medical Division’s five key patient safety priorities for 2015/16 were:
  - OPU therapy project pilot
  - Medical Ambulatory care
  - Stroke performance
  - VTE
  - Safer Staffing

- The Medical Division’s five key patient safety priorities for 2016/17 were:
  - Medical Emergency Ambulatory Care
  - Safer staffing – nursing
  - Stroke SSNAP performance
  - Reducing 20 day length of stay review
  - Cardiac pathways

The Chief Executive commended the Head of Nursing for Medicine for making great progress on staffing levels within the Division. The Chief Executive questioned why length of stay had increased considering the Trust had recruited more therapists. The Head of Medicine Division stated that ensuring patients received therapy early on was vital but added that it needed to be looked at holistically as there were many confounding variables why length of stay had increased. The Divisional Manager for Medicine added that the OPU team were conducting peer reviews to ensure that experience was spread amongst the therapy team to support staff.

A Non-Executive Director (Moira Brennan) commended the Division for reducing the admission to green days by 1.5. A Non-Executive Director (Joanna Hole) endorsed this. The Divisional Manager for Medicine stated that the Division were pleased with the reduction, but working differently with the community was vital. She added that
the Division would be reducing the number of therapists in June and July but would need to ensure the resource was reinstated during the winter months.

The Chairman thanked the Heads of the Medical Division team for the presentation and requested that the Division ensure their priorities overtly linked to patient safety.

Action: Head of Medical Division

The Board of Directors noted the update.

BD/16/05/08a Quality Report

The Director of Nursing and Midwifery presented the report and highlighted:

- Two wards had been flagged on the Ward Triangulation Chart this month, Respiratory ward and Forrester Brown ward.
- The next phase of Ward accreditation had commenced for Bronze level accreditation with a plan to complete the ward audits by the end of June.
- Maternity and Paediatrics Foundation level accreditation data had been collated and was currently being analysed.
- Since 2010 the Medicines Management project had focussed on reducing the potential for harm with patients who take the anti-coagulant Warfarin. Following the introduction of new guidelines, new medication chart, faxing information to GPs and daily targeting of patients with a raised INR, there was a sustained reduction in the numbers of patients with an INR greater than 6.
- Since 2015 a number of other newer anticoagulants had been launched and were now used in many cases in preference to Warfarin. The original project work had expanded to include all oral anti-coagulants. Since the introduction of the newer oral anticoagulants, it appeared that those patients remaining on Warfarin were more complex and therefore more likely to have raised INRs. A more detailed review (case note review) of these patients was planned.
- There had been 4 hospital attributable Grade 2 Pressure ulcers in April.
- The Trust’s Patient Safety priorities for 2016/17.

A Non-Executive Director (Nigel Sullivan) questioned if Warfarin was used because it was a cheaper drug. The Director of Nursing and Midwifery stated that Warfarin had been a widely used drug for a number of years and whilst value for money was good, the risk it posed to patients was high. The Deputy Chief Executive and Director of Finance confirmed that there was a group established at the CCG which considered and looked at what drugs should be prescribed for patients.

A Non-Executive Director (Joanna Hole) sought clarity on why the target for the completion of the discharge checklist was low. The Director of Nursing and Midwifery stated that the target was linked to Millennium and therefore duplicated checklists that had already been completed. She added that the aim was to achieve a 95% completion rate but it was possible that the target was not fit for purpose. The Director of Nursing and Midwifery confirmed that she would include narrative surrounding this in the next report.

Action: Director of Nursing and Midwifery
A Non-Executive Director (Joanna Hole) stated that the appraisal rate on some wards was extremely low. The Director of Nursing and Midwifery confirmed that all respective senior ward sisters had been asked to ensure that staff appraisals were completed and assurance had been provided that appraisal dates had been scheduled.

A Non-Executive Director (Joanna Hole) questioned why the FFT scores for Pulteney and Combe ward were lower than other wards. The Director of Nursing and Midwifery stated that the figures did not include all responses and only included those who had stated that they would be ‘extremely likely’ to recommend the ward. The Director of Nursing and Midwifery stated that response percentages by ward would be included within the next report explaining that the percentage figure was the percentage of patients who said they were ‘extremely likely’ and ‘very likely’ to recommend a ward to friends or family should also be included.

