

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST  
MINUTES OF THE MEETING OF THE PUBLIC BOARD OF DIRECTORS  
MONDAY, 22 JULY 2024, 13:00 – 16:00  
VENUE: WHARF ROOM, WIDCOMBE SOCIAL CLUB, WIDCOMBE HILL,  
BATH, BA2 6AA**

**Present:**Members

Alison Ryan, Chair  
Cara Charles-Barks, Chief Executive  
Christopher Brooks-Daw, Chief of Staff  
Paul Fairhurst, Non-Executive Director  
Jocelyn Foster, Chief Strategic Officer  
Paul Fox, Non-Executive Director  
Sumita Hutchison, Non-Executive Director  
Jon Lund, Interim Chief Financial Officer  
Antonia Lynch, Chief Nursing Officer  
Hannah Morley, Non-Executive Director  
Nigel Stevens, Non-Executive Director  
Alfredo Thompson, Chief People Officer  
Andrew Hollowood, Chief Medical Officer and Deputy Chief Executive (*until 14:20*)

In attendance

Ruel Donaire, Senior Clinical Practice Facilitator (*item 8*)  
Kebalebile Galedibelwe, Staff Nurse, Biologics Unit (*item 8*)  
Simon Andrews, Associate Chief Nurse for Workforce and Education (*item 8*)  
Roisin McKenna, Equality, Diversity and Inclusion Project Lead (*item 8*)  
Kerry Perkins, Maternity and Neonatal Matron (*items 13 & 14*)  
Spencer Thorn, Interim Chief Digital Information Officer (*item 17*)  
Public Governors  
Staff Governor  
Sarah Richards, Deputy Chief Medical Officer  
Sarah Hudson, Divisional Director of Operations, Medicine  
Abby Strange, Membership and Governance Administrator (*minute taker*)

Apologies

Paran Govender, Chief Operating Officer  
Antony Durbacz, Non-Executive Director  
Ian Orpen, Non-Executive Director  
Libby Walters, Chief Financial Officer  
Roxy Milbourne, Interim Head of Corporate Governance

**BD/24/07/01 Chair's Welcome and Apologies**

The Chair welcomed everyone to the meeting, and confirmed that apologies had been received from those listed above. She advised that the Divisional Director of Operations, Medicine was representing the Chief Operating Officer and the Deputy Chief Medical Officer was supporting the Chief Medical Officer who would be leaving after item 10.

**BD/24/07/02 Declarations and Conflicts of Interest**

The Board of Directors confirmed that they had no additional interests to declare.

**BD/24/07/03      Written questions from the public**

It was confirmed that no questions had been submitted by the public.

**BD/24/07/04      Minutes of the Board of Directors meeting held in Public on 1 May 2024**

The minutes of the meeting held on 1 May 2024 were approved as a true and accurate record.

**BD/24/07/05      Action List and Matters Arising**

The actions presented for closure were approved and the following update was provided:

**PB600** – The Chief Executive explained that she had contacted the mental health representative in B&NES, Swindon and Wiltshire Integrated Care System (BSW ICS) who had requested additional information on the patient. They were now linking in with Somerset ICS to take this forward as the patient resided in Somerset and the Chief Nursing Officer was involved as the Trust’s Mental Health Executive Lead.

Paul Fairhurst sought clarity on the frequency of Equality, Diversity and Inclusion (EDI) reporting outlined in the update to action PB602 as he understood this to be annual. The Chief People Officer confirmed that annual reporting had been agreed after the action update had been provided. This measure was also reported via the People Dashboard.

**BD/24/07/06      Governor Log of Assurance Questions and Responses**

The Chair noted that the log of assurance questions was on the agenda for information.

**BD/24/07/07      Item Discussed at Private Board of Directors meeting.**

The Chair provided a summary of the following points:

- The Trust had been subject to a cyber-attack in April and had successfully resolved the situation without significant damage. Some opportunities to strengthen were noted in out of hours coverage this had been addressed and the Trust had been deemed as an exemplar. It was confirmed that the Trust had not been impacted during the cyber incident on 19 July 2024.
- The Board had approved the re-appointment of Mr Jeremy Boss for a further 2 year term of office as Chair of Sulis Hospital Bath Ltd up to 31 May 2027.

