

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS
HELD IN PUBLIC ON WEDNESDAY, 29TH JANUARY 2020
OASIS BOARDROOM, RUH, BATH**

Present:

Voting Directors

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
Libby Walters, Director of Finance and Deputy Chief Executive

Non-Voting Directors

Jocelyn Foster, Commercial Director
Claire Radley, Director for People

In attendance

Amanda Buss, Public Governor
Adewale Kadiri, Head of Corporate Governance
Sharon Manhi, Lead for Patient and Carer Experience (*item 6 only*)
Mike Welton, Public Governor
Anne Martin, Public Governor
Chris Hardy, Public Governor
Gill Little, Public Governor
Sophie Legg, Staff Governor
Sarah Bond, Staff Governor
Abby Strange, Membership & Governance Administrator (minute taker)
Cara Charles-Barks, Chief Executive, Salisbury NHS Foundation Trust
Members of the CQC

Apologies

Sumita Hutchison, Non-Executive Director
Nigel Stevens, Non-Executive Director
Jeremy Boss, Non-Executive Director
Brian Johnson, Director of Estates & Facilities

BD/20/01/01 Chairs Welcome and Apologies

The Chair welcomed members of the Council of Governors, members of staff and the public. She highlighted that apologies had been received from three Non-Executive Directors and explained that she would be seeking assurance on their behalf using written notes they had submitted prior to the meeting.

BD/20/01/02 Written Questions from the Public

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

BD/20/01/03 Declarations of Interest

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

BD/20/01/04 Minutes of the Board of Directors Meeting held in Public on 18th December 2019

The Chair asked that the minutes of the previous meeting be amended to reflect that Jeremy Boss had been appointed as an Independent Advisor to the Audit and Corporate Governance Committee for the Care Quality Commission, not an independent member.

Action: Head of Corporate Governance

The minutes of the meeting held 18th December 2019 were approved as a true and correct record of the meeting subject to the requested amendment.

BD/20/01/05 Action List and Matters Arising

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

PB541 – *The Chief Operating Officer to include a longer term view of diagnostics in future reports*

The Chief Operating Officer confirmed that she would provide a verbal update as part of item 11 and would include this information in the written report from February 2020 onwards.

BD/20/01/06 Patient Story

The Chair welcomed Sharon Manhi, Lead for Patient and Carer Experience, Rachel Bolitho, Metastatic Breast Care Nurse Specialist, Jane O’Mahoney, Metastatic Breast Care Specialist Nurse, Mark Beresford, Consultant Oncologist and Clinical Lead for Oncology and Haematology and Amanda Gell, Acting Head of Nursing Women’s and Children’s Division. The Chair thanked Francesca Wilson and her husband, Rob Jones for attending the meeting to share their experience of the RUH and the positive impact of the Metastatic Breast Care Nurses.

Francesca explained that she had been diagnosed with breast cancer in 2011 and had received treatment at Great Western Hospitals before being referred to the RUH. The RUH was welcoming but appointments were delayed and equipment often broke down. Her experience had been better when she attended the RUH in 2018 when metastatic cancer was found to have broken her spine. She was at the RUH within 3 hours and on her way to Southmead within 30 minutes of arriving for surgery that would enable her to walk again.

Following Francesca’s discharge from Southmead she rang the RUH Oncology Department and spoke to Professor Beresford who referred her for treatment. Francesca explained that she felt that she one of many patients waiting to be seen, not forgotten but delayed. Since 2018 Francesca had seen 6 different Oncology Specialists which had been difficult but the treatment received had been good.

Francesca highlighted that she had been unsure who to contact with questions during her treatment and had often used the oncology helpline but felt that many of her questions were too trivial. Following this a new service was introduced with designated specialised nurse support which Francesca felt was important as answers

were more accessible and information was delivered in a way that made it easier to accept. The help and confidence that the Metastatic Nurse Specialists were able to give Francesca and Rob through the service was invaluable.

