

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS
HELD IN PUBLIC ON WEDNESDAY, 30th OCTOBER 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
Sumita Hutchinson, Non-Executive Director
Bernie Marden, Medical Director
Anna Mealings, Non-Executive Director (*part*)
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

Di Dorrington, Maternity Matron (*item 6 only*)
Amanda Gell, Midwifery Matron (*item 6 only*)
Josie Howell, Medical Student (*item 8 only*)
Sharon Manhi, Lead for Patient and Carer Experience (*item 6 and 8 only*)
Anne Martin, Public Governor
Roxy Milbourne, Interim Board Secretary
Emma Morgan, Matron, Emergency Department (*item 8 only*)
Lisa Ottaviano and baby Sebastian (*item 6 only*)
Anne Plaskitt, Senior Nurse Quality Improvement (*item 7 only*)
Catherine Soan, Executive Assistant (minute taker)

Observers

Members of the public
Stephen Sumner, The Bath Chronicle (*part*)
Matt Wherlock, Clinical Scientist, Southmead Hospital

Apologies

None received

BD/19/10/01 Chairs Welcome and Apologies

The Chair welcomed members of the Public and Council of Governors, in particular Anne Martin, who defended her seat at the recent election. The Board will have an opportunity to congratulate Anne and welcome new Governors later in the year. The Chair offered her commiserations to those who were not re-elected.

Author: Catherine Soan, Executive Assistant to the Director for People	Date: 30 th October 2019
Document Approved by:	Version: 1.1
Agenda Item:	Page 1 of 13

The Chair welcomed members of the public, staff in attendance to support the patient story and new Non-Executive Directors, Sumita Hutchison and Anna Mealings who would be joining the meeting later.

The Chair explained that she was wearing a badge sent to her by a gentleman called Thomas who has learning disabilities and is supported by Mencap in Wiltshire. Thomas sent the badge to the Chair as a reminder that people with learning disabilities have a right to equal healthcare services in the NHS and that reasonable adjustments were reasonable. The Chair wrote back to Thomas to say that the treatment of people with learning disabilities was one of the Trust's six equality and diversity themes this year and that we want to learn more from patients and family members about what we can do better. The Chair also informed Thomas about the Trust's involvement with Project Search, an employment project for young adults with learning disabilities.

BD/19/10/02 Written Questions from the Public

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

BD/19/10/03 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/19/10/04 Minutes of the Board of Directors meeting held in public on 25th September 2019

The minutes of the meeting held 25th September 2019 were approved as a true and correct record of the meeting. The Chair stated that she was very impressed by the support system for minutes at the Trust and congratulated the minute writers.

BD/19/10/05 Action List and Matters Arising

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

PB515 Quality Report

The Chief Executive requested a further discussion about the Friends and Family Test (FFT) and whether it was still an appropriate measure of patient experience and the Interim Board Secretary will add this wider Board review to the early part of next year's programme.

Update from May meeting

The Deputy Director of Nursing and Midwifery advised that the programme for 2019 was still in the process of being established and agreed that this should be deferred until October when the Director of Nursing and Midwifery would be in a position to update.

The Director of Nursing and Midwifery advised that this action arose from discussions about the value of the FFT and whether it was a true measure of patient experience. From 1st April 2020 changes were being introduced that will support the effectiveness of the FFT. It will continue to be mandatory but one of the changes relates to the recommendation question which was changing to 'how was your experience of care?'. Another change was that from 1st April 2020, the FFT could be given at any time following discharge. Reporting remains on a quarterly basis but the target would

no longer applicable. The Director of Nursing and Midwifery added that the FFT was a valuable measure of patient experience when triangulated with complaints and PALS.

The Chair stated that patient experience was not just what happens within the hospital and that it would be helpful to have an FFT question around the whole patient pathway. The Director of Nursing and Midwifery advised that it was possible to add questions to the FFT and to carry out bespoke surveys to capture this in other ways.

