

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE
PUBLIC BOARD OF DIRECTORS**

WEDNESDAY, 5 JULY 2023 13:00 - 16:00

VENUE: WIDCOMBE SOCIAL CLUB, LOWER, WIDCOMBE HILL, BATH BA2 6AA

Present:

Members

Alison Ryan, Chair
Alfredo Thompson, Director for People and Culture
Andrew Hollowood, Chief Medical Officer
Antonia Lynch, Chief Nurse
Antony Durbacz, Non-Executive Director
Ian Orpen, Non-Executive Director
Jocelyn Foster, Director of Strategy
Libby Walters, Director of Finance and Deputy Chief executive
Niall Prosser, Interim Chief Operating Officer
Paul Fairhurst, Non-Executive Director
Paul Fox, Non-Executive Director
Sumita Hutchison, Non-Executive Director

In attendance

Adewale Kadir, Head of Corporate Governance
Aime Dew, CQC Inspector (joined the meeting at 14:40)
Jamie Caulfield, Deputy Director Estates & Facilities
Lucy Kearney, Head of Communications
Matt Hanna, Homeless Hospital Discharge Team – Item 8
Matthew Butler, Trainee Anaesthetist
Richard Graham, Director of Research & Innovation – Item 13
Sharon Manhi, Lead for Patient & Carer Experience – Item 8
Stephanie Spottiswood, Executive Assistant (*Minute Taker*)

Apologies

Brian Johnson, Director of Estates & Facilities
Hannah Morley, Non-Executive Director
Nigel Stevens, Non-Executive Director

BD/23/07/01 Chair's Welcome and Apologies

The Chair welcomed everyone to the meeting, and confirmed that apologies had been received from Brian Johnson, Director of Estates & Facilities, Nigel Stevens, Non-Executive Director, and Hannah Morley, Non-Executive Director.

BD/23/07/02 Declarations of Interest

The Chief Executive declared that her son had joined the hospital bank staff working in an administrative role during University term break.

BD/23/07/03 Written questions from the public

No questions had been received from members of the public.

BD/23/07/04 Minutes of the Board of Directors meeting held in Public on 3 May 2023

The minutes of the meeting held on 3 May were approved as a true and correct record of the meeting.

BD/23/07/05 Action List and Matters Arising

The actions presented to close were approved and closed.

The Chair noted that there was a very good presentation of the Home is Best Programme at the last Council of Governor's meeting. The Chair suggested that the presentation was added to the Trust website.

Action: Deputy Head of Corporate Governance

**BD/23/07/06 Governor Log of Assurance Questions and Responses
(For information)**

The Chair noted that the log of assurance questions was on the agenda for the Board to note, and would be discussed at the next Council of Governors meeting.

BD/23/07/07 Item Discussed at Private Board of Directors meeting.

The Chair highlighted the key items discussed at the Private Board of Directors meeting:

- 7-Day Hospital: A programme that allowed the Trust to provide as good and safe a service to patients on Saturdays and Sundays.
- Electronic Patient Record (EPR): A joint project with Swindon and Wiltshire Trusts (BaNES, Swindon and Wiltshire – BSW). The financial, operational, and implementation risks of the project were noted, but it was decided that the higher risk was in not going ahead with the project. It was therefore agreed that the EPR would proceed to the next stage of approval.
- People Plan and People Strategy and the Freedom to Speak Up Guardian update would be tabled at the September Public Board meeting.
- The Estates Strategy: This would be presented at Public Trust Board once all the Committees had had sight of the document.

The Trust Board noted the update.

BD/23/07/08 Patient / Carer / Staff Story

The Chair welcomed Sharon Mahni, Lead for Patient & Carer Experience to the meeting.

Sharon Mahni welcomed the guest speaker, Matt Hanna from the Homeless Hospital Discharge Team (HHDT), who shared the story of Sarah (not her real name).

Matt Hannah emphasised that this was a very positive story, which highlighted the good work of the NHS.

Sarah identified as an English traveller who had been on the road all her life. She had become very unwell, with a severe chest infection, which was subsequently diagnosed as pneumonia. In general the traveller community did not engage well with the NHS, but in this instance she was persuaded to visit the Emergency Department at the RUH. Sarah was an in-patient for 2 months. The Cardiac Ward had worked closely with HHDT, which was key to understanding Sarah's fear of hospitals and other such organisations. It also

educated the staff involved to have a better understanding of the traveller and homeless communities.