Rachel Bolitho explained that metastatic cancer was secondary breast cancer that had spread from the breast to other parts of the body. This meant that whilst it was treatable it was incurable. She explained that she also worked in the Breast Unit as a Specialist Nurse and had spoken to the leads about the unmet needs of secondary breast cancer patients to request funding. The Metastatic Breast Care Nurses were available to every patient and supported them at every stage to manage emotional and psychological issues, pain and other symptoms both as an inpatient and outpatient. They were able to prevent admission to hospital through liaising with community staff and had been able to reduce length of stay by co-ordinating discharge, asking patients where they wanted to be and supporting them with financial concerns. When the service began it was unclear how many patients were being dealt with so a database was set up. To date there were 210 patients with 3-4 new referrals every month.

Rachel Bolitho highlighted that a review of the service was taking place but it was receiving increased levels of contact from patients and it was important to ensure they were receiving the best care possible. The Metastatic Breast Care Nurse Specialists felt that they had increased their skills and knowledge during the last year and hoped to expand the service in the future. This would include setting up a support group for patients, streamlining appointments to reduce the number of patient visits to the RUH and understanding whether any treatments could be given at home.

Mark Beresford highlighted that Francesca had had 33 appointments in 18 months excluding scans and blood tests. He explained that patients were now able to live for many years with metastatic cancer but the infrastructure to support this was based on treatment 10 years ago. This meant that the new machines were now 10 years old and replacements of these were delayed due to the new Cancer Centre build. As a greater variety of treatments were now available and Great Western Hospitals NHS Foundation Trust continued to refer to the RUH the impact of this was significant.

Joanna Hole, Non-Executive Director questioned whether the change in the way the disease was approached fit into the new cancer design and where the funding for the service came from. Mark Beresford explained that the cancer build would provide more room to undertake clinics but would not always be sufficient so it would be important to administer treatment closer to home. He added that the service was funded by the Trust. The Chief Executive explained that KPMG and all clinical teams had been involved in designing the cancer re-development and an idea of the size had been established with room for extension. He added that there could be an opportunity to treat off-site in Wiltshire in the future which would create more capacity.

Francesca suggested that as she came from Chippenham she would be content with a phone call or skype consultation to allow more time for patients who were seriously ill. The Medical Director confirmed that the Trust was beginning to move in this direction and had set an initial target to reduce on site attendances by a third. He

added that technological opportunities were being explored but issues around cyber security needed to be addressed.

The Chair questioned whether care could be provided by GPs. Mark Beresford explained that some treatments would be possible but the cost of the drugs was an issue. In addition to this GPs could not prescribe many of the drugs.

The Chair thanked Francesca, Rob and the members of staff in attendance for sharing their story.

BD/20/01/07 Quality Report

The Director of Nursing and Midwifery presented the Quality Report and highlighted:

- There had been a slight decrease in the number of complaints and PALS enquiries but the Trust continued to fail to meet the response time target which remained a key focus for the divisions.
- General Surgery and Oncology had flagged over the last few months and the Lead for Patient and Carer Experience and Complaints Manager were working to understand appropriate action that could be taken.
- There had been a spike in Clostridium Difficile in November with 7 cases reported but December and January’s position had improved with 1 case in each month. MSSA cases had also increased but had been predominantly line associated.
- Infection prevention control remained a key area of focus across the Trust and there was a work plan to support reduction in this.
- 6 serious incidents had been reported in January and were being reviewed in a timely manner through the revised process.
- 5 wards had flagged in the nursing quality indicators, Pulteney Ward for a second month predominantly on sickness and appraisals which the medical and surgical matron were working with the team to improve.

Joanna Hole, Non-Executive Director noted that the complaints audit often showed variation in working processes and questioned whether the work to standardise the template of investigations would address this. The Director of Nursing & Midwifery confirmed that the work did support standardisation but also provided support for complaints that required a different approach.