BD/19/10/06 Patient Story

The Chair welcomed Sharon Manhi, Lead for Patient and Carer Experience and Lisa Ottaviano who was attending to share her experience at the Trust during the birth and after care of baby Sebastian.

Lisa explained that Sebastian was due on 8th January 2019. Lisa had a low risk pregnancy but experienced reduced foetal movement on Boxing Day night and came to the RUH where she was relieved to feel Sebastian move. On the 6th January 2019, Lisa again became concerned that she had not felt Sebastian move and was subsequently reviewed at Trowbridge Birthing Centre. Within an hour Lisa was blue lighted to the RUH for a scan having been told that she may have to have an emergency C section. As Lisa arrived the medical teams were waiting for her and within 10 minutes Sebastian was born by category A Emergency C section. Lisa described the quiet and calm environment during the C section. Sebastian’s scores were low and he was silent after birth so he was taken to NICU and later transferred to St Michael’s Hospital in Bristol.

Sebastian was diagnosed with a low blood count and anaemia following a silent foetal bleed of which there were no warning signs. Lisa was told that Sebastian was likely to have brain damage or may not survive. He received cooling therapy, a treatment given to allow the medication to work and stop any further damage from happening following a brain trauma. Sebastian then had 3 days of warm up therapy. As a result of Sebastian’s unexpected complications, the Trust conducted an internal significant incident.

The Board watched a video showing Sebastian’s journey.

Lisa reflected on her journey as a patient at the Trust and complimented all the staff involved in her care. She was thankful for the communication throughout her stay and the aftercare, in her words, was phenomenal, even receiving information about future pregnancies when she arrived home from hospital. The midwifery team kept in constant contact about the investigation and Amanda Gell, Midwifery Matron visited Lisa on two occasions, once to check how Lisa was and to listen to her story and secondly to deliver a handwritten report following the investigation. Lisa felt that staff went the extra mile to make sure she was okay.

Lisa provided some constructive feedback; when she was due to be transferred to St Michael’s she was told she would be leaving the RUH within the hour and so she made her own urgent travel arrangements, however she didn’t actually leave until 3.5 hours later, if she had known that it would be that amount of time she wouldn’t have

Author: Catherine Soan, Executive Assistant to the Director for People	Date: 30 th October 2019
Document Approved by:	Version: 1.1
Agenda Item:	Page 3 of 13

rushed to make the travel arrangements. Lisa added that the buzzers on Mary Ward were also very noisy and that more information about why she was having an emergency C section would have been helpful, although she recognised it was in an emergency situation.

Lisa reflected on how she had acted on her instincts that something was wrong when she experienced Sebastian's lack of movement and wanted to highlight how important it was for expectant mothers to act on reduced foetal movement. Lisa had developed a passion for sharing this and would be very supportive of using her story in training content, medical case studies and any other opportunities to educate mothers. Lisa thanked everyone at the Trust who had supported her and given Sebastian a future.

The Medical Director stated that Lisa's presentation had been very insightful. In terms of learning, Steve Jones, Consultant Paediatrician was developing an incident reporting system and that it was possible to use Lisa's story as an example case.

The Chair thanked Lisa for sharing her story and for introducing Sebastian, the Trust learns a lot from hearing from patients directly and thanked Lisa particularly for her willingness to continue to be involved. The Chair congratulated the maternity team and thanked them for their continued hard work and dedication.

The Board of Directors noted the report.

The Emergency Department Survey Results followed this item.

BD/19/10/07 Progress Report on Ward and Outpatient Department Accreditation Scheme

Anne Plaskitt, Senior Nurse Quality Improvement gave a presentation updating the Board on the progress of the ward and outpatient department accreditation scheme. The scheme had been running since November 2014 and was internally developed to recognise and incentivise high standards of care and identify where improvements were required.

The ward/department is assessed against performance indicators for CQC domains based on levels of performance in the last 6 months, they need to achieve 75% or more in each domain for Foundation and Bronze level and 80% or more to achieve Silver level. The Board noted what the ward/department was required to do to achieve Foundation, Bronze and Silver level. Gold standards were still under development.

