**Minutes of the Public Trust Board Meeting held on**

**Thursday 24 September 2020 at 10.00am**

**Nightingale Hospital Bristol and virtually via Microsoft Teams**

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| **Present:** | | | | | | | |
| Tim Gregory | | | Non-Executive Director and Deputy Chair | Andrea Young | Chief Executive | | |
| Michele Romaine | | | Chair (present from minute item 10) | Evelyn Barker | Chief Operating Officer | | |
| Kelvin Blake | | | Non-Executive Director | Helen Blanchard | Director of Nursing & Quality | | |
| John Everitt | | | Non-Executive Director | Chris Burton | Medical Director | | |
| Jaki Meekings- Davis | | | Non-Executive Director | Neil Darvill | Director of Informatics | | |
| Richard Gaunt | | | Non-Executive Director | Catherine Phillips | Director of Finance | | |
| Ade Williams | | | Associate Non-Executive Director (present from minute item 06) | Jacqui Marshall | Director of People & Transformation | | |
| LaToyah Mcallister-Jones | | | Associate Non-Executive Director (present from minute item 06) | 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 |  |  | | |
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| **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 at the Nightingale Hospital Bristol (with social distancing) and virtually via MS Teams, 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. A recording of the meeting was published on the website. | | | | | | | |
| **TB/20/09/01** | **Welcome and Apologies for Absence** | | | | **Action** |
|  | Tim Gregory chaired the meeting on behalf of Michele Romaine, NBT Chair and welcomed everyone to the public meeting of the Board. Apologies were received from Kelly MacFarlane, Non-Executive Director (NED). | | | |  |
| **TB/20/09/02** | **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 Board papers. | | | |  |
| **TB/20/09/03** | **Minutes of the previous Public Trust Board Meeting** | | | |  |
|  | **RESOLVED that the minutes of the public meeting held on 30 July 2020 be approved as a true and correct record.** | | | |  |
| **TB/20/09/04** | **Action Log and Matters Arising from the Previous Meeting** | | | |  |
|  | It was noted that Action 19 would be discussed later in the meeting and Action 22 was delayed due to Covid-19.  Matters Arising - Covid-19  Simon Wood, Director of Estates, Facilities & Capital Planning, updated the Board regarding Covid-19 measures taken in the hospital. Masks and hand sanitisers were available at all entrances to the building with the main entrance supervised by the security team. The last of the clear screens for reception areas were being established and the majority of offices were now Covid-19 secure areas. Covid-19 secure offices had a number of criteria to meet and were audited weekly. Lastly, clear screens between office desks were due to be being trialled in two offices.  Tim Gregory, NED and deputy chair, queried how NBT was ensuring staff stayed socially distanced in social areas in the Trust. Simon Wood replied that an additional canteen with 100 appropriately distanced seats had been provided until July 2021; distancing posters and signs acted as reminders; a Communications campaign had been relaunched; and 40% of chairs had been removed from Vu canteen. However, it was acknowledged that individual staff culture change of keeping socially distant was an ongoing challenge.  Tim Gregory further queried how the Trust was managing balancing staff working on-site and from home. Andrea Young, Chief Executive, highlighted that the flexible home working policy approved and disseminated the previous month provided guidelines to support those working from home and that completion of individual risk assessments had been helpful to highlight additional support required. It was felt that the Trust had the correct stance regarding making on-site offices Covid-19 secure and working from home achievable to enable individuals to be able to work efficiently from either venue, as appropriate. Jacqui Marshall, Director of People and Transformation, noted the Trust was still learning from the situation and huge societal change. In reflection of this, the recently released NHS People Plan stipulated that all NHS roles must be advertised as ‘flexible working’ from January 2021.  After a query regarding sensitivity of patient information and people working from home, Neil Darvill, Director of IM&T, noted that the biggest patient information risk was from papers left in inappropriate places. This was now largely mitigated due to NBT’s digitisation of medical records.  **RESOLVED that updates on the Action Log and discussion regarding Covid-19 as a matter arising be noted.** | | | |  |
| **TB/20/09/05** | **Chair’s Business** | | | |  |
|  | John Iredale, NED, updated the Board regarding the Acute Services Review (ASR). The first ASR Programme Board took place the previous week and was a joint committee with University Hospital Bristol and Weston (UHBW) to review acute services across Bristol. The Programme Board was chaired by John Iredale for NBT and Jane Nee for UHBW and supported by Trust Secretaries from both organisations. Alongside approval of the Terms of Reference, three major work-streams were agreed at the ASR Programme Board:   * Which priority clinical pathways to review; * How change can be delivered in partnership; * Future programme of change.   The Programme Board also reviewed the project initiation document and requested that the Memorandum of Understanding be more aspirational.  Kelvin Blake, NED, queried how NBT Board and the public would be kept informed of ASR work. John Iredale responded that all ASR documentation was available on Diligent reading room for NEDs to view and directed NEDs to the project initiation document in particular. An action regarding how to disseminate the work wider had been taken by ASR Board members following the first meeting.  **RESOLVED that the Chair’s briefing be noted.**  *{LaToyah McAllister-Jones and Ade Williams joined the meeting}* | | | |  |
