

**Minutes of the Public Trust Board Meeting held on
Thursday 30 January 2020 at 10.00am
Seminar Room 5, Learning & Research Building, Southmead Hospital**

Present:

Michele Romaine	Chair	Andrea Young	Chief Executive
Kelvin Blake	Non-Executive Director	Evelyn Barker	Chief Operating Officer
John Everitt	Non-Executive Director	Helen Blanchard	Director of Nursing & Quality
Jaki Meekings-Davis	Non-Executive Director	Chris Burton	Medical Director
John Iredale	Non-Executive Director	Neil Darvill	Director of Informatics
Rob Mould	Non-Executive Director	Catherine Phillips	Director of Finance
		Jacqui Marshall	Director of People & Transformation
		Simon Wood	Director of Estates, Facilities & Capital Planning

In Attendance:

Xavier Bell	Director of Corporate Governance & Trust Secretary	Isobel Clements	Corporate Governance Officer
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Observers: One member of staff / public attended.

Action

- TB/20/01/01 Welcome**
The Chair welcomed everyone to the public meeting of the Board and noted Andrea Young, Chief Executive, would leave at 11.20pm when Evelyn Barker, Chief Operating Officer and Deputy Chief Executive would step in as deputy.
- TB/20/01/02 Apologies For Absence and Welcome**
The Board noted that apologies for absence had been received from: Tim Gregory, Non-Executive Director and Stephen Lightbown, Director of Communications.
- TB/20/01/03 Declarations of Interest**
There were no declarations of interest nor updates to the Trust Board register of interests as currently published on the NBT website and annexed to the papers.
- TB/20/01/04 Patient Story / Staff Story**
Helen Blanchard, Director of Nursing and Quality explained that no patient story was presented at the meeting due to a number of plans falling through. The Board wanted to highlight that this did not undermine the importance the Trust placed on hearing staff and patient feedback.
John Everitt, Non-Executive Director (NED), requested a clear mechanism to capture learning from patient/staff stories and to feed back into Board to evidence value added.

RESOLVED:

- **Agreed the patient story process should include an advance six month plan for scheduled patient and staff stories with sufficient secondary options to ensure a**

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staff/patient story is brought to the Board, even if attendance is not possible.

TB/20/01/05 Minutes of the previous Public Trust Board Meeting

RESOLVED that the minutes of the public meeting held on 28 November 2019 be approved as a true and correct record subject to amendment on page three of Academic Health Sciences 'Network' to 'Centre'.

TB/20/01/06 Action Log and Matters Arising from the Previous Meeting

Regarding action 14, Evelyn Barker confirmed that contact had been made with University of Bristol regarding use of their CT Scanner but it was confirmed that the University could only offer use of the MRI machine due to a lack of radiographers available. John Iredale, NED, further noted that the University often had capacity for sleep studies if the Trust required this service. Andrew Pearce was the University contact for flagging capacity issues that had potential to be alleviated by University-owned equipment.

Aside from the action log, it was separately noted that actions had progressed regarding out of hours food for junior doctors and other staff as discussed at the previous Board meeting. Chris Burton, Medical Director, and Andrea Young had met with the junior doctor forum and Andy Jeanes, Director of Operational Facilities, had identified £30k national funding for overnight food supplies and additional pods for resting over-night. The forum meeting was positive with pronounced support from the corporate team.

RESOLVED that the updates to the Action Log be received and approved.

TB/20/01/07 Chair's Business

The Chair provided an update on the following:

- Two fascinating Back to the Floor exercises had been carried out by the Chair since Christmas:
- One visit was to Orthopaedic Theatres including meetings with surgeons and attending an MDT. The Chair witnessed a positive, supportive mentoring environment between consultants and staff with interesting discussions around Medirooms and winter pressures;
- The other visit was to the Maternity Assessment Unit (MAU) and the Chair felt this was best described as the ED for maternity, with staff working in difficult conditions regarding space especially in the assessment rooms and the waiting room which doubled as a day room for admitted patients. Additionally, when triaging patients, the phone cord had to be stretched out in order for it to work properly. The Chair wanted these things noted and raised awareness to the Board of the difficulties experienced by the MAU. Simon Wood, Director of Estates, noted the building

was due to be replaced in approximately five years and that potential facilities improvements for Women & Children's in the next five years were being looked at.

