

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST  
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS  
HELD IN PUBLIC ON WEDNESDAY, 26<sup>TH</sup> FEBRUARY 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  
Nigel Stevens, Non-Executive Director  
Jeremy Boss, Non-Executive Director  
Sumita Hutchison, 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, Director of Strategy  
Brian Johnson, Director of Estates and Facilities  
Claire Radley, Director for People

In attendance

Amanda Buss, Public Governor  
Adewale Kadi, Head of Corporate Governance  
Sharon Manhi, Lead for Patient and Carer Experience (*item 6 only*)  
Mike Welton, Public Governor  
Anne Martin, Public Governor  
Emily McConnell, Membership & Governance Administrator (minute taker)  
Members of the Public

**BD/20/02/01            Chairs Welcome and Apologies**

The Chair welcomed members of the Council of Governors, members of staff and the public. She highlighted that no apologies had been received.

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

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

**BD/20/02/03            Declarations of Interest**

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/20/02/04            Minutes of the Board of Directors Meeting held in Public on  
29<sup>th</sup> January 2020**

The minutes of the meeting held 29<sup>th</sup> January were approved as a true and correct record of the meeting.

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## **BD/20/02/05 Action List and Matters Arising**

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

**PB546** – Jeremy Boss, Non-Executive Director stated that following a meeting with the Director of Estates and Facilities it was agreed that he and Sumita Hutchison, Non-Executive Director would attend the first sustainability new grouping when it was established to help set the direction.

## **BD/20/02/06 Patient Story**

The Chair welcomed Sharon Manhi, Lead for Patient and Carer Experience, Matt Taylor, Deputy Head of Estates and staff members from Phillip Yeoman Ward.

The Board viewed a video interview with Paul Deal who was currently an inpatient on a side room of Phillip Yeoman Ward. Paul explained that he had had surgery for a half knee replacement in January and had been admitted to Phillip Yeoman Ward in February as his knee had become infected and was not healing.

He spoke very positively about the nursing care he had received and the food but reflected on aspects of the environment which could be improved to benefit both patients and staff. He focused particularly on the dirty windows and had been informed by nursing staff that it was the role of the maintenance team to clean them and nursing staff had been advised not to carry out this task

Paul also highlighted the issue of a broken call bell in the shower and the distracting noise from unanswered call bells. He was informed that some alarms that were heard on Phillip Yeoman Ward were actually from another ward.

The Deputy Head of Estates stated that this feedback highlighted the importance of working with frontline staff on prioritising estate work. He acknowledged that prioritisation was generally based on risk but that patient experience should also be considered.

The Lead for Patient and Carer Experience added that it was necessary to look at how comments on the environment received through the Friends and Family Test were communicated to the Estates team so they could be included into workload prioritisation. The Deputy Head of Estates confirmed that they had recently started receiving specific feedback from the Friends and Family Test survey and reviewed this on a monthly basis to incorporate into their workload.

The Chair highlighted that the approach to quality improvement that had been introduced by Improving Together could help identify quick wins that would make a difference to staff and patients on Phillip Yeoman Ward as they were yet to be involved. The Director of Estates and Facilities made the point that the Estates Team were not always aware of some of the issues and as a result, they could be quite outdated. He reassured the Board that the new senior team appreciated the feedback and that the team was better at responding and gaining understanding of the underlying issues.

The Director of Finance highlighted the benefit of including patient points of view in the Improving Together huddles as they could identify additional issues that staff may not be aware of.

Nigel Stevens, Non-Executive Director questioned whether there was a lead for each ward who provided feedback to the Estates Team. The Director of Nursing and Midwifery confirmed that this feedback would come from the senior sisters and the ward staff who reported issues on Vision but that there were also matrons who oversaw ward areas and undertook environmental audits.

Anna Mealings, Non-Executive Director questioned how patient experience would be flagged in the prioritisation of workload. The Deputy Head of Estates stated that this would rely on the experience and empathy of the team that prioritised the jobs and that if there was not enough information provided on the job docket, to request more information from the specific area so the job could be prioritised appropriately.

The Chair thanked the members of staff in attendance and highlighted the importance of patient experience and how it could influence improvements around the Trust.

#### **BD/20/02/07                      National Maternity Patient Survey 2019**

The Lead for Patient and Carer Experience presented the National Maternity Patient Survey 2019 and highlighted that the positive feedback focused mainly on care and treatment, resources and attitudes and behaviours, while the negative aspects related more to communication and timeliness.

