

**ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST**  
**MINUTES OF THE MEETING OF THE PUBLIC BOARD OF DIRECTORS**  
**WEDNESDAY, 4 SEPTEMBER 2024, 13:00 – 16:00**  
**VENUE: PAVILION FUNCTION ROOM, KINGSWOOD SCHOOL UPPER PLAYING**  
**FIELDS, LANSDOWN ROAD, BATH, BA1 9BH**

**Present:**

Members

Alison Ryan, Chair  
Cara Charles-Barks, Chief Executive  
Christopher Brooks-Daw, Chief of Staff  
Paran Govender, Chief Operating Officer  
Antony Durbacz, 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

Lisa Hocking, Deputy Director Infection, Prevention and Control and Associate Chief Nurse (*items 8 & 14*)  
Reston Smith, Deputy Chief Medical Officer (*item 11*)  
Jo Baker, Associate Director for Vulnerable People (*item 15*)  
Roxy Milbourne, Interim Head of Corporate Governance  
Abby Strange, Membership and Governance Administrator (*minute taker*)  
Nicola Cox, ST6 Clinical Oncology & RCP Chief Registrar  
Fiona Oglesby, ST7 in Anaesthesia  
Public Governors  
Staff Governor

Apologies

Paul Fairhurst, Non-Executive Director  
Libby Walters, Chief Financial Officer

**BD/24/09/01 Chair's Welcome and Apologies**

The Chair welcomed everyone to the meeting, and confirmed that apologies had been received from those listed above.

**BD/24/09/02 Declarations and Conflicts of Interest**

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

**BD/24/09/03 Written questions from the public**

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

**BD/24/09/04                      Minutes of the Board of Directors meeting held in Public on 22 July 2024**

The minutes of the meeting held on 22 July 2024 were approved as a true and accurate record.

**BD/24/09/05                      Action List and Matters Arising**

The actions presented for closure were approved with the exception of action PB603.

**PB603** – The Board were not sufficiently assured by the update and agreed that the action should remain open. The Chief Medical Officer confirmed that he would take this forward through the next performance review meeting.

**BD/24/09/06                      Governor Log of Assurance Questions and Responses**

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

**BD/24/09/07                      Item Discussed at Private Board of Directors meeting.**

The Chair indicated that the items discussed during the Private Board meeting were of a commercially sensitive nature. She reminded those present that the outcome of the B&NES, Swindon and Wiltshire (BSW) Communities Together Consortium bid for the provision of community based care services in BSW would be received imminently.

The Board of Directors noted the update.

**BD/24/09/08                      Quality Improvement for Infection Prevention and Control**

The Chair welcomed the Deputy Director of Infection Prevention and Control (DIPC) and Associate Chief Nurse to the meeting who provided an overview of the quality improvement projects to further improve infection rates at the Trust. The improvement projects focused on enhancing hand hygiene opportunities, ensuring clinical gloves were worn appropriately and launching a personal protective equipment (PPE) app.

The Chair asked whether this work was driven by financial sustainability or patient care and observed that messaging would need to be carefully considered. The Deputy DIPC and Associate Chief Nurse indicated that the purpose of the work was to ensure that the correct infection prevention and control (IPC) processes were followed. The Chief Nursing Officer added that the application of IPC principles was complex and the app had been designed to provide clarity around the correct procedures. This would better protect staff and patients and would ensure that a consistent level of care was provided. The app was currently being trialled and was due to be presented at the IPC Society Conference.

Hannah Morley observed that the initiatives could be difficult to sustain. The Deputy DIPC and Associate Chief Nurse acknowledged that this required a change in staff behaviours and assured the Board that they would be educated to enable a sustained improvement.

The Board of Directors noted the update.

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

The Chief Executive presented the report and highlighted that constitutional performance standards were an area of focus for the Trust and work was ongoing to create incremental sustainable change. She reported that the British Medical Association had

announced that general practitioners had voted in favour of industrial action and the Trust was supporting primary care colleagues to ensure that care was not compromised. There were a number of areas to celebrate including 3 healthcare support workers who had been honoured with national awards, the ongoing achievements of the Trust's Accreditation Programme and the new Research Strategy that had been launched. The rollout of paperless inpatients had also gone well with positive staff engagement and thanks were extended to the staff involved for their hard work.

