

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS
HELD IN PUBLIC ON WEDNESDAY, 26th June 2019
OASIS CONFERENCE CENTRE, RUH, BATH**

Present:

Voting Directors

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

Non-Voting Directors

Jocelyn Foster, Commercial Director
Brian Johnson, Director of Estates & Facilities
Claire Radley, Director of People

In attendance

Liam Abbott, Head of IT Infrastructure (item 16 only)
Amanda Buss, Public Governor
Feonnie Chavez, Staff Nurse (item 6 only)
James Colquhoun, Public Governor
Claire Fullbrook-Scanlon, Lead Nurse Workforce and Education
Melanie Hobbs, Resourcing Manager
Sharon Manhi, Lead for Patient and Carer Experience (items 6 & 7 only)
Anne Martin, Public Governor
David McClay, Chief Information Officer
Roxy Milbourne, Interim Board Secretary
Renee Ordonez, Night Sister (item 6 only)
Mandy Rumble, Head of Nursing, Medicine (item 7 only)
Catherine Soan, Executive Assistant (*minute taker*)
Philip Watson, Head of Facilities (item 16 only)
Mike Welton, Public Governor
Simon Whitby, Communications Officer

Observers

Members of the public
Peter Steed, Consultant Candidate
Sarah Warwicker, Consultant Candidate

Apologies

Nigel Sullivan, Non-Executive Director

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BD/19/06/01 Chairs Welcome and Apologies

The Chair welcomed members of the Council of Governors along with members of staff and the public.

BD/19/06/02 Written Questions from the Public

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

BD/19/06/03 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/19/06/04 Minutes of the Board of Directors meeting held in public on 29th May 2019

The minutes of the meeting held 29th May 2019 were approved as a true and correct record of the meeting.

BD/19/06/05 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;

PB521 Quality Report

Provide the Board with assurance once the investigation into the second never event had been completed.

The Medical Director asked for the update to be deferred as the case in question had just been reviewed at Operational Governance Committee (OGC). The Medical Director will bring a report on the learning from the never events to a future meeting and assured the Board that actions had already been put in place.

The Chair asked for clarification on the governance route of an action plan/root cause analysis after a never event. The Medical Director responded that an immediate review would be undertaken to implement learning/change to practice and this would be disseminated appropriately. In this case, we have taken action to make changes in the theatre environment through the Trust's Patient Safety Lead. The assessment results would go through OGC, Clinical Governance Committee followed by Board.

PB 526 Quality Report

Meet with the relevant people to discuss the telephony issues and feedback an interim solution at the next meeting.

Update on the telephony system was on the agenda. Closed.

PB 528 Patient Experience Report – Q4

The Director of People to raise whether there was a way to analyse complaints differentiated by race, gender, age and disability with the Equality and Diversity lead and provide feedback.

The Director of People confirmed that the Trust does report on age and gender in relation to complaints, we do not routinely report ethnicity and disability but that data is recorded in Millennium. The Equality & Diversity Lead was meeting with the Complaints Manager on 3rd July 2019 to look at how data could be used to the best effect. Closed.

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PB 531 Learning and Development Annual Report

The Director of People to circulate the presentation to the Board prior to the June 2019 Board of Directors meeting with statistical analysis alongside.

The report was postponed to the July meeting.

BD/19/06/06 Staff Story

The Lead for Patient and Carer Experience introduced Feonnie Chavez who came to work at the Trust from the Philippines in November 2018. Feonnie works in Medical Short Stay (MSS) as a Staff Nurse. Feonnie described how she was interviewed in March 2018 in the Philippines by Claire Fullbrook-Scanlon, Lead Nurse for Workforce and Education and was subsequently hired to work at the Trust. It was her dream to come to the UK, see the tourist attractions and earn more money, in the Philippines she earned £250 per month as a nurse. Another reason she chose to move was the possibility of becoming an immigrant.

Both agencies in the UK and Philippines had been very supportive and Feonnie felt that her move to the UK happened quickly compared to other hospitals. The Trust had made it possible for Feonnie to come without the decision letter from the NMC.