Key comments from the Board:

- It was noted that the MAU department needed to be given louder voices around their issues as there was a lack of self-reporting of estate issues;
- Neil Darvill, Director of IM&T, noted that in terms of technology, the Women & Children's division would have the same phone system as the rest of the Trust soon and that TVs would also be installed;
- John Iredale, NED, noted that the above discussion and actions from IM&T and Estates reflected a good culture in the team regarding hearing concerns and taking actions to tackle issues;
- Chris Burton, Medical Director, was gratified to hear the positive regard the Chair viewed the Orthopaedic surgery team in with respect to teaching/mentoring. This was especially positive in light of the corporate effort put into the team to improve on the poorer teaching seen a number of years ago. This evidenced a positive outcome from improvement actions;
- Jaki Meekings-Davis, NED, stated her MAU walk-around reflected similar issues and noted that Southmead Charity had improvements to the department as one of its potential strategic intentions. These intentions will be received by Board in April.

RESOLVED:

- **The Chair's verbal update was noted;**
- **The value the Back to the Floor exercises bring was noted;**
- **The Maternity Assessment Unit phone to be fixed.**

SW

TB/20/01/08

Chief Executive's Report

The Board considered the Chief Executive's report, presented by Andrea Young. No further comments to the report were added aside from noting that an Appendix was missing from the report and was uploaded to Diligent during the meeting.

Key comments discussion from the Board:

- It was noted that the bold 'Transforming health through innovation: Integrating the NHS and academia' report was a long time in the making. The perception that the NHS was not making best use of opportunities to fulfil its role in working with Universities and other bodies such as industry to drive changes in infrastructure and research was highlighted;
- However, NBT itself was further down this pathway than others and the main point of the paper and following discussion was that the Bristol Healthcare Research economy was already

- good;
- The benefits of medical research were discussed such as improvement in patient outcomes and improving atmosphere and culture. It was highlighted that there was an appetite for Bristol's healthcare partners to grasp this in the local area;
 - John Iredale, NED, also noted the appetite in Bristol citizens as the biggest per capita donors for British Heart Foundation and with Bristol as a community-driven city with an established culture and citizens already involved and interested;
 - It was described that since 2014 across the Trust, at least 100 consultants had Research & Development as part of their job plans. Furthermore, consultants that were applicants or co-applicants on research studies brought in excess of £60m across health Trusts;
 - The contribution of staff outside of consultants (such as nurses) was also noted;
 - The amazing trajectories for research careers with in the Trust was celebrated;
 - It was suggested that any lack of engagement reflected a capacity and investment problem rather than a lack-of-will problem;
 - Kelvin Blake, NED, requested clarity regarding IM&T's involvement in research. Neil Darvill explained that IM&T's current focus was on rectifying legacy issues in order to get to a point where horizon scanning and investment in AI and robotics etc was possible. However, for the next few years all resources were deployed to ensure levelling up business;
 - Chris Burton pointed out that the Board had sight of Research & Innovation (R&I) work from the quarterly R&I group that he attended, the IPR data and the Board visits from R&I directors. However, he also agreed that visibility of benefits from R&I could be increased;
 - Discussion was had around if organisations should be bounded geographically or institutionally. Bristol constituted of one CCG, three acute hospitals, two universities, one mental health service provider, soon to be one community provider, many GPs and discussion situated around how these organisations inter-play and work as drivers and part of one system. It was agreed that research should not be limited to NBT's boundary;
 - NBT wanted the Trust and Bristol to be a sector leader for this, with support from the CCG and Peter Brindle, Medical Director.
 - Rob Mould, NED, wanted clarification on NBT's position (potentially through David Wynick) on use of the NHS' generation of big data set, and links to big pharma and industry especially regarding commercialisation of our data to sponsor research. John Iredale, NED, confirmed that the paper was not

about commercialisation of data but instead about creating structure to allow those who want to do research to drive it forward. Andrea Young confirmed that the level of commercially-funded research was known;

- How to progress this work at speed and cross-organisationally was discussed with the UCL model highlighted as learning potential;
- It was confirmed that an inventory of research and data across Bristol was available and that the Trust was driven by the National Institute of Health Research to meet targets.