Joanna Hole, Non-Executive Director questioned whether the Trust could use meetings rather than letters to improve response times to complaints. The Director of Nursing & Midwifery explained that work was being done to settle new time frames for responding but had been paused to take part in national work on the new complaints framework which would set standard response times.

Joanna Hole, Non-Executive Director questioned whether the term ‘objective’ could be avoided in terms of Clostridium Difficile. The Director of Nursing and Midwifery stated that NHSI used the word ‘outcome’ and confirmed that she would use this in future reports.

The Director of Finance questioned whether there was an underlying cause for infection such as vacancies. The Director of Nursing and Midwifery confirmed that there was number of causes but this was mostly driven by staff sickness.

The Chair questioned whether the report could outline reasons why wards flagged on behalf of Sumita Hutchison, Non-Executive Director. The Director of Nursing & Midwifery confirmed that this information was available and was reported at monthly matrons meetings and agreed to look at how assurance of this was provided in the report.

Action: Director of Nursing & Midwifery

Anna Mealings, Non-Executive Director questioned whether a report and review was scheduled each year. The Director of Nursing and Midwifery confirmed that this was done in sections and reviews were undertaken when wards flagged. She added that six monthly safer staffing reviews were undertaken with ward managers and matrons to look at safer staffing.

Anna Mealings, Non-Executive Director questioned why the graphs in the report did not show a consistent trend. The Director of Nursing and Midwifery confirmed that she was hoping to see a trend emerge in the infection control graphs and explained that she would hope to see a trend line downwards as improvements were embedded.

The Medical Director highlighted that E-observations was being rolled out which meant that sepsis screening would become an automated process. This would allow the SKIP team to target patients as manual audits would no longer be necessary. He explained that 4 wards were now using E-observations and this would be fully implemented by summer 2020.

The Medical Director explained that data in the report was not fully up to date due to changes in the Sepsis Support team and highlighted that patients were sampled in November and December 2019 to demonstrate that antibiotics were given to patients as soon as there were signs of sepsis. The SKIP team was undertaking training in prescribing and recognition of sepsis and the Critical Care Outreach team was being implemented on a 24/7 basis which would provide more support. Acute Kidney Injury and length of stay had reduced and mortality related to suspicion of sepsis had improved.

Joanna Hole, Non-Executive Director questioned whether a quarter of patients were not receiving antibiotics within an hour of signs of sepsis or if this was not being recorded. The Medical Director stated that it was difficult to give assurance on this but explained that a strategic decision had been made to prioritise performing tasks over recording data. He added that the Implementation of E-observations would drive the process of recording data.

The Chair questioned whether the Medical Director was confident about both adult and paediatric screening. The Medical Director confirmed that screening was already strong in paediatrics but highlighted that the change to NEWS 2 had been disruptive in terms of performance on wards and the changes launched to PEWS would need to be closely monitored.

The Board of Directors noted the report.

BD/20/01/08 Getting It Right First Time briefing

The Medical Director gave a presentation to Board of Directors on Getting It Right First Time (GIRFT).

Anna Mealings, Non-Executive Director questioned whether there were plans to merge GIRFT with the Improving Together Programme. The Medical Director confirmed that this was difficult because GIRFT had a prescribed system to follow. He explained that as GIRFT had been used as a tool to make improvements he was confident that he could discuss this with the team in terms of Improving Together to better understand how this could be done. The Chief Operating Officer added that GIRFT was already supporting Improving Together and informed the approach to developing A3s.

The Chair questioned whether patient experience was included in GIRFT data. The Medical Director explained that an individual made GIRFT visits for each speciality and would have softer intelligence about what they had seen but the data was not programmed in a way that made patient experience easy to include.

The Board of Directors noted the report.