When Feonnie arrived at the Trust she was pleased to be welcomed by Melanie Hobbs, Resourcing Manager and after recuperating from the 18 hour flight she was given a tour of the hospital. Donna Gillman, Recruitment Officer gave Feonnie a tour of the city, Donna is from the Philippines and was able to describe how the UK compares to the Philippines. Feonnie said that everyone had been very welcoming and the patients and staff were lovely.

In order to become a UK nurse Feonnie had to pass the Objective Structured Clinical Exam (OSCE), a medical exam and Computer Based Test (CBT). She outlined how the OSCE was similar to the test in the Philippines but was harder due to the language barrier in the UK. She had been supported by Lisa Foxwell, Clinical Nurse Facilitator and Renee Ordonez, Night Sister. Feonnie said she would have found it helpful to have a dedicated room in which she could practice for the OSCE.

Feonnie expressed her gratitude to the Trust in giving international nurses the opportunity to work at the hospital, she welcomed the independence and hoped the Trust could help other nurses from overseas.

Renee Ordonez, Night Sister came to work at the Trust from the Philippines 18 years ago and since April she had been supporting the international nurses with their OSCE practice and developing their skills to enable them to progress. Renee hoped she was an inspiration for the new nurses to stay at the RUH.

The Chief Executive referred to the lack of a dedicated classroom and asked what the current arrangement for OSCE practice was. Claire Fullbrook-Scanlon, Lead Nurse Workforce and Education informed the Board that the Simulation Suite and Ambulatory Care was used for practice when available, but this was usually out of hours. The TV rooms in the accommodation blocks had also been used but it was difficult without a dedicated space due to the equipment not being available.

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Nigel Stevens, Non-Executive asked what the strategy was for employing more international nurses and whether the Trust was able to do this themselves. Melanie Hobbs, Resourcing Manager explained that we continue to work with Yeovil, who source good quality candidates. The RUH recruitment team had worked hard to set their own targets to make sure the recruitment happens as soon as possible as well as pulling together an appropriate orientation process and welcome pack through charitable funding.

The Director of Nursing and Midwifery felt that we were very successful holistically in welcoming the nurses but agreed we need to develop the education and support for example by nominating colleagues to be OSCE trainers and by considering opportunities across the STP. International Nurses remain part of the Trust's Strategy for the next two years. The Director of People stated that within the STP there were two priorities for collaborative working this year, one of which was international recruitment.

Joanna Hole, Non-Executive Director asked Feonnie if she would have the confidence to report incidents or speak up if necessary. Feonnie confirmed that she would and felt her colleagues would be comfortable in escalating matters too.

Jane Scadding, Non-Executive Director asked how the Trust maintains the relationship with the nurses between being offered a job and getting to the UK. The Resourcing Manager described how the Trust becomes more involved with the candidates at certificate of sponsorship stage. The recruitment team send regular emails, confirm flights and accommodation and send a welcome handbook. News is also posted on a facebook page and we are looking into establishing a dedicated webpage.

The Chair thanked Feonie for sharing her story, the international nurses bring so much to the hospital with their phenomenal nursing skills and we enjoy having them as colleagues.

The Board noted the concern that we were approaching a situation where we may not have enough accommodation on site.

BD/19/06/07 Results from the 2018 Adult Inpatient Survey

The Lead for Patient and Carer Experience gave a presentation on the National Inpatient Survey Results 2018. Results were based on the responses of 565 patients in July 2018. Questions cover the patient journey from admission to discharge. The Trust scored better than average on one question (*'did you feel you were involved in decisions about your discharge from hospital?'*), there were no questions where the Trust scored worse than average, the Trust score was 'about the same' for 62 questions. Compared to last year's survey, the Trust results were 'significantly lower' in 4 questions as follows:

- Were you given enough privacy when being examined or treated in the A & E department?
- From the time that you arrived at the hospital, did you feel that you had to wait a long time to get to a bed on a ward?
- Did doctors talk in front of you as if you weren't there?

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- Did you see or were you given, any information explaining how to complain to the hospital about the care you received?

The Board noted the Top 5 scores and most improved from last year and bottom 5 scores and least improved from last year.

