

**Minutes of the Public Trust Board Meeting held on
Thursday 28 May 2020 at 10.00am
Virtual via Microsoft Teams**

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
Tim Gregory	Non-Executive Director	Neil Darvill	Director of Informatics
Kelly MacFarlane	Non-Executive Director	Catherine Phillips	Director of Finance
Richard Gaunt	Non-Executive Director	Jacqui Marshall	Director of People & Transformation
Ade Williams	Associate Non-Executive Director	Simon Wood	Director of Estates, Facilities & Capital Planning

In Attendance:

Xavier Bell	Director of Corporate Governance & Trust Secretary	Pete Bramwell	Head of Communications
		Isobel Clements	Corporate Governance Officer

Observers: Due to the impact of Coronavirus Covid-19, the Trust Chair took the decision to suspend non-urgent and non-essential meetings until further notice. The Trust Board met virtually but was unable to invite people to attend the public session. Trust Board papers were published on the website, and interested members of the public were invited to submit questions in line with the Trust's normal processes.

TB/20/05/01	Welcome	Action
	The Chair welcomed everyone to the public meeting of the Board. Non-Executive Directors Jaki Meekings-Davis, Kelvin Blake, John Everitt, and Richard Gaunt, Associate Non-Executive Director Ade Williams, and Pete Bramwell, Head of Communications, joined by teleconference.	
TB/20/05/02	Apologies For Absence and Welcome	
	The Board noted that apologies for absence had been received from John Iredale, Non-Executive Director.	
TB/20/05/03	Declarations of Interest	
	There were no new declarations of interest but an update to the Trust Board register of interests as currently published on the NBT website and annexed to the Board papers was required as follows: <ul style="list-style-type: none"> • Kelvin Blake, NED, was no longer a Board member for University Hospitals Bristol & Weston NHS Foundation Trust, formerly Weston Area Health Board. 	
TB/20/05/04	Minutes of the previous Public Trust Board Meeting	
	RESOLVED that the minutes of the public meeting held on 26 March 2020 be approved as a true and correct record subject to the addition of Tim Gregory as an attendee.	

TB/20/05/05

Action Log and Matters Arising from the Previous Meeting

The following updates to the Trust Board action log were provided:

- Actions 24, 28 and 29 were closed. The caesarean deep-dive would be included in the Annual Quality Governance Account due at QRMC in September and the lead for the allotment was to stay with the facilities team and transferred to the well-being team when fully established;
- Action 19 was amended to July as discussions to enable effective patient stories were to take place with Helen Blanchard, Director of Nursing & Quality, Kelly Macfarlane, NED, and NBT's patient experience lead. Michele Romaine, Trust Chair, requested that virtual options for re-instating Trust Board patient stories be investigated;
- Action 21 was ongoing, so the due date was extended;
- Action 22 was delayed pending Covid-19 restoration phase 2 and 3 and discussion concerning how NED walk-arounds would work with social distancing requirements etc.

RESOLVED that the Action Log and amendments as above was noted. No matters arising were raised.

TB/20/05/06

Chair's Business

{Healthier Together slideshow to be shared with the Board}

MR

Michele Romaine, Chair of the Trust, provided the following updates:

- Kelly MacFarlane, new NED, was to replace Rob Mould as Freedom To Speak Up Board representative;
- Andrea Young, Chief Executive, and Michele Romaine had attended the STP Healthier Together Board in the previous week. A commitment to learning from changes during the Covid-19 response was perceived across system partners with a set of goals and principles shared. It was reported that the shared principles aligned with pre-Covid-19 system aims;
- Andrea Young confirmed that NBT would have a role in three areas of Healthier Together transformation priorities: Urgent care (NBT's Kieran Flanagan was leading); Outpatients (specifically end-to-end digital pathway transformation); and development of acute provider's role as part of the STP alongside Sirona (community care), the three Local Authorities (LAs) and BNSSG Clinical Commissioning Group (CCG), particularly regarding collaboration around care homes;
- One Healthier Together goal was to recognise inequalities impact of Covid-19 and to develop community-based healthcare management.

RESOLVED that the Chair's Briefing be noted.

