

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS
HELD IN PUBLIC ON WEDNESDAY, 25th SEPTEMBER 2019
OASIS BOARDROOM, 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
Anna Mealings, Non-Executive Director
Alison Ryan, Chair (*Chair*)
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 for People

In attendance

Amanda Buss, Public Governor
Chris Callow, Public Governor
James Colquhoun, Public Governor
Annabelle Hafner, Occupational Therapist (item 6 only)
Caroline Kenny, Communications Manager
Sharon Manhi, Lead for Patient and Carer Experience (item 6 only)
Anne Martin, Public Governor
Helen Meehan, Lead Nurse, Palliative Care and End of Life
Roxy Milbourne, Interim Board Secretary
George Roberts, Executive Assistant (*minute taker*)
Helen Slocombe, Sister, Combe Ward (item 6 only)
Mike Welton, Public Governor
Councillor Rob Appleyard, Stakeholder Governor

Observers

Tom Wilson, Johnson & Johnson
Claire Park, RUH Locum Gynaecology Consultant
Members of the public

Apologies

Sumita Hutchinson, Non-Executive Director

BD/19/09/01 Chairs Welcome and Apologies

The Chair welcomed members of the Council of Governors along with members of staff and the public, and welcomed Anna Mealings, Non-Executive Director to the Board.

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BD/19/09/02 Written Questions from the Public

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

BD/19/09/03 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/19/09/04 Minutes of the Board of Directors meeting held in public on
31st July 2019**

The Board noted one amendment to the minutes of the meeting held 31st June 2019, where Jeremy Boss, Non-Executive Director's surname was noted incorrectly. Aside from this, the minutes were approved as a true and correct record of the meeting.

BD/19/09/05 Action List and Matters Arising

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

BD/19/09/06 Patient Story

The Chair welcomed Sharon Manhi, Lead for Patient and Carer Experience, Annabelle Hafner, Occupational Therapist and Helen Slocombe, Sister on Combe Ward. The Lead for Patient and Carer Experience described the experiences of Philip, a dementia patient and Mary, his wife during Philip's stay on Combe ward in August 2019. The Patient and his wife described the activities in the Day Room in Combe ward, including group music, exercise and creative sessions, and the positive effects this had in encouraging interactions and common interests between patients.

Annabelle Hafner described the 'Day room to Doorstep' Pilot that began in March 2019. This encouraged movement and activities within the day room for patients, which avoided deconditioning and freed up bed space to improve flow during daytime hours. The mobilisation of patients in the day room had been shown to support discharge planning. Patients felt engaged and that they had been given purpose through the activities available.

Helen Slocombe advised that the Day room acted as an interim place between the ward and a Discharge Lounge, and the Day room had saved 96 bed hours by allowing patients to wait for discharge there, and supported discharges before midday.

Professor Brian Dolan, Founder of the End PJ Paralysis Initiative, had invited the team to a global summit and the team had also won the RUH team of the month award as recognition of their efforts, which enhanced the positive feedback from patients.

Jeremy Boss, Non-Executive Director commented that those volunteers that were involved in day room support found it rewarding to be involved with.

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Joanna Hole, Non-Executive Director asked about those patients who weren't willing or able to engage in group activities. Annabelle Hefner advised that varied use of the day room was encouraged, to ensure that those patients who preferred not to join larger groups could use the space on their own, and that the 'This is Me' booklets assisted in defining the appropriate level of involvement for patients. The Occupational Therapy section of the discharge summary could be updated with detail from the patients' interaction and activities in the day room, and this had assisted with continuity of care when patients had been discharged.

The Chair thanked the team for their work on the project, and asked for thanks from the Board of Directors to be passed to Philip and Mary.

The Board of Directors noted the report.

BD/19/09/07 Patient Experience Report (Q1 2019)

The Director of Nursing and Midwifery presented the report, and noted that the number of Friends and Family Test (FFT) responses had increased by 30% compared to the same period last year, and confirmed that 96% of patients were likely or very likely to recommend the Trust to Friends and Family if similar treatment was needed. Positive feedback had been received on staff behaviours and attitude, however negative comments had been received on car parking, timeliness and delays on appointments and in the Emergency Department (ED), and a lack of communication and information.

New guidance on the FFT had been published, and would come in to effect from 01.04.2020. The Director of Nursing and Midwifery welcomed the changes within the guidance, as they would help to improve patient feedback and the actions they led to.