Kerry Perkins, Midwifery Matron noted how disappointed the team were with the results but reassured the Board that there were plans in place to make improvements. She highlighted the ongoing work around continuity of carer teams where a group of 4 to 6 midwives would look after a small number of pregnant women throughout their pregnancy. She stated that there were currently 3 teams who had helped support 20 births since January through this pathway, and the feedback received had been very positive, especially in relation to communication and knowledge of the patient's medical history. 2 more team were set to go live at the end of March. Kerry informed the Board that the teams were trialling a model where the midwives worked their contracted hours around their patients' needs rather than on a shift basis and that once the midwives had become accustomed to the change they realised the benefits both for patients and staff.

The Lead for Patient and Carer Experience noted the new Friends and Family Test question "How was your experience today?" which could be completed as many times as they wish at any point in the journey, antenatal, labour or postnatal. She added that there would be 3 questions linked with the True North that would be tracked on a monthly basis rather than having to wait for the next survey.

Anna Mealings praised the team for their work but noted that the negative comments were focused around postnatal care. She questioned what work was being doing to address the postnatal experience. Kerry confirmed that they were upscaling the Maternity Care Assistants from band 2 to band 3, looking at flow through the ward and there was now a wider range of medication on the ward so patients were not having to wait for pharmacy to deliver medication.

Sumita Hutchison, Non-Executive Director referred to the low scores in the survey around patients being listened to and the comparison to the previous year's survey and questioned what the underlying reasons were and what actions were being taken to improve this. Kerry stated that antenatal clinics often ran over the allocated time, meaning that there was not always adequate time for each patient, but noted that introducing the continuity of carer should improve this as midwives would be able to spend the necessary time with each patient at a convenient place and time for the patient.

The Director of Nursing and Midwifery highlighted that she had spent some time with the Frome continuity of carer team and her observation was that it took them time to adjust to the new way of working but the flexibility benefited both patient and midwife. She added that the feedback from a patient who had had a 2 babies through the old pathway and the new continuity of carer pathway was that having built a relationship with her midwife was invaluable with regards to not having to repeat her medical history and feeling supported and comfortable when her birth had not gone to her original plan.

The Director of Estates and Facilities noted this as an important piece of work in terms of sustainability and stressed that the Trust should learn from the work being done to understand how other areas in the Trust could benefit from similar working patterns.

The Chair referred to the negative comments around postpartum care and questioned how much work was done with mothers prior to the birth on what to expect afterwards. Kerry Perkins stated that there was the "Hello Baby" group that patients and partners could attend weekly for antenatal education. She added that the introduction of continuity of carer would provide more capacity for midwives to offer education and postnatal support.

Sumita Hutchison noted that influence was an area of focus, and the Director for People agreed that this was important for both staff and patients and it would benefit the Trust to learn from the teams. Kerry Perkins stated that Katy Crabbe was the Better Births Midwife who would be able to help provide more information.

The Board of Directors noted the report.

## **BD/20/02/08                      Quality Report**

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

- The response time for PALS and complaints remained variable and challenging but the work being done had improved the picture in Surgery but had deteriorated in Medicine and Women and Children's. Medicine and Women and Children's were holding weekly meetings with the complaints team to see where improvements needed to be made.
- The numbers of complaints in Women and Children's had increased over the last quarter in relation to gynaecology and oncology which had recently joined the division. There were no specific trends as all were individualised complaints.

- A new parking committee had been set up as a result of the parking issues that continued to feature in PALS and was being chaired by the Director of Estates and Facilities.
- Appointments continued to flag in Cardiology and Gastroenterology
- There had been a deterioration in performance over last few months in relation to pressure ulcers which was partly due to the change in reporting as the guidance now included both avoidable and unavoidable incidences. The Deputy Director of Nursing had taken the lead on the Tissue Viability Steering Group which was looking at the themes coming out of the RCAs. They were also looking to adopt a new approach to pressure damage in the form of a SWARM to set immediate actions and help prevent deterioration. More education and training was needed for new staff especially in relation to the escalation process.
- There had been some improvement in serious incidents over the last few months. The new process that had been rolled out in November ensured serious incidents were declared in a more timely manner and had had a positive impact. This is to be reviewed in March.
- 3 wards had flagged in the nursing quality indicators, predominantly around staffing, Haygarth flagged as a result of falls.
- Fewer wards were flagging on the daily fill rate. Although some wards were still flagging at 60-70%, most were now at 80-90%
- Over 118 overseas nurses had joined the Trust
- This month was the first of 5 where Parry Ward had not flagged and the benefits were apparent in the quality indicators.

Joanna Hole noted the 6 cases of pressure ulcers that related to lapses in care and asked what was influencing this. The Director of Nursing and Midwifery highlighted the high bed occupancy rate, nursing vacancies, junior workforce and the frail population as factors, adding that the provision of training and education is being prioritised. In response to a further question from Joanna Hole about the low appraisal rate on Pulteney Ward, the Director of Nursing and Midwifery stated that this could be a result of staff working nights and the difficulties they had had around staff sickness. She added that Pulteney Ward had recently become Older People's Unit and that the mix of teams had muddled the staffing indicators but that there was a plan in place to address the issue.