| **TB/20/09/06** | **Chief Executive’s Report** | | | |  |
|  | Andrea Young, Chief Executive, provided an update on five key areas:   * The system was continuing progress regarding becoming an Integrated Care System (ICS). The ICS development plan would be submitted to the region the following day and detailed how the system would oversee performance management, organisational development and quality and outcomes. More work with Boards and Executive Leaders would occur in the upcoming months. BNSSG expected to become a shadow ICS by the end of November 2020, though work was required to define what an ICS meant in practice as legislation continued to assign accountability to individual organisations; * The Trust had been accepted as an early adopter of the new Patient Safety Incident Reporting which was in line with development of a Just Culture as presented at July’s Trust Board; * The Weston Covid-19 Outbreak Report had been published in the week prior. NBT was keen to review the report in order to garner learning. It was noted that NBT had no hospital acquired Covid-19 cases since June 2020 and remained vigilant in its Infection Prevention Control (IPC) procedures. In addition, BNSSG Covid-19 cases per 100,000 population remained low compared with national figures; * A highly positive CQC quarterly meeting took place in the week prior. CQC monitoring visits were expected in the Emergency Department (ED), Maternity and Outpatients in the upcoming months; * In October the Trust would formally launch NBT Black History Month with a large programme of events scheduled to celebrate black people’s contribution to NBT and the wider community. Events organised included the formal opening of the Princess Campbell Office. Princess Campbell’s family and Asher Craig, Bristol Deputy Mayor, were expected at the event which would be kept to government guidelines regarding Covid-19.   Tim Gregory queried how Primary Care (PC) was dealing with challenges to activity in light of Covid-19. Andrea Young responded that PC was struggling with PPE and maintenance of services on-top of beginning a large flu vaccine campaign. No specific concerns had been raised by individual local practices, likely due to the locality approach and OneCare support. NBT was working closely with PC leaders regarding urgent care and increasing community-based support. In addition, it was noted that BNSSG had been allocated £340k to up-scale NHS 111 to support urgent care referrals during winter. It was agreed that being open for referrals for diagnostics and outpatients and for advice and guidance was the best way that NBT supported PC.  **RESOLVED that the Chief Executive’s Report be noted.** | | | |  |
| **TB/20/09/07** | **Integrated Performance Report** | | | |  |
|  | Evelyn Barker, Chief Operating Officer and Deputy Chief Executive, presented the overall positive September Integrated Performance Report and highlighted the following key points:   * ED attendance had risen to 95% of attendances for the same time the previous year following the dip in attendances during the pandemic. ED four-hour performance was strong and there had been no 12 hour trolley waits. NBT was the top performing major trauma centre in the country including ambulance handover times; * RTT was significantly impacted in NBT and waiting list size had increased overall due to increased referrals and a reduction in capacity due to Covid-19. The Trust had a back-log in 52 week waits with 797 people now waiting more than 52 weeks. This position was reflected nationally and NBT was following Royal College guidance regarding prioritisation of waiting patients.   During the ensuing discussion the following points were noted:   * John Everitt, NED, suggested that when compared to other Trusts, NBT compared favourably, and this at present this was more useful than comparison to national targets. However, John queried when new trajectories would be created for the Trust and Evelyn Barker confirmed work was ongoing and would be presented to Finance and Performance Committee (FPC) for approval in October; * John further queried the impact on community organisations from delays to diagnostics and growing waiting lists. Evelyn responded that Quality & Risk Management Committee (QRMC) was reviewing the process of measuring harm for those who wait. It was noted that the Trust was just one element of the healthcare system and the STP were anxious to understand the community impact. Chris Burton, Medical Director, reassured the Board that although an answer had not yet been landed, work was ongoing to assess harm and Acutes had opened referral lists to ensure patients waiting were on the system and managed. Evelyn Barker confirmed NBT’s waiting lists were being actively managed with consultant interaction; * Kelvin Blake, NED, raised concern regarding high bed occupancy rates and what impact this was having on emergency admissions. Evelyn Barker agreed that due to Covid-19-nessecitated bed pathways of Yellow, Green and Blue, bed capacity at NBT had reduced and bed occupancy was at 92% when the aim was 85% to allow for flex and flow. The Trust was investigating all possible resolutions including purchasing community beds alongside the CCG. This would be further discussed in the Winter Plan due at Private Trust Board; * Tim Gregory queried use of the