The Director of Nursing and Midwifery advised that the Carers' Charter had been launched in June, and was available on the Trust intranet. A questionnaire had been sent to carers, and Medical students were auditing the implementation of the Charter. Short films were being added to the intranet in order to provide detail on the See It My Way events. The Director of Nursing and Midwifery noted that the final section of the report contained some examples of the actions following patient feedback.

Nigel Stevens, Non-Executive Director observed that the cover sheet for this report gave a clear, concise summary of the main report and suggested it was used as an example for future reports.

Anna Mealings, Non-Executive Director queried how candidates were chosen to give their carers' experience stories. The Director of Nursing and Midwifery advised that the Carers' presentations were in the early stages, and work had begun on how carers were recognised by staff members, in order to support them.

Jeremy Boss, Non-Executive Director Congratulated the ED staff on their work in increasing the number of respondents to FFT, and queried the analysis of some of the negative feedback about facilities. The Director of Nursing and Midwifery advised that work had begun on analysing feedback on Parking and older estate areas. Divisional reports included further analysis of specific areas. The Director of Estates

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and Facilities confirmed that work with Parking Eye was ongoing to improve visibility, particularly over weekends, and improvements to the accessibility to Blue Badge parking were underway. An enhanced feedback process had been proposed in order to enable all staff members to assist in reporting issues.

The Chair advised that the Patient Carer Experience Group is attended by The Chair and The Director of Nursing and Midwifery, Governors, members of Health Watch and the Carers centre. The Patient Carer Experience Group ensures that the analysis of patient feedback is scrutinised and provides oversight to the process.

The Board of Directors noted the report.

BD/19/09/08 Quality Report

The Director of Nursing and Midwifery presented the report, and advised that themes for surgical complaints had been analysed. Focus had been provided from the Divisions on response times, which had resulted in an improvement in this area. Master classes for key staff members had been held to assist in responding to complaints in a constructive way.

Infection rates for C. Difficile had driven a range of actions in response. Improvement work was driven by the data received, in order to drive down infection rates. Summits had been held across the Trust with various teams, in order to raise awareness and enhance learning.

The Director of Nursing and Midwifery advised that all avoidable and unavoidable pressure ulcers were now reported, where before only avoidable ulcers had been reported. The Trust had signed up to the NHSi Pressure Ulcer Improvement Collaborative. The Falls Steering group had worked on Datix reporting and accuracy, and had relaunched the Falls eLearning to sit alongside existing training materials.

The Medical Director presented the section of the report regarding NatSSips (National Safety Standards for Invasive Procedures) and advised that there was a strong history of compliance in the Trust, but due to some incidents in some areas change was needed in the application of NatSSips. Actions to support change included enhanced training, and The Medical Director had requested an external review of the Surgical Division processes. Those areas that had NatSSips embedded successfully had ownership of the improvements and tools were available to support their performance.

The Chief Executive asked about C. Diff targets, and the confidence that the trajectory of improvement would continue. The Director of Nursing and Midwifery noted that there had been an impact in July and August 2019, however this was a large piece of work across the Trust and was in the early stages, and so implementing these improvements would be challenging, but The Director of Nursing and Midwifery was confident that a positive plan was in place to enable improvement.

Joanna Hole, Non-Executive Director congratulated The Director of Nursing and Midwifery on the improvement in complaint response time, and asked about the support process for staff in responding to the higher volume of complaints. The Director of Nursing and Midwifery advised that process mapping had supported

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improvements in response times, however the level of resource required to maintain responses needed to be recognised as a challenge. There was a focus on complaints within the divisions, and the patient safety team were also supporting responses to complaints.

Joanna Hole, Non-Executive Director noted the work done on reducing the incidence of pressure ulcers, and queried whether the change in occurrence was due to the change in terminology. The Director of Nursing and Midwifery advised that the change in terminology had an effect on occurrence, since the terms ‘avoidable’ and ‘unavoidable’ were no longer in use. The Trust benchmarked as a higher achiever than other Trusts across the STP for category 2 ulcers. The Chair congratulated the teams for their work on this.

Nigel Stevens, Non-Executive Director advised that Pressure ulcers were a particular focus of the Clinical Governance Committee on 24th September, to provide assurance to the Board of Directors.

The Chair queried the level of fill rates, and how these were set for wards. The Director of Nursing and Midwifery advised that the levels were set based on the staffing account at the beginning of each year, but fill levels did not take in to account band 4 nursing associates, or ward therapists. The Chair queried a variable fill target based on acuity. The Director of Nursing and Midwifery advised that there were currently 137 band 5 nursing vacancies, however a robust management dashboard was in place to ensure staff could be moved to areas of higher acuity when needed. Once it was implemented a new eRostering platform (Allocate) would support the identification of areas that needed staffing support.