With the right help and understanding, Sarah stopped smoking, taking drugs and drinking alcohol. Upon discharge Sarah moved into a 'step-down bed', and was working towards moving into her own accommodation with her son. Sarah registered with a GP, and registered with housing support.

Ian Orpen wanted to understand at what point was HHDT aware that Sarah had been admitted to the hospital. Matt Hannah indicated that a lot of work had been done in terms of referral systems, and working closely with Ward Clerks, but some individuals still fall through the cracks. The Chief Nurse noted that the patient outcome in this instance was phenomenal, and asked whether there was more that the Trust could do to ensure individuals sought help when they need it. Matt Hannah highlighted two organisations – the Gypsy Traveller Team who work with Julian House, and the Family & Friends of Travellers, a large organisation based in Brighton. It was important for Trusts nationwide, to educate Trust staff on the marginalised communities within society.

Antony Durbacz asked about staff for these types of situations, and in response, the Chief Nurse remarked that there are staff with an understanding and expertise, but conversely there would be some staff who were ill-equipped in similar situations, and suggested the best way to learn was to meet individuals such as Matt Hannah, and to see their work first hand.

The Chair thanked Matt Hannah for highlighting Sarah's story, and the wider work being done by HHDT with the Trust and in the community.

The Trust Board noted the patient story.

BD/23/07/09 CEO and Chairs Report

The Chief Executive highlighted the following key points.

- The significant impact that the upcoming industrial action by junior doctors and consultants would have on the Trust. This would not only impact the actual days of industrial action, but also post-strike days.
- The CQC would be conducting regular visits to the hospital, giving the Trust's teams an opportunity to present aspects of their work, and for the CQC to visit areas of the hospital. The most recent core service review took place within the Medicine Division, and the Trust received positive feedback from that visit.
- The digital appointment reminder service has been launched, and the department that piloted the service had seen a significant reduction in non-attendance rates.
- A key cardiac service, used by 200 patients a year, had moved back to the Trust from Great Western Hospital.
- On Thursday 22nd June the RUH celebrated the anniversary of the arrival of the Empire Windrush, and acknowledged the contribution of those individuals to creating the new NHS.

Paul Fairhurst asked whether there had been any enquiries from the CQC or NHSE about the Trust's response to the industrial action. In response, the Chief Executive confirmed

there was an established process for shared learnings from industrial action. The Chief Medical Officer explained that during industrial action days there was a 'battle rhythm' to ensure that the Trust had oversight of staffing levels. There had been no contact from the CQC, but the NHSE held weekly meetings with the Chief Medical Officers which showed that performance levels had fallen noticeably in relation to Elective Recovery. It had been noted that the RUH responded comparatively better compared to other Trusts regionally, and that the Trust was able to maintain safety levels during all the strike days.

Ian Orpen asked about the number of Junior Doctors in-training prepared to strike. The Chief Medical Officer noted a varied response, and the Interim Chief Operating Officer observed that the Junior Doctors in-training were keen to ensure that safe working levels were maintained before withdrawing their labour. It was acknowledged however that weekends raised a new level of complexity.

The Trust Board noted the update.

BD/23/07/10 Integrated Performance Report (IPR)

The Director for People & Culture presented the key highlights of the IPR.

- Performance:
 - Electives and Cancer:
 - During May the Trust reported zero patients waiting over 104 weeks; 15 patients waiting over 78 weeks; and 359 patients waiting 65 weeks.
 - During May the Trust delivered 102% activity against the 109% Elective Recovery Fund (ERF) target.
 - During April the Trust's 62 day cancer treatment performance slightly reduced to 68.5%, but generally this was an improving position.
 - Urgent Care:
 - Significant improvements in terms of ambulance handover delays, where the Trust lost 1,327 hours, an improvement of 610 hours from the previous month.
 - The RUH 4-hour performance was 63.7%, which was in line with the previous quarter, with June's indicative data looking more positive.
 - Non-Criteria to Reside (NC2R) had reduced to 108.7, which showed continued improvement.
- Finance:
 - The deficit in May was £5.4m, which was £2.4m worse than plan, primarily driven by industrial action, under-performance of the Elective Recovery Plan (ERP), under-performance on the savings programme (QIPP), and the cost of additional capacity.
- People:
 - Vacancy rates had increased by the end of May to 6.38%, which equated to 359.5 WTE. There was an active pipeline which indicated a healthy position would be achieved by September 2023.
 - Staff turnover and sickness rates remained consistent. There was a concerted focus within the Trust on stress and musculoskeletal (MSK).
 - Agency spend at Trust level increased from 3.34% to 3.69% of the payroll.