The Board noted the outpatient accreditation update; 24 areas (23 of which were adult areas) were assessed and all areas achieved Foundation level. 18 achieved Bronze, with an additional 5 areas undergoing reassessment, which was possible if they had not achieved in one domain.

The Quality Improvement team had drafted an article for the British Journal of Nursing to showcase the accreditation scheme and the Senior Nurse Quality Improvement thanked those who had taken part in observation assessments, noting that 127 staff of different jobs roles and grades had taken part in the assessment.

Author: Catherine Soan, Executive Assistant to the Director for People	Date: 30 th October 2019
Document Approved by:	Version: 1.1
Agenda Item:	Page 4 of 13

The Board noted the detail around which departments/wards had achieved the levels and next steps.

Joanna Hole, Non-Executive Director commented that it was helpful to have independent people involved in the accreditation, adding that it was a powerful experience and she would recommend it to colleagues.

The Director for People referred to the number of assessments departments/wards undertake and asked how the Improving Together assessments feature in the process. The Senior Nurse Quality Improvement described how she was working with the Head of the Coach House to develop an indicator on the huddle standards and flexible indicators for the assessments for wards who are on the Improving Together Programme.

Nigel Stevens, Non-Executive Director commented on the recognition of staff who had completed the Improving Together Programme and queried what the plans were for recognising their achievement. The Director of Nursing and Midwifery explained that we would be working with the first teams that have gone through the programme to see what they think would be applicable in terms of recognition. Three teams have just completed the programme and she assured the Board that this will be progressed.

The Chair asked if we were able to measure improvements in patients using the services of departments/wards who had gone through the accreditation process and the Director of Nursing and Midwifery agreed to look into a way of doing this.

Action: Director of Nursing and Midwifery

The Chair thanked the Senior Nurse Quality Improvement for the update and agreed that Board members who had taken part in the accreditation process had found it very rewarding. The Chair looked forward to giving out the certificates to the nurses who had achieved Bronze and Silver accreditation after the meeting today.

BD/19/10/08 Emergency Department survey results

The Lead for Patient and Carer Experience introduced Emma Morgan, Matron Emergency Department and Josie Howell, Medical Student who undertook a six week assignment in ED in July 2019.

The Matron, Emergency Department gave a presentation on the results of the bi-annual survey, commissioned by Picker, the results of which were used by the CQC for benchmarking.

Patients were eligible for the survey if they were aged 16 years or older and had attended either the Emergency Department or Urgent Treatment Centre during September 2018. Two separate surveys of the departments were undertaken.

The Trust's response rate was 35% compared to the national average of 30%, the results allow us to identify where we performed 'better', 'worse' or 'about the same' compared with other Trusts.

Author: Catherine Soan, Executive Assistant to the Director for People	Date: 30 th October 2019
Document Approved by:	Version: 1.1
Agenda Item:	Page 5 of 13

For the Emergency Department, the results were better than most Trusts for 7 questions. There were no questions where the Trust score was worse than other Trusts and we were about the same for the other questions. Compared to last year's survey the Trust also scored significantly higher for one question *'Did a member of staff explain the results of the tests in a way you could understand?'*

The Board noted the top scoring questions such as *'How long did you wait before you first spoke to a nurse or doctor?'* and *'Do you think the hospital staff did everything they could to help control your pain?'* and the questions we scored less well which related to leaving the Emergency Department, *'Did a member of staff tell you about medication side effects to watch out for?'* and *'Did a member of staff tell you when you could resume your usual activities, such as when to go back to work or drive?'*

65% of the feedback from patients was positive, the top 3 categories with the highest number of positive comments were care & treatment, attitudes & behaviour and overall experience. The negative comments were categorised around facilities, cleanliness, timeliness and communication.

Josie Howell, Medical Student investigated what questions patients might have when they leave hospital but don't ask, such as when can they resume normal activities and what are the side effects of the medication. A key questions card was piloted in July 2019 to prompt patients as a way to empower them to ask questions in what can be an overwhelming environment. The results of the pilot were positive and therefore the card was still being used.

