Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD PUBLIC MEETING MINUTES

Venue: Training Room, Rowley Regis Hospital, Moor Lane, Rowley Regis, B65 8DA

Date: 6th September 2018, 0930h – 1300h

Members Present:

Mr Richard Samuda, Chair	(RS)
Ms Olwen Dutton, Vice Chair	(OD)
Prof K Thomas, Non-Executive Director	(KT)
Mr H Kang, Non-Executive Director	(HK)
Mr M Hoare, Non-Executive Director	(MH)
Miss Kam Dhami, Director of Governance	(KD)
Ms Dinah McLannahan, Acting Director of Finance	(DMc)
Prof D Carruthers, Medical Director	(DC)
Ms R Barlow, Chief Operating Officer	(RB)
Mrs P Gardner, Chief Nurse	(PG)
Mrs R Goodby, Director of People & OD	(RG)

In Attendance:

Mrs C Rickards, Trust Convenor	(CR)
Mrs R Wilkin, Director of Communications	(RW)
Mr D Baker, Director of Partnership & Innovation	(DB)
Ms Clare Dooley, Head of Corporate Governance	(CD)

Board Support

Mrs N Davies, Executive Assistant	(ND)

Minutes	**Reference**
1. Welcome, apologies and declaration of interests	**Verbal**
Mr Samuda welcomed everyone to the meeting. Apologies were received from Mr Lewis and Cllr Zaffar.	
2. Patient Story	**Presentation**
Mrs Gardner introduced Mr Paul Harris who had kindly agreed to attend the board meeting to share his patient story. Mr Harris described that 34 years ago he was involved in a road traffic accident, and incurred serious injuries a q requirement for major treatment. Unfortunately 12 months later after his initial accident his wheelchair he was knocked over resulting in another hospital stay for 9 weeks. He explained he had varied experiences over the last 34 hours and planned to share his holistic approach on a patient with disability, noting it is always a positive step when patients are involved in board meetings to share their experiences. Mr Harris has been left with a paralysis which has implications in terms of 'daily living' (e.g. management of bowels, bladder and skin). Mr Harris accesses services at SWBH and Oswestry (where his initial care commenced) and always tries to explain his conditions in detail, in terms of his paralysis, but also in relation to double incontinence and hypertension, as they contributory factors can sometimes be overlooked then clinical staff are treating the "presenting problem'. Mr Harris described recent examples of his own management of issues/advocating for himself in hospital, which had caused him distress. He noted he is not a complainer, but on one occasion he did, for the first time, need to describe in detail the severity of his contributory factors to staff members which had not been managed and had caused a significant amount of upset and fright. Mr Harris often needs to go through the process of having to explain myself which, is his lived experience for the last 34 of years of being admitted to general hospitals, and he does not expect everyone to be experts on spinal injuries but does require staff to listen and take on board/understand with empathy the issues he faces in relation to his dignity. Mr Harris commented that the incontinence service at this Trust is excellent and are the only service during his care that have fully understood his spinal injury and resulting needs. Mr Samuda thanked Mr Harris for sharing his story and advising of things the NHS, and this Trust in particular need to respond to.	

Ms Barlow asked how have staff dealt with complaints/feedback, and secondly, what else we can do for patients with similar needs to make the process better in future, for example opportunities for plan documentation at handovers. Mr Harris responded that staff are often defensive when approached and he always tries to be as nice and positive. They often note the matron will see him on their rounds and other aspects raised will be chased but often it does note address his concerns.

Ms Dutton commented this is about listening and understanding the issues because Mr Harris is the expert in his own health and, as part of the purple point campaign the question 'did we listen to you during your stay' is one of the things we should be routinely asking all of our patients, particularly where they have a long term condition.

Prof Thomas explained as a GP she has a patient with a spinal injury who has taught her a lot about care required. She asked if Mr Harris was sufficiently unwell or unable to articulate his problems, whether, when we have the electronic patient record is there an option to have a selection which offers a note/pop up that states 'spinal injury, important things to remember', as often having prompts could make all the difference.

Mr Samuda thanked Mr Harris again for sharing his story commenting the takeaway points from this discussion are, how do we use our electronic record in the future and how do we support training for doctors and nurses who haven't seen this type of injury previously.