TB/20/05/07 Chief Executive's Report

Andrea Young, Chief Executive, provided the following updates:

- The Trust was gradually re-instating urgent and important activity whilst ensuring re-configuration of the hospital recognised and streamed patients into Covid-19, untested and non-Covid-19 streams to prioritise safety for staff and incoming patients;
- A range of Health & Well-Being was available for staff and the Trust had begun a pulse survey, results of which would be discussed at a future meeting;
- Weston hospital had temporarily closed to new admissions due to increasing Covid-19 cases. All staff were being tested but a re-open date remained unknown. It was confirmed that NBT was a part of the system response to manage North Somerset patients;
- The latest CQC report for Avon & Wiltshire Partnership (the mental healthcare provider in the region) detailed that two areas – child and adolescent mental health and patients with learning difficulties – had improved in rating from 'requires improvement' to 'good';
- Bristol was one of only two centres to be awarded Academic Health Science status. This recognised the strong link between health partners, Local Authorities and academia, and was something to be proud of.

RESOLVED that the Chief Executive's Report be noted.

TB/20/05/08 Integrated Performance Report

Andrea Young introduced the Integrated Performance Report (IPR) for April data. NBT had suspended all non-urgent activity on 17 March 2020 hence some items on the IPR such as capacity looked improved. However, the IPR was clarified as a snap-shot in time for which full conclusions could not be drawn. The Trust continued to monitor the situation in terms of impact on patients not being treated. As mentioned, NBT was re-introducing some elective activity. This was managed by the Service Restoration Board chaired by Evelyn Barker, Chief Operating Officer and Deputy Chief Executive.

Operational

Evelyn Barker presented the operational section of the IPR. Key elements to note were as follows:

- The IPR was green on many key targets. This was likely due to a 50% reduction in ED attendances though ED attendance in the previous week (to be evidenced in June's IPR) had risen dramatically to an average of 200 per day. Increased attendances presented a challenge to ensure appropriate social distancing was maintained;
- NBT was the best performing major trauma centre in the country (96% performance) which provided a moral boost in difficult circumstances;

- Despite the focus on discharging patients at the outbreak of the pandemic, NBT had the highest number of patients with greater than 21 day stays in the South West. This would remain a focus for the Trust;
- Concern regarding the diagnostic performance was raised (61% six week wait performance and 402 greater than 13 week wait breaches). The Board were assured that these figures were similar to other Trust's figures and NBT was reinstating diagnostic tests;
- Waiting list sizes had reduced due to a reduction in referrals. During April, NBT treated many patients prior to the cessation of referral and elective operations;
- Cancer performance was reported as in upturn and ahead of trajectory though it was reported some patients had refused to attend two week wait appointments due to nervousness around Covid-19.

Questions and comments on operational section of IPR:

- John Everitt, NED, requested clarity on how the Trust was prioritising patients waiting for elective care.
- Tim Gregory, NED, raised concern that NBT had been struggling with diagnostics performance prior to Covid-19 and this had worsened during the pandemic. He requested assurance on how patients were being triaged and how harm analysis due to waits were being carried out;
- Richard Gaunt, NED, raised the issue that from a governance perspective, the standard KPIs included in the IPR may need to be re-visited to ensure the progress of NBT's Covid-19 recovery;
- In response to the above points, Evelyn Barker confirmed that the Quality & Risk Management Committee (QRMC) had received a paper on the process of harm reviews from treatment delays due to Covid-19 the previous week;
- Kelvin Blake, NED, requested clarification of why stroke figures had reduced and why pressure injuries had increased per 1000 bed days despite reduced occupancy:
 - Regarding stroke figures, Chris Burton, Medical Director, clarified that the stroke team had informed him that the IPR data was not correct as NBT's performance had actually significantly improved. This would be corrected for June's IPR;
 - Regarding pressure injuries, Helen Blanchard explained analysis had taken place to understand cause and effect and Heads of Nursing had led an audit of patient-facing care and peer reviews to further understand ongoing incidents;
 - In addition, a prospective piece of work to look at the profile of patients who develop pressure injuries had been commissioned. This would analyse the nutritional status, characteristics and length of stay to extract commonalities

CB

that may be pertinent to the development of PIs and understanding those at high-risk;

- It was acknowledged that despite the vast amount of work happening within the Trust regarding PIs, NBT had not seen the reduction anticipated. A report on PI work was requested for review at a future Board meeting;
- Jaki Meekings-Davis, NED, queried if data on PIs could be broken-down into departments - such as ICU – for audit purposes. It was noted that patients in ICU had developed PIs in relation to medical devices used to treat Covid-19 but the number of incidents did not account for the increase in PIs overall;
- Following a comment from Michele Romaine that the increase in ED attendance over the past week should be understood, Evelyn Barker confirmed that the majority of attendances were majors as opposed to minors. This included increased trauma cases and stroke likely due to the warm weather and increased movement of people.

HB

People

Jacqui Marshall, Director of People & Transformation, presented the staff section of the IPR. It was noted that vacancy and turnover rates had improved. Where appropriate, interviews had been carried out virtually and this was planned to continue.