The Board of Directors noted the report and welcomed the inclusion of ‘very likely’ scores within the FFT figures.

BD/16/05/08b Patient Experience Quarterly Report
The Director of Nursing and Midwifery presented the report and highlighted:
- E-Quest was the Trust's in-house replacement for Meridian which had been developed to support on-going patient surveys and as a database for the inputting of Friends and Family Test (FFT) cards.
- Due to the change from Meridian to eQuest, there was a small discrepancy in the response totals which could not be adjusted.
- The table showing Parliamentary Health Service Ombudsman (PHSO) investigations stated that the Trust had three complaints fully or partially upheld in 2015/16. This figure was incorrect and should have read two, the PHSO would amend their records.

A Non-Executive Director (Nigel Sullivan) questioned if the Director of Nursing and Midwifery was comfortable with the number of surveys being conducted each month with patients and carers. The Director of Nursing and Midwifery confirmed that the Matrons had all agreed monthly targets to meet and that the Trust would want to see more surveys being completed once the E-Quest system was embedded.

A Non-Executive Director (Joanna Hole) sought clarity on whether the lessons learned regarding a patient who had suffered a fracture would have been discussed with the patient’s family. The Director of Nursing and Midwifery confirmed that this would have been discussed with the patient’s family.

The Board of Directors noted the report.
BD/16/05/09 Director of Infection Prevention and Control Annual Report

The Chairman welcomed Yvonne Pritchard, Senior Infection Prevention & Control Nurse to the meeting and invited her to present the Director of Infection Prevention and Control Annual Report.

The Deputy Director of Nursing and Midwifery stated that the Senior Infection Prevention & Control Nurse had worked extremely hard leading large projects in what had been an extremely challenging year.

The Senior Infection Prevention & Control Nurse presented the report and highlighted:

- The Trust had reported 3 Trust attributed MRSA bacteraemia cases during 2015. Improvement actions included awareness training for staff regarding screening of high risk patients and new documentation for screening.
- 26 areas (bays or wards) had been closed due to outbreaks of diarrhoea and/or vomiting during 2015/16. With 153 confirmed cases of norovirus.
- Actions taken following discovery of Legionella pneumophilia included:
  - Full refurbishment of water system in William Budd which was currently underway.
  - Electronic water temperature monitoring to improve recording and to alert Estates if temperatures were out of specification
  - Improved documentation to demonstrate that all outlets have been flushed
  - Continued monthly water sampling to detect the presence of Legionella in the water system.
- The target for IPC mandatory training was 90%. 94.99% of Non-clinical staff had been trained in the last 3 years, with 87.83% of clinical staff being trained in the last 2 years
- Key actions for 2016/17 included focused work to reduce rate of Clostridium difficile infection including antimicrobial stewardship education and targeted training for ward staff

A Non-Executive Director (Joanna Hole) stated that the Executive summary needed to make reference to the legionella update within the report as the information was not felt to be wholly accurate.

The Chief Operating Officer requested that a section on pandemic flu was included.

The Commercial Director stated that commentary explaining graphs needed to be added to figure 16 relating to surgical site infections as well as commentary relating to the 2015 PLACE inspections.

The Chairman stated that as there were a number of significant changes required the report should be submitted to the June Board of Directors Meeting for final sign off.

**Action: Director of Nursing and Midwifery**

A Non-Executive Director (Nigel Sullivan) stated that the Trust should ensure that 100% of staff were trained in infection prevention and control. The Director of
Human Resources stated that the compliance target for training was 90% and although it excluded staff on maternity or adoption leave and those taking career breaks; however staff on long term sick leave were included. The Chairman asked the Director of Human Resources to discuss the detail with Nigel Sullivan outside of the meeting.