**BD/24/07/08      Staff Story**

The Chair welcomed the Senior Clinical Practice Facilitator, Staff Nurse, Biologics Unit and Associate Chief Nurse for Workforce and Education to the meeting who presented the staff story. The Staff Nurse shared her experience of the Routes to Success Course and outlined the key learning points. She had learnt that communication and transparency was at the core of effective leadership and felt that the course supported staff into leadership roles, improved resilience, empowered leaders, improved the standard of care and promoted inclusivity.

The Senior Clinical Practice Facilitator shared his experience of the Developing Aspirant Leadership Programme and how it had allowed him to discover his leadership style, explore strengths and weaknesses and grow in confidence. As a member of the global majority he felt empowered and thanked the Chief Nursing and Deputy Chief Nursing Officers for their support. He outlined the stretch assignment that he had undertaken as

part of the course and explained that he had created a donation hub to support international nurses arriving in the UK. This continued to expand to provide additional support to all staff and make a difference to the people that the Trust cared for.

The Chair observed that this work improved the level of service that the Trust provided and reported that another graduate had increased tissue donations at the Trust and had since been asked to provide regional support around this.

Paul Fairhurst sought further detail on how the Routes to Success Course enabled colleagues to become more resilient. The Staff Nurse explained that the course had encouraged her to persist and had renewed her focus on treating patients and colleagues as individuals. She also drew strength from the way that the Trust looked after staff.

Sumita Hutchison asked how many members of staff were going through the courses. The Chief Nursing Officer confirmed that 5 staff from them global majority had gone through the NHS South West Developing Aspirant Leadership Programme, more than had attended from any other Trust. Routes to Success had been developed by the Chief People Officer in collaboration with Yvonne Coghill CBE and training had been delivered to 21 Trust employees. It was hoped that the course would be delivered to more colleagues but this was dependent on continuing professional development funding. Other courses were also available through Trust memberships of different organisations and whilst only a small number of colleagues had gone through the programmes so far, the Trust was consistently reviewing development opportunities with the ultimate aim of having a Chief Nurse from the global majority.

Hannah Morley asked the presenters what their aspirations were going forward. The Staff Nurse confirmed that her aspiration was to keep improving in her career. The Senior Clinical Practice Facilitator reflected that he was now positive that he would excel when applying for new roles and making the most of opportunities.

The Chair thanked the presenters for attending and wished them success in their future endeavours.

## **BD/24/07/09 CEO and Chair's Report**

The Chief Executive presented the report and highlighted:

- Elective recovery continued to perform well with the Trust delivering 113% of 19/20 activity and 101% of the 24/25 month 2 activity plan.
- Cancer performance remained challenged, particularly in urology and colorectal and significant recovery plans had been developed for those areas with an increase in endoscopy capacity also agreed.
- The month 2 expenditure position was £0.1m adverse to plan but the Trust was tracking well from an income and savings perspective.
- The Trust remained in System Oversight Framework 3 (SOF3) due to its cancer 62-day backlog and financial performance. It was no longer in SOF3 for urgent and emergency care and elective diagnostics.
- In 2016, paid breaks had been introduced for nurses, midwives and allied health professionals working greater than 12 hour shifts and a consultation had recently been held to reinstate a 30 minute unpaid break. The outcome of this was to implement the change from 2 September 2024. Some staff were unhappy about this and the Chief Nursing Officer and her team continued to provide support.

- Thanks were extended to volunteers who had given 21,000 hours of time in 2023.
- The 3 Trusts in BSW had embarked on a new programme to implement a shared electronic patient record to support the delivery of efficient, effective and safe care.

Nigel Stevens commented on how impressive the 23/24 Annual You Matter Awards Ceremony was and passed his thanks and congratulations on to the event organisers.