The Head of Nursing, Medicine detailed the actions for improvement as follows:

- Curtains vary in size and colour and a business case had been prepared for disposable curtains in ED and MAU.
- The new capacity management system will provide real time information on patient discharges which will enable the next patient to move into a bed in a more timely matter.
- The results that doctors talk in front of patients as if they weren't there had been shared at all divisional board meetings and cascaded down.
- Nursing ward rounds were being piloted giving patients an opportunity to raise any concerns they might have and wards will be reminded to stock up on sleep packs for patients to combat the issue of noise at night. The Lead for Patient and Carer Experience added that she was in the early stages of using technology to measure the levels of noise.

The Chief Executive provided some feedback from a friend who was an inpatient who was delighted with the care he received but one issue was the noise of the bin lids opening and closing. The Head of Nursing, Medicine responded that bins were gradually being replaced with soft closing bins.

The Board noted the report and that the Trust will be introducing a more regular, shorter inpatient survey in order to receive real time feedback.

BD/19/06/08 Quality Report

The Director of Nursing and Midwifery provided an update on the Quality Report and highlighted that there was an increase in complaints from April to May with no clear themes identified. Work continues to improve the response rate, including process mapping and better communication with the complainant. The Medicine Division are holding weekly meetings in order to improve timeliness of responses and providing additional oversight through the patient safety lead. More timely responses and masterclasses for Matrons have been introduced on how to approach some of the complaints. There had been a slight decrease in PALS contact with a theme being telephone issues. The Trust had seen a reduction in falls in May, we continue to be lower than the national benchmark but we remain focussed on reducing the risks of falls, the Trust has introduced a swarm, so that all staff involved with the patient consider if there is any immediate actions or learning.

The Medical Director presented the National Safety Standards for Invasive Procedures (NatSSIPs) report which showed good compliance in the operating theatres, with some focus on the WHO surgical checklist and how it should be conducted. Compliance within individual specialties was strong with the exception of Cardiology and Gastroenterology where the teams were getting some additional support.

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The Director of Nursing and Midwifery advised that the roll out of self-administration of insulin continues and the Board noted the future plans for wireless blood glucose monitoring. The number of outstanding actions relating to serious incidents increased to 30 in May, Matrons were active in driving through the completion of actions. Three wards had flagged against the nursing quality indicators due to staff vacancies, patient falls and two patients with C Diff on Parry Ward. The two cases were hospital acquired health care associated and a root cause analysis was undertaken on both cases. The first showed no lapses in care, the second case illustrated lapses in prompt stool sampling. The team have devised new stool chart to pilot in response to this.

The Board noted the report.

BD/19/06/09 Annual Director of Infection Prevention and Control Report

The Director of Nursing and Midwifery presented the annual report highlighting the key points. The Trust has seen an improvement in klebsiella and pseudomonas bloodstream infections although the position is not where we want to be. Over the last year we have had 2 MRSA bloodstream infections, one of which was avoidable. 32 cases of C Difficile (C Diff) were reported which was above the trajectory by 2 cases and we have seen an increase in MSSA bloodstream infections. The Trust is an outlier for C Diff and MSSA in the region. Another area of concern was the audits of cleaning scores which have reduced significantly, the auditing process has been changed and is now more robust involving matrons and the infection prevention and control team.

The impact of staffing levels and high bed occupancy levels as well the inability to isolate patients in side rooms had affected performance. The Trust has just 8.7% of its bed base as single side rooms with en suite facilities in comparison to 20.7% which is the average in most Trusts. The Trust was also hampered by very few bays having doors which is a challenge when there is an outbreak.

Some of the improvements made include the introduction of a weekly ward round with a consultant and an anti-microbial pharmacist on MAU to enable early intervention. A weekly C Diff ward round had been introduced with all patients treated for C Diff being reviewed and an increased presence of microbiology and pharmacy which has reduced inappropriate anti-microbial prescribing. We have also seen the implementation of the antibiotic review kit, improved auditing and carried out some targeted training in key areas. We have also introduced the C Diff swarm to gain immediate learning and have developed action cards for staff to make it easier for them to understand their roles and responsibilities.

An emergency infection prevention control summit took place last week and we presented our current performance and themes coming out of our RCAs to understand where we need to focus our attention. This data will be presented to the divisional boards and governance meetings.