**Action: Director of Human Resources**

A Non-Executive Director (Nick Hood) expressed disappointment that the Trust had scored extremely low nationally for the ‘Dementia Friendly’ rating. The Director of Estates and Facilities stated that the guidance issued by the Department of Health had been extremely poor and unclear and the Trust should see an improvement in results for 2016. The Chairman added that as a result of the PLACE inspection in 2015, he had written to the Association of Dementia Studies at the University of Worcester to seek clarity on the instructions and get the criteria changed.

The Board of Directors noted the draft report.

**BD/16/05/10 Annual Quality Accounts 2015/16**

The Director of Nursing and Midwifery presented the report and highlighted:

- The report detailed the key changes to the Quality Accounts 2015/16 following feedback from the Board of Directors, Public Governors, and the audit review undertaken by Grant Thornton LLP.
- Grant Thornton gave an unqualified opinion of the Quality Accounts.
- A summary of the responses received from the Trust’s Stakeholders and a copy of the Audit Opinion were also enclosed.

The Chief Executive asked the Director of Nursing and Midwifery to seek clarity on what was meant by the final paragraph of the statement by the BaNES Health and Wellbeing Select Committee (appendix 2).

**Action: Director of Nursing and Midwifery**

The Board of Directors approved the Quality Accounts and would sign the Directors statement of responsibilities prior to submission to NHS Improvement on 27th May 2016.

**BD/16/05/11 Operational Performance Report**

The Chief Operating Officer presented the report and highlighted:

- The Trust was rated green in month against the NHs Improvement Risk Assessment Framework access and outcome measures for April.
- The Trust’s four hour performance for April was 86.9%, rated red. This performance exceeded the RAP trajectory.
- The Trust’s performance against the Referral to Treatment Incomplete pathway was rated red for April with performance at 89.7%.
- There had been one 52 week breach reported in month for T&O Cancer - Two week wait GP referral to first treatment was rated red, with performance in April at 91.2% against the 93% target.
- Cancer - Two week wait - Breast Symptomatic performance was red rated at 61.1% in April. 2 Locum Breast Radiologists would be joining the Trust to
cover for the summer months to maintain activity. Dr Dorothy Goddard and the team continued to triage all 2 week wait and breast symptomatic referrals. All patients had been seen in a timely manner and the team were confident that the clinical risks were being managed in a highly effective manner. The Tripartite recognised that the trend for increased demand, together with a highly specialised workforce shortfall was nationally of concern and thereby agreed to consider the promotion of networked solutions.

- Appendix 2 (RUH Urgent Care Performance Summary) had been created to provide a monthly summary of the Urgent Care Collaborative Board Executive led work streams. The Chief Operating Officer described how the report had been reformatted in order to provide a level of assurance against the schemes underpinning the RUH urgent care programme and to indicate those schemes at risk to the delivery of the 4 hour remedial action plan trajectory.

The Director of Nursing and Midwifery provided an update on the C.difficile and highlighted:

- During 2015/16 the Trust had reported 58 cases of C.difficile externally.
- There had been 25 successful appeals which highlighted that there had been no lapses in patient care and were unavoidable.
- The Trust ended the year on 31 cases.
- There was a downward trend in the number of C.difficile cases since November 2015.

The Chief Executive stated that the Trust did not know the full May 4 hour performance position and so this should be removed from the trajectory report.

**Action: Chief Operating Officer**

The Chief Executive stated that although the CCG’s had acknowledged that the Trust was seeing increased demand of referrals from GPs, he questioned the likelihood that action would be taken. The Chief Operating Officer stated that confidence could be taken as the CCG had recognised that they needed to take action, however it was unlikely that the timeliness of delivery would see improvements in this financial year.

A Non-Executive Director (Joanna Hole) stated that the Urgent Care Performance Summary demonstrated a good use of figures. A Non-Executive Director (Nigel Sullivan) endorsed the comment.

The Board of Directors noted the Operational Performance report and welcomed the inclusion of the Urgent Care Performance Summary.

