

**Minutes of the Public Trust Board Meeting held on  
Thursday 26 November 2020 at 10.00am  
Held Virtually via Microsoft Teams**

**Present:**

Michele Romaine	Chair	Andrea Young	Chief Executive
Tim Gregory	Non-Executive Director	Evelyn Barker	Chief Operating Officer
Kelvin Blake	Non-Executive Director	Helen Blanchard	Director of Nursing & Quality
John Everitt	Non-Executive Director (present up to an including minute item 10)	Chris Burton	Medical Director
John Iredale	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
LaToyah McAllister- Jones	Associate Non-Executive Director		

**In Attendance:**

Xavier Bell	Director of Corporate Governance & Trust Secretary	Pete Bramwell	Acting Director of Communications
Karen Brown	Interim Chief Operating Officer	Isobel Clements	Corporate Governance Officer

**Observer:**

Georgina Angel      Public Health Registrar (ST4), Strategy & Research Team

**Presenters:**

Charlie Molden	Patient Experience & Involvement Lead, Medicine (present up to and including minute item 7)	Joydeep Grover	Clinical Governance Lead, Medicine (present up to and including minute item 7)
David Wynick	Research Director, NBT and UHBW (present for minute item 10)	Rebecca Smith	Deputy Director of Research, NBT (present for minute item 10)

**Observers:** Due to the impact of Covid-19, the Trust Board met 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 for two weeks following the meeting.

<b>TB/20/11/01</b>	<b>Welcome and Apologies for Absence</b>	<b>Action</b>
	Michele Romaine, Trust Chair, welcomed everyone to NBT's Trust Board meeting in public. No apologies had been received.	
<b>TB/20/11/02</b>	<b>Declarations of Interest</b>	

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.

Ade Williams, Associate Non-Executive Director (NED), was congratulated on his appointment as NED for Southern Health NHS Foundation Trust. It was noted that the Trust's footprint of care did not overlap with NBT's.

**TB/20/11/03 Minutes of the previous Public Trust Board Meeting**

**RESOLVED that the minutes of the public meeting held on 29 September 2020 be approved as a true and correct record.**

**TB/20/11/04 Action Log and Matters Arising from the Previous Meeting**

It was noted that NED walk-around discussions would be delayed until after the pandemic due to Infection Prevention Control requirements.

A patient story was on the agenda in the form of Family and Friends Test feedback and Helen Blanchard, Director of Nursing and Quality was in the process of creating a forward plan for patient stories at Board.

No matters arising were raised.

**RESOLVED that updates on the Action Log were noted.**

**TB/20/11/05 Chair's Business**

Michele Romaine, NBT Chair, noted that she continued to reach out to thank teams in the hospital through attendance of virtual team huddles.

**RESOLVED that the Chair's briefing be noted.**

**TB/20/11/06 Chief Executive's Report**

Andrea Young, Chief Executive, provided an update on the following:

- Trust staff who had reached the Parliamentary Award Nominations' final round were congratulated: Care Connect implementation team; Mental Health Liaison Team; and Dr Scott Grier, lead consultant responsible for the rapid development and launch of Retrieve, a new Adult Critical Care Transfer Service. It was noted that this was the second year Darren Jones - NBT's local MP – had nominated NBT staff for Parliamentary Awards;
- £6bn Health and Social Care funding had been announced by the Government. However, it was reported that £3bn of this was committed as part of the Long Term Plan and the remaining £3bn was non-recurrent. It was likely some funding would be used to reduce the elective backlog and some be given to social care and community services. The Board would be updated on details of funding when received;
- NHSE/I had published their plans and consultation for Integrated

Care Systems (ICS). BNSSG was on-track to become a shadow ICS in January 2021.

**RESOLVED that the Chief Executive's briefing be noted.**

**TB/20/11/07**

**Patient Story: Presentation from Medicine Division regarding use of insight from improved qualitative Family & Friends Test data**

Charlie Molden, Patient Experience & Involvement Lead for Medicine Division, and Joydeep Grover, Clinical Governance Lead for Medicine Division, presented ways in which the Division and Trust was using and sharing the Family and Friend Test (FFT) improved qualitative feedback for learning; how the Division was increasing and improving engagement; and what the next steps for further improvement and use were, including roll-out to ward level feedback. The Board also heard examples of FFT voice note feedback.