The Chair added that the Trust had recently had two visits of note, one from Wera Hobhouse who had visited the Community Wellbeing Hub and another from Her Majesty The Queen who had officially opened the Dyson Cancer Centre. The latter had been an opportunity to recognise the support of RUHX and the local community.

The Board of Directors noted the report.

## **BD/24/09/10 Integrated Performance Report**

The Chief Medical Officer presented the report and highlighted:

- The Trust was now 5 years category 4 pressure ulcer free.
- The increase in turnover in maternity was due to an increase in the establishment and this would improve when new starters joined the Trust in October.
- The slight increase in agency spend and whole time equivalents (WTEs) was being worked through, but the Trust remained better than the national average.
- A significant amount of work was taking place around operational performance with particular scrutiny on ambulance handovers, diagnostics and cancer.
- 4 hour performance was below trajectory in July and whilst there were staffing gaps in the Urgent Treatment Centre, posts were not being held in areas of risk.
- Diagnostics remained challenging and the Trust continued to work closely with partners to manage pathways and add capacity where necessary.
- The financial position remained challenging with the system £0.6m adverse to plan and the Trust had provided support by bringing its contribution forward.

Hannah Morley shared her concern around non-criteria to reside (NCTR), ambulance handovers, cancer and diagnostics and sought clarity on potential future interventions. The Chief Operating Officer advised that the NCTR position was challenging and whilst work was ongoing with system partners, a significant improvement was not anticipated across the winter because there would be no additional capacity for community health and social care. The average ambulance handover had reduced from 71 to 51 minutes with 53% of patients seen within 30 minutes and the aim was to further reduce this through better utilisation of the discharge lounge. This would be enabled by increasing senior clinician coverage overnight to bring discharge forward. In terms of cancer, the Trust was the best in the region for early diagnosis and was on track to meet its 77% treatment target by the end of the year. The 28 day standard was more challenging as the Trust could not absorb the 11% increase in demand. It was recognised that the Trust needed to invest in infrastructure but in the meantime it would be increasing capacity through an endoscopy van at Sulis and a short term 7 day CT/MRI functionality on the Combe Park site. The region had also recently agreed that an additional endoscopy van could be operated on the Combe Park site. There had been an increase in referrals for cancer related diagnostics with a disproportionate increase in diagnoses and this was linked to the impact of health inequalities. It was acknowledged that the Trust needed to

balance reactive and preventative care and also needed to ensure that there was a sufficient level of qualified staff to operate equipment.

The Chair asked how the expansion of diagnostic capacity impacted the requirement to reduce the number of WTEs. The Chief Operating Officer indicated that the Trust was fortunate to be a preferred organisation to invest in but explained that radiographers often chose to work for providers who paid a higher rate than the Trust. This meant that the Trust could not spend additional money that had been invested as radiographers had not agreed to do additional lists at the base rate, but the region was now supportive of offering a consistent hourly rate across BSW. Antony Durbacz reflected that in order to be a sustainable organisation into the future, the Trust needed to balance the number of WTEs with weekend and evening capacity rather than subcontract equipment and staff at additional expense. Nigel Stevens added that long term goals around process improvement would make this more manageable and the Finance and Performance Committee had oversight of this, clinical performance and the fragility of financials.

Sumita Hutchison sought clarity on the workforce data and asked whether the Board should be concerned that this was moving in the wrong direction. The Chief People Officer indicated that data should be viewed longitudinally and provided assurance that the 12 month average median remained static. He reported that the Trust still had a low agency usage at the end of July and the sickness rolling 12 month average had a downward trajectory. Whilst this was positive, further action would be taken, including work with the divisions to upskill line managers around sickness management.

Sumita Hutchison asked whether the Trust was addressing issues experienced by staff during and following the anti-immigration protests and riots in July and August. The Chair acknowledged that the impact of the riots did pose a risk in that some staff had discussed leaving the UK. The Chief People Officer indicated that he was aware that internationally recruited colleagues were actively being targeted by other countries and serious consideration needed to be given to this. He advised that colleagues were observing a rise in microaggressions both prior to and after the riots and the Board needed to be curious about this and challenge behaviour in line with the anti-racist statement. To aid this, the Chair of the REACH Network would be facilitating a Board Seminar for Black History Month with stories and experiences of global majority staff.