The Board of Directors noted the report.

**BD/24/07/10                      Development of Group Model by Great Western Hospitals NHS Foundation Trust, Royal United Hospitals Bath NHS Foundation Trust & Salisbury NHS Foundation Trust**

The Chair and Chief Executive presented the report and provided an overview of the joint proposal by the Chairs and Chief Executives of the 3 acute Trusts in BSW to develop a group model that would fully realise the benefits of working at scale, reduce unwarranted variation and transform services for the future. They detailed the case for collaboration and change, key risks and the proposed leadership and governance developments. This work had been supported by Sir David Dalton and Carnall Farrar and there were 8 recommendations that the Board was invited to approve.

Nigel Stevens reflected that this work was currently the best way of enabling the system to better manage the challenges it faced. He shared his concern that the risks that emanated from this project had not been fully captured and articulated. The Chief Executive confirmed that a risk register had been devised and could be presented at a future meeting. She reflected that support for the joint Chief Executive and Chair would be crucial and the key elements to stabilise were finance and performance. The focus would then be on continuous improvement to enable transformation.

Paul Fairhurst registered his support and acknowledged that there was a risk in terms of bandwidth due to the number of projects taking place. He noted that this would make it more challenging to maintain focus and was not aligned with page 6 of the report which indicated that the group would need to focus on a small number of high impact changes. He emphasised the importance of getting clarity on the costs once the model had been identified and asked whether the draft initial Terms of Reference for the Joint Committee was the final version. The Chair confirmed that the draft Terms of Reference required further development. The Chief Executive agreed with the point around bandwidth and capacity and confirmed that there were ongoing conversations with the region around the provision of transitional support whilst the group began to mobilise. She advised that during the first 6 months the Carnall Farrar recommendations would be taken forward and turned into a tangible return on this investment to ensure there was clarity around what was being monitored and tracked during this period of time. The initial changes were not designed to create a significant cost pressure and the other elements of the group operating model would be evaluated to identify where the outcomes would be delivered and fed back into the system.

Sumita Hutchison sought clarity on the staff view of the proposal. The Chief Executive confirmed that clinicians understood that this was a necessary step. The Chair added that she had recently conducted a question and answer session and it was clear that the majority of staff would experience very little change. There was some concern around potential redundancies but it was not yet possible to determine whether this would



happen. The group model would allow the Trust to leverage more opportunities to ensure that the staff voice was heard and represented at a national level, particularly around health inequalities, deprivation and rural and rapidly aging populations. The Chief Nursing Officer indicated that she had shared the direction of travel with the Nursing Team who were curious and explorative in terms of what this could mean for them and discussions would continue if the proposal was approved.

The Board of Directors approved the proposal to develop a group Model between the 3 acute Trusts in BSW.

**BD/24/07/11 Integrated Performance Report**

The Chief People Officer presented the report and highlighted:

- Performance remained consistent against most of the people directorate’s key performance indicators with the exception of the appraisal rate. Work was ongoing to better understand this and pay controls were being closely monitored with no clear impact on staff turnover to date.
- The total number of hours that had been lost in ambulance handovers had improved but there had been no change in the Trust’s 4 hour performance.
- There had been an improvement in the cancer 62 day performance and 28 day faster diagnosis standard performance.
- The Trust’s quality performance was relatively consistent however the number of falls was nearing the upper threshold and the number of hospital acquired pressure ulcers had breached by 1 case.

Hannah Morley noted that consultant pathologist vacancies were impacting colorectal performance and suggested that advanced practitioners could alleviate pressure. She congratulated the Trust on coming out of SOF3 for diagnostics and asked if an exit strategy was in place for the mobile scanner. The Divisional Director of Operations, Medicine confirmed that whilst she was aware that the Trust was currently offering waiting list initiatives to improve histopathology waiting times, she was not sighted on the detail around this and would provide a full update following the meeting.