3. Questions from Members of the Public	**Verbal**

A female patient had attended the board meeting to find out why it has taken from January to September to get orthotic shoes required, due to sharcot foot. During this delay she had to attend her GP practice twice each week and also attended the podiatrist every 2 to 3 weeks to manage ulcers on the side of her foot due to ill-fitting footwear. All of these additional appointments would not have been required if the shoes had been provided earlier and the patient asked if the issue was due to ordering or suppliers. Mrs Barlow apologised, was very concerned to hear about the delay and obtain the detail required to respond to the patient directly later today. Mrs Perry commented that we need to pick up on wider issues, although we've now made promises to look into this individual case, needs are still falling through gaps and our challenge is to make sure we are dealing with every patient so there are no undue delays and if there are delays these are explained to the patient and interim measures/options are identified to address patient need with an alternative in the short term.

A Healthwatch representative asked for an update on the radiology department at Rowley by providing examples of patients who had paid for taxis themselves, or used extensive public transport, or required to secure essential/special care for family members at home, to arrive at Rowley for the their appointment and the unit be closed, causing significant distress. Mrs Barlow agreed that standards of performance have reduced recently, explained we have some significant staffing issues and an emergency meeting with the radiology team and HR is scheduled. A review of the service has been commissioned to look at sustainability going forward. When we need to redistribute centralised services Ms Barlow had asked the team to ensure that transport was put in place to other sites but this looks to have failed and therefore she will discuss this further with the team, confirming any costs incurred by patients should also be reimbursed.

ACTION: Response on extensive delay for the provision of orthotic shoes.

ACTION: Response on radiology delays/cancellations with notice (at Rowley Regis Hospital).

4. Chair's Opening Comments	**Verbal**

Since the last board the Government have announced they will be supporting funding for the Midland Met Hospital with through public finance, which is fantastic achievement by our team, central Government and the cross party support we have in the area. This will enable us to get an early and enabling works contract to have a construction team on site during November 2018 and moving forward to full procurement for a contractor to deliver completion of the entire construction.

Living wage – Mrs Goodby confirmed we implemented the national living wage in February 2015 for all of our staff and we have kept in-line with the living wage guidance since that time. We are now an accredited living wage employer which means all of our staff will be paid at least £8.75 per hour, which is the national living wage and this also includes everyone on our bank.

Ms Dutton commented that we are also trying to ensure that our contractors and suppliers are committed to paying their staff the national living wage especially as a lot of our suppliers will be local. Mrs Goodby confirmed that West Midlands Fire Service and the Council are pushing for national living wage from their suppliers also.

ACTION: Mrs Goodby to provide update on suppliers/contractors signing up to the national living wage at the next board meeting.

5a. Update from the Major Projects Authority meeting held on 24th August 2018	**TB (09/18) 001**

Mr Samuda reported that the MPA meeting in August was focussed on IT infrastructure issues which have been causing significant challenges across the Trust. We need to look at skills within the team and our relationships and management of key suppliers to ensure we receive a first class service. We are currently looking at resources, as there has been some slippage on Wi-Fi and server configuration.

The Major Projects Authority meeting was intended to look at delivering the new hospital, IT and people resources (KPIs) and to bring the three discussions together but it has now been decided to separate these areas into different committees (as proposed via the Chief Executive's report to this Trust Board meeting).

5b. Update from the Quality and Safety Committee held on 31st August 2018	**TB (09/18) 003**

Ms Dutton reported that a lot of the matters discussed at the last Q&S committee in August are on the Trust Board agenda for today.

- **Schwartz rounds:** Non-Executive Directors had missed the last two but Mrs Gardner will provide future dates for the Non-Executive Directors to attend.
- **Patient story:** was an excellent presentation from Mr Harris (who attended the Trust Board today).
- **Strategic Board Assurance Framework:** a lot of time was set aside to discuss the SBAF, particularly the proposal for paediatric ophthalmology cover. Professor Carruthers presented a paper proposal, and whilst we are not going to get the optimal answer, it has assured the committee we will be able to deal with the situations as they arise and we possibly need to look at changing that BAF score in the future.
- **IQPR:** the focus on persistent reds is now starting to pay off as we are beginning to see some indicators starting to hit the targets that have been set and we are now meeting the WHO checklist.
- **Quality plan**: actions on managing the reduction of Sepsis.