**BD/16/05/12  Finance Report**

The Deputy Chief Executive and Director of Finance presented the report and highlighted:

- Year to date the Trust was reporting an overall £1.4m deficit, which was an adverse variance of £1m from the planned position.
- £0.4m of QIPP delivery had been achieved against a plan of £1.2m (33% delivery to date). The main area of under delivery was within the Medicine Division.
• The cash balance at month end was £9.3m which was below the planned position for April. This reflected a reduction in creditors alongside the adverse I&E position in month. The Trust’s financial risk rating for liquidity was 3.
• At the end of month 1 the Continuity of Service rating was a 2 which was in line with the NHS Improvement plan, however given the month 1 position, it was a cause for concern going forward. The Trust was planning to achieve a 3 by year end, however mitigating actions were required to ensure delivery.

A Non-Executive Director (Moira Brennan) expressed concern regarding the Trust’s cash position. The Deputy Chief Executive and Director of Finance stated that this was a concern as the cash position focused on payments owed from other NHS organisations who had contacted the Trust to advise that they were unable to pay. The Chief Executive stated that if other NHS organisations were unable to pay for services provided by the Trust, provision of those services should cease.

The Chairman noted the Board of Directors concern regarding the month 1 financial position.

BD/16/05/13 Annual Review of Innovation Panel
The Deputy Chief Executive and Director of Finance presented the report and highlighted:
• To date the Panel had funded 40 bids. 17 bids had been completed, 11 of which had been rolled out as business as usual (65%), 15 out of the 17 realised the intended or other demonstrable benefits (88%).
• Applicants represented a diverse range of staff with increasingly significant engagement from nursing staff, 45% of bids in 15/16 came from nursing staff compared to 24% in 14/15.
• There had been two successful Pop-up Panels outside the Lansdown restaurant with a total of 11 bids taken forward.
• The themes of the bids received to date were detailed within the report, the majority of bids focussed around patient outcomes and patient experience (together accounting for approximately 60% of bids in both 2014/15 and 2015/16 alongside a focus on efficiency and productivity.
• The 2016/17 focus would be to develop an online platform for resources, tools and inspiration to support staff interested in starting an innovative project in their department
• Regular staff communications would be continued in 2016/17 to raise awareness both of the opportunity to access funding and of the successful bids funded to date.

A Non-Executive Director (Nick Hood) asked if the work had been shared with other Trusts. The Deputy Chief Executive and Director of Finance confirmed that external communications would continue. She added that the Trust had an article published in the Health Service Journal in April 2016 and further work to add regular articles to Fab NHS Stuff (an NHS wide sharing platform www.fabnhsstuff.net ) would be implemented.

The Board of Directors noted the report.
The Deputy Chief Executive and Director of Finance presented the report and highlighted:

- NHS Improvement required NHS Foundation Trusts to submit a self-certification statement to confirm compliance (or otherwise) with the requirements of the Provider Licence.
- A summary of the Licence conditions and the evidence to support compliance was set out in the attached appendix to the report.
- The date in statement 1 should read “the Financial Year most recently ended (2015/16)”.

The Commercial Director stated that some of the assurance within the appendix required further information to make it more robust. The Chairman asked the Commercial Director to provide the Deputy Chief Executive and Director of Finance with the correct wording.

**Action: Commercial Director**

The Board of Directors
1. Reviewed the requirements of the Provider Licence and the evidence supporting compliance (appendix 1 of the report); and

2. Confirmed compliance with the following statements:
   a. **Statement 1** - Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended (2015/16), the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.”

   b. **Statement 2** - “The Board declares that the Licensee continues to meet the criteria for holding a licence.”

**BD/16/05/15 Joint Clinical and Non-Clinical Governance Committee Update Report**

The Clinical Governance Committee update report had been circulated for information. The Board of Directors noted the report.

**BD/16/05/16 Clinical Governance Committee Update Report**

The Joint Clinical and Non-Clinical Committee update report had been circulated for information. The Board of Directors noted the report.

**BD/16/05/17 Management Board Update Report**

The Management Board Update Report for April 2016 had been circulated for information. The Board of Directors noted the report.
The Director of Human Resources showed a video that outlined the work of the Learning & Development team and the support provided to staff at the Trust during 2015/16.

The Board of Directors noted the update and stated that the video was an excellent way to present an annual report.