- Statutory/mandatory training compliance levels were slightly above the target level of 85%, sitting at 85.8%. There were a few areas being managed to improve compliance.
- There was an appraisal improvement programme in place between now and September 2023, with a new appraisal solution being implemented. The Trusts overall appraisal completion level was 73.1% against a target of 90%.
- Quality:
 - Highlighted 3 areas: Clostridioides Difficile, E-Coli, and CQC actions following Medicine Division inspection.

Ian Orpen asked about the levels of patient discharges by midday. The Interim Chief Operating Officer noted that there were a number of mitigations in place to improve discharge performance. This information was tracked internally and would be added to the Operational slides of the IPR.

Action: Interim Chief Operating Officer to add a slide to the Operational Performance slide deck.

Ian Orpen noted that the Trust's cancer performance levels were quite static, and asked about recovery trajectory levels. The Interim Chief Operating Officer confirmed that the 62-day performance was static, partly due to a focus on the backlog of patients waiting over 62 days and 104 days. There was significant improvements in both, which was currently the primary focus. The RUH had performed comparatively well across the region in terms of the current proportion of backlog vs pre-pandemic.

Paul Fairhurst asked about the Elective Recovery Plan (ERP), and the Trusts expectations to recover performance. He also asked for an update on the Trust's Basics Matter programme. The Interim Chief Operating Officer confirmed that the Trust was behind in terms of ERP. The clinical divisions were working on reset plans for the rest of the year, which incorporated the assumption that industrial action would take place every month up to the end of the year. Mitigations included improved productivity and additional activity. The Divisions were working alongside the finance team reviewing plans and reforecasting.

The Director for People and Culture confirmed that there was a joint programme of works that spanned the Trust portfolios on the topic of Basics Matter. He gave an example of a food fair, which would happen twice a month. Work was being done within the catering team on the provision of hot food at the Trust; on-going work in terms of uniforms, which would ensure that staff uniform requirements were met. From a People function perspective, there was a new Trust on-boarding process, which encompassed a first stop for all new employees.

Sumita Hutchison noted that 1% of the Trusts workforce was absent due to anxiety, stress and depression. The Director for People and Culture highlighted the multifaceted nature of sickness absenteeism, and it was important not to ignore wider issues affecting staff, including managing higher bills. From a work perspective, staff had a perceived lack of control in terms of work demands, which was being addressed at the Transformation Board. Another important aspect was to increase the knowledge of line managers.

The Director of Finance noted that the Trust was £2.4m adrift of the financial plan, due to under-delivery of the Trust QIPP, and Elective Recovery Plan (ERP). The whole of the

BSW was off plan. The Trust was not officially in the position whereby there was national intervention required, but the Trust had made the decision to put itself within the national protocol with the aim that this would help the Trust to recover its financial position more quickly. The overarching controls within the national protocol dictate that any spend over £100k that was not within the current financial plan would require system approval. However, the Trust would get additional resources from the regional team to help with the recovery plans. There was substantive work to be done on temporary workforce as the Trust is an outlier in terms of temporary staffing costs.

It was important to note that the Trust would still show an underlying deficit of £32m for 2024/25 even if the Trust delivered the £23m of recurrent savings for 2023/24, which was due to the scale of risk being managed, and the amount of non-recurrent support required to reach breakeven.

Alongside 2023/24 recovery as a Trust, it was important to remain focussed on the long term recovery and breakeven position as a system. The finance strategy was in place to achieve breakeven over the next 4 years, which included 2023/24. A roadmap had been set out as part of the system protocol, which would receive additional scrutiny, but also extra support. Sumita Hutchison asked how the Trust aimed to change the culture in terms of financial ownership. The Director of Finance clarified that the primary aspect of ownership was working with each division to set their budgets, which in turn would lead to divisional budget ownership.

