

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST  
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS  
HELD IN PUBLIC ON WEDNESDAY, 18<sup>th</sup> DECEMBER 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 Hutchison, Non-Executive Director  
Bernie Marden, Medical Director  
Anna Mealings, Non-Executive Director  
Alison Ryan, Chair (*Chair*)  
James Scott, Chief Executive  
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  
Adewale Kadiri, Head of Corporate Governance  
Veronica Lyell, Consultant Geriatrician (*item 6 only*)  
Sharon Manhi, Lead for Patient and Carer Experience (*item 6 only*)  
Phillipa Nash, Medical Nurse Practitioner, Waterhouse Ward (*item 6 only*)  
Derek Robinson, Consultant Orthopaedic Surgeon & Head of Division, Surgery (*item 6 only*)  
Mike Welton, Public Governor  
Helen Perkins, Senior Executive Assistant to Chair & Chief Executive (minute taker)

Observers

Ian Rowley, Oracle  
James Willis, Clinical Scientist, Cardiology

Apologies

Nigel Stevens, Non-Executive Director

**BD/19/12/01            Chairs Welcome and Apologies**

The Chair welcomed members of the Council of Governors, members of staff and the public and welcomed Ade Kadiri, Head of Corporate Governance to the Board.

**BD/19/12/02            Written Questions from the Public**

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

Author: Helen Perkins, Senior Executive Assistant to Chair & Chief Executive	Date: 3 <sup>rd</sup> January 2020
Document Approved by:	Version: 1.3
Agenda Item:	Page 1 of 9

**BD/19/12/03            Declarations of Interest**

Jeremy Boss, Non-Executive Director, advised that he had been appointed as an independent member of the Care Quality Commission’s Audit Committee.

All other Directors present confirmed that they had no direct or indirect interest in any way in the matters to be considered at the meeting.

**BD/19/12/04            Minutes of the Board of Directors Meeting held in Public on 27<sup>th</sup> November 2019**

The minutes of the meeting held 27<sup>th</sup> November 2019 were approved as a true and correct record of the meeting.

The Chair asked the Head of Corporate Governance to ensure that the response to the written question from the member of public in November had been published on the Trust website.

**Action: Head of Corporate Governance**

**BD/19/12/05            Action List and Matters Arising**

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

**BD/19/12/06            Patient Story**

The Chair welcomed Sharon Manhi, Lead for Patient and Carer Experience, Veronica Lyell, Consultant Geriatrician, Phillipa Nash, Medical Nurse Practitioner on Waterhouse Ward and Derek Robinson, Consultant Orthopaedic Surgeon and Head of Division, Surgery. The Chair thanked Geraldine Peacock for attending the meeting to explain her recent experience at the Trust as a patient with Parkinsons Disease (PD), and her son, Sam.

The Board viewed a video interview with Geraldine, who described that she had been admitted to the Trust following a fall in Turkey where she had broken her knee which went on to become infected. On her return from holiday, she was seen by a clinician in the RUH fracture clinic, who asked her to return the following day. She was admitted to Pierce ward where she had to wait for a couple of days before her operation was carried out due to other patients with trauma who were clinically prioritised to be operated on before her. Geraldine advised that for three days she had fasted as she was expecting to have her surgery and this affected her taking her Parkinson’s medication, during which time her PD also suffered.

Once Geraldine’s operation had taken place she returned to Pierce Ward to recover from the procedure but often didn’t receive her Parkinson’s medication on time, which was crucial, with it often being given 30 minutes late and sometimes provided with the wrong tablets i.e. the day medication when it should have been the night ones. On one occasion the Trust ran out of the correct medication and a taxi had to be sent to Geraldine’s home to collect some. During this period Geraldine became anxious and didn’t feel that she could trust anyone at the hospital as one of the side effects of not being prescribed and given medication on time was paranoia. Geraldine’s son, Sam made contact with clinicians at Southmead who contacted Dr Veronica Lyell who became involved in Geraldine’s care and instigated her receiving the appropriate care and treatment.