Clinical and managerial leadership will be an area of focus over the next year. An MSSA action group had been established looking specifically at actions associated with vascular access devices which were introduced when we had an increase in MSSA infections. Other actions include a focus on UTI's particularly those

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associated with catheter usage. The Trust has had two visits from the NHSI in the last 18 months, another is planned to take place next week in order to provide some support.

There has been a focus on timely isolation, supported by the new bed management system to better manage the use of side rooms and a focus on prompt stool sampling. A spring clean campaign to declutter was being led by the matrons and supported by staff across the organisation and the Director of Nursing and Midwifery had begun an infection control walkabout with the infection control lead nurse and cleaning supervisors.

Joanna Hole, Non-Executive Director was concerned by some of the data but welcomed the explanation of what was being done to make improvements. She referred to the change in sampling for C Diff and asked what that would do to our statistics. The Director of Nursing and Midwifery confirmed this would be a challenge, although our target has been increased as a result of the changes.

Joanna Hole, Non-Executive Director asked why the non-clinical maggots case in the wound of a patient was not classified as a serious incident. The Director of Nursing and Midwifery explained that the case went through the normal process of a rapid incident review meeting and although it was not something we would want to happen, the harm level was not to the extent of what we would see for a serious incident.

Nigel Stevens, Non-Executive Director asked how we compare with other Trusts in terms of infection prevention and control. The Director of Nursing and Midwifery confirmed that the Infection Control team attend many of the national conferences and have links but it was hard to know what 'good' looks like overall. We can learn from organisations in areas where we know we are an outlier and we have been trying to do this when building our action plan going forward.

Jeremy Boss, Non-Executive Director referred to the issue about side rooms and asked for assurance that through our ward redevelopment programme we are not perpetuating that. The Chief Executive gave this assurance.

The Chair asked the Chair of the Clinical Governance Committee to ensure that the Committee receive regular updates on infection prevention and control. Jane Scadding, Non-Executive Director confirmed that the Committee recently gave partial assurance but would like a report with more granular detail, she will review the workplan at the next meeting to ensure this was included.

Action: Jane Scadding, Non-Executive Director

Jane Scadding, Non-Executive Director asked if the Trust was doing enough with training to embed good practice across the organisation. The Director of Nursing and Midwifery said it was a challenge to release staff to attend training and we are looking at different ways such as bespoke sessions. The learning is continual which has been some of the challenge but that as our nurse vacancies decrease it will allow us to release staff more easily.

The Board noted the report.

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BD/19/06/10 Children’s Safeguarding Annual Report

The Director of Nursing and Midwifery presented the annual report which gave an overview of children’s safeguarding activity and the areas identified as requiring more focus. We have made progress on the systems and processes in the emergency department which came up in the CQC visit around the reviewing nurses role and use of the screening tool. The safeguarding team and emergency department have implemented key actions, taken through the Children’s Safeguarding Committee and Quality Board, this had resulted in an improvement in the reviewing nurses compliance and use of the screening tool, recognising that this work is ongoing. One of the challenges highlighted in the paper was around safeguarding supervision particularly in ED, maternity and paediatrics but compliance was increasing.

The Board noted another area of improvement; the child protection information system which is a national project, dedicated to providing an information sharing solution to protect those children who visit unscheduled care, sharing child protection plans. The implementation of this system is in progress and an interim measure had been put in place. The dedicated named nurse for children and young people had taken forward the children’s safeguarding agenda including how children and adult safeguarding work more closely together. The safeguarding boards now take place on the same day including a joint meeting. 1 minute guides had been developed to pull out the key areas of policies and a quarterly safeguarding newsletter had been established. We have increased the number of safeguarding supervisors in maternity and have created a pathway for professionals working with gypsy, roma, traveller and boater communities and guidelines for women presenting with concealed or denied pregnancies.

The Board noted the report.