The Chief Executive queried when Allocate would be introduced. The Director for People advised that this would be in place by the end of 2019. The Chief Executive noted that nursing allocation was a constant conversation between the site team and senior staff to ensure safe coverage of staffing across the Trust.

The Board of Directors noted the report.

BD/19/09/09 CQC Improvement Plan Update

The Director of Nursing and Midwifery updated the board on the implementation of the improvement plan, resulting from the announced CQC inspection in June 2018. The action plan was included, and detailed the work undertaken on each of four actions rated as amber following the inspection. The actions were also monitored on a quarterly basis by the Quality Board. Following a review by the Quality Board, 3 actions had been reopened in order to gather further evidence before the actions were closed. A draft internal Audit report had provided positive initial feedback on the work completed.

Jeremy Boss, Non-Executive Director queried the effect a rapid assessment and treatment process would have on the layout of the Emergency Department. The Director of Nursing and Midwifery confirmed that this work stream was being looked at as a part of the process of the improvement plan.

The Board of Directors noted the report.

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BD/19/09/10 End of Life Care Annual Report

Helen Meehan, Lead Nurse, Palliative Care and End of Life presented the End of Life Care Annual Report, and highlighted three key points from the report.

The Palliative Care and End of Life strategy came into effect in December 2018, and was supported by a steering group and a work plan to support the strategy. The quality improvement work continued to support staff in caring for patients.

The Specialist Palliative Care Team was a group that had seen an increase of 23% in referrals, partly due to enhanced identification of those patients and families that required support. The service now runs 365 days per year, which had an impact on discharge planning and support for ward staff. The service had been supported financially via a 2 year grant from Macmillan Cancer Support, starting from November 2018.

In partnership with Dorothy House, a Volunteer Compassionate Companion Service sits with patients in the last days of their lives. 3 years' funding had been secured for the service, and was making a large difference to patients and their families.

Jeremy Boss, Non-Executive Director advised that he was impressed and inspired by the hard work of the Palliative Care and End of Life team.

The Chair thanked the Lead Nurse, Palliative Care and End of Life for her work, and noted the recognition for the team by the CQC who had assessed the team as Outstanding.

The Chair asked about patients who deteriorate swiftly or unexpectedly, and the support available for end of life care for those who were not traditional palliative care patients. The Director of Nursing and Midwifery advised that sound base principles applied for patient and carer care for all situations, and that these had been embedded successfully by the Specialist Palliative Care Team. The Medical Director advised that a calibrated approach was taken with rapidly deteriorating patients, as in some situations it was not appropriate to escalate care.

The Board of Directors congratulated the Palliative Care and End of Life team on their excellent work.

The Board of Directors noted the report.

BD/19/09/11 Tissue Viability Annual Report

The Director of Nursing and Midwifery presented the annual report of the Tissue Viability Service, and advised that the Trust had achieved a 33% reduction of avoidable category 2 pressure ulcers and 37% reduction of avoidable Medical Device Related pressure ulcers, however had not achieved the elimination of all avoidable category 3 and 4 pressure ulcers. Challenges had included the release of staff for training, compliance with the Anderson assessment in the Emergency Department, the completion of risk assessments, and the higher number of frail and elderly patients encountered recently.

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The Director of Nursing and Midwifery advised that the new reporting structure removed the previous 72 hour rule, so any pressure ulcer discovered within 72 hours of a hospital admission was defined as hospital acquired rather than community acquired.

The Tissue Viability team had led a programme of work over the previous year, and this had had a positive effect on the reduction in category 2 pressure ulcers. Attendance at bespoke training had been high, with a variety of staff groups involved. The access to foot protectors had been improved for patients at risk of heel ulcers. The Director of Nursing and Midwifery noted the positive attitude from ward staff in supporting these improvements, and the involvement from the Trust in the stop the pressure collaborative.

The Chair thanked The Director of Nursing and Midwifery and commended those teams and staff involved in the improvements made.

Joanna Hole, Non-Executive Director asked that for the next annual report, a wider view of different types of tissue viability beyond pressure ulcers was provided.

Action: The Director of Nursing and Midwifery

The Board of Directors noted the report.