Author: Helen Perkins, Senior Executive Assistant to Chair & Chief Executive	Date: 3 <sup>rd</sup> January 2020
Document Approved by:	Version: 1.3
Agenda Item:	Page 2 of 9

Geraldine advised that she had also offered to administer her own medication whilst on the ward but had been asked to sign a form to say she was agreeing to do this. The difficulty was that the medication was kept in a locked drugs cupboard in her room and she needed the staff to come to open it.

After staying in hospital for several weeks, Geraldine was well enough to be discharged home. However, a few weeks later, Geraldine suffered a further fall at home and attended the Emergency department and was admitted to Waterhouse ward. During this episode, Geraldine felt that the care and treatment she received was much better with the nurses writing down her medication schedule, recognising how important it was to have the medications on time as they specialise with the care of older people, and specifically patients with PD.

Phillipa Nash thanked Geraldine for sharing her experience, recognising that it must have been an extremely frightening time, exaggerated by the complexity of her PD, and that staff on the ward didn't recognise the importance of dealing with her medication. It was recognised that a preferred approach would be for more Parkinson's input and support to be provided on the wards working collaboratively with other specialties, although the challenge in this was that the patients being seen were frailer with multi complex conditions.

Derek Robinson stated that he found Geraldine's account of her experience informative, recognising that there was room to improve patients' experience within Trauma and Orthopaedics and that further education would be provided through teaching sessions for the nursing staff with input from care of the elderly clinicians. He went on to advise that on the day of Geraldine's admission there had been four hip fractures which were operated on as a priority and due to Geraldine's infection she would need to have been operated last on the list, and therefore vulnerable if the list overran. Veronica Lyell recognised the need for Theatre efficiency and that hip fracture mortality at the Trust was incredibly good with hip fractures seen as a priority.

The Chair thanked Geraldine for the account of her recent experience recognising that she was an expert patient with 30 years' experience of having PD. The Board recognised that it needed to improve services for patients with Parkinson's. Geraldine's stay in hospital showed the impact on patient experience when it doesn't go well, in particular the nutrition and hydration of patients waiting for procedures and how non specialised wards can access specialist staff and information.

The Director of Nursing and Midwifery agreed to share Geraldine's story with the Matrons to look at education of staff and the tools available to support the awareness of when to prescribe medication. The Nutrition and Hydration Group would be asked to look at sustainable solutions for patients who require and have to wait for procedures.

**Action: Director of Nursing and Midwifery**

The Chair thanked Geraldine for sharing her story and for agreeing to become a member of the patient panel.

Author: Helen Perkins, Senior Executive Assistant to Chair & Chief Executive	Date: 3 <sup>rd</sup> January 2020
Document Approved by:	Version: 1.3
Agenda Item:	Page 3 of 9

**BD/19/12/07            2019 Children and Young People Survey Results**

The Director of Nursing and Midwifery presented the report to the Board highlighting that it had been a positive survey with the Trust ranked 39 out of 129 Trusts. There were four questions out of 65 where the Trust had scored ‘better’ than average and no areas where the Trust scored ‘worse’ than average. However, there were four areas where the Trust’s results were significantly lower than last year. The positive comments related to care and treatment, attitude and behaviour of staff and resources, with the main areas for improvement around lack of information and communication, timeliness of waiting to be seen and facilities.

An action plan had been developed to address the areas raised which would be monitored through the Children’s and Young People’s Divisional Board.

Joanna Hole, Non-Executive Director stated that 75% of negative comments were around cleanliness and thought this was high, whilst Sumita Hutchison, Non-Executive Director queried whether patient and carers were aware of the facilities available. The Director of Nursing and Midwifery and Medical Director confirmed that the Children’s ward was a complex ward which had a high turnover of patients. Patients were orientated on admission to the ward and advised of the facilities available to both them and their families, with information leaflets sent ahead of admission and available in every room.

The Board noted that the Patient and Carer Experience Group were considering inviting a young patient to become a member of the Group.

The Board of Directors noted the report.