The Matron, Emergency Department informed the Board of the results of the survey undertaken by patients in the Urgent Treatment Centre (UTC). There was a response rate of 28% which was in line with the national response rate. There were 2 questions where the scores were particularly low and have been identified as areas for improvement; *'Were you informed how long you would have to wait to be examined?'* and *'Were you able to get suitable food or drinks when you were at the urgent care centre?'*. As a result the team were looking at how to inform patients of the wait time, possibly on the website or displayed in the waiting area and signposting the food outlets.

The Chief Executive stated that this data was a year old and the results reflected that the UTC had only just moved in at the time the survey was done.

The Chair referred to one of the comments from a patient about the UTC being *'quicker than visiting own GP'*. The Matron, Emergency Department commented that when staff were assessing patients they engage in a conversation about whether there was an alternative to coming to hospital and use that opportunity to educate the public where applicable.

Sumita Hutchison, Non-Executive Director referred to the key questions card and asked if an Equality Impact Assessment had been undertaken as the cards may not be appropriate for patients with a visual impairment, learning difficulties or who do not speak English. Josie Howell, Medical Student recognised the limitation with the

Author: Catherine Soan, Executive Assistant to the Director for People	Date: 30 th October 2019
Document Approved by:	Version: 1.1
Agenda Item:	Page 6 of 13

cards and stated that staff were encouraged to directly address patients in a proactive way that is appropriate for the patient, or engage with their carer who will know what is the most effective way of communicating with patient.

Sumita Hutchison, Non-Executive Director asked how the success of the cards would be measured. Josie Howell, Medical Student commented that the ambition was to see an improvement in the results on those particular questions in the next Picker Survey. The Matron, Emergency Department advised that in the shorter term she would be looking at sending out a separate survey.

Joanna Hole, Non-Executive Director suggested exploring the use of beepers for patients able to leave the department.

The Board of Directors noted the report.

BD/19/10/09 Quality Report

The Director of Nursing and Midwifery highlighted the key areas in the report. The Trust had seen a reduction in the number of complaints received and contact with PALS remained consistent. The response rate had decreased slightly although this was still an improvement over the past year and remained a focus within the divisions. Complainants were attending meetings, which reduces the response times and a best practice toolkit to give some guidance and support to clinicians in order to prepare for complaint meetings was being developed. The complaints team had also introduced a form for clinicians to complete to share the learning from complaints.

With regard to infection prevention and control in September 2019, the Trust had two hospital acquired cases of C Diff and one healthcare associated case. The target was 59 cases per year, the Trust had 22 cases in the year to date, 3 of which have been successfully appealed. The Trust had seen a slightly improved picture around MSSA and E coli rates, a fortnightly Sisters Forum had been established to look at data and the top contributors to drive locally led improvements.

Regarding Serious Incidents, the Serious Incident Task and Finish Group had reviewed the process and was considering how it could be streamlined.

Six wards had flagged against the nurse quality indicators and the Ward Sisters and Matrons were taking forward actions around the areas of concern. The Director of Nursing and Midwifery was reviewing the indicators to consider whether they were the right quality indicators.

In terms of pressure ulcer performance, the Trust continues to do well in preventing category 2 pressure ulcers but had seen a deterioration in the category 3 position. The Heads of Nursing were developing an A3 with the Improving Together approach specifically looking at the top contributors and how wards could be supported to understand the root causes.

Jeremy Boss, Non-Executive Director referred to the category 4 pressure ulcer reported and asked for some background on this case. The Director of Nursing and

Author: Catherine Soan, Executive Assistant to the Director for People	Date: 30 th October 2019
Document Approved by:	Version: 1.1
Agenda Item:	Page 7 of 13

Midwifery responded that a root cause analysis was being undertaken, reminding the Board that we were reporting avoidable and non-avoidable cases. Once this was complete she would provide more information to the Board.