More broadly, the importance of job security has been emphasized during the pandemic which provided an opportunity for the system to promote careers in health and jobs available in BNSSG. Helen Blanchard also noted that NBT was attempting to convert regular bank staff into annualised staff within the nursing workforce.

Questions and comments on People section:

- Richard Gaunt commended the reduction in vacancies but queried the maintenance of agency spend. Jacqui Marshall responded that agency had been used at the beginning of the pandemic to fill a staff gap and winter agency spend was historically higher;
- It was acknowledged that further understanding of staff on long-term sick leave and management of shielding staff was required. Xavier Bell, Director of Corporate Governance & Trust Secretary, noted that long-term staff sickness was an ongoing focus of People & Digital Committee which would be resumed in June;
- It was confirmed that an internal Occupational Health management system was used.

Finance

Catherine Phillips, Director of Finance, presented the finance section of the IPR. Key points were as follows:

- During Covid-19, NBT had worked in financial regimes different to the norm which was reflected in the IPR;
- NBT was now funded in block payments for costs rather than

activity from a CCG and NHS specialist consortium. This would continue to the end of July but may be extended;

- In April, two times £45m was received to ensure cash issues were not experienced during Covid-19 and to allow for fast payment to suppliers;
- NBT had spent £45m on pay, products and non-pay and received £2.5m for specific Covid-19 costs mainly related to covering staff sickness, shielding and isolation and additional mega-team costs;
- NBT received £52m income in April and spent the same amount, leading to a break even position;
- When compared with the quarter four winter period, NBT received less income and spent less money. The pay bill remained static, non-pay considerably reduced due to the reduction in activity and non-elective work.

Questions and comments on Finance section:

- After a query from John Everitt, NED, Catherine Phillips assured the Board that the Trust was confident in recovering the full £16m of the operational and set-up plan for Covid-19 spend as signed-off by the Department of Health;
- Following a query regarding capital 2020/21 plans from Jaki-Meekings Davis, NED, Catherine Phillips clarified that NBT had suspended all non-urgent activities during Covid-19 but some capital work had been accelerated and completed under Covid-19 reimbursement (£6m claimed to date). The capital team would begin to re-prioritise the capital plan in light of the situation;
- Neil Darvill, Head of IM&T, further stated that formal IM&T governance would ratify the re-prioritised 2020/21 plan but he was optimistic NBT would be able to go ahead with most of the programme. Simon Wood, Director of estates, facilities and capital planning, confirmed the team were internally taking stock and re-prioritisation would depend on review of the transformation priorities. It was noted however, that some projects required for Health and Safety would be progressed as soon as possible though some specialist contractors may not return due to Covid-19 pressures;
- Tim Gregory, NED, queried the status of the 70-bed additional rehabilitation unit discussed pre-Covid-19. Andrea Young confirmed discussions with Sirona and CCG who currently commission the building had paused but would need to be re-started.

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Infection Control

Chris Burton, Medical Director, presented the infection control section of the IPR. NHSE had introduced categorisation of patients that had potentially developed Covid-19 while in hospital as follows:

1. Day of admission = not hospital acquired
2. 1-7 days in hospital development = possible hospital acquired
3. 8-14 days in hospital = probable acquired in hospital
4. Post-14 days in hospital = definitely hospital acquired

The Trust processed all those who developed Covid-19 symptoms after eight days in NBT. According to this, four patients fell into this category in May and would be the focus of learning by the Trust. Chris Burton reassured the Board that the Trust was focussed on this issue and was taking all actions it could to reduce the risks of outbreaks.

Questions and comments on the infection control section of the IPR:

- Michele Romaine noted that the infection control section of the IPR and NHSE categories did not allow for understanding of where staff had contracted Covid-19 at work. It was acknowledged that this was an important question but one which was unlikely to be known unequivocally;
- Kelly MacFarlane, NED, suggested that the Trust should understand numbers of staff who have had Covid-19 and further investigate the impact on BAME staff;
- It was confirmed that 1200 staff had been tested with 194 receiving a positive Covid-19 result. It was noted that only staff with symptoms were currently tested and the testing capability had been expanded after the peak was experienced. However, antibody testing would help with understanding numbers of staff who have had Covid-19;
- It was confirmed that the IPR included elective activity and outcomes for NBT patients treated in the Independent Sector (IS). However, Chris Burton confirmed that other responsibilities such as quality were included in the precise national contract;
- Tim Gregory, NED, requested assurance that infection control in the IS mirrored NBT's standards. It was confirmed that contracts stipulated each IS hospital needed to have its own infection control system, doctors and nurses. NBT patients were also pre-screened and swabbed prior to IS admission and NBT's infection control team had completed IS walk-throughs for further assurance.

