

**Minutes of the Public Trust Board Meeting held on
Thursday 28 November 2019 at 10.00am
Seminar Room 5, Learning & Research Building, Southmead Hospital**

Present:

Michele Romaine	Chair	Helen Blanchard	Director of Nursing & Quality
Kelvin Blake	Non-Executive Director	Evelyn Barker	Chief Operating Officer
John Everitt	Non-Executive Director		
Tim Gregory	Non-Executive Director	Dr Chris Burton	Medical Director
Jaki Meekings-Davis	Non-Executive Director	Neil Darvill	Director of Informatics
Prof John Iredale	Non-Executive Director	Catherine Phillips	Director of Finance
Rob Mould	Non-Executive Director	Jacqui Marshall	Director of People & Transformation

In Attendance:

Xavier Bell	Director of Corporate Governance & Trust Secretary	Stephen Lightbown	Director of Communications
Isobel Clements	Corporate Governance Officer	Andrew Jeanes	Director of Operational Facilities

Presenters:

Kacie Gibson*	Deputy Antenatal and new-born Screening Coordinator/ Foetal Medicine Midwife	Dr Hadi Waheed* Sarah Chalkey**	Registrar Deputy Head of Nursing/ Lead Nurse ASCR
Brenda Dowie*	Lead Chaplain, Department of Spiritual Care	Sarah Lidgett** Sue Mallett**	Clinical matron, Medicine Clinical matron, NMSK
Dr Jane Mears*	Consultant Gynaecologist & Obstetrician	Dr Kathryn Holder***	Consultant Anaesthetist, Guardian of Safe Junior Doctor Working
Lauren Cole*	Bereavement Midwife		

*Attended for up to and during minute no.04, **Attended for up to and during minute no.09, *** Attended for minute no.19 only.

Observers:

Ten members of staff / public attended.

Apologies:

Andrea Young	Chief Executive
Simon Wood	Director of Estates, Facilities & Capital Planning

TBC/19/11/01	Welcome	Action
	The Chair welcomed everyone to the public meeting of the Board and noted the high number of public and staff in attendance.	
TBC/19/11/02	Apologies For Absence and Welcome	
	The Board noted that apologies for absence had been received from Andrea Young, Chief Executive and Simon Wood, Director of Estate & Facilities.	
TBC/19/11/03	Declarations of Interest	
	There were no declarations of interest declared nor updates to the Trust Board register of interests as currently published on the NBT website and annexed to the papers.	
TBC/19/11/04	Patient Story / Staff Story	
	Dr Jane Mears read out a letter of thanks received by Andrea Young, Chief Executive, from parents, Sam and Dan, describing their experience after learning that their baby boy's heart had stopped	

beating at 18 weeks gestation.

They praised NBT for its carefully planned process, care, compassion and the respect the staff gave to them and their baby Harry. This included services provided by NBT which were not provided by all Trusts such as funeral and burial for babies who die between 13 and 40weeks gestation and a memory box to take home.

Those mentioned in the letter had been thanked personally by Andrea Young and the Board also added their thanks.

Key observations and questions from the Trust Board and staff involved who were in attendance were as follows:

- The bereavement midwife role and the multi-disciplinary team was invaluable to provide the best care and support for patients, family and fellow staff;
- It was noted second trimester pregnancy loss was not uncommon on the Cotswold Ward, a gynaecology ward, and therefore co-location with maternity was key;
- It was noted that 20-weeks' gestation elicited one to one midwife care, whereas at 20-weeks and below, patients are cared for on Cotswold ward which has a higher staff to patient;
- It was noted that a large amount of staff time and effort was required to provide a service that helps reduce negative impact on patient's long-term mental health;
- Staff present confirmed that although the work was emotionally challenging, staff felt positive that they are able to provide individualised care for patients and families;
- The importance of treating the whole family/couple was noted.

RESOLVED thanked on behalf of the Trust Board for sharing the story and staff thanked for all they did and continue to do.

TBC/19/11/05 Minutes of the previous Public Trust Board Meeting

RESOLVED that the minutes of the public meeting held on 26 September 2019 be approved as a true and correct record.

TBC/18/11/06 Action Log and Matters Arising from the Previous Meeting

The below actions were clarified:

- A proposal regarding the non-executive walk-arounds would be brought to December/ January Trust Board;
- Risk Management Committee action to be brought to January's Trust Board.

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

TBC/19/11/07 Chair's Business

The Chair provided an update on the following:

- Andrea Young, Chief Executive, had received an Honorary Doctorate awarded by the University of West England (UWE). The

Chair noted this was a fantastic achievement Helen Blanchard, Director of Nursing and Quality was congratulated on her substantive appointment and formally welcomed as a member of Trust Board.