Antony Durbacz noted that the ERP was behind target and asked about the mitigations and path to recovery. The Interim Chief Operating Officer confirmed that the divisions were in the process of working up plans to mitigate the loss of activity. The Director of Finance stressed the importance of the ERP delivering the activity, to ensure that the Trust received the elective funding. The Chief Executive noted the significant amount of work being done over the next month in terms of ERF and agency spend. The challenges had been identified and definitive action was underway.

Paul Fairhurst asked what was being done to drive the recruitment pipeline, referencing the 350 WTE to recruit by September. The Director of Finance noted that nursing levels were not the only drivers in terms of workforce increases. Recruitment to vacancies was part of the Trusts plan, and it was important to manage and balance the message that staff are valued, but it was equally important to challenge the utilisation of workforce and resources.

The Trust Board noted the update.

BD/23/07/11 Item withdrawn

BD/23/07/12 Maternity Update Q4 and Birth Rate Plus

The Chief Nurse presented some key highlights:

- Two perinatal deaths had been reported. All learnings and actions would be reported in the 2023/24 Q1 report.
- The Trust had previously reported a cluster of seven cases to the Healthcare Safety Investigations Branch (HSIB), from March to May 2022. As a result HSIB instigated a monitoring and oversight for a 3 month period, which ended in August 2022. HSIB

confirmed in January 2023 that their investigation found no evidence of systematic safety concerns or any underlying issues that required further escalation. However, the letter identified a number of areas for improvement, detailed within the report update.

- A sub category of the investigation - communication – was noted as varied. As a result, the Maternity services department would implement the Royal College of Obstetrics and Gynaecology Escalation Tool Kit, which would guide and assist with communication going forward.
- In Q4 a Quality Improvement piece was launched to look at triage within Maternity services, with a goal to implement the Birmingham Specific Obstetric Triage (BSOTS) model. However, this would require changes in the current Trust estate to be able to fully implement.
- Whilst work continued on the Trust's estate, the current focus would be to improve the telephone triage service which aimed at creating a centralised triage telephone line with allocated staffing. Scoping audits were planned for Q1 to get a clear understanding of current service size and demand. The ambition was to have a Local Maternity and Neonatal System (LMNS) system-wide approach with GWH and Salisbury, to develop a centralised telephone triage across all three providers. This was in the early stages of discussion and planning.
- 2 serious incidents were reported, of which both identified immediate learnings, which were detailed in the report.
- Continuity of Carer continued to be paused, however, the provision remained in place, where possible, for vulnerable/at risk groups, and those from a Black Asian and Minority Ethnic group.
- Homebirth and community births in Chippenham had resumed in Q4, which resulted in the full restoration of birth options for families.
- The Trust reported full compliance with the initial Ockenden Immediate and Essential Actions. Currently the Trust was not required to submit evidence of compliance for the Ockenden final report, however, work progressed towards compliance.
- Training compliance was achieved in January and February 2023, but was impacted in March by the doctors-in-training strike. Future strikes could also impact compliance.
- The Trust reported full compliance with Saving Babies Lives Care Bundle V2 as well as Year 4 of the Maternity Incentive Scheme Safety Actions.
- Midwifery staffing showed continued improvement with recruitment and retention, with all the newly qualified Midwives who commenced with the Trust in August 2022 still in post. They were supported by the Trusts Midwifery Retention team with regular catch ups, and bespoke training to meet their needs.
- The Trust's first internationally educated midwife has taken up post.
- Maternity continued to work in close partnership with the Maternity and Neonatal Voices Partnership Plus (MNVPP) to hear the voice of service users to improve services. The Trust was also working towards including mandatory inclusivity training for all maternity staff.
- Funding had been agreed for the provision of a Day Assessment Unit, which would provide 5 additional spaces to support the standardisation of triage processes, with aim for the work to be undertaken within 2023/24 financial year.