RESOLVED:

- **The Integrated Performance Report was noted;**
- **The Board confirmed the compliance statements;**
- **July's Trust Board would be a seminar on NBT's strategy including re-prioritisation and sequencing of the transformation plan, financial possibilities and reducing activity back-log.**

TB/20/05/09

Freedom to Speak-Up Report

Xavier Bell, Director of Corporate Governance & Trust Secretary presented the bi-annual Freedom to Speak-Up Report. Key points to note were as follows:

- The Trust was below national average for FTSU reports. This was discussed at April's Guardians meeting where it was suggested this may be due to NBT's reactive rather than proactive structure;

- Kelly Macfarlane, NED, had attended the April Guardians meeting which was reasonably attended overall;
- Concerns raised did not increase during Covid-19 even though rapid changes to staff structures had taken place. It was suggested that this may have been due to daily NBT-wide communications and team huddles which allowed concerns to be raised divisionally;
- A number of Covid-19 specific concerns were raised specifically regarding (a lack of) social distancing within the Trust. Concerns raised fed into work such as changing the set-up of Vu café;
- It was positively reported that no staff who raised concerns had experienced detriment but the increase in anonymous concerns raised compared to national average was potentially concerning and was to be investigated;
- The Trust was commissioning a Guardian with designated time to lead the FTSU Guardians, attend patient safety groups and increase proactivity. Positively, all current Guardians wanted to continue to be ambassadors alongside the lead guardian;
- Kelly MacFarlane noted a full-time FTSU guardian was required to further embed the process and to target certain groups such as Healthcare Assistants and midwives whose FTSU report numbers were low;
- In addition, FTSU reports relating to bullying would need to be investigated as it may be that manager training could help if concerns were raised due to a badly handled performance management conversation. Jacqui Marshall highlighted that NBT was carrying out line manager awareness and training as a step towards a Just culture of learning rather than punishment.

Questions and comments on the FTSU report were as follows:

- Andrea Young raised concern that the layout of the data detailed in the report was not conducive for encouraging divisional improvements. For example, it was suggested that instead of divisional red and green ratings, data could be presented as per 1000 head rate;
- The difficulty in ensuring reporters remained anonymous and ensuring concerns produced learning was acknowledged. Thematic analysis, reports to and meetings with Divisional Management Teams would be possible once the lead Guardian was in post;
- Triangulation of data (for example with Staff Survey results) would be carried out to provide a Trust-wide picture and learning;
- Kelvin Blake, NED, raised concern that anonymous reports do not allow for analysis of trends and commonalities between reporters;
- Michele Romaine suggested that reports organised by job types would allow assessment of empowerment compared to divisionally-organised FTSU reports.

RESOLVED that:

- **FTSU data presentation be reconsidered before being presented to divisions;**
- **Agreed to aim to reduce the number of anonymous reports;**
- **Approved of the commissioning of an FTSU lead guardian.**

TB/20/05/10 Committee Upward Report: Quality & Risk Management (QRMC)

Kelvin Blake, NED, presented the QRMC upward report. It was noted that QRMC received comprehensive reports regarding Nightingale Hospital Bristol (NHB), Trust-Level risks and a deep-dive into Serious Incidents (SIs). The deep-dive into SIs reported 152 actions stemming from 52 SIs. Positively, no surprises were elicited from the deep-dive. Falls were analysed for commonalities separately due to contributing to two-thirds of SIs.

It was confirmed that QRMC was responsible for analysis into the impact on patients from delays in treatment. This had been discussed at May's QRMC but was not detailed in the upward report.

Discussion was had regarding the benefits and negatives to continuing monthly QRMC meetings. QRMC had taken the view that it would be in a position to revert back to bi-monthly meetings after July.

RESOLVED:

- **QRMC upward report to be retrospectively amended to include details on the discussion re harm risks new approach to analysis of patient harm due to delays during Covid-19;**
- **QRMC's ongoing frequency to be decided at July's QRMC.**

XB

TB/20/05/11 Any Other Business

- It was noted that antibody tests were available for all staff including NEDs;
- The Chair requested that July's public Trust Board be made virtually available to members of the public.

XB/IC

TB/20/05/12 No questions from the Public were received

TB/20/05/13 Date of Next Meeting

The next public meeting of the Board is scheduled to take place on Thursday 30 July 2020, 10.00 a.m. The Board will meet virtually. Trust Board papers will be published on the website, and interested members of the public are invited to submit questions in line with the Trust's normal processes.

The meeting concluded at 11.30am