The Board of Directors noted the update.

## **BD/24/09/11      Annual Mortality Review**

The Chair welcomed the Deputy Chief Medical Officer to the meeting who provided an overview of the Trust's oversight of mortality from a quality assurance perspective. He reported that there had been a substantial improvement with a crude mortality rate of 1.3% and the Trust was below 100 in all 3 mortality measures. No patients who had died during 23/24 had been assessed as having received very poor care and there had been a reduction in the number of patients who had received poor care.

The Chief People Officer commented on the representation of patient deaths broken down by ethnicity and asked what this would look like if it was further analysed by specific ethnicity. The Deputy Chief Medical Officer indicated that this is an area that the Trust was seeking to understand further by developing more detailed data gathering and analytics. He advised that the Inequality Steering Group was working to understand



this further. The Board acknowledged that the Trust needed to be better informed and the Chief People Officer asked the Board to be braver about using the data sets that it already had as a starting point to drive improvement.

Sumita Hutchison asked whether the Trust was performing well in terms of mortality proportionality and prevention of early deaths of people with learning disabilities and autism. The Board of Directors had a robust discussion around this and the Chief Executive recommended undertaking internal comparisons of Trust data to understand whether there was variation in the experiences of those with a protected characteristic. The Trust would then be able to look at system data and the federated data platform to identify whether there was a direct correlation from a benchmarking and national perspective. The Chief Nursing Officer reported that the Trust had recently appointed a Lead for Learning Disability and Autism who was a trained learning disability nurse. This put the organisation in a good place to conduct a deep dive with the Chief Medical Officer's Team and work with Salisbury Foundation Trust and Great Western Hospitals to improve understanding of the local community and wider system. She agreed to take this forward.

**Action: Chief Nursing Officer**

The following comment was made in relation to the above discussion during item 13:

The Associate Director for Vulnerable People advised that a Learning from Lives and Deaths Quality Assurance Group had been established to look at deaths of people with a learning disability or autism. The national annual report indicated that on average, a person with a disability would die 15 years sooner and findings related to delayed access to healthcare and diagnostic overshadowing.

The Board of Directors noted the update.

## **BD/24/09/12 Children's Safeguarding Annual Report**

The Chief Nursing Officer reported that the Trust continued to work with system partners to ensure that children in the local community were safe and no serious incidents had related to the Trust in the last 12 months. Going forward the team would be developing a Safeguarding Strategy, embedding the new Prevent training plan and completing phase 2 of the Graded Care Profile 2 Antenatal pilot.

Antony Durbacz reflected on the number of young people with mental health conditions attending the Emergency Department (ED) and asked whether there was sufficient capacity to manage demand. The Chief Nursing Officer explained that 2 registered children's nurses with additional safeguarding training were available 24 hours a day and doctors also received additional safeguarding training. The Trust had gone above the staffing requirement by recruiting specialist safeguarding practitioners and staff were equipped to manage the demand because of the focus on training and competence.

The Chair shared thoughts about whether the Board had adequate oversight of paediatric services and suggested appointing Youth Governors or an equivalent. The Chief Nursing Officer advised that work was underway to establish a Children's Board which would feed into the Quality Assurance Committee and Board of Directors to provide greater visibility of paediatric services at Board level.

The Chief Operating Officer observed that some of the specific vulnerabilities of children in Bath were linked to sustainability and climate change. She asked whether this was an opportunity to work with partners to manage demand. The Chair confirmed that ongoing anchor organisation work actively focused on these issues. The Chief Nursing Officer added that the Trust was proactively working with partners and an overview of this work could be reported to the Vulnerable Persons Assurance Committee (VPAC).

The Board of Directors noted the update.