Independent Sector (IS). It was confirmed the national IS contract was currently in place until November 2020 but NBT’s IS theatre productivity at Emerson’s Green was reduced as staff had to factor in travel time; * Tim further queried how the Trust planned to reassure patients, public and staff that services were safe and robust. It was confirmed that staff communications had been distributed that week reassuring staff that the Trust was robustly preparing for winter and a potential second wave of Covid-19. External communications were ongoing through various forums including direct briefings to MPs; * NBT’s high caesarean section rates were also discussed. Helen Blanchard, Director of Nursing and Quality, informed the Board that Women & Children (W&CH) division were committed to understanding the rates more clearly as requested by the Board. On behalf of the Board, September’s QRMC had discussed the issue in-depth through initial analysis and hypotheses creation regarding what was driving the increased C-section rates. Reasons hypothesised included strong enactment of the NICE guidance stating women should be able to choose their method of delivery and many opting for a caesarean; and higher numbers of women being induced and then choosing caesarean due to prolonged labour times. In addition, NBT had seen an increase in Planned, Category Three C-sections and a similar decrease in urgent C-sections. Lastly, it was suggested that outcomes at NBT were comparatively very good such as lower rates of cerebral palsy. Chris Burton reassured the Board that the increased C-section rates were also likely due to a national drive to reduce perinatal mortality as the UK was higher than EU comparators. This drive had resulted in increased intervention during births and significantly higher medicalisation. John Iredale, NED and QRMC chair, further assured the Board that the C-section rate issue was nuanced and that due to good outcomes, the Committee was not highly concerned. QRMC would receive further analysis of the last six months of C-Section data (April – September 2020) at its November meeting; * Richard Gaunt, NED, noted that RAG ratings and benchmarking within the IPR was helpful for analysing performance statistics and requested that those performance indicators without a benchmark be provided with one. It was explained that those without a benchmark was due to there not being a national target however it was agreed the Trust could provide its own benchmark targets; * Chris Burton highlighted that the Trust had seen a small increase in Covid-19 cases (less than 10) with no hospital acquired infections; * Chris Burton further highlighted that comparator data for mortality would be difficult to interpret within the current context of changing activity and patient types.     **RESOLVED that:**   * **The Integrated Performance Report was noted;** * **Work be carried out to provide benchmarking for those performance indicators currently without a benchmark;** * **The Provider Licence Compliance Statements be approved;** * **Staff were thanked for accomplishments in difficult circumstances.** | | | | **EB/CB/ HB** |
| **TB/20/09/08** | **Medical Appraisal And Revalidation – Annual Report** | | | |  |
|  | Chris Burton, Medical Director, presented the Medical Appraisal and Revalidation Annual Report for ratification. The Trust had chosen to complete the report as good practice though NHSE had suspended the absolute requirement due to Covid-19. People and Digital Committee had reviewed the report in detail and noted the report reflected that the system was working well. The Trust had also committed to a further internal audit later in the year.  Andrea Young linked the report to the number of ongoing conversations regarding giving patient’s assurance regarding the safety of hospital. She also thanked the team and in particular Nick Standen for their impressive work providing quality assurance to the Board and reflecting the commitment to learning that NBT colleagues had.  **RESOLVED that the Board reviewed the content of the report for information and agreed that the Chief Executive sign the statement of compliance on behalf of the Board.** | | | |  |
| **TB/20/09/09** | **People Strategy** | | | |  |
|  | Jacqui Marshall, Director of People and Transformation, presented the People Strategy for final approval. The strategy had been through extensive consultation and was created as an accessible document for both an internal and external audience. It was noted that encompassing lived experience had been critical to creation of the Strategy and that the main focus of the Trust was to ensure it was a compassionate and inclusive employer that was an anchor of the community. The NBT People Strategy 2020-2025 detailed three key strategic themes:   * **Great Place to Work** (“Valuing you” EDI Strategy; Just Culture; Voice; Wellbeing built into appraisals); * **Growing and Developing our Workforce** (Flexible self-directed learning; e-Passports; Growing international pipeline; Expanding apprenticeships; Flexible Working; Retention Programme); * **Better People Support** (Easy to use Policies; ESR – electronic files, line manager and self-service; Real time HR Data; HR Balanced Scorecard).   Jacqui Marshall proceeded to detail a number of initiatives already underway at the Trust and highlighted achievements to date such as a focus on HR case work and associated legal spend that had reduced external legal spend on HR dramatically.  