- Work continued to focus on health inequalities. The LMNS funded a Performance Coordinator, whose primary focus was on data; and also the LMNS funded a 12-month extension to the Inclusion Midwives role for a further 12-months. The Trust had also been given 7 spaces on the national Black Maternity Matters training course, which was a 6-month programme providing education on health inequalities to drive improvements in patient outcomes. This commenced in June 2023.
- Work continued across the Acute Hospital Alliance to review the requirement to provide a digital electronic platform for maternity services.
- BirthRate+ (BR+) was the only recognised national tool for calculating midwifery staffing levels. The Trust commissioned a review in 2022 to meet Safety Action 5 of the NHS Resolution Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS). The report identified an increase in complexity and acuity of people using the services, therefore recommended an uplift in the establishment for clinical and management roles within maternity services.
- Due to the increase in acuity the recommended midwife to birth ratio changed from 1:28 to 1:24. This would be reported each month as part of the IPR. The Trust was continued to move closer to compliance due to improved recruitment and retention. However, from next month the new ratio would flag a non-compliance.
- The Local and Maternity Neonatal System recommended an increase in headroom to 28%, the current headroom at the RUH was 20%, therefore the required workforce increase was calculated at 20, 24 and 28%. If the 28% was achieved the Trust would be required to recruit an additional 30 midwives. The paper at this point did not identify funding, and work was being done by the Acute Hospital Alliance (AHA) to assess the requirement for maternity services to determine what was required across the system with a view to determining next steps. The Trust continued to work with the LMNS to access any national funds should they become available.

The Chair commented on the growing acuity and complexity of patients, and the requirement for an increasing number of midwives per patient, and asked whether there was additional financial support to meet requirements. The Chief Nurse noted that there was some indication there could be additional national money, but no confirmation as yet. The Chair asked whether there would be a sufficient number of midwives, and the Chief Nurse acknowledged the dearth of midwives, although the Trust had a buoyant recruitment trajectory, with more midwives applying for jobs at the Trust than vacancies available.

Antony Durbacz commented on the figure of 16% understaffing, and asked whether this was a similar number across the BSW. The Chief Nurse noted work being done in conjunction with the Acute Hospital Alliance (AHA). The Director of Finance observed that Birth Rate Plus was a tool similar to Safer Staffing, and asked whether there was consistency across the BSW on how to interpret the tool. The Chief Nurse stated that the wording in the Maternity Incentive Scheme (MIS) was clear that a recognised tool should be used, and confirmed that Birth Rate Plus was used across the BSW, with a funding plan to meet the recommendation of that validated tool. It was important to note that there was further discussion required across the AHA in terms of leadership posts and whether there was any leeway.

The Trust Board noted the update.

BD/23/07/13 Research, Development and Innovation Update

The Director of Research and Development presented some key highlights of the report.

This had been a good year so far with a £1m grant income in Q1 from external bodies. The pandemic had paused research activity, with competing capacity used to deliver direct clinical care, and to deliver research. There was recognition of challenges across the NHS with research backlogs, but the number of studies on-track for delivery was increasing. There were 500 more studies recruiting in the National Institute for Health Research (NIHR) framework across England, than in 2019. Things were improving but not quite at the rate hoped.

Locally commercial studies were becoming an important area of research as it helped develop drugs, and saved the Trust money. NHS Providers estimated that from every patient involved in a commercial research study, the Trust received a net contribution of £9200 from Life Sciences companies, which saved the NHS £5800 per patient where a trial drug replaced the standard treatment. As a result, the Trust was working hard to increase its commercial trial income. An important area in this regard would be cancer research. With the new Dyson Cancer Centre due to open, the Trust's research team was working with the cancer team to look at ways to increase the Trust research offering within the cancer domain.

The Trust had particular success in the Bath Birthing Centre investigating Group B Streptococcus infections, which caused still birth. The Trust was the highest recruiting site nationally. The success of the study was attributed to the commitment and enthusiasm of the midwifery team at the Bath Birthing Centre, working in collaboration with the Midwifery Research Team. Gynaecology and Oncology were noted as specific areas of development within the research arena at the Trust.