5c. Update from the Finance and Investment Committee held on 31st August 2018	**TB (09/18) 005**

Mr Hoare reported that period 4 remained on position and to forecast with some significant challenges on the year to date position for CIP. It has been previously reported that we were up to date on the 60 day period for non NHS creditors. Unfortunately, due to the oracle system this is not a correct statement and work is being done to correct this.

The long term financial model is being recut based on the position for Midland Met and this will be presented to the October Trust Board.

A strong focus continues to reduce agency spend.

6. Chief Executive's Summary on Organisation Wide Issues	**TB (09/18) 007**

Miss Dhami reported on the following:

- **Midland Met** - excellent news about securing the Midland Met funding.
- **IT** - For a week we have not had any significant/whole system IT issues which is positive.

- **Emergency Care** - the situation is lower performance rating nationally but a lot of work is ongoing on improve our position. Meetings are taking place between the ED and emergency teams and September is the month we expect to see things start to change with event further positive actions implemented in October and November 2018.
- **CQC** - Regulators are currently visiting the Trust and have so far covered medical wards and emergency care. Feedback so far has been good overall. We will not get official feedback until the well-led inspection is completed in October (final report expected in January 2019).
- **Use of Resources** - feedback has been provided from the assessment day and further evidence has been requested, is in the process of being provided to CQC.
- **ENT Operation Issues** – there is a need to reconsider plans in place to continue the training level currently in place and this impact will be considered through a whole service review.
- **Pathology** – the TUPE transfer of staff is scheduled to take place on 1st October 2018. All required documents will be submitted by the end of this week. Service Level Agreement will not need to be provided for the staff remaining at the Trust but we do need to clearly agree/document this process also
- **MPA terms of reference** - it is proposed the current MPA splits into two committees (digital focus and estate focus) and terms of reference were proposed, which the Trust Board approved.
- **Sickness Absence** – Discussions have taken place at FIC as there is a potential risk to financial plans. The grip and control element needs to be looked at again.

Mrs Goodby commented that rostering issues have been discussed in group reviews, we need a much tighter grip and control on who can make changes. Mrs Gardner has discussed with Group Directors of Nursing to send the message down to ward level so they are aware of the impact it has on other colleagues. The whole process from rostering to return to work interviews needs to be much more robustly adhered to as if these issues are not resolved we will not see improvement in long term sickness and mental health sickness. Any proposed overbooking of establishment shifts, will require approval by the Chief Nurse. However, if acuity is high this will be discussed with Group Directors of Nursing and then the Chief Nurse. Miss Dhami commented it is time for us to reflect on why good practice has not been sustained, this issue is called out as a risk to our financial plan, and as a Trust Board we need to know (receive exception reports) on a month by month basis.

- **Diagnostics** - Ms Barlow reported that a lot of good work had been undertaken last year on diagnostic waiting times. Tests were being completed and the reports are being published within a 10 week period. Recently workforce changes and issues with IT have affected this position, but this is just an interim disruption. IT outages have not stopped the reports being produced, they hindered specialists looking at the images.

Radiologist recruitment has been successful with 7 radiologists being appointed. Ultrasound is a risk nationally as it takes considerable resource and time for training. The backlog of reporting will be cleared by the end of the September and October we will meet our targets for reporting. Professor Carruthers commented that we are trying to reduce the numbers of scans requested by further training for staff and looking at groups where reporting is not required.

- **Smoke Free Plan 2019** – At the July Trust Board meeting it was decided the Trust would be smoke free by 5 July 2019. This weekend will see the start of the 300 day countdown and we will be undertaking to commence campaigns and social media for staff and patients.

7. Integrated Quality and Performance Report	**TB (09/18) 008**

Mr Baker reported on the following keys areas to the Trust Board:

- **Emergency care waits** – these are below our performance trajectory in July and have further deteriorated in August. We are currently implementing changes to commence towards the end of September to support improvement. Resilience preparations for the winter period will be set out/provided to the Trust Board in October.
- **Six week diagnostic waits (DM01)** – these are below the standard of 99% each month this year. A recovery plan is in place with recovery expected by end of September.
- **VTE assessments** - at 94.5% in July, missing 412 assessments, and the Quality and Safety Committee &S have considered the quality plan improvement project as part of improvement monitoring.
- **RTT** - the patient waiting list has again grown in July to 35,000 patients, which is well above the static position we projected, and NHS Improvement have been informed of this position.