BD/20/01/09 Finance Report

The Director of Finance presented the Finance Report and highlighted:

- The year to date position at the end of month 9 for the Trust was a surplus of £220,000 which was £5.47 million below plan including £1.75 million in lost Provider Sustainability Funding (PSF) for Quarter 3.
- QIPP savings of £7.67 million had been delivered which was £578,000 lower than planned levels and £1.2 million of savings were yet to be identified for the year.
- The Trust was re-forecasting not to hit the financial control total as it would achieve a smaller surplus than planned.
- The key financial risks for the year included the delivery of the QIPP, escalating pay costs and delivery of the elective activity plan.

The Chair stated that the position was similar to that shown last month and questioned why the Medicine Division in particular had a large gap in savings on behalf of Nigel Stevens, Non-Executive Director. The Director of Finance explained that this was due to emergency pressures which meant that there were less opportunities than planned to make savings. She highlighted that this was particularly challenging to the Medicine Division due to the nature of their work.

The Chief Executive highlighted that financially the RUH was performing better than the other Trusts in the STP. The Director of Finance confirmed that both Great Western and Salisbury hospitals were planning to make a deficit but highlighted that all 3 Trusts had moved a sizeable amount in terms of their original forecasting.

The Chair questioned whether there was enough scrutiny on how high cost drugs were used. The Director of Finance explained that £1 million in savings had been

made on high cost drugs but as these were funded by specialist commissioners the RUH got paid for them at cost which meant savings were seen in commissioner figures only.

The Chair noted that there were 92 super stranded patients and questioned whether savings could be made if there was sufficient commissioning of facilities in the community for patients to move to, to release beds for income earners. The Director of Finance confirmed that this would save the Trust money as more elective work could be undertaken and explained that if a patient had been in over a certain number of days the Trust would only receive a small excess bed tariff payment per day.

The Chief Executive highlighted that the RUH had always made money in the Surgical Division to fund the Medical Division and explained that this had been impacted by Poultney ward being used as an OPU ward for 3 months to alleviate winter pressures. The Chief Operating Officer added that the level of care provided at the RUH would be a cost in terms of patients in an acute setting with more of a community need. It was difficult to see medicine as a tariff benefit but planned use of Poultney Ward was creating a reduced length of stay for patients with community needs.

The Board of Directors noted the report.

BD/20/01/10 Operational Performance Report

The Chief Operating Officer presented the Operational Performance Report and highlighted:

- DM01 performance and access to diagnostic tests was an area that needed significant improvement. Additional capacity had been created but the Trust was still struggling with 1000 additional referrals per month since September 2019 and the February forecast would allow for this change on a longer term basis
- The challenges in the Emergency Department over quarter 3 continued into December with 4 hour performance just under 70%. This was the busiest quarter in RUH history with 20 additional patients per day and the deterioration in performance mirrored that of the wider health region
- Winter planning interventions had been introduced to mitigate risk and improve the quality of emergency care pathways
- Cancer 62 day performance had deteriorated however Breast had recovered their 2 week wait performance in month, Urology achieved the 62 day standard in month and there was a reduction in the number of patients on open pathways over 104 days, primarily within Colorectal.

Joanna Hole, Non-Executive Director questioned whether the demand outstripping capacity was affecting staff morale. The Chief Operating Officer stated that she had not experienced a lack of engagement but the pressure was difficult on frontline teams that were witnessing the demand and its impact. She added that she was working closely with HR colleagues to ensure staff were listened to and the Improving Together methodology was supporting how staff were approaching problems that effected their ability to do their job.

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Joanna Hole, Non-Executive Director questioned whether the implementation of the patient flow system had made a difference. The Chief Operating Officer confirmed that the system worked well but individual ward areas were not in a position to deliver the data input needed to show this. She confirmed that she would include this in more detail in the February report.