**Action: Divisional Director of Operations, Medicine**

The Trust had done incredibly well with diagnostics but there were some difficulties in terms of access to CT and MRI which meant that an exit strategy could not yet be implemented for the additional mobile scanner. A significant amount of activity was going across to Sulis and the Trust was working closely with BSW to see what capacity was available for all diagnostic modalities. The other area of concern related to endoscopy capacity and whilst the Trust had enough capacity to manage the demand, they needed to insource 12 lists to fulfil this. There was a backlog of surveillance patients that the Trust was working to resolve and consideration was being given to how Sulis and the Community Diagnostic Centre could provide additional capacity.

Paul Fox reflected on the appraisal completion rate and asked whether this was an indication of wider problems in some areas. The Chief People Officer advised that the People Committee had commissioned a deep dive into the reasons behind the flatlining appraisal performance. He explained that issues relating to technology had now been resolved and the uptake continued to be monitored on a continuous basis. He was in constant contact with colleagues to understand what needed to be done differently and

correlational work was taking place to determine whether there was a link between appraisal rates and other issues with no evidence found as yet.

Nigel Stevens referenced the increase in surgery cancellations on the day and asked whether this was due to a lack of overtime availability. The Chief Nursing Officer confirmed that the reasons were multifactorial and the Surgery Division were undertaking a deep dive to better understand this. This was an active piece of work that would be reported through the Quality Assurance Committee (QAC). Nigel Stevens asked whether a target could be created to monitor this. The Chief Nursing Officer confirmed that this was already monitored but could be clarified within the report.

Sumita Hutchison sought clarity on the metric around recommending the Trust as a place to work as this was reported differently on the report and scorecard. The Chief People Officer explained that the difference related to timeframe and that the yearly staff survey measure was key. The metric appeared lower on the scorecard as this number related to quarterly pulse surveys which had a lower response rate and were not as reliable. He recognised the need to continue to monitor the quarterly data but felt that conclusions could not currently be drawn. The Chief Executive added that the quarterly pulse survey identified areas of the organisation that required more attention and the Trust continued to communicate and engage with staff with the support of the Staff Governors.

Sumita Hutchison asked why no data was available on the scorecard for carbon emissions and the Sustainable Development Assessment Tool. The Chief Executive confirmed that this would be investigated and a post meeting addendum would be added to the minutes.

**Action: Paran Govender, Chief Operating Officer**

The Chair sought clarity on why the quality, innovation, productivity and prevention delivery in month 2 was recorded as £3.125m against the £3.188m plan but the report stated that the full year impact was £4.5m against the £36.6m plan. The Interim Chief Financial Officer explained that this was a misrepresentation and clarification would be provided in a future report.

The Board of Directors noted the update.

**BD/24/07/12 Learning from Deaths Report Q3 & Q4**

The Deputy Chief Medical Officer presented the report and explained that 77% of the Structured Judgement Reviews (SJRs) completed in Q3 and Q4 rated care as good or very good. 5% rated care as poor and learning had been fed into the Patient Safety Incident Response Framework workstreams.

The Board of Directors noted the update.

**BD/24/07/13 MIS Combined Maternity and Neonates Quarterly Report Q4**

The Chair welcomed the Maternity and Neonatal Matron to the meeting who presented the report. She reported:

- The Trust received the 2022 MBRRACE Perinatal Mortality Report in March and the crude data values for stillbirth and neonatal death at the Trust during 2022 was more than 15% lower than the average.

- There had been a slight rise in stillbirths in Q4 but the Trust remained below the national average and was closely monitoring this.
- Maternity had maintained its 'outstanding' Care Quality Commission rating with 6 'should do' actions which had been included in the single Trust improvement plan.
- Full compliance had been submitted against the 10 safety actions detailed in the Clinical Negligence Scheme for Trusts Maternity Incentive Scheme for year 5.

The Board discussed the 12 month average stillbirth rate and asked why stillbirths were increasing nationally. The Maternity and Neonatal Matron explained that whilst the reasons were largely unclear, this partly related to a reduction in the national average target. Differences in the Trust and National Team's reporting schedules also made this difficult to ascertain.