### **BD/24/09/13      Adult's Safeguarding Annual Report**

The Chair welcomed the Associate Director for Vulnerable People to the meeting who presented the report with the Chief Nursing Officer. They stated that the Trust had started the year by closing a ward because of adult safeguarding concerns and the report demonstrated the level of improvement that had taken place since then. It was noted that the increased mandatory training requirement had caused compliance to drop but this was essential to make the Trust safer and a plan was in place to reach 90% compliance. This was a complex area of practice and pressure damage, unwarranted variation around discharge to care homes and improving staff understanding were ongoing areas of focus.

Paul Fox asked whether comparative statistics were available around incidents. The Chief Nursing Officer indicated that she had not seen comparative data but this would start to be shared across BSW. She recommended exercising caution around this as the key focus was safeguarding and creating a culture of openness, learning and reporting.

Antony Durbacz asked whether the Trust had the resources to achieve the projection for safeguarding compliance. The Chief Nursing Officer confirmed that the Trust had the resource to teach safeguarding but found it difficult to release staff from clinical areas. She advised that achieving level 3 compliance was not optional and a mitigation plan would be developed if there was slippage.

The Board of Directors had a robust discussion around the Trust's safeguarding data and whether this was proportionate to the local area. The Chief Nursing Officer indicated that the local authority safeguarding leads that attended VPAC were complementary of the work that the Trust had done around children's and adults safeguarding. They had identified that the Trust was reporting proportionately and was an exemplar. They had also noticed a tangible difference in the culture and openness around safeguarding. The Chief Executive added that the Trust needed to consider themes relating to safeguarding incidents across BSW and what this indicated about the health of the population.

The Board of Directors noted the update.

### **BD/24/09/14      Infection Prevention and Control Annual Report**

The Chief Nursing Officer reported an overall reduction in many infections and a focus on healthcare associated Clostridioides difficile with 77 cases reported against a threshold of 41. No significant lapses in care or cross infection had been identified and there had been an increase in cases across England with NHS England considering research into this. The Trust had continued to focus on working with clinical and site management teams to maintain good processes and reduce the number of ward closures and key risks were the number of side rooms and cleaning standards.

Paul Fox asked whether the Trust benchmarked against other hospitals and model hospital statistics for norovirus. The Associate Chief Nurse and Deputy DIPC confirmed that the Trust did benchmark across the system and South West but norovirus rates were not included in the national data. The Chief Executive added that it was difficult for the Trust to benchmark against model hospital data because the Trust's single room capacity was low in comparison to the 75% standard for newly built hospitals.

Hannah Morely sought clarity on the total knee replacement infection rate at the Trust's modular theatre at Sulis. The Associate Chief Nurse and Deputy DIPC indicated that there had been an issue earlier in the year that had resulted in a deep dive to standardise practice and lessons included inpatient education. She reassured the Board that reports of infection were thoroughly investigated by surgical site nurses.

Sumita Hutchison asked whether the implementation of paperless inpatients had had a positive impact on IPC to date. The Chief Nursing Officer indicated that whilst it had only been 3.5 weeks since go live, some positive impacts had already been identified.

The Board of Directors noted the report.

#### **BD/24/09/15      Vulnerable People Strategy**

The Associate Director for Vulnerable People reported that the strategy had been co-produced and provided an overview of the key ambitions, goals and deliverables. An Enhanced Care and Support Team was being established, and the workforce would be upskilled to involve vulnerable people and their loved ones in the design and shaping of services.

The Chair reflected on the importance of supporting carers and asked whether a Carer Strategy had been developed to sit alongside the strategy. The Associate Director for Vulnerable People indicated that this was in development.

The Board of Directors discussed the need to define which patients would be considered vulnerable, particularly in terms of resource and demand management. They discussed the way that the Care Act 2014 defined vulnerable people and were informed that the strategy aimed to support a wider cohort. The Chief Nursing Officer advised that the population of vulnerable people was growing and the strategy focused on how the Trust could be purposeful in engaging and listening to provide care in a more personalised and flexible way. This was culturally important and would enable better care for all patients.

Sumita Hutchison asked whether the strategy should fit into the Patient Experience Strategy. The Chief Nursing Officer recognised that the strategies were interconnected but that it was important for the Trust to acknowledge vulnerability in its own right. There were nuances between the two strategies, particularly in terms of language and this was essential in terms of improving service delivery.