BD/19/06/11 Adults Safeguarding and Mental Health Annual Report

The Director of Nursing and Midwifery presented the report which provided an overview of activities relating to adult safeguarding from April 2018-March 2019, highlighting the key improvements made throughout the last year, in particular the recommendation from the Trust’s last CQC visit in relation to the mental capacity assessments. As a result of this we set up a mental capacity and deprivation of liberty working group and reviewed and revised the mental capacity assessment, best interest decision forms and checklist. We have been running a number of engagement sessions and raising awareness and as a result we have seen an increase in safeguarding concerns.

The publication of the national adult of safeguarding competencies and roles in August 2018 had resulted in an increase in level 3 training, there is a requirement for training for the Board and this is being developed as well as the appointment of a named doctor for adult safeguarding. The deprivation of liberty safeguards was being replaced with liberty protection safeguards, this will have an impact and the Director of Nursing and Midwifery will bring a briefing paper back to the Board once more information is available.

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In relation to domestic abuse the Director of Nursing and Midwifery brought to the Board's attention the increase in referrals. The learning disability agenda is a real key focus for the safeguarding team this year.

The Board noted the report.

BD/19/06/12 Digital Strategy

The Chief Information Officer gave a presentation outlining the format of the Digital Strategy which had been developed with a large range of stakeholders. The Strategy recognises the national picture and the gap between what the private sector have been able to achieve and how we connect with each other i.e. how we pay for goods, patient access and how the NHS delivers its care.

The Board noted the National Long Term Plan and how the NHS should adopt a 'digital first approach' in order to redesign services to make sure the digital agenda is at the centre moving forward. By 2020/21 people will have access to their care plan via the NHS App, by the summer 2021, we will have 100% compliance with mandated cyber security standards across the NHS, in 2021/22, we will have systems that support population health management in every Integrated Care System, with a Chief Clinical Information Officer (CCIO) or Chief Information Officer (CIO) on the board of every local NHS organisation. By 2024, secondary care providers in England, including acute, community and mental health care settings, will be fully digitised.

The Trust was in a good position as we have invested wisely in the network structure which does not require an upgrade for the foreseeable future and we have implemented electronic patient records where as other Trusts are still considering their options. We are also moving forward with the development of non-clinical systems as well as systems not part of Cerner.

The Board noted that the Strategy was fully aligned with True North, one of the key things is how we support our workforce with digital technology especially in terms of flexible working where we can optimise the use of technology and make better use of what we have got.

The Board noted the vision of the real time shared care record and the requirement to interoperate with the local health community in the STP and more widely. This will have direct care benefits for patients in that health professionals can access a record anywhere. At present the record is for clinical purposes but moving forward it will be the patient record with the ability to self-manage. There was a huge piece of work to technically enable data to be shared safely, timely and securely across the public care strategy. We are continuing to make improvements but were not seeing the full benefit of the investment on some of the systems yet, although there were patient benefits.

The Board noted the snapshot of the new patient flow system, the implementation of which had gone according to plan and had received a good level of engagement from the clinical teams. The Chief Executive congratulated the team for another successful IT deployment and thanked the Chief Information Officer and IT team as well as Jo Miller, Project Lead.

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Nigel Stevens, Non-Executive Director commented that the Trust was behind in terms of consumer engagement i.e. patients receiving letters, being contacted by phone. The Chief Information Officer advised that electronic letters and alternative methods of communication were being developed.

Jeremy Boss, Non-Executive Director applauded the direction of travel but would welcome more investment in the Trust’s website.

The Director of Estates and Facilities commented on the patient flow system which will be beneficial to the portering team and wondered whether there was a possibility to track the location of beds through the system. The Chief Information Officer confirmed that asset tracking was being developed.

Joanna Hole, Non-Executive Director confirmed the Non Clinical Governance Committee would review the Digital Strategy, post implementation.

The Board noted the report.

BD/19/06/13 Finance Report

The Director of Finance outlined that the Trust had been set a control total of £7.83 million surplus with access to a further £5.82 million of Provider Sustainability Funding (PSF) if this is achieved in 2019/20. At the end of month two, our surplus position was £623,000 which is half a million more than planned at this point in the year. We still have £12.9 million savings to deliver through the Quality, Innovation, Productivity and Prevention Programme (QIPP) in order to reach the control total. We have delivered £1.3 million of QIPP savings to date but it remains a high risk with £2.5 million of QIPP schemes not yet identified.