Paul Fairhurst reflected in the safety investigations detailed on page 10 of the report and asked why 5 of the investigations were identical. The Maternity and Neonatal Matron explained that the information had been stripped back to anonymise the cases.

The Board of Directors noted the update.

**BD/24/07/14 Bi-Annual Midwifery and Neonatal Nursing Staffing Report**

The Maternity and Neonatal Matron presented the report and provided a summary of the measures that were in place to ensure safe midwifery and neonatal nursing staffing. She reported that BSW Academy had undertaken a workforce planning review and had recommended a maternity headroom of 28%. This had since been agreed at 24%. The new midwife to birth ratio of 1:24 was introduced in July 2023 to reflect the increasing acuity of care needs and the ward based acuity tool was relaunched in November to allow for the constant review of acuity and staffing in the acute unit. The Trust continued to support nurses to gain their Neonatal Qualified in Specialty compliance and compliance was expected to rise to 75% in July.

The Chief Nursing Officer thanked the Maternity Team for their hard work and stated that the Trust had an abundance of midwives wanting to join the organisation. The Board of Directors noted the update.

**BD/24/07/15 Quality Assurance Committee Upward Report**

Hannah Morley presented the report on behalf of Ian Orpen. She reported that there were advisories around ambulance handovers, SJRs and paperless inpatients and positive assurance had been taken around litigations, medicines management and the Quality Governance Project. The Committee had celebrated the improvement in compliance with venous thromboembolism risk assessments and the Director of Pharmacy had confirmed that the risk around medicine shortages was a national issue.

The Board of Directors noted the update.

**BD/24/07/16 People Committee Upward Report**

Paul Fairhurst presented the report and provided an overview of the most recent meeting which had taken place on 18 July 2024. He reported that the first part of the meeting was a joint meeting of the People and Finance and Performance Committees to discuss the current position and direction of travel in relation to the pay cost reduction programme. A public meeting of the People Committee had followed this and the Committee had

discussed the Annual Report for EDI initiatives, the people dashboard and people programmes, and the implementation of break cards for nursing and medicine.

The Board of Directors noted the update.

**BD/24/07/17 SIRO Annual Data Security and Protection Assurance Report**

The Chair welcomed the Interim Chief Digital Information Officer to the meeting and congratulated the team on being an exemplar of good practice. The Interim Chief Digital Information Officer presented the report and indicated that the KPMG internal audit report had given a rating of significant assurance with minor improvement opportunities. The Data Security and Protection Toolkit (DSPT) was a growing and would become a more challenging exercise in the year ahead once it was aligned with the Cyber Assessment Framework. The actions that needed to be taken focused on 3 key areas; consent lifecycle management, the Software and Asset Management Policy and unconnected device management. The Trust also had 2 low priority actions around third party suppliers and gaps in the Information Asset Register.

The Chair asked whether the action around third party suppliers related to the Synnovis cyber incident. The Interim Chief Digital Information Officer advised that the requirements were in place before the Synnovis cyber incident but were related in that this looked at how third party suppliers controlled access in their own environments. This required a detailed level of assessment and the Acute Hospital Alliance would work together on any renewals or new acquisition of software and hardware. The recent cyber incident on 19 July 2024 related to supply chain in orientation and BSW was fortunate in that very few of its systems were impacted.

The Board of Directors noted the update.

**BD/24/07/18 Strategic Priorities Q1**

The Chief Strategic Officer presented the report and provided an overview of Q1 progress towards the delivery of the Trust's You Matter Strategy. Work was ongoing to develop measures for each of the 24/25 breakthrough goals and a framework of the Trust's strategies was being developed to determine the areas to focus on in the context of the group model.

Hannah Morely asked where health inequalities were monitored. The Chief Strategic Officer confirmed that health inequalities were monitored through QAC but this would also form part of the Anchor Organisation Strategy and would be driven through multiple routes going forward. The Chief Executive reflected that a critical aspect of this strategy would be the health of the population and understanding the data at scale.