**BD/19/12/08            Quality Report**

The Director of Nursing and Midwifery highlighted the key areas in the report, advising that the number of PALS enquiries and complaints remained high and that response speed remained challenging. The main themes arising from these related to clinical concerns, communication and discharge. It was also noted that the number of complaints relating to car parking remained high. The Parliamentary and Health Service Ombudsman (PHSO) is developing a Complaints Standard Framework to enable better support for frontline complaints handling in NHS and the Trust is aiming to use this to develop its own framework. The Trust has already developed and published local guidelines for staff.

There had been a decrease in the number of falls during recent months although the number resulting in moderate and above harm remained variable and this was an areas of focus for the Falls Steering Group. A falls e-learning programme had been launched in November 2019 and a falls newsletter was being developed and in the process of being circulated to help disseminate key messages at ward level.

A new process for reviewing Serious Incidents resulting in moderate harm or above was launched in November 2019. The revised process aimed to facilitate a prompt review of incidents assessed as significant harm and determine the level of investigation required to enable investigations commence in a timely manner. Round Table meetings were now held after the identification of a Serious Incident so that the Root Cause Analysis (RCA) report could be completed in a group format with all

Author: Helen Perkins, Senior Executive Assistant to Chair & Chief Executive	Date: 3 <sup>rd</sup> January 2020
Document Approved by:	Version: 1.3
Agenda Item:	Page 4 of 9

relevant staff members present to contribute to the investigation. The impact of these changes would be reviewed at the Operational and Clinical Governance Committees in April 2020.

The Board noted that operational pressures within the Trust was impacting on the overdue actions relating to Serious Incidents that remained open but remained a focus of the Divisional teams.

The Director of Nursing and Midwifery presented the Nursing Quality Exception report and reported that five wards had flagged as they had six or more quality indicators, with the Emergency Department and Haygarth flagging for the second month. The report covered the plans in place to correct the concerns.

The Medical Director provided an update on the National Safety Standards for Invasive Procedures (NatSSIPs) advising that compliance with the WHO checklist remained at 99.9%. The Board noted that there was a well-established approach in place within Theatres although there had been a change in emphasis to monitoring the activity conducted, with a debrief session held at the end of each list to enable staff to highlight any issues.

The Local Safety Standards for Invasive Procedures (LocSSIPs) had been more challenging to embed as compliance required constant attention. Gynaecology had achieved 75% and it was noted that although compliance for LLETZ procedures was 100%, Hysteroscopy was more variable and clinician dependant. This was thought to be a recording issue which would be rectified through electronic recording of all Procedures.

Joanna Hole, Non-Executive Director queried whether thirteen Serious Incidents in November was deemed as high and the Director of Nursing and Midwifery advised that the number of falls resulting in fracture had increased the number in month.

Jeremy Boss, Non-Executive Director highlighted that Pulteney ward had flagged on nine different indicators at the same time on the Nursing Quality Exception report. The Director of Nursing and Midwifery advised that this was a busy acute Surgical ward with thirty beds and a relatively junior workforce, coupled with staffing challenges through sickness and appraisal rates. She was confident that the ward Senior Sister leadership and Matron support which was being provided would effect improvements but she would review the situation.

The Board of Directors noted the report.

### **BD/19/12/09          Six Monthly Nursing Workforce Report**

The Director of Nursing and Midwifery presented the report highlighting that it had also been presented and scrutinised at the People Committee. The band 5 vacancy and turnover rate had reduced since October, although this work had identified that the Trust had an inexperienced workforce supporting clinical areas, and plans were being identified to support staff.

The Trust had a robust preceptorship programme which supported newly qualified nurses and midwives, as well as Nursing Associates and overseas nurses.

Author: Helen Perkins, Senior Executive Assistant to Chair & Chief Executive	Date: 3 <sup>rd</sup> January 2020
Document Approved by:	Version: 1.3
Agenda Item:	Page 5 of 9

Staffing reviews were on going and carried out utilising the established acuity tool.