Andrea Young echoed the vision of the People Strategy and emphasized that the Trust must ensure staff felt cared for and valued as well as being innovative in employment. The latter was likely to be especially pertinent as the Trust expected to have a large role in recovery from Covid-19 regarding providing jobs and careers. The Trust would continue to aim for having a choice of candidates who would embrace the just, open, transparent and compassionate culture.  LaToyah McAllister Jones and Ade Williams, Associate NEDs, both commended the Strategy and noted that the Equality, Diversity and Inclusion (EDI) agenda was significant on a local, national and global scale so they were pleased to see NBT leading the way as thought leaders and embedding positive change.  LaToyah queried how NEDs and the Board would be able to track progress against the Strategy. Jacqui Marshall noted that key measures of success would be sustained improved retention and reduction in vacancies; improved wellbeing offers and reduction in sick absence; improved satisfaction / motivation measured by SAS; Pulse Survey results, Exit and Happy App Data; improved development career progression offer; and improved inclusivity / WRES / WDES scores.  Ade Williams further queried when specific targets would be available. It was confirmed that a HR and Organisational Development review would begin in October 2020 to provide hard targets. John Everitt requested hard targets for the People Strategy that linked with overall Trust objectives and Strategy. Jacqui Marshall responded that yearly People targets were agreed as part of annual business planning, overseen by People and Digital Committee, and some performance objective measurements were detailed within the IPR.  It was further noted that the People Strategy provided a real opportunity for system-wide working with PC, local authorities and community care. Jacqui Marshall confirmed she would ensure all initiatives were linked.  **RESOLVED that Trust Board approved and commended NBT People Strategy 2020-2025 and agreed progress would be tracked through People and Digital Committee.**  *Michele Romaine joined the meeting* | | | |  |
| **TB/20/09/10** | **Patient & Carer Experience Committee (P&CE) Upward Report** | | | |  |
|  | Kelvin Blake, NED and P&CE Committee Chair, presented the Patient & Carer Experience Committee Upward Report and raised the issue of duplication between P&CE Committee and the Patient Experience Group which was its subsidiary committee. The paper included a number of appendices to allow Trust Board sight of important elements of patient engagement:  Complaints Annual Report - Identified that complaints had reduced which indicated that the PALS system was working.  CQC Inpatient Survey Results  Helen Blanchard presented the CQC Insight Survey Results. Improvements in twelve performance indicators and the composite score were evidenced which reflected NBT’s ‘Good’ CQC rating and meant that NBT was in line with other Trusts.  Results of the National Maternity Survey 2019  Helen Blanchard commended the 100% score in patients feeling treated with respect and dignity (100% was rarely seen) and highlighted the importance of this for patient experience. It was hypothesised that the deterioration of the score regarding women being provided with a phone number was likely due to changes within community teams. However, the report provided useful areas of focus for the Trust.  Michele Romaine, NBT Chair, queried why scores were low for knowing where to have check-ups. Helen Blanchard responded that the score was low nationally and hoped that implementation of the ‘Continuity of Carer’ programme to allow women to know and develop trust with those looking after them would increase this score.  New model for bringing patient stories to Board (action from July)  Following discussion, it was agreed that the Board should receive staff and patient stories from November 2020 through a range of methods and linked to strategic themes where possible.  **RESOLVED that:**   * **Lead executives would discuss what was reported to P&CE;** * **An annual plan of patient and staff stories to Board be created and begun at November 2020 Public Trust Board;** * **The first quarter of patient/ staff stories should be from Maternity, Outpatients and Emergency Department as these were the focus areas for CQC monitoring visits.** | | | | **HB/KD**  **HB** |
| **TB/20/09/11** | **Quality & Risk Management Committee Upward Report** | | | |  |
|  | John Iredale, Non-Executive Director, presented the Quality & Risk Management Committee Report for assurance.  **RESOLVED that the Quality & Risk Management Committee be noted.** | | | |  |
| **TB/20/09/12** | **Audit Committee Upward Report** | | | |  |
|  | Jaki Meekings-Davis, NED and Chair of Audit Committee, presented the Audit Committee Upward Report for assurance. It was brought to the Board’s attention that an external visits matrix had been created for effective tracking of regulatory visits and outcomes.  **RESOLVED that the Audit Committee Upward Report be noted and Jaki was thanked for her service to the Audit Committee.** | | | |  |
| **TB/20/09/13** | **Any Other Business** | | | |  |
|  | Michele Romaine, Chair, noted that the meeting was Jaki Meekings-Davis’ last Board meeting as a NED. On behalf of the Board, Jaki was thanked for her extensive contribution as a valuable NED and Audit Committee Chair. Jaki responded that working at NBT was a fantastic experience and opportunity and she wished the organisation every success, and the strong leadership team all the best. | | | |  |
| **TB/20/09/14** | **Questions from the public – None received** | | | |  |
| **TB/20/09/15** | **Date of Next Meeting** | | | |  |
|  | The next public meeting of the Board is scheduled to take place on Thursday 26 November 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 12.05 pm