RESOLVED that the Chair's verbal update be noted.

TBC/19/11/08 Chief Executive's Report

The Board considered the Chief Executive's report, presented by Evelyn Barker, Chief Operating Officer and Deputy Chief Executive in Andrea Young's absence. The following points were highlighted:

- NBT had received a visit from Health Education England which was successful;
- NBT was recognised by UWE for its excellence especially regarding student approval ratings and Emergency Medicine at the Trust was recognised as outstanding by the General Medical Council. NBT was also recognised as the largest placement provider in the South West and had been asked for further placements to be made available. John Iredale, NED, stated NBT was a fantastic partner to University of Bristol as well as UWE;
- NBT, University Hospitals Bristol (UHB) and Weston Area Health Trust (WAHT) were aiming to become an Academic Health Science Centre (AHSC) (interview process in February). It was noted this was positive cross-working in building the Bristol 'brand'. John Iredale, noted the AHSC label would give the Trust leverage nationally and with key authorities such as Local Government;
- New national pension guidance issued varied slight from the pension scheme Trust Board had previously approved.
- NBT's Chair and Chief Executive signed off BNSSG's Long-Term Plan for submission to NHSI at the most recent STP Partnership Board in line with delegated authority from the Board.

RESOLVED that the Chief Executive's report be noted and the pension issue to be discussed at People & Digital Committee in December.

TBC/19/11/09 Pressure injury improvement programme

Helen Blanchard, Director of Nursing & Quality introduced Sarah Chalkey, Deputy Head of Nursing/ Lead Nurse ASCR, Sarah Lidgett, Clinical Matron (Medicine) and Sue Mallett, Clinical Matron (NMSK) who presented the achievements to date and the planned next steps of the pressure injury improvement programme (PIIP).

The PIIP stemmed from an action from the Board after presentation of a paper that evidenced a raised incidence of pressure injuries (PI) in the Trust. The PIIP focussed on three main areas to reduce incidents of PIs: (i) Documentation; (ii) education & training; and (iii) monitoring & assurance.

Key comments and questions from the Board:

- John Everitt, NED, acknowledged the impressive dedication to the

PIIP but queried what targets would be used to monitor progress. It was confirmed that compliance targets and competency training would be detailed on Lorenzo with the overall target being a reduction in PI. Additionally, in future the PIIP hoped to encourage comparability across services within BNSSG;

- It was confirmed the Trust had had positive feedback on Trust-wide PI training and was also working with UWE pre-registered and in-training nurses to ensure PIs were at the forefront of clinical training;
- It was confirmed that a process was in place for ensuring patients had the correct PI care on discharge. This process included incorporating photos of PIs in the care summary for community teams;
- It was clarified that PI incidences were lower on patient-mobile wards such as Elgar and highest on high dependency wards;
- It was noted work was ongoing to gain comparator data of specific wards for example, ICU had a high incidence of PIs within the Trust but data from other Trusts had been requested for a benchmarking exercise;
- The Board were assured a PI risk assessment to identify PIs or risks of PI was completed within six hours of admission.

RESOLVED:

- **The Board were assured on the activity and progress of the Pressure Injury Incident group since July 2019;**
- **Presenters were thanked for their attendance and for their clear view on how to tackle PI incidence across the Trust.**

TBC/19/11/10 Patient & Carer Experience Committee upward report

Rob Mould, NED, presented the Patient & Carers Experience Committee (P&CEC) upward report and described escalations to the Board as follows:

- Assess the organisation's disability confidence and accelerate work on information accessibility (prioritising Accessible Information Standards business cases);
- Support a clear methodology for learning from complaints and PALS pilot;
- Action P&CEC if further deep-dives into Quality Elements of the IPR need further investigation.

Key comments from the discussion were as follows:

- NBT was confirmed as compliant for accessibility standards and the CCG had acknowledged the Trust was furthering its work around this especially regarding learning difficulties and autism. However, it was noted assurance could be greater for other disabilities;
- P&CEC had useful insight from a visually impaired patient who attended November's meeting;
- P&CEC would receive a further update on patient transport issues in

May 2020.

RESOLVED:

- **Received and noted the P&CEC upward report;**
- **Agreed to increased reporting of accessibility standards work at NBT to Board in 2020/21;** XB
- **Tasked P&CEC committee with overseeing the Disability Confident scheme's NBT self-assessment after scoping of resource required.** XB

TBC/19/11/11

Complaints annual report

Helen Blanchard presented the Complaints Annual Report for information. The report was described as predominately quantitative but a commitment had been made as part of the Quality Strategy that learning from complaints would be triangulated with feedback received from the Family & Friends Test (FFT) and local surveys.