Anna Mealings, Non-Executive Director and Chair of the People Committee, acknowledged the work undertaken to reduce the band 5 turnover rate as well as agency costs.

The Chief Executive stated that he had attended a national meeting in London yesterday where Simon Stevens, Chief Executive of NHS England/Improvement had confirmed that nurse staffing is the number one priority for the NHS. The NHS visa process would be simplified and a maintenance grant of £5-8K for graduate nurses (which would be funded nationally) is to be introduced from September 2020 to compensate them no longer receiving bursaries

The Chair sought assurance on how the Trust was nursing patients who were being treated within the ED corridor during times of escalation and the Director of Nursing and Midwifery advised that staff would be utilised from both the Emergency Department and Medical Assessment Unit in the first instance, supported by temporary staff. It was recognised that the environment was challenging, through lack of call bells and side tables, but staff members were based within the corridor to care and treat the patients and any incidents raised were being monitored through the Trust's incident reporting system, Datix. A Duty Matron was also on site until 8.00 pm to help support decision making into the evening and ensure appropriate staffing was in place.

The Chief Executive stated that the hospital was the busiest it had ever been during the Autumn and November, and that nationally the NHS was completely full on Monday night. He advised that he did not see a way out of not providing care on corridors until the end of Winter as the Trust had all its escalation areas open and there was not the appropriate capacity locally, or nationally, to cope with the current demand. The Board recognised the pressure that staff were under, their resilience and the support being provided to them.

The Board of Directors noted the report.

**BD/19/12/10 Care Quality Commission (CQC) Improvement Plan Update**

The Director of Nursing and Midwifery provided an update on the CQC improvement plan advising that five actions remained open, one was rag rated as green with the remaining four as amber. The four amber actions were being monitored through the Urgent Treatment Centre/Emergency Department governance meeting and related to training figures and ongoing work around the Emergency Department safety checklist. Oversight of these actions was through Quality Board, with representatives from the Emergency Department reporting on a quarterly basis.

Joanne Hole, Non-Executive Director, enquired if the CQC was to inspect the Trust today would they be happy with the four actions that remained outstanding from their last inspection. The Director of Nursing and Midwifery confirmed that the process for closing down the actions on the improvement plan was as robust as it could be and the Trust's auditors had reviewed and provided a significant level of assurance on the processes in place.

Author: Helen Perkins, Senior Executive Assistant to Chair & Chief Executive	Date: 3 <sup>rd</sup> January 2020
Document Approved by:	Version: 1.3
Agenda Item:	Page 6 of 9

The Chief Executive advised that the Trust had met with representatives from the CQC last week at their quarterly catch up meeting and shared the most recent improvement plan with them and they did not raise any concerns.

The Director of Nursing and Midwifery stated that the Trust was due an inspection at any time and was awaiting the Provider Information Return request. A CQC Preparedness Working Group had been established and was already working on preparations for any inspection. Staff were being briefed ahead of a potential CQC inspection between January to March 2020.

The Board of Directors noted the update.

**BD/19/11/11 Finance Report**

The Director of Finance and Deputy Chief Executive presented the report for the period to 30th November 2019 advising that there was a surplus of £2m which was £2.6m behind plan. There was a probable further loss of over £1m worth of Provider Sustainability Funding (PSF). This posed a significant risk to the Trust’s forecast position which was being discussed within BSW . The Trust would need to re-forecast this year due to not hitting its control total. There were financial pressures across the whole of the BSW STP.

Income was also below plan with non-elective activity high and the Trust being unable to receive income from elective admissions due to lack of bed availability. This was being compounded by patient Length of Stay and Delayed Transfers of Care (DTCs)/super stranded patients and high nursing and agency costs.

The Board noted that there remained £1m of QIPP savings still to be identified for the year and that capital expenditure was currently £5m behind plan.

The Chair queried whether the Trust would be able to achieve PSF funding for quarter three and the Director of Finance and Deputy Chief Executive advised that it was being looked at across the system, but that a high risk of non-achievement remained.

The Board noted the report.