- **Sickness rate** - increased again in July, noting our mental health wellbeing project (wemind) commences on September 1st.

Mr Hoare commented that C sections are 25% higher, year to date at 26.7% noting this appeared to be mainly driven by an increase in non-elective patients, with elective patient C-Sections averaging rates of 8%. Mrs Gardner commented that there are a lot of factors involved and there are a number of initiatives being developed to improve this position.

ACTION: Winter Standards (separate report) for the October Trust Board meeting.

8. Trust Risk Register	**TB (09/18) 009**

Ms Binns provided highlights from the Trust Risk Register as follows:

- The ultrasound service is experiencing significant staffing issues, specifically within the obstetric specialty. They are development a number of mitigating actions but this position could still deteriorate further, which the Risk Management Committee and Clinical Leadership Executive will review and monitor.
- Risk 2642 - results acknowledgement has been updated to reflect the current position which is being addressed ahead of Unity deployment with a check on all unacknowledged imaging results, for the previous 12 months.
- Risk 534 – has been updated to reflect that patients likely to require oncology input are receiving timely referrals to the QE and Royal Wolverhampton Hospital.
- Informatics - within the Trust Risk Register there are four risks which relate to informatics and at the Major Projects Authority meeting a review of the actions for three of these risks was requested and provided as they relate to our infrastructure and the EPR project.
- Risk 221 – one action remains incomplete, which relates to the requirement for a plan for Unity go live. This is expected to be in place by the middle of September 2018.
- Risk 3109 – three posts are still in the process of being appointed so this risk will be mitigated by the end of September 2018.
- Risk 3110 – actions remain outstanding with the work currently in progress.

9. Mortality Improvement Plan	**TB (09/18) 010**

Professor Carruthers set out that detailed discussion of mortality took place at April, May and June Trust Board meetings. This updated paper covers our analytical analysis, our plan of action, and work to resolve medical examiner deployment which is at a similar position to other Trusts, but which does meet our aims/expectations of acceptability .

Further expertise is being sought for our analytics function and monitoring of progress will continue to take place monthly at the Executive Quality Committee and Quality and Safety Committee. By December 2018 we expect to have:

- deployed projects in each of the key areas of 'excess mortality' – a long formed part of the quality plan and by December will have materially shifted
- key indices on sepsis inputs to care pathways
- a weekend plan will have been defined.

Ms Dutton commented on the figures by raising her concern that it seems our excess deaths have gone up significantly between 2016 and 2017 and are we aware of the contributory factors in relation to this. Professor Carruthers responded that there is something about the process but also the patients as we know the areas that are an issue and the contributing factors between the difference of weekend and weekday admission. A significant amount on analysis has been undertaken already but further review of this is being progressed.

Professor Carruthers also noted that we are pausing the Medical Examiner recruitment until we understand clearer the full expectation/impact of the role aligned to our mortality improvement plan.

10. IT Resilience and Resolution – Progress Update	**TB (09/18) 011**

Mrs Barlow reported on the following:

- **N3** - Some progress has been made on some of our major IT issues relating to N3 and we now believe the N3 connection has been stabilised with a period of 2-3 week caution to ensure this is the case.
- **HyperV** – Connects our computers to the server and work was carried out in mid August which has stabilised the connection for over a week.
- **Wi-Fi** –completed resolution remains outstanding, external providers are on-sites today but there are still technical challenges to be addressed.
- **Resilience** - we have not experienced any major outages over the previous week but are still experiencing other IT disruptions across the system.

Mr Hoare commented that we have made some progress with stability; expertise has been brought in and has made a significant impact which has given us some confidence.

- **Unity** – Go-live will depend on IT stability and the October go-live date is likely to be changed. Clinicians are still supportive and we will continue with the training even if the go-live date does move. Mrs Gardner confirmed that groups now have the lists of staff members who have not yet booked on to the training. Currently we are 69% compliant. Unity stalls have been set up around the Trust to encourage staff to book on to the training but we need to make sure we have enough courses. Some consultants need out-patient and in-patient training. Provision for refresher training is also in the budget.
- **IT leadership** - the team need to address the issue of no back office function/team for the Unity go-live to maintain, update and develop. It is currently costing c.£50,000 per month for every month we do not go live, but we are confident that this can be covered within the 2018/19 financial budget.