RESOLVED that the Chief Executive's report be noted and Chief Executive to explore the Trust's approach to commercialisation of data with David Wynick.

AY

TB/20/01/09

Board member's walk-arounds

Xavier Bell, Director of Corporate Governance and Trust Secretary, asked the Trust Board to discuss and approve the proposed approach to Board Director walk-arounds. The current process for walk-arounds was described and it was noted that a re-think was required to ensure best use of time for all and to ensure information and themes from walk-arounds had an efficient process behind capture and follow-up. A year-forward plan of visits was proposed to avoid frustration from wards and administrators when visits are cancelled last-minute.

Key discussion points and comments from the Board:

- The purpose of walk-arounds was debated and established that it was not to record actions and 'rescue' departments but to triangulate staff experience;
- It was agreed that a shared decision across the Board was required, with input from staff who would potentially be visited to highlight what would be most beneficial for them;
- The importance of following-up on discussions during previous visits was highlighted to ensure staff were satisfied and to avoid de-valuation of visits. A mechanism for this process was required;
- The benefits of flexibility and informality of visits was also noted and agreed;
- Management of expectations was essential;
- It was acknowledged that walk-arounds were one mechanism for staff feedback and connection to the Board. This was an additional process to include NEDs further and not aimed at replacing the regular visits Execs make to areas in the hospital. It was also noted that Execs have a large amount of contact with their relevant areas e.g. Medical Director with doctors;
- Agreed visits should be to areas outside of clinical areas too;
- The walk-around template presented was agreed to in theory, but the Board felt a further in-depth discussion was required to

bottom-out the process.

RESOLVED:

- **A Board workshop/ seminar including to-be-visited staff perspectives to be organised for April to reach a shared decision on NED and Exec walk-arounds.**

XB

TB/20/01/10 Quality & Risk Management Committee (QRMC) upward report

John Iredale, NED and Chair of QRMC, presented the upward report from January's QRMC meeting which encompassed a number of large discussion items including the NHS patient safety strategy overview. This was highlighted as a good subject for a Board away-day discussion; preferably in 2020.

The report on Safety Culture was also emphasised as a key agenda item at January's QRMC which provided a large amount of information and reassurance. QRMC members deliberated how best to pull numerous patient safety projects and outcomes together across the Trust.

The QRMC self-evaluation results were brought to the attention of the Board. The self-assessment provided reassurance that QRMC was functioning well with vibrant and appropriate discussions. A suggested improvement was to increase specificity of and time spent on the deep-dives to improve learning.

Finally, QRMC were reassured that the review on cancer waits found no one had come to 'harm' as defined by NHS parameters. However, QRMC did clarify that this result was not a reason for complacency in efforts to reduce wait times as waits could elicit other harm such as psychological harm, not currently measured by NHS parameters.

RESOLVED:

- **NHS patient safety strategy overview discussion to be scheduled for a Board work away-day in 2020 (May or October dates available)**

HB

TB/20/01/11 Patient & Carer Experience Committee (P&CEC) upward report

Rob Mould, NED and Chair of P&CEC highlighted a number of key discussion topics from January's P&CEC. It was noted that there had been a reduction in complaints and improved performance of the PALS system. The committee was not convinced that the PALS system had completely replaced the complaints system, but the report suggested good engagement in PALS as a way to manage complaints.

The P&CEC received a disability confidence paper and it was decided that Jas Kaur, Head of Equality, Diversity & Inclusion alongside Kelvin Blake, NED, would take this on as a project with other committee members to be brought back to P&CEC.

The P&CEC noted and supported the Trust's Learning Disability & Autism Strategy.