Agency costs were still increasing, this is being monitored to ensure a balance between the cost and safe staffing. At the end of month 2, capital expenditure is £2 million less than planned due to slippage in some of the big projects, cash is also less than planned, we were assuming we would receive payment in the first quarter for last year’s PSF but we have been notified that this will not be received until July or August.

The Board noted the report.

BD/19/06/14 Operational Performance Report

The Chief Operating Officer provided the Board with an overview of the Trust’s operational performance in May. The Board noted that against the NHSI Single Oversight Framework, the RUH had been rated as 2 overall and she paid tribute to the clinical teams for the improvement in a range of areas. This had also helped to get some visibility on some of the areas where we are still challenged.

4 hour performance in May was positive given the bank holidays and half term within the month and following a challenging Easter. Lots of effort went into planning ahead. The preparation for Patient Flow and review of First Net did cause some delays within the department as expected. We had a visit from NHSI colleagues and the National Head of Emergency Care which was a positive visit.

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The Chief Operating Officer informed the Board that the ED Corridor Standard Operating Policy had been withdrawn and the Trust was working with the wider system to ensure that patients being conveyed by ambulance were appropriate and that other points of care were being accessed by crews where appropriate.

Overall RTT incomplete pathways over 40 weeks had increased, there had been one 52 week breach with no harm caused. The main area of risk is Gastroenterology due to demand and the diagnostic procedure associated with the pathway. We are looking to explore potential opportunities for outsourcing and NHSI have been informed of the increasing risk.

In terms of cancer access, the Trust failed to meet the 93% target with performance at 87.2%. In previous reports we have talked about performance deteriorating before it improves and this report illustrates that, we expect to see an improvement in June.

The Chief Operating Officer reported a challenge in terms of diagnostics in Cardiology as well as the challenge in Gastroenterology and weekend working had been agreed with staff who were prepared to do that.

The Board noted the report.

BD/19/06/15 4 Hour Improvement Programme

The Chief Operating Officer outlined the ‘whole hospital programme of improvement’ initiated in response to the prolonged period of under performance against the metric. The programme is led by the clinical divisions, Divisional Managers were delivering daily huddles supported by the Executive team encouraging colleagues not on the current wave of the Improving Together programme to become familiar with the language, as more teams go through the programme we will get better at delivering the improvement challenge. In addition we have established a powerful gathering of individual clinical and admin leads to try and pre-empt surges in demand or blocks in the discharge process.

The Scorecard illustrates how we capture the different elements of the improvement work and includes driver measures that tell us whether we are on track against the breakthrough objectives.

The Board noted the NHSI areas of focus for 4hour recovery and things that may be a challenge for us such as the doctor change over in August or the movement of clinical areas into the modular ward as part of the refurbishment plan. The Chief Operating Officer thanked the estates and facilities team for their effort in the recent move of MAU into the modular ward whilst it was refurbished.

The Board noted the initial improvements of the programme and congratulated staff in sustaining this. Nigel Stevens, Non-Executive Director commented that this was the approach we had been looking for, recognising that it will take time to become established. Joanna Hole, Non-Executive Director said that the programme was very welcome as well as the change in which the report was presented.

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The Chair thanked the team for their hard work in creating a step change in the Trust's performance and the Board's appreciation that it is hard to maintain.

The Chief Executive added that the 4 Hour Delivery Board takes place tomorrow and he has asked the South Western Ambulance Service to explain why we have seen the increase in conveyances as we are a regional outlier, as well as the type and volume of patients in pre-hospital care which they see before the 999 call is made.

The Board noted the report.

BD/19/06/16 Update on telephony system

The Board had previously considered some of the issues with the telephony system and the Director of Estates and Facilities introduced the Head of Estates and Head of IT Infrastructure who had been working on the telephony system and undertaking testing.

The Head of IT Infrastructure confirmed that some further testing has taken place since he report was written, 2 issues were resolved and 2 issues were in the process of being resolved. The resilience system was tested and switchboard were still able to receive calls so assurance was gained that people can still contact the hospital and be transferred if there was any issue with the main system. There are some configuration choices that have been made and consideration is being given into whether we should make some changes to these, including the 7 second delay whereby a user phones the switchboard and is asked if they would like to enter the extension number they require, there is there 7 seconds where the phone is blank, we are trying to get a report on how make use of this option or think we have hung up on them.