11. CQC Improvement Plan: The story of our journey to good	**TB (09/18) 012**

We need to identify a way to celebrate achievements, a lot has already been put in place and we have delivered a number of successful changes, noting more is required to sustain our improvement journey. There were 131 areas for improvement within the plan and 74 of these have been addressed and improved, with 38 still requiring completion.

Mr Kang commented how much he liked the visual book that had been provided and thought it was a good idea to have demonstrable examples clearly described, noting we delivered a significant amount and further successful results will sustain our improvement journey.

12. Financial Performance: Q2 mitigating actions and PO4 report	**TB (09/18) 013**

Mrs McLannahan reported the highlights from the financial performance report as follows:

- The expected position at the end of Q2 was reported last month as £2.7m behind plan. Month 4 has improved that position to £2.5m and the current expectation is that we will be able to achieve plan and PSF in Q2, despite income, non-pay and pay slippage.

- The Chief Executive chaired the CIP group which is overseeing:

  (a) Q3 recovery plan;
  (b) month 12 recurrent backfill v non-recurrent 2018/19 CIP. The expected "final £5m" non-recurrent plan is behind schedule and will be presented by the Acting Director of Finance to the September Finance and Investment Committee, along with the two recovery plans.
  (c) report will be finalised for October Finance and Investment Committee.

- Currently seeing an over performance on emergency activity and acknowledgement of winter pressures/activity may deteriorate this position further

- Agency spend is at £1.4 million and requires a close review during September.

- £26.9m is required to hit our pay plan, if agency and sickness spend is under control.
- Procurement data issue – we do not appear to receive the same level of procurement activity data as Dudley do and this now being reviewed as we can back date any inaccurately coded activity to 1st April 2018, which will be reported in the month 5 position.

Mrs Perry asked if the CIP profile is back loaded how confident are we of delivery and Ms McLannahan confirmed that phasing levels of confidence are mixed as we have good visibility on slippage but Midland Met impacts need to be factored (or not, depending on financial decisions awaited from Government).

13. Strategic Board Assurance Framework: 2018/19	**TB (09/18) 014**

The Strategic BAF was reviewed in significant detail by the Chair of the Audit and Risk Management Committee and Director of Governance in a series of meetings and individually, with each SBAF Executive lead, scrutinised each risk action status to challenge gaps in control for each risk. The SBAF has been updated from the discussions at the challenge meetings.

Miss Dhami commented that there are no more red risks on the SBAF, leaving only ambers and a healthy number of green rated risks.

ACTION: Plan to be sent to speciality leads to check and confirm.

14. EPPR: Board Standards Approval of the NHSE core standards	**TB (09/18) 015**

Ms Barlow advised that the Trust is assessed annually against compliance of NHS England's Core Standards for Emergency Preparedness, Resilience and Response guidance. The submission is assessed against 10 domains and 69 standards. Each year there is a 'deep dive' subject to be assessed; this year that is 'Command and Control' arrangements. We are fully compliant with the 8 domains and have strong evidence of how we activate Command and Control, we met good practice guidance, responded to/recovered well from several internal critical Incidents managed over the last 12 months.

An on-call mechanism is in place and tested regularly. All necessary staff are trained to lead strategic, tactical and key operational roles.

Business Continuity Plans are in place and have been rated (self-assessment) as partially compliant. The evidence submitted will be considered by NHS England during Q3 and we want to agree with them in writing what the action plan should look like as soon as possible.

Ms Barlow's final point was to set out that our suppliers have action plans/business continuity plans in place but we need to provide assurance on these, which will be discussed at the Emergency Planning Committee.

15. Minutes of the previous meeting and action log	**TB (08/18) 016**

Minutes of previous meeting were approved as an accurate record.

16. Any other business	**Verbal**

No other items of business were discussed.

17. Date and time of next meeting	**Verbal**

Details of next meeting: The next Public Trust Board meeting will be held on Thursday 4th October 2018 at the Anne Gibson Boardroom at City Hospital.

Signed ……………………………………………………………………………………………………..

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Date ……………………………………………………………………………………………………..