Key comments from the Board were as follows:

- Andrea Young highlighted that the review of the PALS showed an impressive willingness and speed of staff to address concerns raised. However, it was suggested that the process should ensure the person who made the complaint was aware that they should expect a call as occasionally a consultant had phoned a patient when they were not prepared. It was noted that consent for phone calls was given by the complainant;
- It was noted that the LD paper as an appendix did not fully reflect the huge amount of work and engagement taking place in this area by clinicians to improve the service for LD patients and relatives. The next desired step was to see outcomes improve;
- Kelvin Blake and Rob Mould attended a patient experience away-day attended by many patients and public involved in service improvement. A willingness by the Board to improve was noted;
- Helen Blanchard emphasised that investment regarding quality governance, safety and risk was paying dividends with divisions who were now much closer to the patient interface;
- Jaki Meekings-Davis, NED, questioned if management of the transition from child LD services to adult LD services was in the Trust's work-plan. Helen Blanchard confirmed that it was on the long-term view and plan and that the Trust was working with UHB in terms of transition generally.

RESOLVED:

- **Trust Board formally noted the LD and autism paper and embraced its content as a plan to deliver;**
- **The PALS process should explicitly confirm that complainants should expect a phone call;**
- **An annual review of PALS service to be taken to P&CEC;**
- **Disability confidence paper to be brought to P&CEC in future once project had developed.**

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TB/20/01/12 North Bristol Trust Five Year Strategy 2019- 2024

Chris Burton, Medical Director, requested formal public approval of the NBT Five-Year Trust Strategy that had previously been approved at Private Board in October 2019. It was noted that the Strategy had planned to launch in November 2019 but the General Election had prevented this. Attention was brought to the Strategy on a page that had been created for ease of access. It was noted that all actions should go towards delivering the vision statement declared at the top of the strategy.

The next steps were for a video to be communicated the following week and letters sent to external stakeholders. The

communication plan was described in the paper.

Key comments from the Board were as follows:

- All NEDs offered praise for the Strategy and its optimism and ambition. Jaki Meekings-Davis, NED and chair of audit committee also noted that the internal auditors offered their praise especially reflecting NBT as setting the pace for the STP;
- Nervousness around timings of publication and communication of the strategy in relation to ongoing inquests was raised;
- Catherine Phillips noted that strategic themes appeared in the Operational Planning for 2020/21 which evidenced planning was backing-up the strategy;
- NEDs requested assurance regarding monitoring of delivery. Chris Burton clarified that the Board would monitor the strategy through development of Operational Planning, Business Planning and Operational objectives set within. A twice-yearly review to ensure all bases were covered was suggested. In addition, delivery of the strategy would be mapped in an action-log format to clarify when, by who and through involvement of which sub-committee elements of the strategy would be achieved. Lastly, at operational level, enabling strategies were being advanced and the business planning team would ensure a mechanism was developed to track this with proper governance;
- The Chair expressed that committees should own the strategy day-to-day with Board to assess if the Trust was doing the things it said it would do in the five year strategy plan. Board would also be required to decide on aspects to focus on and be responsible for ongoing refinement of priorities.

RESOLVED:

- **The North Bristol Trust Five Year Strategy 2019- 2024 strategy was approved;**
- **Agreed a twice yearly reflection on progress of strategy achievement to be planned for Board.**
- **Board discussion on prioritisations of strategic goals to be planned (May or October dates available).**

XB

Andrea Young left the meeting.

TB/20/01/13 Integrated performance report

Evelyn Barker presented the new-format Integrated Performance Report (IPR) on behalf of the Chief Executive. The new format had been road-tested at JCNC whose members found it easier to navigate. Key overview of the IPR was as follows:

- Fifth month in a row exceeded position, highly commended by regional NHSI colleagues, first among 11 major trauma centres;
- December had been a challenging month with the Trust in OPEL 4 critical incident for a significant amount of time, leading to two

- 12 hour trolley breeches;
- However, the IPR was fairly positive for a challenging month: 52 ww diagnostics had reduced as predicted, with additional endoscopy capacity due and extra CT and endoscopy funding to bring trajectory back on track; December's safer surgery compliance achieved a remarkable 99.9%; and the deficit had been reduced.

Key discussion points and comments from the Board were as follows:

John Everitt, NED, noted that committees were doing the 'heavy lifting' regarding IPR analysis but that the trajectory, trend and quartile position were important at Board level and regarding those measures, the Trust's performance was improving.