The Chief Executive referred to the 19 cases of C Diff in the first part of the year, if the Trust had the same performance in the second 6 months of the year, annual performance would be 36 cases against a target of 59. Clearly we would not want any cases of C Diff but that was positive progress and congratulated the nursing teams.

Joanne Hole, Non-Executive Director suggested that the 'objective' of 59 cases would be more appropriately named as a 'threshold' and the Director of Nursing and Midwifery noted this feedback.

The Chair asked if it would be useful to include the number of Serious Incident's in the matrix by ward/department. The Director of Nursing and Midwifery will include this in future.

Action: Director of Nursing and Midwifery

The Medical Director presented the performance on compliance with sepsis screening for emergency adult patients. The paper described the challenge around the attention the team need to divide between the education process and the monitoring and auditing process. The team had made a strategic change to look at the wards contributing the most to the problems and to put the effort into the education and monitoring of these areas coupled with the preparatory work required for electronic observations which improves the ability to successfully screen consistently. Roll out of electronic observations was progressing well in adult areas.

The Medical Director referred to Paediatric sepsis screening which was in a better position. The development of new PEWS score and chart was ongoing and due to be finalised by end of October, to comply with regional PEWS score. This was a key enabler to progress electronic observations in Paediatrics.

The Medical Director presented the update of the Trust's ability to deliver antibiotics within an hour of diagnosis of sepsis, the position remains good at 93% of patients. In terms of patient outcome, the data shows improvement in relation to mortality rate from sepsis and length of stay for patients with Acute Kidney Injury.

Nigel Stevens, Non-Executive Director commented on the length of the Board papers and made a request for them to be condensed where possible using the cover sheet more effectively to highlight the key points and the Chair agreed.

The Board of Directors noted the report.

BD/19/10/10 Learning from Deaths Quarterly Update

The Chief Executive advised that the paper had been withdrawn from the Trust's website as there were some matters included that should not be in the public domain, however that did not prevent the Board from discussing the item today.

Author: Catherine Soan, Executive Assistant to the Director for People	Date: 30 th October 2019
Document Approved by:	Version: 1.1
Agenda Item:	Page 8 of 13

The Medical Director advised the Board that 70-80% of deceased patients were now being screened which was good progress. The reason this has improved was due to the medical examiner process which introduces an opportunity for screening to take place in real time, the ability to issue a death certificate or onward referral to a coroner will cease until we have achieved the screening.

Joanna Hole, Non-Executive provided some feedback about the way the data was presented in the report and the Chair agreed that graphs would be preferable. The Medical Director noted this feedback.

The Chair referred to the bereavement team who were anxious about the medical examiner process extending the length of time for registration of death. The Medical Director confirmed that pilot sites have demonstrated that it can introduce a delay and actions to mitigate this were being considered by the implementation project team, which the bereavement team were part of.

The Board of Directors noted the report.

BD/19/10/11 Finance Report

The Director of Finance & Deputy Chief Executive presented the report for the period to 30th September 2019. For the financial year 2019/20, the Trust had been set a control total of £7.83 million surplus with access to the maximum £5.82 million Provider Sustainability Funding (PSF) which if achieved takes the potential surplus to £13.65 million. Half way through the financial year and the Trust is at a breakeven position and therefore on plan.

There were some significant risks for the latter part of year including the forecast income being higher than the commissioners can afford to pay, pressures on the cost of agency staffing, the remaining £1.2 million of QIPP savings still to be identified and we anticipate spending more to manage the winter pressures. Focus is on corporate areas and estates and facilities budgets to make sure we are back in plan and make savings where we can. The risk will hit in quarter 4 so there was still a lot of work to do to ensure we hit the control total and access the full amount of PSF at the end of the year.

The Director of Finance and Deputy Chief Executive reported that in terms of capital spend, the Trust was £4.5 million behind plan due to slippages in redevelopment schemes, however, the money will be spent next year on major schemes. There were potential opportunities for additional capital which the Trust was bidding for.

The Trust is ahead of its cash plan with £24.5 million in the bank which is £13m above plan linked to capital and the bonus PSF last year.