The Chief Executive commented on exciting opportunities in terms of broadening research into the provision of care, beyond clinical trials, and a collaborative partnership with Bath University. The Director of Research and Development confirmed that the Trust had a Memorandum of Understanding with Bath University, to look at mutual areas of interest. The delivery of health services and the wider detriments of health were a priority for Bath University. The University was successful in obtaining a £1.25m accelerator grant.

Ian Orpen commented that research was typically driven by individual clinician passions and interests, not necessarily the greater needs of a Trust. The Director of Research and Development agreed, but stressed the importance of a research focus on health inequalities, which was relevant to the wider NHS. The Trust was a member of ARC West – Allied Research Collaboration West – part of the National Institute of Health Research (NIHR), of which the Director of Research and Development was on the Board. NIHR looked at overarching themes pertinent to the NHS. It was important that the Trust mapped its research priorities, alongside the Trust Strategy and therein its priorities, and in turn to reach out to organisations such as NIHR for funding.

Antony Durbacz asked who the Trust would contact if there was research required within Equality, Diversity and Inclusion (EDI), and patient outcomes. The Director of Research and Development confirmed that that would be ARC West.

Paul Fairhurst asked what research opportunities there were the EPR could provide. The Director of Research and Development noted that there were particular opportunities at the BSW system level in terms of its healthcare data and patient pathways.

The Trust Board noted the update.

BD/23/07/14 Quality Governance Committee (QGC) Update Report

Ian Orpen highlighted some key points:

- QGC meetings had moved to monthly meetings, and therefore the report covered May and June.
- Hospital Standardised Mortality Ratio (HSMR) was a perennial issue with challenges. There were positive signs statistically, but there was more to do.
- Patient Safety Incident Response Framework (PSIRF) was due to be implemented. This framework was a different way of reporting safety incident reporting, which would also give the Trust an opportunity to develop a healthier approach to learning from incidents.
- The Chief Medical Officer noted that a new Health Inequalities dashboard had been launched and the committee looked forward to reviewing at a future meeting.
- 7 Day Hospital Annual Update - Ongoing work in relation to system working, and the Chief Medical Officer was assured that this would be an improving picture.
- The nature of the Committee's work was to be reactive to 'live' current issues as and when they arose. This linked to a broader piece of work around governance reviews and leadership processes, ensuring the correct oversight and leadership was in place.

The Chief Nurse raised the following additional points:

- The Trust is focussed on applying continuous learnings in order to improve the outcomes for vulnerable people.
- In Q4 the Trust appointed an Associate Director for Vulnerable People, a newly created post. The individual is a social worker by background and has expertise in the vulnerable person agenda. This role will enhance the Trust's understanding and response to those it cares for.
- The Trust also recruited a new Named Professional for Adult Safeguarding, who organised a seminar for the Board of Directors to enhance the knowledge and skillset of the Board. Part 2 was due to be scheduled.
- The Trust is in the process of creating a Foundations Matter Programme, which will look at the skills and focus required across the organisation to ensure the safety of the most vulnerable. The programme is focussed on clinical skills, vulnerability leadership, Freedom to Speak Up, and Equality Diversity and Inclusion, although not limited to that remit.
- Alongside the Foundations Matter Programme, the Trust is looking at an audit system and options appraisal, which would give more tangible oversight of care outcomes across the Trust.
- RUH Accreditation Programmes enables and delivers high performance wards. The Trust is reviewing how to enhance the delivery of the programme. Currently there is one senior nurse who leads the programme, and its pace was commensurate with the resource. The Trust aimed to achieve Silver Accreditation across the majority of

the Trust wards. There was one ward assisting in the co-production of the standard for Gold Accreditation.

- 7-Day Services predominantly related to medical staffing, but there were plans to include night leadership, which would put in place Band 8a nurses on night shift. This was being built into the rota system.
- The Executive Directors and Non-Executive Directors, had started Quality night visits. The key purpose of the exercise was to ensure the Executive team was connected to all the workforce. There are a number of staff, for various reasons, whose preference is to work night shifts, and it is important that those staff members get to know the executive team, which will enable adequate representation of their needs.
- The Trust's senior sisters are currently on a Development Programme, which covers a number of topics such as leadership, management, Equality, Diversity and Inclusion (EDI).
- The unannounced CQC inspection in August 2022, as previously reported to Trust Board, made note of the Trust's requirement to ensure that staff carried out mandatory assessments for patients, such as capacity assessments, declaration of liberty safeguarding, Respect (end of life).
- The ICB Executive Nurse initiated a Rapid Quality Review Meeting last month, which gave the Trust an opportunity to share learnings, with a focus on continuous improvements in standards of care, particularly where standards may fall below those expected.
- Another key element is Freedom to Speak Up, to ensure that staff know they can speak with someone in confidence. The Director for People and Culture had commissioned an external company to review the service.
- 2 new Deputy Chief Nurses have been appointed. During the on-boarding transition period, a colleague had joined the Chief Nurse to lead on the Quality Governance agenda, and would lead on the Foundation Matters Programme.