Jeremy Boss, Non-Executive Director commented that it was good to see that we are making progress on resolving the issues but we did not test the system enough at the beginning and suggested we get user views as part of the testing process.

Joanna Hole, Non-Executive Director asked how the team gain assurance that the issues are resolved as this was a big reputational risk to the Trust. The Head of IT Infrastructure responded that we test the system through reports on random calls and the Head of Facilities added that there is also an issue with the number of staff on the switchboard at certain times and he was working with the team to correct that.

Joanna Hole, Non-Executive Director asked if the switchboard staff were being involved in making improvements. The Head of Estates confirmed that engagement meetings with the staff were taking place and they were given regular updates and opportunities to provide feedback..

Nigel Stevens, Non-Executive Director described his disappointment in the time it had taken to resolve some of the problems and reiterated that we need to learn from this.

The Chief Executive requested that once the project is complete, a post project evaluation was undertaken to ensure we do not get into this situation again.

Jane Scadding, Non-Executive Director was surprised that the timeframe for a new telephony contract could not be procured any quicker than December 2019 and felt this was worthy of challenge. The Head of IT Infrastructure described that this included time for implementation of the new contract i.e. changing cables and lead time for the new supplier, the specification is significantly higher and this is built into the timeframe. Jane Scadding, Non-Executive Director accepted the implementation time but felt there was possibility of challenging the lead in time. The Chief Information Officer agreed to look into the possibility of this.

Action: Chief Information Officer

The Chair thanked the team for the comprehensive paper, she had experience of a lot of interest from the public on our telephone system and looked forward to seeing an improvement.

BD/19/06/17 Charities Committee Report

The Board noted the report.

BD/19/06/18 Audit Committee Update Report

The Board noted the report.

Jeremy Boss, Non-Executive Director thanked the finance and quality teams for their hard work to ensure the final accounts could be cleared by the Audit Committee.

BD/19/06/20 Clinical Governance Committee Update Report

The Board noted the report.

BD/19/06/20 Non-Clinical Governance Committee Update Report

Joanna Hole, Non-Executive Director highlighted the risk in the paper regarding the volunteer checks system but this was moving in the right direction.

The Board noted the report.

BD/19/06/21 Seven Day Services Board Assurance Framework

The Medical Director introduced the paper which the Board will receive on a bi annual basis. We are required to report to NHS England on how well we are performing against the 10 clinical standards for 7 day services which we must deliver by 2020. We are compliant in all standards except two where there are a number of things to improve; standard 2, that all acutely admitted patients are seen by a consultant within 14 hours of admission and standard 6, 24 hour access to consultant delivered interventions. There are plans in place to ensure we achieve these standards although this was not without challenge.

The Board noted the report.

BD/19/06/22 NHSI Licence Self Certification (Part 2)

The Interim Board Secretary informed the Board that the Trust has an NHS Provider Licence it is required to self-certify against the at year end. FT4 (NHS Foundation Trust Governance Arrangements) sets out some mitigations and risks against some statements the Board were asked to approve.

The training of Governors paper went to the Council of Governors in June where it was approved.

The Board approved the Governor training for last year and the self-certifications.

BD/19/06/23 Management Board Update Report

The Board noted the report.

BD/19/06/24 Chief Executive's Report

The Chief Executive shared a letter he had received from Baroness Scott who steps down from her position of Wiltshire Council Leader on 9th July 2019. Baroness Scott sends her best wishes for the Trust's continued engagement with Wiltshire.

The Board noted the report.

BD/19/06/25 Chair's Report

The Board noted the report.

BD/19/06/26 Items for Assurance Committees

The Chair referred Infection Prevention and Control to the Clinical Governance Committee.

The Chair referred the post implementation of the Digital Strategy and Telephony System to the Non Clinical Governance Committee.

BD/19/06/27 Resolution to exclude the press and public

The Chair proposed that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

The Board of Directors approved the resolution.

The meeting was closed by the Chair at 12.41