The Board of Directors approved the Vulnerable People Strategy.

#### **BD/24/09/16      Patient Experience Strategy**

The Chief Nursing Officer reported that the Patient Experience Strategy had been co-produced and was informed by complaints, feedback and compliments. She provided an

overview of the 3 strategic commitments and indicated that culturally, the Trust was on a journey to ensure that the voice of service users was at the heart of improvement.

Nigel Stevens felt that the strategy was not ambitious enough and that this was a chance for the Trust to work differently to achieve something special. He advised that the Trust needed to look at customer experience in its entirety to make a step change. A big part of this would involve regularising communication and ensuring that this was an inspirational piece of work. Paul Fox added that the Trust was focusing on the experience of an acute hospital when the preventative direction of travel would indicate that the majority of patients should not need to experience the hospital.

The Board of Directors had a detailed discussion about the strategy, and agreed that its contents were poignant to the patient journey. It also noted that there was an opportunity to bring broader thinking and ambition. There was acknowledgment that whilst public and patient feedback covered the fundamentals within the strategy, there was an opportunity to think outside of the traditional mechanisms of patient experience in the NHS. The Chief Nursing Officer thanked the Board for their comments and agreed to redevelop the strategy, taking feedback from the Board into account.

**Action: Chief Nursing Officer**

It was agreed that the Vulnerable People and Patient Experience Strategies would remain separate to enable greater focus on vulnerable people going forward.

#### **BD/24/09/17      Quality Assurance Committee Upward Report and Terms of Reference for Approval**

Hannah Morley reported that the Committee had discussed the increase in End of Life referrals since 2014 and had identified this as an area of focus. Assurance was received that the Trust was working with partners to better manage young people across the system with deregulatory behaviour and the Terms of Reference had been reviewed.

The Board of Directors noted the update and approved the Terms of Reference.

#### **BD/24/09/18      People Committee Upward Report and Terms of Reference for Approval**

Hannah Morley presented the report on behalf of Paul Fairhurst and advised that there had been a joint private meeting of the People and Finance and Performance Committees to discuss the pay cost reduction. The People Committee had noted the progress on organisational change within the People Directorate and were assured by the Equality Diversity and Inclusion (EDI) Annual Report and exception reports around the People Plan. They had also reviewed and approved their Terms of Reference.

The Board of Directors noted the update and approved the Terms of Reference.

#### **BD/24/09/19      People and Culture Strategy Update**

The Chief People Officer reported that the strategy focused on capacity, capability and culture and was underpinned by restorative just and people culture and easy to use people processes. Progress against the 11 programmes of work was measured via the People Dashboard, Integrated Performance Report and Staff Survey and it had been established that the Trust had compassionate leaders and delivered compassionate care.



The Board of Directors noted the update.

**BD/24/09/20 Equality, Diversity and Inclusion Annual Report**

The Chief People Officer provided an overview of the EDI Annual Report and explained that the Trust would report annually going forward to provide a more holistic and integrated overview of its activity. He indicated that EDI and race in particular was a strategic focus for the organisation and significant progress had been made over the last year in terms of the ethnicity pay gap and representation of global majority colleagues in higher banded positions. There had been some improvement around the cultural elements of the Workforce Race Equality Standard but there was still a significant difference in the experiences of harassment, abuse or bullying of global majority staff compared to white staff and the organisation remained committed to addressing this.

The Board of Directors noted the report.

**BD/24/09/21 Finance and Performance Committee Upward Report**

Antony Durbacz reported that the Committee had reviewed the trajectories around financial and operational performance to understand how sensible the outturns were in relation to the data. The financial trajectory would become more difficult as the year progressed and 4 hour performance, ambulance handover and DM01 targets also remained challenging.

The Board of Directors noted the update.

**BD/24/09/22 Annual Report and Accounts**

The Interim Head of Corporate Governance reported that the Annual Report and Accounts had been submitted and would be laid before parliament between 2 and 14 September. The Trust would then publish them on the website.

The Board of Directors noted the update.

**BD/24/09/24 Any Other Business**

No other business was discussed.

*The Meeting closed at 16:00*