The Chair observed that at present, when a root cause analysis was conducted, there seemed to be a lack of curiosity, which ultimately meant the root cause of the incident was not clearly established. The Chief Medical Officer agreed, hence the implementation of a new framework. The Chief Executive asked for confirmation that the new framework would continue to be overseen via QGC, and reported up to Trust Board. Ian Orpen confirmed that would be the line of reporting.

The Trust Board noted the update.

BD/23/07/15 NHSE Equality Diversity & Inclusion (EDI) – 6 Priorities

The Director for People & Culture presented the report and highlighted some key points.

- The EDI paper was published in June 2023 by NHSE, which set out high level actions to improve equality, diversity and inclusion, and to enhance the sense of belonging for all NHS staff to improve their experience.
- The aim of the report was to provide some detail to give a level of assurance to the Board that the Trust had an active plan to address the 6 priorities.

The Chair commended the workshop, which had involved Board members and culminated in the acknowledgement that there was a problem with racism within the Trust. One of the

questions now being asked of potential appointees at interview is: 'We have a problem with inclusivity, what have you done that improved inclusivity of people with protected characteristics?'

The Chief Executive noted that over the past few weeks powerful messages about the standards the Trust expects, and the standards that were not acceptable, have been shared. The communications have led to positive discussions, empowering staff to question anything that did not reach the standards the Trust expected from its staff. In response to a question as to how many times the video had been viewed, the Chief Executive confirmed that there had been approximately 1300 views. It was also being used at team meetings.

Sumita Hutchison asked about the Trust's priorities, where EDI was placed on that list, and where the resources to address the issues that had been identified would come from. The Director for People and Culture confirmed that EDI was a breakthrough objective for the next 18 months, using the Improving Together methodology, and all the divisions had developed action plans. All leadership development programmes would focus on creating a safe and inclusive work environment.

The Trust Board noted the update.

BD/23/07/16 Item Withdrawn

BD/23/07/17 Trust Strategy Approval

The Director of Strategy presented the Trust Strategy, and requested Board approval.

- The vision had been launched in September 2022 with a series of staff engagements and marketing activities, which included the roll-out of the Trust's new branding. However, the public launch of the strategy had been delayed by purdah. The strategy was discussed in draft form with the Governors and the Board of Directors, of which all comments were incorporated into the document before being published on the Trust website.
- Some mapping was done in line with the full BSW strategy, which was signed off by the Integrated Care Board (ICB), with a focus on prevention and intervention, and fairer health and wellbeing outcomes. Another key component of the Trust Strategy was excellent health and care services.
- It was important to note that the Trust Strategy was a 'living and evolving' document, which would continue to be developed, and would also incorporate standard operating processes on how to regularly review and monitor progress, and to continue to shape the document.
- A Board Assurance Framework had been created, which detailed key risks against delivery of the strategy.
- It was hoped that the Trust could host a community event in the autumn, which may become an annual event.
- The key components for the first year would be Basics Matter for staff, and the Foundations Matter for patients. The first year would focus on 3 work streams – Governance, Quality of Care and Culture.

- The paper acknowledged the risks involved with delivering the strategy: Keeping it 'live', and ensuring everything linked back to the strategy, communication, keeping it engaging, and challenging sceptics.

Sumita Hutchison asked whether the Trust values should evolve to reflect the strategy, and whether it linked to the behaviour framework. The Chief Executive noted that during the development of the strategy, detailed conversations were held about the Trust's values.