Joanna Hole, Non-Executive Director asked for some clarification on the pay costs which were higher than anticipated and asked if the Trust budgets for the cost associated with the medical pay award. The Director of Finance and Deputy Chief Executive described that the majority of Trust's had not been given enough additional funding for the cost of the pay award and there was some learning to be taken from this.

Author: Catherine Soan, Executive Assistant to the Director for People	Date: 30 th October 2019
Document Approved by:	Version: 1.1
Agenda Item:	Page 9 of 13

The Board of Directors noted the report.

BD/19/10/12 Operational Performance Report

The Chief Operating Officer presented the Operational Performance Report informing the Board that the Trust continues to perform at or above peer group for a number of standards, including cancer performance and RTT.

Delivery of the 4-hour performance standard in the Emergency Department (ED) had deteriorated in September 2019 where we were unable to maintain a consistently acceptable level of performance following high demand in emergency care and an increase in the number of super stranded patients. An improvement programme had been launched and began in October and there were some improvements in the areas where this resource had been targeted.

One element of the improvement programme was the opening of the Discharge Lounge which had been the result of a huge effort by nursing and estates colleagues. The Discharge Lounge was based on the Combe Ward experience and it was a positive step towards early discharge and flow. Staffing out of hours was also being reviewed.

4-hour performance had improved in October 2019 and yesterday’s performance hit 90%, in order to sustain this we need to decrease the size of the front door to ED and get patients to the right specialist earlier. Processes within the ED department need focus and the Emergency Care Improvement Programme Lead was looking into the reasons for some of the delays caused by processes.

Nigel Stevens, Non-Executive Director asked if the situation with Ambulance conveyance had improved and the Chief Executive responded that unfortunately it had not but that this was a matter for discussion at the A&E Delivery Board tomorrow, where a Director from the South Western Ambulance Service was attending in recognition of the pressure the Trust is under.

Joanna Hole, Non-Executive Director referred to the staff in ED and asked if there was a way of refreshing staff so that those who have dealt with the sustained pressure in ED get to do something else for a while. The Chief Operating Officer responded that staff well-being was an important part of the winter plan which was being presented to Private Board.

The Trust continues to see sustained improvements in the Cancer 62 day performance standard as well as other cancer standards and the Chief Operating Officer was positive about this being sustained. The introduction of a Lead Cancer Clinician had made a positive impact on the delivery of cancer standards.

The Chief Operating Officer had previously informed the Board of the pressure on RTT, in particular in Gastroenterology where there had been a month on month increase in demand above what was expected. The Chief Operating Officer was pleased to report the reduction in excessive waits. The clinical team had worked hard to ensure patients had their appointments and we hope to sustain this improvement with zero 52-week breaches by the end of the year.

Author: Catherine Soan, Executive Assistant to the Director for People Document Approved by:	Date: 30 th October 2019 Version: 1.1
Agenda Item:	Page 10 of 13

The Board noted the report.

BD/19/10/13 Item withdrawn

BD/19/10/14 Guardian of Safe Working Quarterly Update

The Medical Director described the system in place to encourage Doctors in training to report when they were working outside the contract or observe things of concern to them. The Trust had established a strong culture of exception reporting to identify improvements. The report indicates one immediate patient safety concern which was investigated and downgraded.

Themes include reports from the Doctors in training in Orthopaedics who were feeling that they were not getting the right level of senior support around the complex multidisciplinary issues some elderly patients present with. The senior support in Orthopaedics was from Surgeons who were not necessarily able to advise on some of the multi-disciplinary issues so this discussion was being taken forward with Physicians to see what improvements could be made. Another issue reported was the lack of Phlebotomy support on the wards, a meeting has been facilitated between the medical staff and Phlebotomists to begin communication between the teams to identify how this could be improved.

The Chair described her experience in a previous organisation where the junior doctors in Trauma and Orthopaedics were not getting enough time in their tuition which led to a serious threat of the training accreditation being removed and we would not want to get into that situation.