**BD/19/12/12 Operational Performance Report**

The Chief Operating Officer presented the report, advising that two areas were dominating the Trust’s performance, the 4 hour standard wait and DTC’s/super stranded patients. The Trust had identified a number of opportunities to support the 4 hour wait to include utilising assessment space within the Emergency Department and the introduction of the Medical model which would increase the level of out of hours clinical support provided, as the Trust had seen a decrease in the level of discharges at the weekend.

Overall performance of the RTT position had increased slightly from the previous month, although nineteen patients had their procedure cancelled during November due to lack of beds relating to operational pressures. The Trust had reported two 52 week waits in ENT and Cardiology.

Author: Helen Perkins, Senior Executive Assistant to Chair & Chief Executive	Date: 3 <sup>rd</sup> January 2020
Document Approved by:	Version: 1.3
Agenda Item:	Page 7 of 9

Diagnostics remained a concern, in particular for echocardiography and MRI's which had both seen an increase in demand, but planned actions were in place to support recovery and service improvements.

The Chief Operating Officer reported that the Discharge Hub had now seen over 450 patients since it opened, with a lot accessing the Hub before midday, which was helping with flow.

The Chief Operating Officer stated that since publication of the report, Cancer 62 day referral to screening performance had increased from 82% to 87% against the 90% target and was performing well.

Joanna Hole, Non-Executive Director asked whether the Trust was doing all it could to maximise its performance and the Chief Operating Officer advised that Medicine were holding a Super Discharge week and that a number of winter schemes would come on line which she would outline in further details at the January meeting.

The Chair stated that she was confident that all staff groups were working well across the hospital to improve performance and the Chief Operating Officer stated that she works collaboratively with the Medical Director and Director of Nursing and Midwifery to ensure that they were collectively maximising performance and managing any risks that may materialise.

The Chief Executive stated that he was confident in the Trust's ability to manage during times of escalation. Demand management within the Community was more challenged however and discussions were being held through the BANES A&E Delivery Board. The Chief Executive reported that he had received a letter yesterday from the Regional Director outlining that there was funding available for Diagnostic waits and for 52/36 week waits but no-one had spare capacity to treat the patients within the system so it was likely that the Trust would need to refer to the independent sectors.

The Director for People presented the workforce report and reported that the turnover and vacancy rate had seen a reduction and that appraisals and mandatory training remained an area of focus through the Divisions.

The Board of Directors noted the report.

### **BS/19/12/13 Annual HSMR and SHMI Update**

The Medical Director presented the report providing an update on the annual Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital Mortality Indicator (SHMI) which both had an improved position and were better than predicted. The Board noted that the risk of mortality at the Trust was improving and within an expected statistical range.

The Medical Director advised that the HSMR and SHMI positions were reviewed in detail at the monthly Clinical Outcomes Group who commissioned investigations/ deep dives into any diagnostic or procedure codes that alerted.

The Board noted the report.

Author: Helen Perkins, Senior Executive Assistant to Chair & Chief Executive	Date: 3 <sup>rd</sup> January 2020
Document Approved by:	Version: 1.3
Agenda Item:	Page 8 of 9



**BD/19/12/14 Q1 and Q2 Estates & Facilities Sustainability Reports**

The Director of Estates and Facilities presented the reports, and highlighted that following use of the Sustainable Development Assessment Tool (SDAT), the Trust had been assessed for the first time and scored an average of 33% across 10 modules. Work was on-going to increase this score to 50%.

The Combined Heat and Power (CHP) system had had significant downtime during the quarter which had increased electricity costs and a resolution to mitigate this downtime would occur through the business planning process.

The Director of Estates and Facilities notified the Board that he would be giving a presentation on sustainability in the private meeting.

The Board noted the reports.

**BD/19/12/15 Chief Executive's Report**

The Board of Directors noted the report.

**BD/19/12/16 Chair's Report**

The Board of Directors noted the update provided.

**BD/19/12/17 Items for Assurance Committees**

The Chair noted that there were no items that had been identified for review at Assurance Committees.

**BD/19/12/18 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 11:40*