Jeremy Boss questioned the reason for the increased degree of volatility in complaints and PALS. In response, the Director of Nursing and Midwifery confirmed that this would be reviewed as part of the annual report at the end of the year.

The Board of Directors noted the report.

## **BD/20/02/09 Patient Experience Report**

The Director of Nursing and Midwifery presented the Patient Experience Report and highlighted that:

- The report had been written in a new style to highlight the correct information to the Board in a shortened version of the previous lengthy reports.
- Predominantly the feedback the Trust received was very positive, and looking at the Friends and Family Test over 3000 comments related to staff attitudes

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and behaviours and that the care patients received was very positive, as reflected in the Patient Story.

- Negative feedback received through PALS and the Friends and Family Test related to facilities and included parking, toilet facilities, timeliness in responding to telephone calls and clinic waiting times.
- The Friends and Family Test would change from 1<sup>st</sup> April, enabling service users to complete it more than once and at any point during their stay. The main FFT question would be to change to “How is your experience of our service been?”
- The Trust had added in 3 questions to the FFT to help drive improvements to the True North overarching goal as a result of feedback themes from complaints, PALS and the national survey:
  - “Did staff listen to you?”
  - “Did staff consider your preferences?”
  - “Did staff treat you with compassion?”
- There was a focus on learning, specifically around feedback from the FFT, PALS and complaints and as a result the Trust had introduced specific teaching sessions for example on how to triage fractures, pressure damage.
- The Trust would be running the first Patient and Carer’s Experience Day in March to showcase the improvements that had been made following feedback.

Joanna Hole questioned whether the 123% increase in numbers since the last year was as a result of more car park related issues or because the Trust was encouraging people to complain. The Director of Nursing and Midwifery suggested that there had been an increase in complaints that related to car parking and appointments but this would become clearer at the end of year review. She added that patients and carers had been encouraged to raise concerns sooner so they could be dealt with before becoming a written formal complaint.

The Chair questioned whether the complaints related to early discharge were a result of issues of flow through the Trust. The Medical Director remarked that it was difficult to specify but that it was a feature of modern practice to seek to reduce a patient’s length of stay, but he stressed that this had to be done in the safest way. He added that the Trust was getting better at using Ambulatory Care and bespoke outpatients but that there was still learning to be done and that this was monitored through the Clinical Outcomes Group to follow up when patients were being readmitted following discharge. The Chief Operating Officer added that the Discharge Hub was working well to support patients on discharge.

The Board of Directors noted the report.

## **BD/20/02/10      Learning from Deaths Quarterly Report**

The Medical Director presented the Learning from Deaths Quarterly Report and highlighted that:

- Activity was occurring but there was a lag in receiving the reports and with this work the Trust needed to be more responsive
- The prompt completion of the Structured Judgement Review (SJR) screening process allowed any learning to be identified and understood more quickly

- SJRs were being completed by the patient's clinician and in a more timely manner prior to going through the standard governance process
- The report would provide more narrative in quarter 1, 2021

Joanna Hole referred to the table 2 checklist for completing death certificates and asked whether the upward trend was a cause for concern. The Medical Director stated that the increase in numbers related to the improvement of reporting on the work and that one of the hazards in interpreting the data was that it was inherently incomplete. He added that the results would be more reliable once all the data was complete.

The Chief Executive commended the Medical Director on the work he had done as it was a challenging piece of work and that the Trust was doing this in a thoughtful and evidence based way.

The Board of Directors noted the update.

#### **BD/20/02/11            Update on Getting It Right First Time (GIRFT) National Programme**

The Chair introduced Professor Mike Horrocks, South West Hub Ambassador, GIRFT to the meeting who provided an update on Getting It Right First Time (GIRFT) National Programme.

The Medical Director stressed the value of the work that the Trust was doing with GIRFT and highlighted that 23 deep dives that had been done within various specialties across the Trust. Potential cross cutting opportunities across specialties had been identified and these are to be pursued.

The Chief Operating Officer noted an area of interest around emergency care and how staff recorded care through the IT system.

The Chair thanked Professor Horrocks for attending the meeting.

#### **BD/20/02/12            Finance Report**

The Director of Finance presented the Finance Report and highlighted:

- The year to date position at the end of month 10 was a surplus of £200,000 which was £6.5 million below plan
- There had been no reduction in agency spend as a result of increased staffing over the winter period
- Non-pay was adrift by £5 million
- QIPP savings of £8.80 million had been delivered which was £1.01 million lower than planned levels
- Capital spend was £23 million of the £34 million programme for the year

The Chair questioned what the net cost was for nursing the 102 super stranded patients and whether this could have been mitigated with stronger community provision.. The Director of Finance clarified that it was more about the amount of lost income as opposed to the cost of these patients in beds as the cost for patients on an average length of stay was relatively small.