Discussion was had regarding how IPR information could be used to identify areas that required support and resources as opposed to being used to monitor target achievement. The Chair noted this could be done once out of the regulatory radar, and that resource distribution would also be informed by the strategy and what matters to the Trust. It was agreed that the NHS was target-focussed but that targets should be achieved when also in pursuit of own goals. On the other hand, Catherine Phillips highlighted that targets were set for patients as well as performance and that the Trust had a limited amount of resource.

Regarding the WHO compliance data, Chris Burton noted that a huge amount of work was completed in the theatres leadership team and the Trust was assured that a WHO checklist was completed for every patient that required one in theatre but the data did not reflect this as the denominator number included patients who did not require one.

Helen Blanchard wanted the Board to acknowledge that though the IPR was deemed positive, December had been an extremely difficult month especially for staff on the front line. The IPR did not have targets for care in corridors and for extra beds on wards. A potential need for further urgent care indicators that fall between responsive and quality IPR element was highlighted. These would help to accurately indicate the strain the Trust was under and the significant impact on staff and patient experience.

John Iredale queried if Trust staff were aware of the extraordinary feat they pulled off in achieving the top of local Trusts under such strain. It was agreed this message should be distributed to staff.

It was noted that the reconfiguration of the IPR was a vast improvement, avoiding unsurmountable amounts of data and providing a rounded picture complimented by Executive Director's interpretations and highlights of relevant areas for Board discussion and awareness.

Chris Burton described infection control issues not included in the IPR:

- The Neonatal Intensive Care Unit (NICU) within the Trust that housed very vulnerable patients was experiencing a persistent MRSA infection outbreak. It was noted there had been no blood

stream infection and no babies had come to harm and NHSE were aware of issues. The Trust had increased infection control and scrutiny and the infection control team was working closely with the NICU team;

- Covid-19 was a fast moving national concern. It was confirmed that the Trust was following all national guidance and was prepared in so far as plans following the guidance had been completed. One person had come to the Trust for testing, and was too well to be admitted but this trail-run highlighted the process did not work correctly hence immediate discussions and meetings took place to facilitate learning. It was shared that a laboratory within the Trust had been designated as one of the national Covid-19 testing sites with NHSE looking at NBT as a potential place to send people if the four national centres became overwhelmed. It was noted Urgent Care would be impacted if the spread of Covid-19 worsened.

RESOLVED that:

- **Trust staff to be made aware of the extraordinary accomplishment in achieving top of local Trusts during a high-pressured month;**
- **Urgent care specific deep dive to be taken to QRMC to include OPEL status, stranded patients, corridor waits, extra beds on wards etc. and to be linked to quality.**
- **Urgent Care metrics such as extra beds on wards and corridor numbers to be included in IPR to indicate patient and staff context to Board.**

EB

TB/20/01/14 Audit Committee Upward report

Jaki Meekings-Davis, NED and chair of audit committee clarified that the new Declarations of Interest (DOI) Policy was agreed by Trust Board via Audit Committee and that the Standing Financial Instructions (SFIs) and Standing Orders (SOs) attached showed routine amendments agreed by the Audit committee.

RESOLVED:

- **The amended DOI policy, SFIs and SOs were approved;**
- **Agreed that P&D committee would review staff training regarding overseas visitors identified by the counter-fraud review.**

CP/GH

TB/20/01/15 People & Digital Committee (P&DC) Upward Report

The attached paper followed the verbal update given by Tim Gregory, NED, in the previous Board meeting. The report included the reasoning behind changes to the BAF and it was noted that the Board will receive a BAF that fits with the strategy and operational plan in due course.

RESOLVED the P&DC upward report was received and noted.

TB/20/01/16 Any Other Business (AOB)

Simon Wood announced that the outside gym had launched and the patient and staff allotment would be launching in Spring. The Chair highlighted the need for someone to own the programme in order to make the allotment efficient.

SW

TB/20/01/17 Questions from the Public in Relation to Agenda Items

None received

TB/20/01/19 Date of Next Meeting

The next public meeting of the Board was scheduled to take place on Thursday 29 March 2020, 10.00 a.m. Seminar Room 5, Learning & Research Building, Southmead Hospital.

The meeting concluded at 11.55am

DRAFT