Paul Fairhurst referenced staff retention and asked whether there was anything in the plan's early stages that would either create opportunities to accelerate or potentially change direction. The Director for People and Culture noted that the People Plan set out a foundation for national workforce plans. The RUH People Plan incorporates 3 pillars - Culture, Capability and Capacity, which encompassed all round staff retention, creating a safer inclusive environment, and collaborative working across BSW and BNSSG. A significant part of the Trust's organisational structure was geared towards collaboration across the AHA and BNSSG.

The Board approved the Trust Strategy and there linked Communications Strategy.

BD/23/07/18 Finance and Performance Committee (FPC) Update Report

In Nigel Stevens' absence, the Chair noted that the key topic of discussion at FPC was the Electronic Patient Record (EPR).

The Chief Executive confirmed that the Chief Medical Officer would join FPC as a permanent member, as it was important to have a clinical voice within that forum. The Chief Medical Officer also led the Transformation Programme, which underpinned the transformation programme for the Trust, ultimately supporting the Trust's return to financial breakeven.

The Trust Board noted the update.

BD/23/07/19 Audit & Risk Committee Update Report

Antony Durbacz, the Chair of the Audit & Risk Committee presented the key highlights of the report.

- The main business of the Committee was to recommend that the Trust Board approved the annual report and accounts. The evidence to confirm the recommendation included:
 - The head of internal audit's opinion
 - The external auditors report
 - The BAF
 - Going concern representation
 - The HFMA audit guide to audit committees on year end statements
- KPMG was nominated as the new provider to the Trust for counter fraud service. It was important to note that KPMG was also the Trust's internal auditor, and there was a working presumption that there would be some synergy.
- KPMG presented their plan for the year.

- One area of focus was ensuring audit actions were actioned and completed in a timely manner. The Executive Team had committed to continue improving the follow up processes.

The Chair thanked Antony Durbacz, the Director of Finance, the finance teams and the Audit Committee for getting the accounts prepared and ready for sign-off.

Paul Fox confirmed that he would be taking over as the Chair of the Audit Committee, and wanted clarification on the review ToR sign off process, and whether the 5-year forward plan had been reviewed by the Executives. The Director of Finance confirmed that for each internal audit the lead Executive would agree the terms of reference, a report was produced, including management actions, which then required the Executive lead to confirm agreement prior to the document being finalised. The internal audit provider sets out the 5-year plan based on the risks, which would have been taken into consideration when the executive team agreed the proposed internal audit annual plan.

The Board approved the annual report and accounts.

BD/23/07/20 Charities Committee Update Report

Sumita Hutchison, newly appointed Chair, presented the key highlights from the report.

- There was a shortfall in two of the accounts, details of which would be reviewed and a decision would be made on potential spending freezes.
- There were planned events whereby Board members would have the opportunity to meet some of the charity sponsors.
- There was a presentation on the differing roles the volunteers played within the Trust. Some feedback from the volunteers was that there could be more positive support from ward matrons.
- The Charities Committee had approved funding for Artificial Intelligence Auto Contouring, which was part of the Radiotherapy department, and the Bath Oncology services.

The Chief Executive asked about engaging clinical champions to support the charity and suggested an offline conversation into how to potentially progress opportunities.

The Trust Board noted the update.

BD/23/07/21 Annual Review of Board of Directors Terms of Reference (ToR)

The Chair commented that the new guidance issued by NHSE, was presented in the Private Board meeting. The new guidance noted that all members of the board not only have a duty to make sure their organisation functions as well as it can, but also as a system. The guidance implicitly noted that system trumps organisation.

The Head of Corporate Governance reflected on the Board's role in promoting the interests of the system, and noted that the ToR may need to be more explicit in terms of the possibility that the Board may need to give certain approvals that might not necessarily be in the direct interest of the organisation. The Chief Executive clarified that it was important to stress that it was the system as a collective service. From an acute hospital perspective it was a move away from not only looking at things from an angle of providing acute care,

to a wider scope of responsibility around prevention, addressing inequalities, and a wider population health aspect.

The Chair noted that the Trust must be mindful that we do not just refer to BSW, as the Trust also serves the people of Mendip.

The Trust Board approved the update subject to the recommended changes.

BD/23/07/22 Any Other Business

None discussed.

The Meeting closed at 15:58