BD/19/09/12 Medical Revalidation Board Report

The Medical Director presented the annual Medical Revalidation Board report, and advised that the Trust had a responsibility to ensure that structures were in place to ensure clinicians were maintaining good medical practice, and engaging with appraisals in order to support this. The appraisal process allows confirmation to be sent to the GMC to confirm clinicians should continue to be licenced. The Trust's records show that of 302 Doctors with a prescribed connection, 265 had a completed appraisal. The Medical Director noted that this was partly explained by the fact that Trust Grade Doctors may only work within the Trust for 6 months, which meant that annual appraisals did not necessarily fall within their time at the Trust.

Quality assurance of medical appraisal included training for appraisers, and feedback from the Responsible Officer and Appraisal Lead. Annual appraisals were only signed off if 360 feedback had been received. The Medical Director advised that some delays had resulted from the appraisal and revalidation dates being misaligned. This had been mitigated by the plan to move 360 feedback to year 4, in order to complete this ahead of revalidation in year 5.

The Medical Director confirmed that a Responsible Officer Advisory Committee (ROAC) would be initiated from October 2019 in order to support the process.

Nigel Stevens, Non-Executive Director advised that the Clinical Governance Committee had discussed appraisal and revalidation, and supported the broader approach to ensure a robust process for appraisal.

Anna Mealings, Non-Executive Director queried the tracking of improvement actions once the 360 feedback had been completed. The Medical Director advised that action steps were identified within the appraisal system as well as 360 feedback. The

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team of appraisers were working on a consistent approach to ensuring trust values and behaviours were complied with. Doctors would have 5 appraisals within a 5 year cycle, with the fifth appraisal ideally falling before revalidation. The Medical Director noted that revalidation dates could be delayed if a disciplinary procedure was ongoing.

The Chair queried WHO checklist compliance, and under what circumstances revalidation would be delayed. The Medical Director advised that if a formal process regarding a Doctor's conduct was ongoing, revalidation would be delayed.

The Board of Directors noted the report, and agreed and signed off the Certificate of Compliance in Appendix 6.

BD/19/09/13 Finance Report

The Director of Finance and Deputy Chief Executive presented the financial report for the period to 31 August 2019. As at the end of August the Trust was in a break even position, which was £1.79 million lower than planned and included £776k of missed Provider Sustainability Funding from the first two months of the quarter. The Director of Finance and Deputy Chief Executive noted that the Provider Sustainability Funding was calculated quarterly so the aim would be to improve for the second two months of the quarter to recover the funding. The key financial risks for the year included the delivery of the QIPP and management of elective activity due to increases in emergency demand. The QIPP gap had been reduced to £1 million, mainly due to vacancies which would be held in order to mitigate the QIPP risk, and future QIPP schemes would support this.

The Director of Finance and Deputy Chief Executive advised that there had been fluctuation in reports on Capital due to a National request to reduce the Capital spend by 20% to support the national financial position, however this reduction was then put on hold. Due to this Capital was behind by £4 million, but this would be rectified partly by original capital plans being resurrected.

Nigel Stevens, Non-Executive Director queried the QIPP variance in section 2 of the report. The Director of Finance and Deputy Chief Executive advised that the QIPP figure showed a variance of the year to date that was £224k below the planned QIPP but a further £1 million QIPP had been planned for the rest of the financial year.

Nigel Stevens, Non-Executive Director queried the governance and action planning for non-pay cost overruns. The Director of Finance and Deputy Chief Executive advised that work was being undertaken to improve analysis, and to create a culture of balance between quality and finance performance.

The Board of Directors noted the report.

BD/19/09/14 Operational Performance Report

The Chief Operating Officer presented the Operational Performance report, and highlighted the efforts of the teams working in Cancer Services to improve areas that had previously been challenging. The RTT position previously reported to the Board of Directors highlighted a risk of long waits in Gastroenterology, and whilst the challenge remained, a reduction in patient waits had been forecast. The recovery

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plan for Echocardiograms, also previously reported to the Board of Directors continued to improve diagnostic performance.

The Chief Operating Officer reported that the delivery of the four hour standard had continued to be below the trajectory, and this had an impact on patients with a long length of stay and Delayed Transfer of Care (DTC), with DTCs at a higher level in August than at any period during Q4 2018/19.

The Chief Operating Officer had previously highlighted areas for Trust focus to improve Emergency Department (ED) performance, and changes to models of Trust Front door services and this work had continued. The next stage was a focus on the ward process and the links between the Trust and community care, and the Trust's internal processes for the time of discharge for patients.