During the ensuing discussion the following points were noted:

- Kelvin Blake, NED, queried how themes from feedback and complaints were used to improve services. Charlie Molden responded that thematic reviews of data had been completed and the most prominent Trust-wide theme was regarding the discharge process. The theme was also triangulated with data from Picker survey feedback and formal complaints. Collation of evidence had been fed-back to Helen Mee, Integrated Discharge Service Manager, who was leading on NBT's discharge improvement projects;
- Kelly MacFarlane, NED, queried how feedback was categorised into being within a team's control or outside of a team's control i.e. due to system issues. It was confirmed that the 'You Said, We Did' evidenced what the Trust could control but that the next steps to roll-out to ward level would further facilitate real-time feedback and improvements and allow clearer categorisation;
- Michele Romaine noted that there should be a Trust-Wide feedback process from FFT for all divisions to ensure a consistent approach across the Trust. For example, regular reports to Patient & Carer Experience Committee and groups;
- Latoyah McAllister-Jones, Associate NED, queried if there was a process for tracking interventions stemming from FFT feedback in the short, medium and long-term. Charlie Molden responded that he was tracking all interventions and ensuring standards were kept high. The continued aim was to ensure FFT was embedded in the culture of NBT and that the Trust could evidence it was listening to patients.

**RESOLVED that the Board:**

- **Congratulated Medicine for leading the way with FFT insight and commended their improvement work;**

- **Requested that the FFT feedback and engagement process be standardised across the Trust;**
- **Agreed on the importance of listening to patients and responding aptly to feedback.**

**TB/20/11/08 Freedom to Speak-Up report**

Xavier Bell, Director of Corporate Governance and Trust Secretary, presented the Freedom To Speak Up (FTSU) Report. It was reported that Hilary Sawyer - currently a Healthcare Scientist and Quality Assurance Lead at NBT - would undertake the new FTSU lead role. Visibility, accessibility and inclusion would be prioritised in the coming year and plans would be reported to Board in an interim FTSU update at February Board after Hilary's appointment in January.

Kelly MacFarlane, NED and FTSU NED lead, highlighted four areas for the Board to note: that there had been a drop in FTSU reports in 2020/21; that the Trust was a significant outlier in the number of bullying and harassment reports (though this was a small concrete number); that engagement was varied across areas (for example no reports were received from Maternity Healthcare Assistants but other areas were active such as Catering); and finally, that no reports had been received regarding concern for patient safety in the last period. Kelly encouraged the Executive and Senior Team to continue walk-arounds in a safe way and reinforce speaking up, and promotion of Just Culture and psychological safety at NBT.

An error was noted regarding paragraph 3.12: the reported 'suffering detriment' figure had been followed up and was a data submission error. The figure for 'suffering detriment' was corrected to 0.

During the ensuing discussion the following points were noted:

- Jacqui Marshall, Director of People & Transformation, noted that the FTSU report had been triangulated with Just Culture work and NBT was ensuring all line managers received training on these elements. The importance of informal feedback was also highlighted for increasing staff engagement;
- After a query from Kelvin Blake, it was confirmed that FTSU was included in staff inductions, and linked to Trade Union feedback through Trade Union representatives at quarterly FTSU catch-ups. Xavier Bell also attended JCNC subgroup meetings regularly to ensure Unions were aware of FTSU feedback;
- National comparison data had not yet been received due to the pandemic and changes in data submission requirements. The Medical Director and Director of Corporate Governance would ensure the correct, most useful comparator data for national comparison would be investigated and provided to Board in future.

**RESOLVED that the Board:**

- **Commended the FTSU bi-annual report and the continued**

- **improvement of the FTSU process;**
- **Expected an interim report to February Board;**
- **Reviewed the FTSU data triangulated against other information, including the 2020 Pulse Surveys undertaken throughout Covid-19; and**
- **Reviewed progress against the FTSU action plan and noted the plans to update the document.**

**TB/20/11/09      Integrated Performance Report**

Evelyn Barker, Chief Operating Officer, presented the Integrated Performance Report (IPR) for discussion. Key elements were highlighted to the Board including:

- Unusually high numbers of ambulance delays and 12 hour trolley waits. This was due to national challenges and issues with ability to discharge medically fit patients into the community. The Trust had been in Internal Critical Incident for 11 days in October;
- Elective care long-wait P4 patient numbers had grown to over 1000 though this figure was lower than trajectories had predicted and improvements were seen in a number of diagnostic modalities;
- Concern had been raised regarding cancer performance in September due to capacity constraints and patients choosing to delay. More referrals were being received for breast pain at NBT as GPs had reduced face to face appointments. This would be closely tracked and reported to Finance & Performance Committee (FPC);
- Pressure Injury numbers in October were disappointing with no clear determining reason but it was reported that numbers of PIs had reduced in November;
- The Trust had managed a number of Covid-19 outbreaks (defined as two positive Covid-19 cases that were linked) mainly due to asymptomatic staff infected in the community. Actions to control outbreaks had been effective and Covid-19 self-tests had just been received for distribution to staff which would continue to reduce outbreaks. A report had been submitted to the regional NHS team and no issues had been raised;
- Funding for the second half of 2020/21 would be considerably different to the first half and the Trust would likely finish the financial year with a £24m deficit largely due to low non-NHS income. Other specific issues would be worked through with local, regional and national colleagues and oversight given by FPC;
- Jacqui Marshall noted that the Trust's vacancy level was at its lowest rate for many years (3.8%) and work continued to ensure retention of staff during the pandemic. After a positive first half of the financial year, spend on agency staff was beginning to increase due to Covid-19 sickness rates.

During the ensuing discussion the following points and queries were

noted:

- Michele Romaine queried the community position. Karen Brown, incoming Interim Chief Operating Officer, highlighted twice weekly BNSSG silver meetings focused on key actions to improve flow. More community beds had opened and NBT physiotherapists were assisting Sirona which meant flow was starting to improve. However, 170 medically fit patients were in NBT which was hindering the Trust's ability to keep up with elective demand;
- John Everitt raised concern regarding increasing numbers of stranded patients. He queried if there was any further actions the Trust could take to reduce the numbers and what the future plan was. Andrea Young confirmed that the system now recognised BNSSG had a gap of 200 beds and Local Authority and Healthcare leaders were aligned in their efforts to increase community capacity. 50 beds had come on stream in the preceding week however care homes continued to close due to staffing shortages and outbreaks;
- In addition, a PULSE Oximetry Service had been set-up with Sirona to identify patients at risk of deteriorating and an IV Hospital At Home facilitated by NBT and Sirona combined resources to keep people at home wherever possible. However, it was noted that non-recurrent government funding hindered the system's ability to grow the care home workforce especially as BNSSG region relied heavily on the care home sector due to its small NHS community bed base;
- Ade Williams, Associate NED, queried how NBT and the system managed inappropriate presentations at ED. Ade noted initiatives to increase Primary Care capacity but was unsure how this reflected in attendance figures and if a process was available for NBT to report inappropriate attendances to the system. Evelyn Barker responded that a new 111-First scheme was being launched in Bristol and would hopefully affect attendances soon. In addition, November minors attendances had reduced from 300 to 220 per day;
- John Everitt requested assurance regarding mitigation of harm for delayed ambulance hand-over and trolley breaches. It was highlighted that a new, secure ambulance lobby had been created to manage handovers and the clinical modular unit installed would decompress ED to avoid overcrowding. Furthermore, each trolley breach was reviewed to ensure patients had not come to harm and it was noted NBT had significantly less delays than comparators;
- Tim Gregory, NED, queried if the Trust was maximising pressure on the Government to continue use of the Independent Sector (IS) for 52 week waits and diagnostic pressures to reduce long-term impact. It was confirmed that the Trust continued to use Emerson's Green and negotiations were ongoing to continue use past the national IS contract end on 25 December 2020. In addition, PRIME in Central Bristol was running endoscopy services for NBT under a separate contract which would continue;

- Richard Gaunt, NED, requested assurance regarding mandatory training. Jacqui Marshall confirmed that the majority of training was online and would continue but the numbers would be closely monitored. Simon Wood, Director of Facilities, highlighted that a risk-based piece of work was ongoing to plan how to improve manual handling training numbers.