The Chair questioned whether the lack of community commissioning resulted in the Trust having to bear the additional cost. The Chief Executive agreed that this was the case.

Jeremy Boss enquired about the level of risk the Trust was carrying in terms of meeting the forecast, and in response, the Director of Finance confirmed that the Trust was carrying approximately £2 million worth of risk, meaning that the worst case would be a deficit of £1.7 million.

In response to a question from Joanna Hole about other mitigations, the Director of Finance stated that the Trust would be looking at non-essential spend towards the end of the year. It had been known at the start of the year that the QIPP scheme was challenging and that it would be difficult to take out big changes over the winter.

Nigel Stevens referred to the performance graphs and noted that pay remained flat year on year but there had been a large rise in agency spend which reflected more activity throughout the Trust. The Chief Executive agreed and confirmed that a conscious decision had been made to increase agency spend at the front door to ensure there was sufficient staffing in the Emergency Department and Medical Assessment Unit to ensure safe patient care. The Director of Finance confirmed that the Trust remained among the top 10 most efficient Trusts in the country.

The Board of Directors noted the report.

### **BD/20/02/13                      Operational Performance Report**

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

- Improvement within emergency care had been brought about through planning and the effort of staff in the Emergency Department and ward areas to ensure that standards of safety were maintained through the busy period
- The Trauma Assessment Unit had seen 64 patients to date which had reduced activity in the Emergency Department by 14% resulting in fewer patients waiting longer than 4 hours
- There was continued improvement to discharge pathways as a result of the support being offered to patients through the Discharge Hub
- RTT performance saw a slight decrease but remained above trajectory and above national performance by 2.4%
- Gastroenterology continued to show strong performance for the second month
- Cancer 62 day performance had improved in month but remained below national standard and the 2 week wait had fallen below target. However, the introduction of the straight to test pathway had led to quicker patient diagnosis and treatment
- The previous deterioration in diagnostic performance of 13% in January had reduced to 9% in February as a result of the actions that had been put in place. Nationally the worst performance was at 23% in January and the best in February was at 6%, meaning that the Trust was heading in the right direction



Nigel Stevens asked what the triggers were that flagged patient safety issues how an assessment would be made as to whether the hospital remained safe . The Chief Operating Officer confirmed that from an emergency perspective there was a recognised protocol that was followed which linked to the amount of activity within the department. This would trigger a Gold response where the Trust would look at the organisation's ability to provide safe care. She added that over the last 3 days there had been 3 Gold meetings focused on the front door, following the regional call, the team were content that risk had been effectively mitigated.

The Chair enquired whether the Trust could be undertaking too many diagnostic tests. The Medical Director confirmed that Gastroenterology had been working with the Frailty Team on this and that the pathways should reveal where tests were not necessary.

The Director for People stated that the Trust's turnover and vacancy rates were improving but the sickness absence rate was static. Work was being done with the divisions to improve the appraisal performance.

The Board noted the report.

#### **BD/20/02/14 Information Governance Toolkit Report**

The Head of Information Governance and Chief Information Officer presented on the Information Governance Toolkit Report and informed the Board that:

- The Toolkit is due to be submitted 31<sup>st</sup> March once the evidence had been reviewed
- One of the risks considered by the Audit Committee was around the mandatory Information Governance training not being met, and as of today completion rate was at 92.7%
- Business continuity continued to be a challenge
- The approach to Information Governance mandatory training needed to be changed as it was not as cyber aware as it should be

Jeremy Boss confirmed that the toolkit had been reviewed at the Audit Committee and commended the team on their work.

The Board noted the report.

#### **BD/20/02/15 Management Board Update Report**

The Chief Executive presented report and the Board noted its contents .

#### **BD/20/02/16 Chief Executive's Report**

The Chief Executive presented his report and highlighted that:

- The Trust had processes in place that were in line with the national guidance for COVID-19 and would continue to monitor and manage the situation appropriately.
- An assessment pod had been set up to screen patients and no patients to date had tested positive for the virus
- The Trust was seeking to access part of the capital funding that the Government had undertaken to provide under its HIP2 programme. The Board will be kept updated on this issue.

Joanna Hole questioned whether there was a scenario for a pandemic within the business continuity plan. In response, the Chief Operating Officer stated that there were flu plans but not for a pandemic. The Chair suggested that the Non-Clinical Governance Committee add pandemic to their review.

The Board of Directors noted the report.

**BD/20/02/17                      Chair's Report**

The Chair presented her report and its contents were noted by the Board.

**BD/20/02/18                      Items for Assurance Committees**

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

- Coronavirus pandemic to be reviewed

**BD/20/02/19                      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 12:30*