Key comments from the discussion that ensued were as follows:

- Tim Gregory, NED, highlighted that moving to electronic feedback in day-care and the chemotherapy centre had elicited a drop in the number of patient responses received. Tim Gregory requested continuation of alternative and broader feedback opportunities. Helen Blanchard advised that the Trust was looking at collecting feedback differently which complemented changes to the FFT due in April 2020. This process was confirmed to be owned by P&CEC.
- It was noted that the number of complaints to the Trust overall had risen. The Board noted the positive aspects of this as the following: it suggested increased engagement with patients; it provided further learning opportunities and it allowed more opportunities for the Trust to 'turn around' a complaint into a positive interaction as the way in which complaints are dealt with was key to bettering the patient experience and perceptions of the Trust;
- It was further noted that compliments in general are not reported at the same rate as complaints;
- The Trust was commended on the improvement in timeliness of complaint responses;
- It was confirmed that all of the Trust's responses to complaints were signed off by an Executive Director and most often by the Chief Executive;
- It was suggested that more could be done to follow-up responses to complaints i.e. a phone call to check if the complainant was satisfied with the response. The Chair noted support for this process which could be provided by PALS.

RESOLVED:

- **Noted the complaints annual report;**
- **Requested that future complaints reports contained additional information about patient satisfaction with complaint responses.**

TBC/19/11/12 Quality & Risk Management Committee Upward Report

Professor John Iredale, NED and chair of the QRMC commended the QRMC Upward report to the Board for assurance with no issues to escalate but key approvals requested.

RESOLVED:

- **Approved the revised wording for BAF SIR14;**
- **Noted the positive 14 day turn-around time for cervical screening (99.28% compared to the national average 52%);**
- **Approved the QRMC's revised Terms of Reference;**
- **Approved the revised 7day services audit for submission to regulators.**

TBC/19/11/13 Six-monthly safer staffing report

Helen Blanchard presented the six-monthly safer staffing report which outlined the progress to date and further actions planned to ensure staffing levels were safe to meet the needs of patients, were effectively managed, and were being published in accordance with the national quality standards. Key points were as follows:

- All adult patient areas were assessed for staffing levels bar NICU and ICU which had their own, specific staffing standards.
- Regarding maternity, the Trust was commissioning a separate Birth-rate Plus review (including Cossham) which would be brought back to Board for assurance when completed.
- Overall, the report evidenced that staffing levels were appropriate to meet the requirements of patients;
- Some areas were challenged by numbers of vacancies, sickness and mental health nurses to support patients;
- Increases in staffing recruitment such as international nursing programme would improve staffing levels in the future;
- The Board were assured that staffing levels were reviewed two to three times daily across all inpatient areas to ensure safety and identification of hotspots.

RESOLVED:

- **The six-monthly safer staffing report was noted;**
- **It was agreed the safer staffing report would be deep-dived at a future People & Digital Committee;**
- **It was agreed a reflection of the system context should be included in future staffing reports;**

HB

TBC/19/11/14 Integrated Performance Report – October 2019

Evelyn Barker introduced the Integrated Performance Report (IPR) for October 2019 data. Key highlights of the IPR were as follows:

- Third month in a row of strong urgent care performance especially in comparison to local Trusts;
- Reduction in overall waiting list size which was positive especially

- regarding the sustained pressure on the Trust;
- The Trust had planned to achieve the endoscopy target in a shorter timeline than expected due to outsourcing;
- A large spike in demand for CT scanning was highlighted with the Trust investigating options for dealing with this.

Key comments from the Board were as follows:

- Professor John Iredale, NED and also pro-vice chancellor Health & Life Sciences at the University of Bristol, highlighted that the Universities had an under-utilised CT scanner;
- Jaki-Meeking Davies, NED, noted the delay of transfers figures were high. Evelyn Barker confirmed the latest data showed times had improved but that numbers of stranded patients greater than 21 days continued to increase. The Board were assured regular system-wide conversations were taking place regarding this;
- John Everitt, NED, recognised that with the exception of diagnostics, the Trust was on track with revised trajectories;
- The Board were assured the four patients who had breached the 12-hour trolley target had access to an alarm and were cared for in a bed in ED with regular monitoring for hydration, pain and food. Additionally, Datix reports were undertaken for each breach;
- Catherine Phillips, Director of Finance, highlighted the Trust was behind plan but predicting to meet its control total. John Everitt, NED and F&PC chair, confirmed the Trust was predicting to meet outturn but that there was a significant number of risks to achieving the difficult target.