The Chief Operating Officer noted that a local government association peer review was underway to analyse system performance, and provisional feedback would be available from 26.09.19. August had seen exceptional levels of demand on emergency care, including the Trust's busiest day on record with 317 patients arriving, 66 of which arrived within 3 hours.

Nigel Stevens, Non-Executive Director thanked the Chief Operating Officer for the report and the work that had taken place, commented that the breakdown of the process into its constituent parts was critical, and that the challenge for the Board of Directors would be to gauge the level of response to an ever increasing volume of patients. The Chief Operating Officer noted that engagement remained high from the teams involved in approaching these challenges.

The Chief Executive advised that a revised method of measuring Emergency Department Flow had been piloted at other Trusts, in order to focus on those patients in urgent need of care. It was noted that this was the primary challenge faced by the Executive Team on a day to day basis. There were 550 general beds in the Trust, of which 110 were occupied by patients that could have been discharged. Around 20 of those were due to Trust processes and work was needed in this area, however the remaining 90 patients were not able to be discharged due to a lack of community capacity.

The Chair noted that the current situation was not a temporary one, but the ongoing increase in demand was the new reality.

Joanna Hole, Non-Executive Director thanked the Executive Team and the Staff within the Trust for their work in dealing with operational challenges, and queried the work on ED minors that was ongoing. The Chief Operating Officer advised that work had been done with the Urgent Treatment Centre (UTC) to support a single point of entry, with close partnership between out of hours care, primary care and the minors pathway.

The Chair noted the improvements made in the 62 day Cancer referral and echocardiogram statistics.

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The Director For People presented the Well Led Report, and advised that turnover for Band 5 nursing staff had remained relatively static, and overall turnover was slightly over target. Band 5 Nursing vacancies remained static at 139.7 WTE. There was an expected dip in training and appraisal levels during the summer months, and the increase in staff on leave during the summer months increased pressure on the remaining staff, so sickness rates increased.

The Director of Nursing and Midwifery noted that the level of Band 5 vacancies remained a significant challenge, however the vacancy rate had reduced from 196 WTE as at October 2018. An overseas campaign had recruited nearly 80 Band 5 Nurses.

The Chair advised that Wiltshire Health and Care were currently undertaking a strategic review.

The Board of Directors noted the report.

BD/19/09/15 *Item Withdrawn*

BD/19/09/16 **Estates and Facilities Sustainability**

The Director of Estates and Facilities presented the Estates and Facilities Sustainability report. A Sustainable Development Assessment Tool (SDAT) had been used to assess the Trust, and had initially scored an average of 33%. This had highlighted areas for improvement via an actions plan. The Trust’s Combined Heat and Power Plant (CHP) had seen downtime which had led to increased electricity costs for July and August. Repairs to the CHP had been completed, and future downtime of the CHP for maintenance was being planned further in advance to minimise impact. A quarterly Sustainability update would be presented to the Board in December, and would include detail on the longer term vision for the Trust’s Sustainability work.

Nigel Stevens, Non-Executive Director suggested a clear definition of Sustainability and how it applies to the Trust would be valuable as a part of the quarterly report, and queried the non-patient travel ratification process. The Director of Estates and Facilities advised that this concerned the staff travel plan, and the point at which it was ready to be shared with the Trust.

The Director of Finance and Deputy Chief Executive commented that Sustainability was central and should form a True North Objective, with the Trust taking the issue forward.

The Board of Directors noted the report.

BD/19/09/17 **Non-Clinical Governance Committee Update Report**

Joanna Hole, Non-Executive Director presented the Non-Clinical Governance Committee Update Report, and noted updates relating to trust volunteers and improving the Trust’s people practices.

The Board of Directors noted the report.

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BD/19/09/18 Audit Committee Annual Report

The Board of Directors noted the report.

BD/19/09/19 Management Board Update Report

The Board of Directors noted the report.

BD/19/09/20 Chief Executive's Report

The Chief Executive announced his retirement in March 2020 to the Board of Directors, after 37 years within the NHS and 21 years as a Chief Executive. The Chief Executive thanked the Board of Directors for their help and support.

The Chair thanked the Chief Executive for his service on behalf of the staff of the Trust, and the people of Bath and the South West.

BD/19/09/21 Chair's Report

The Board of Directors noted the report.

BD/19/09/22 Items for Assurance Committees

No items for the Assurance Committee were raised.

BD/19/09/23 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 12.18

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