Paul Fairhurst observed that there were a lot of achievements to celebrate in the context of the environment that the Trust was operating in. He asked whether the Atrium redesign was a priority given the amount of work that was ongoing. The Chief Strategic Officer explained that the redesign was being considered in terms of simple changes that could be phased in to get the basics right for patients. The Chair asked whether this could be replicated in the Princess Anne Wing. The Chief Strategic Officer confirmed that this was part of the Basics Matter Programme but the Atrium was a priority.

The Board of Directors noted the update.



**BD/24/07/19 Non-Clinical Governance Committee Upward Report**

Sumita Hutchison presented the report and explained that the Committee had requested more detail on the progress of the Digital Strategy and had had invited the Emergency, Preparedness, Resilience and Response Team to report on plans to embed best practice across the organisation. Assurance had been received that an action plan was being developed around the Patient-Led Assessment of the Care Environment scores and the Committee were assured by the recommendations and governance arrangements to oversee an improvement in facilities following an external peer review.

The Chair requested an update on the Cleaning Team. The Chief Nursing Officer acknowledged the importance of leadership and reported that she had seconded an experienced Matron, Erin Houlihan, into the Cleaning Department. She indicated that there was a strong correlation between cleanliness, patient experience and infection, prevention and control and Erin’s secondment had been extended to 12 months following positive feedback from the team. Erin was focused on creating an environment that made cleaners feel valued and 20 new cleaners had just been recruited. The Trust was now advertising another 15-20 vacancies to make sure the team was fully established and band 3 supervisors were being given training to ensure they were able to lead with a real focus on kind and compassionate leadership. The most significant change that was due to be implemented was the move to a blended approach in relation to the cleaning scores and this would enable a better understanding of where the risks. Assurance was provided that there was a robust action plan for both cleaning and the entirety of facilities and a Facilities Transformation Group was being formed to track and drive improvement.

Feedback from the Staff Governor was considered, with the Chief Nursing Officer inviting discussion outside of Board.

**Action: Chief Nursing Officer**

The Board of Directors noted the update.

**BD/24/07/20 Finance and Performance Committee Upward Report**

Paul Fairhurst presented the report on behalf of Antony Durbacz. He reported that the Committee had reviewed 2 deep dives on the Urgent and Emergency Care Plan and the use of Patient Level Information and Costings Systems and had commended the standard of the presentations and the quality of thought supporting each initiative.

The Board of Directors noted the update.

**BD/24/07/21 Audit and Risk Committee Upward Report**

Paul Fox presented the report and highlighted that the Committee had approved the Annual Report and Accounts following delegation from the Board of Directors. The Committee had thanked the Finance Team for their work in enabling the final accounts to be submitted on time with a satisfactory external audit opinion and thanks were also extended to everyone who was involved in writing the Annual Report. The internal audit opinion of significant assurance had been achieved.

The Board of Directors noted the update.

**BD/24/07/22 Charities Committee Upward Report**

Sumita Hutchison presented the report and indicated that the Committee had formally congratulated RUHX for their exceptional work with the Dyson Cancer Centre. They had received positive assurance around the RUHX Q1 return on investment, their successful appeals, and an increase in the Senior Leadership Team. The Committee was working to ensure that funds were invested in line with environmental, social and governance requirements and encouraged Non-Executive Director attendance at RUHX events.

The Chair reflected on how impressive RUHX’s fundraising and investment was in comparison to other hospital charities and the Non-Executive Directors registered that they were keen to become more involved.

The Board of Directors noted the update.

**BD/24/07/23 Governance – No Items**

**BD/24/07/24 Any Other Business**

The Chair noted that whilst Ian Orpen was not in attendance, this would have been his last public meeting as a Non-Executive Director before he was due to step down at the end of August. She celebrated the support that Ian Orpen had given to the Trust and wider health system in his distinguished career and stated that his counsel would be greatly missed. She thanked him in particular for his contribution to the maternity turnaround and for being an exemplary person.

*The Meeting closed at 16:00*