RESOLVED that:

- **The IPR be noted;**
- **Board concerns be acknowledged and fed into Urgent Care Oversight Board discussions;**
- **Further discussions offline to be had regarding University of Bristol's CT scanner;**
- **Further peer comparison requested regarding meeting of targets.**

EB/JI

TBC/19/11/15 Month 6 2019/20 corporate objectives update

Catherine Phillips presented the month six 2019/20 corporate objectives which had been updated from the IPR and the F&PC. It was noted that the Trust's position was more positive than the red indicators within the report suggested.

RESOLVED:

- **Noted the Month 6 2019/20 corporate objectives update;**
- **Requested F&PC to deep-dive the objectives and risk mitigations in February 2020;**
- **Prioritisation of the Trust's objectives to be completed and**

CP

denoted within future reports.

TBC/19/11/16 Freedom to speak up 6-monthly report

Xavier Bell, Director of Corporate Governance and Trust Secretary, presented the Freedom to speak up (FTSU) 6-monthly report and highlighted the following points to the Board:

- The number of concerns reported to FTSU had increased to the national average in the last six months though it was noted Q1 and Q2 did not currently have comparative data;
- It was noted that no staff who had raised a concern felt they had experience detriment. This was a reduction since the previous annual FTSU report;
- Future reports would include triangulation of data such as happy app and staff survey results;
- From CQC feedback, FTSU had further incorporated Staff Side Union colleagues into policy reviews and meetings;
- It was noted NBT's FTSU scheme had good involvement from junior doctors;
- Guardian well-being was supported through training, well-attended quarterly FTSU meetings and Xavier Bell as lead.

There was discussion around how other Trusts created and ran FTSU within their Trusts. Xavier Bell described variance nationally as some Trusts employed a dedicated FTSU Guardian and others had multiple volunteer FTSU Guardians who meet regularly.

RESOLVED:

- **Agreed a self-review tool for FTSU be confirmed at a future Board seminar workshop;**
- **Noted the FTSU report with agreement that visibility to Board was important;**
- **Agreed to a FTSU internal audit in 2020/21;**
- **FTSU Guardians were thanked for volunteering their time.**

XB

TBC/19/11/17 Any Other Business (AOB)

No other business was raised.

TBC/19/11/18 Questions from the Public in Relation to Agenda Items

A member of the public raised three questions on the topic of refugees accessing healthcare:

‘1. How will North Bristol NHS Trust monitor cases of harm and distress resulting from the implementation of the charging regime - and make this information publicly available?

2. How are patients who are charged for or denied care supported so that the bills they receive do not do irreparable financial damage and drive them to avoid accessing further care?

3. How are the costs, charges and income generated being evaluated by the Trust on an on-going basis to ensure that the implementation of the policy can be justified?’

The Board thanked the member of public for their questions and confirmed a full, written response would be communicated in due course. Board members further provided assurance that the Trust

would always provide urgent treatment to someone who needed it. It was also noted that the Trust were acting in line with National Government policy.

RESOLVED to provide a full written response to the questions provided by the member of public. **XB**

TBC/19/11/19 Annual guardian of safe working (junior doctors) report

Chris Burton introduced Dr Kathryn Holder whose role as guardian of safe working was created as part of the junior doctors contract, 2016.

Dr Kathryn Holder noted the following:

- At the Junior Doctor Forum, availability and choice of food during anti-social hours shifts was highlighted as a key concern;
- A review of junior contract hours had stipulated a reduction of weekend working frequency from 1 in 2 to 1 in 3 and doctors should receive rotas with 6-8 weeks-notice;
- Since writing the report, vacant appointments in Trust junior-doctors staffing had reduced to three;
- The Board was assured that the Trust was on track to be compliant in February 2020 for the 1 in 3 weekend rotas in ITU and for 72-hour week maximums.

Rob Mould, NED, also highlighted the lack of hot food facilities for patients and visitors to Southmead Hospital. Andrew Jeanes, Director of Operational Facilities, confirmed the Trust was in conversations with The Hospital Company (PFI provider) and hoped provision of a new food outlet including hot food would be available in 2020.

RESOLVED

- **Noted the annual guardian of safe working report;**
- **Requested a discussion/ workshop with shift staff to provide potential options for out-of-hours food;**
- **Kathryn Holder to continue to attend People & Digital Committee quarterly.**

AJ/KH

TBC/19/11/20 Date of Next Meeting

The next public meeting of the Board was scheduled to take place on 30 January 2020 at 10.00am, Southmead Hospital.

The meeting concluded at 12.15pm