The Chair questioned what the impact of gold level intervention had been on DTOC issues on behalf of Sumita Hutchison, Non-Executive Director. The Chief Operating Officer confirmed that the discharge team had reported some change on 2 complex issues and had stated that they felt more able to discuss frustrations with regard to delivering the service they would like. The Director of Nursing and Midwifery added that recent feedback had shown that whilst the work was challenging staff did feel that there was a whole hospital approach. The Director for People explained that Improving Together had helped to make improvements in turnover and vacancy rates. The Trust had focused on the Emergency Department and had seen an improvement with a deep dive being undertaken to understand experience and set a breakthrough objective for the next year. It was noted that appraisal compliance had reduced as Managers were now required to put their own results onto the system and the mandatory training team was working with the HR Business Partners to support divisions to make progress with this.

On behalf of Sumita Hutchison, Non-Executive Director, the Chair suggested that agency spend should be a focus of financial control for the Trust and the measures being put in place to reduce this were important. The Director for People highlighted that there was a local project group that was specifically focused on agency usage and an A3 had been commissioned to reduce this. The Chair questioned whether agency usage would be addressed by the People Committee. Anna Mealings, Non-Executive Director confirmed that the committee was already in the process of looking at this.

The Board of Directors noted the update.

BD/20/01/11 Guardian of Safe Working Quarterly Update Report

The Medical Director presented the Guardian of Safe Working Quarterly Update Report and highlighted:

- The Trust relationship with the BMA Employer Relations Officer was strong in comparison to other organisations and the Trust was seeking out problems from its junior doctors to make changes.
- It was possible that the recruitment rate for medical staffing was better than realised as this was recorded depending on how junior doctors were deployed.

Joanna Hole, Non-Executive Director noted that benchmarking data was not available and questioned whether it would be in future reports. The Medical Director confirmed that he would look into the possibility of this and would discuss this with the Medical Directors in the Acute Hospitals Alliance to understand their processes.

Action: Medical Director

The Director of Finance questioned whether different specialities shared information to improve the working life of junior doctors. The Medical Director confirmed that this did happen but an official structure was not in place to support it. He added that one of the best examples was the Medical Workforce Planning Group as there was

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representation from the divisions and specialities which made it easier to understand where changes had been successfully implemented in one area versus another.

The Chief Executive noted that gaps in the rota had been recorded in terms of psychiatry and questioned why this was as Psychiatrists were not employed by the Trust. The Medical Director explained that the Trust had responsibility for the foundation year doctors that rotated through this speciality.

The Board noted the report.

BD/20/01/12 Charities Committee Update Report

The Commercial Director presented the Charities Committee Update Report on behalf of Jeremy Boss, Non-Executive Director and highlighted that Tim Hobbs, Head of Fundraising was retiring on 31 January 2020 and Rhiannon Boyd had been appointed to the role. The Chair extended her thanks to the Head of Fundraising for the fantastic work of the Forever Friends Appeal and looked forward to this continuing.

The Board of Directors noted the report.

BD/20/01/13 Audit Committee Update Report

The Director of Finance presented the Audit Committee Update Report on behalf of Jeremy Boss, Non-Executive Director.

The Board noted the report.

BD/20/01/14 Clinical Governance Committee Report

The Chair presented the Clinical Governance Committee Report on behalf Nigel Stevens, Non-Executive Director and assured the board that the Medical Director, Director of Nursing and Midwifery and Head of Corporate Governance would be meeting to improve the way the committee was structured to ensure it was more risk orientated.

The Board noted the report.

BD/20/01/15 Non-Clinical Governance Committee Report

Joanna Hole, Non-Executive Director presented the Non-Clinical Governance Committee Report and highlighted that the technical solution to the telephony issues was positive but a review of the entire system would be undertaken to understand the ultimate level of service that the RUH aspired to in this area.

The Chair questioned whether customer care had been taken into account in terms of the telephony review. Joanna Hole, Non-Executive Director confirmed that it had.

The Board of Directors noted the report.