**Item withdrawn**

**Chief Executive’s Report**
The Chief Executive’s report had been circulated for information. The Board of Directors noted the report.

**Chairman’s Report**
The Chairman’s report had been circulated for information. The Board of Directors noted that report.

**Resolution to exclude members of the public and press**
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 12.30.*

Signed ………………………………………………………………………………………………..

Date …………………………………………………………………………………………………..
Appendix 1

Board of Directors Meeting – 25 May 2016
Public Questions from Ms Lara Varga, Member of the Public

**Question 1:**
Can the RUH point me towards the body of clinical date published for public consumption as to the benefits of not giving each surgical patient, as routine, a disinfectant shower gel wash that Oxford Hospital routinely give out (from at least as far back as the year 2012) and ask each patient undergoing surgery to wash with the night before and the morning of their operation?

**Trust response:**
We are introducing this shortly for orthopaedic patients and if there is a positive effect then we may introduce the practice to other areas within surgery. The reason for not doing this previously is that there is inconclusive evidence that this is effective in reducing surgical site infections and not all patients will use it as instructed.

**Question 2:**
Given that the two current small hydro pools are massively in demand, with constant waiting lists to attend even for self-directed exercise, one large pool in new therapies centre would still mean we are one pool down.

Something in Bath, of all places, and given our considerable tourist income should never happen. Pain referral has increased as reported at the last board meeting, and warm water is one of the pain relief treatments proved to be beneficial and to work. The RUH ‘pain services’ are mentioned as now not going to be housed in the new RUH therapies centre. Could part of the non-residential pain services be delivered from, or are indeed planning to go in a building with services, that would be co-run with YTL or the Circle, if either party decide to apply to run services there, or buy a part of the Min building?

The oldest part of the building has the hydro pool, which deserves to remain delivering pain, health and wellbeing services to the people of Bath and BNES. The pool could be re-built with actual spa water, but with a specific and strict remit to go back to Bath's original purpose: to help poor people, paupers with long term muscular-skeletal conditions. Thermae spa remains highly priced even with disabled BNES discount.

If the oldest part of the historical Min building with the current NHS Min hospital pool, is taken on by a charitable trust and/or YTL and/or Circle, to be run alongside the leisure spa, but with a totally different remit, offering cutting edge affordable wellbeing and pain relief approaches, to local people, things that we do not have in NHS care, for example clinical pilates aimed at a variety of long term muscular-skeletal conditions, then surely this would be the best and desired outcome to ensure and enshrine the unique standing and world heritage of Bath, as the first and more cutting edge place to receive treatments for managing long-term health and pain conditions? It would also help reduce hospital admissions at the RUH therapies centre.
Mental health services, also without long-term adequate management in the community could also find a place in such a holistic scheme, funded perhaps also in part with BNES social care. Finally the psychological treatments to pain mentioned also last time in the board meeting would find a happy and cheerful home in a town centre, outside of a clinical hospital setting!

**Trust response:**
It is helpful to have this question as an opportunity to clarify the position with regards to pain and hydrotherapy services going forwards. In fact the RUH provides a number pain services, only one of which is not planned to be located within the new RNHRD and therapies build for clinical reasons. The latter is a psychologically oriented service which will continue to be provided by the RUH from an alternative location and a number of options for that are being considered by the clinical teams. This service does not utilise a hydrotherapy pool as part of its programme.

With regards to the hydrotherapy pool capacity, we recognise the importance of this service for a range of individuals within the Bath area and have looked at a range of options to ensure appropriate capacity for our service requirements in the future. A group of staff from the RUH and RNHRD therapy services was established to develop options for the reprovision of both our hydrotherapy pools. The group visited 12 existing hydrotherapy pools to identify good and less good designs.

Demand across all services was calculated taking into account a range of criteria including the current hydrotherapy timetables, bather load, case mix (groups and single patients, those that cannot share space for reasons such as safeguarding) and demand growth. This was then assessed against capacity factors including the length of day for the service that would be both practical and acceptable to patients.

The options appraisal identified that one large pool which can be divided into two distinct treatment areas using a movable boom delivers best against all requirements and is supported by the clinical teams.