The Chair referred to the specialties who were not reporting and whether this was being investigated. The Medical Director confirmed that the Guardian of Safe Working undertakes direct communication with junior doctors and the Medical Director addresses them regularly about how positive we view exception reporting.

The Board of Directors noted the report.

BD/19/10/15 Non Clinical Governance Committee Update Report

Joanna Hole, Non-Executive Director presented the Non-Clinical Governance Committee Update Report. There were a number of areas where the Committee awarded partial assurance and she clarified that this was not because a system was failing but more about the maturity of the work. The Committee did give significant assurance with some improvements to the QIPP process due to the amount of work that had been undertaken and the different approach to QIPP.

Joanna Hole, Non-Executive Director advised that with the establishment of the People Committee some of the systems will move to that Committee.

The Board of Directors noted the report.

BD/19/10/16 Clinical Governance Committee Update Report

Author: Catherine Soan, Executive Assistant to the Director for People	Date: 30 th October 2019
Document Approved by:	Version: 1.1
Agenda Item:	Page 11 of 13

Nigel Stevens, Non-Executive Director described that the Committee would be introducing a mechanism for following up on areas of potential risk in between the regular review of systems.

Joanna Hole, Non-Executive Director referred to assessing capacity and consent within the paper and advised of some amendments which will be introduced to the Mental Capacity Act. Regarding the patient delayed follow up appointments system, Joanna Hole, Non-Executive Director asked if the Committee remained partially assured. Nigel Stevens, Non-Executive Director responded that the Committee did not see evidence that there was a rigorous process in place. The Medical Director added that an IT fix was being put in place to support the process and mitigate the personal choice elements.

The Board of Directors noted the report.

BD/19/10/17 Audit Committee Report and Terms of Reference

Jeremy Boss, Non-Executive Director advised that the Audit Committee had a useful session with the Medicine division on risk management and patient safety and how it fits with Improving Together.

Despite a slow start with the new internal auditors for sensible reasons, we were now starting to receive reports and were back on track.

The Audit Committee had reviewed the revised suite of financial policies which had modest changes and recommended that these were approved under item 19 of the Board papers.

The Board of Directors noted the report and approved the Terms of Reference.

BD/19/10/18 Charities Committee Report and Terms of Reference

The Commercial Director advised that the Head of Fundraising's successor had been appointed and was due to start in January 2020 following an excellent recruitment process with a very high standard of candidates.

The Board of Directors noted the report and approved the Terms of Reference.

BD/19/10/19 Financial Policies Review: Standing Orders, Standing Financial Instructions, Treasury Management Policy and Scheme of Reservation and Delegation

The Board agreed the financial policies.

BD/19/10/20 Management Board Update Report

The Chief Executive advised that as it has been confirmed that as the UK does not leave the EU on 31st October 2019, we have partially stood down Brexit activity until after the 12th December 2019.

The Chief Executive will be considering if there is anything planned in the pre-election period which must be stood down.

The Board of Directors noted the report.

Author: Catherine Soan, Executive Assistant to the Director for People	Date: 30 th October 2019
Document Approved by:	Version: 1.1
Agenda Item:	Page 12 of 13

BD/19/10/21 Chief Executive's Report

The Chief Executive was delighted to meet the HRH The Duchess of Cornwall when she officially opened the RNHRD & Brownsword Therapies Centre on 22nd October 2019. The Chair thanked everyone involved for their hard work in preparing for the visit.

Joanna Hole, Non-Executive Director referred to the letter from the Rt Hon Matt Hancock MP, the Secretary of State for Health and Social Care regarding access to the new NHS capital funding. The Chief Executive advised that he will bring a report to the November Private Board.

BD/19/10/22 Chair's Report

The Board of Directors noted the report.

BD/19/10/23 Items for Assurance Committees

No items for the Assurance Committee were raised.

BD/19/09/24 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 12.13

Author: Catherine Soan, Executive Assistant to the Director for People	Date: 30 th October 2019
Document Approved by:	Version: 1.1
Agenda Item:	Page 13 of 13