BD/20/01/16 Estates and Facilities Sustainability Report – Quarter 3

The Chief Executive presented the Estates and Facilities Sustainability Report on behalf of The Director of Estates & Facilities and highlighted:

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- In line with staff expectations disposable containers were being removed from the canteen, lights and equipment were being switched off where possible and doors were closed when practicable.
- Parking remained an issue and discussions with BANES Council were expected to become more difficult as phase one of the clean air zone was implemented.

On behalf of Sumita Hutchison, Non-Executive Director, the Chair stated that it would be useful to have a dashboard that made it easy to understand what progress had been made. The Chief Executive confirmed that the Director of Estates and Facilities was working towards this.

The Chair questioned whether there should be Non-Executive Director involvement in the Sustainability Working Group. The Chief Executive confirmed that Non-Executive Director attendance would be encouraged.

Action: Non-Executive Directors

On behalf of Sumita Hutchison, Non-Executive Director the Chair questioned whether the Trust looked at the environmental and sustainability processes of contractors as part of the procurement process. Joanna Hole, Non-Executive Director explained that this was part of the Trust process in terms of what contractors were including but not in terms of when they were working on site.

The Chair questioned whether there were national guidelines on the sustainability of contractors in terms of procurement. The Director of Finance stated that she was unaware of guidelines but that the Head of Procurement had attended the Non-Clinical Governance Committee to discuss the additional sustainability requirements the Trust wanted within their specification and how this could be clarified to contractors.

The Chair questioned what action the Trust was taking to raise awareness of sustainability measures with patients and the public (on behalf of Sumita Hutchison, Non-Executive Director.) The Commercial Director stated that the Communications Team had been challenged to make sure key sustainability messages were shared and posters were being developed to share information on site.

Joanna Hole, Non-Executive Director questioned whether the Sustainability Report should be presented at Non-Clinical Governance Committee instead of Board of Directors. The Head of Corporate Governance agreed to look into this as part of the governance review.

Action: Head of Corporate Governance

The Board of Directors noted the update provided.

BD/20/01/17 Chief Executive's Report

The Chief Executive presented the report and highlighted:

- The outcome of the Maternity Services Review had been published which had generated public and media interest. The Acting Deputy Director of Nursing and Midwifery had managed enquiries well and capital had been identified to build the alongside Midwifery Unit on site but was not yet available.

- The final move from the RNHRD had been completed with the National Pain Service now located in Bernard Ireland House and the clinical team were pleased with the new facilities which were the best in the service nationally. An electronic vehicle would be purchased to transport the patients to the new RNHRD building.

The Chair questioned how great the risk was that the RUH would not have capacity to absorb the births from Paulton and Trowbridge Birthing Centres until the alongside unit was built. The Chief Executive assured the board that the RUH did have the capacity but highlighted that there was a commitment to mothers to build the alongside unit.

The Director of Nursing and Midwifery highlighted that guidance on Coronavirus from Public Health England was being updated to outline where patients should be tested and where treatment should take place. The RUH lacked the negative pressure facilities necessary to test for this but was working to find a solution and stay up to date with guidance. A risk assessment was in place and the aim was to ensure staff had a clear understanding of the procedures in place.

The Board of Directors noted the report.

BD/20/01/18 Chair's Report

The Chair presented the report and highlighted:

- She had attended a training day as the Chair of the Trust's Organ and Donation Committee and the RUH was one of the best Trust's represented on all measures. The legislation for organ donation was changing so that patients would need to opt out rather than in.
- The Trust would be interviewing for a Chief Executive replacement on Wednesday 5th February.

The Board of Directors noted the report.

**BD/20/01/19 Items for Assurance Committees
Sustainability and review of process in cgc**

The Chair noted that the following items had been identified for review at Assurance Committees:

- Non-Clinical Governance Committee to discuss whether the Quarterly Estates & Facilities Sustainability Report should be added to the work plan.
- Clinical Governance Committee to ensure the work plan was more risk orientated.

BD/20/01/20 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 12:20