**RESOLVED that the Board:**

- **Approved the Provider Licence Compliance Statements;**
- **Noted the IPR report and that the content evidenced that the Trust was challenged in a number of areas but was performing comparatively well. Staff were thanked for their continued hard work.**

**TB/20/11/10**

**Research & Innovation Update**

David Wynick, Research Director, NBT and UHBW, and Becca Smith, Deputy Director of Research, NBT, presented the Research and Innovation update which covered a highly successful year despite difficulties of the pandemic. Priorities for the upcoming year were also outlined. Key points to note included the following:

- The Trust's research portfolio reached £22m and combined with UHBW, Bristol was fifth nationally;
- Bristol was the largest recruiter for the Oxford Covid-19 Vaccine trials, was running 29 separate Covid-19 trials and was leading on long-Covid-19 studies;
- Cross-partnership working had dramatically increased; and
- Bristol had become an Academic Health Sciences Centre which meant increased chances of achieving funding and becoming a player on the international research stage.

It was noted that during the upcoming year, the Research and Innovation Department would focus on restarting all portfolios that had been paused due to the pandemic. An issue was also highlighted to the Board that upcoming trials on alternative new covid-19 vaccines may have difficulties with recruitment once the majority of population have received a validated vaccine.

Key points from the Board were as follows:

- John Iredale, NED, reiterated the importance of prioritising non-Covid-19 studies. David Wynick agreed and reassured the Board that NBT and UHBW's focus was on restarting all non-Covid-19 research as soon as possible;
- The Board commended the outstanding Research team and its leadership that had enabled rapid change to the Trust's research portfolio. In particular, Becca Smith was thanked for leading Research in addition to leading the PPE Bronze cell in the first wave of the pandemic;

- Kelvin Blake queried potential areas for improvement. David Wynick responded that there were always opportunities for improvement and the Academic Health Sciences Centre would focus particularly on reducing health inequalities through targeted interventions based on population health management data.

**RESOLVED that the Research and Innovation annual update was noted and the team were thanked and commended for their continued inspiring, flexible and interdisciplinary work.**

*John Everitt left the meeting*

**TB/20/11/11 Patient & Carer Experience Committee (P&CE) Upward Report**

Kelvin Blake, NED and P&CE Committee Chair, presented the P&CE Upward Report including the Trust's annual Learning Disability report. It was also noted that two projects to facilitate communication between patients and loved ones during the pandemic were ongoing.

**RESOLVED that:**

- **The P&CE upward report and LD report were noted and the importance of LD work was reiterated;**
- **The amended P&CE Terms of Reference were approved.**

**TB/20/11/12 Quality & Risk Management Committee Upward Report**

John Iredale, NED and QRMC Chair, presented the Quality & Risk Management Committee Report for assurance on a number of areas as detailed in the report.

**RESOLVED that the Quality & Risk Management Committee Upward Report was noted and the Board assured.**

**TB/20/11/13 Audit Committee Upward Report**

Richard Gaunt, NED and Chair of Audit Committee, presented the Audit Committee Upward Report for assurance. It was noted that a number of internal audit reviews had been paused during the pandemic with work ongoing to assess which reviews could be postponed until 2021/22.

**RESOLVED that:**

- **The Audit Committee Upward Report was noted;**
- **The Standing Orders and SFIs and Covid-19 appendix were approved for publication to the Trust's website and intranet.**

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**TB/20/11/14 Any Other Business**

- Michele Romaine described the Trust's heartfelt thankyou to Andrea Young who was due to retire before the next Board meeting. Andrea's extensive contribution to the Trust and the BNSSG system was commended. Andrea was noted as a powerful voice for NBT and the wider population and was thanked for staying on longer



than planned to support throughout the pandemic;

- In response, Andrea thanked the Board and the Chair for working so hard through challenging times. She noted the support she had felt and the respect that she had for her colleagues. Andrea noted that the Trust's upcoming large projects (such as leading Covid-19 Mass Vaccination) were recognition of the high regard the system had for the Trust and its abilities.

**TB/20/11/15 Questions from the public – None received**

**TB/20/11/16 Date of Next Meeting**

The next public meeting of the Board is scheduled to take place on Thursday 28 January 2020, 10.00 a.m. The Board will meet virtually and recording of the meeting will be available for two weeks following the meeting. 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 12.10pm