

PUBLIC BOARD MEETING MINUTES

Venue: Anne Gibson Board Room, City Hospital, Dudley Road, Birmingham B18 7QH Date: 7th February 2019 0930h – 1315h

Members Present:

Mr R Samuda, Chair (RS)
 Mr H Kang, Non-Executive Director (HK)
 Cllr W Zaffar, Non-Executive Director (WZ)
 Mr M Hoare, Non-Executive Director (MH)
 Mrs M Perry, Non-Executive Director (MP)
 Prof K Thomas, Non-Executive Director (KT)
 Mr M Laverty, Assoc. Non-Executive Director (ML)
 Mr T Lewis, Chief Executive (TL)
 Dr D Carruthers, Medical Director (DC)
 Mrs P Gardner, Chief Nurse (PG)
 Ms D McLannahan, Acting Director of Finance (DMc)
 Miss K Dhami, Director of Governance (KD)
 Mrs R Goodby, Director of People & OD (RG)
 Ms R Barlow, Chief Operating Officer (RB)

In Attendance:

Mrs C Rickards, Trust Convenor (CR)
 Mrs R Wilkin, Director of Communications (RW)
 Mr D Baker, Director of Partnership & Innovation (DB)

Board Support:

Mrs C Clarke, Exec. Assistant (CC)
 Mrs J Kalis, (minute taker via audio recording)

1. Welcome, Apologies and Declarations of Interest	Verbal
<p>Apologies were received from Olwen Dutton. Mr Laverty was introduced to the Board at his first meeting.</p> <p>No declarations of interest were reported but Mr Lewis noted the SRO structure of the STP, under which guise he was now taking system wide responsibility for maternity, personalisation and the BCWB STP digital strategy.</p>	
2. Patient Story	Verbal
<p>Mrs Gardner drew attention to the summary paper background regarding the PARO Seal and the patient story video was played for the Committee. This involved interaction with a lady suffering with Dementia, she had not smiled for three weeks. As demonstrated with the video, the seal had had an extremely positive effect on her.</p> <p>Mrs Gardner gave an overview of the background and provenance of the PARO seals, and confirmed that there were three seals at the hospital and another one had been purchased. There had been a naming competition and the chosen names were Snap, Crackle, Pop and Ron. Discussion surrounding clarification of evidence took place and Mrs Gardner explained that, in her opinion, evidence was proven to have had a calming influence on patients in the ward, particularly with the artificial intelligence allowing tactical responses to patients. The seals cost between £4,000 and £5,000 each.</p> <p>Ms Barlow added that she felt that this was a great innovation, proven to replace one to one care in other countries, and that the cost of providing a seal for each ward would compare favourably with that of an agency nurse.</p> <p>Mr Lewis requested that a report be compiled in six months' time giving indication of level of success.</p>	

Action: Mrs Gardner to arrange to visit other establishments utilising the PARO seal for the purposes of evaluation.

3. Questions from Members of the Public

Verbal

Discussion took place as follows:

- Bill Hodgetts advised the Committee that the Trust had lost the Healthwatch tender to Staffordshire. Mr Lewis thanked the team for their input, which the Mr Samuda echoed. He requested an update on cancer care and Mr Lewis advised that an agreement had been reached with University Hospitals Birmingham that Solid Tumour Cancer Services will return to the Sandwell site during 2019. He explained that there were numerous logistical things to put in place including:
 - Cancer Clinics on the Sandwell site will need to be merged within the outpatient space;
 - They were looking to drop a modular building onto the City site adjacent to the BTC;
 - The project was reliant on NHS England being able to commit by April to a five-year funding settlement. Security of contract is vital.

Mr Samuda requested an update regarding the issue of Orthotics, which had been discussed at last month’s Board meeting. Ms Barlow advised that she had met with the lady who raised the issue of Orthotics with her clinical team and that she would continue to keep in touch. Ms Barlow added that she had briefed her regarding the Trust’s intention to review the service and that the lady in question had welcomed this news. It was confirmed that the Clinical and Management team had a defined scope for the review, and they would launch this in a couple of weeks’ time. Professor Thomas confirmed her agreement to become involved in this issue.

Mr Samuda requested an update, regarding the issue of welcome screens, which had also been discussed at the last Board meeting. Ms Barlow advised that there had been some technical difficulties regarding the welcome screens. She added that Mr Sadler had made a firm commitment that this would be completed within the month of February.

4. Mr Samuda’s Opening Comments

Verbal

Mr Samuda reported two meetings as follows:

- He had met with his predecessor at the Trust, Sue Davies, from Birmingham & Solihull Mental Health Trust. Mr Samuda is keen to meet with the new CEO as soon as possible. He explained that a meeting would be beneficial as there is a desire to be of assistance to colleagues within Primary Care.
- Mr Samuda met Jonathan Fellows, chair of the BCWB STP. He noted that although there was a lot of similarity of ambition between the ICS and the place-based work which had been completed on integrated care, the approaches are slightly different. One of their Public Health Doctors had undertaken some work for Right Care, which is looking at the consistency of care in outcomes.

5. Updates from the Board Committees

5.A

a) MP updated the Committee from the Digital Major Projects Authority meeting held on 25th January 2019. The main point of

TB (02/19) 001

discussion surrounding the status of Unity Go Live. b) The minutes of the Digital Major Projects Authority meeting held on 25 th January 2019 were accepted as an accurate record.	TB (02/19) 002
5.B a) MH updated the Committee from the Finance and Investment Committee held on 25 th January 2019. MH confirmed that the Trust was still on trajectory at month 9 to hit the control total at year end. b) The minutes of the Finance and Investment meeting held on 25 th January 2019 were accepted as an accurate record.	TB (02/19) 003 TB (02/19) 004
5.C a) KD updated the Committee from the Quality and Safety Committee held on 25 th January 2019. With A&E performance and open referrals being the main items for discussion at the meeting. Mr Lewis asked if there had been any update on the MRSA case cited. Mrs Gardner flagged two elements, being the issue of failing to screen the patient for MRSA on admission to Critical Care and then failed to do the 7 day follow up which may have been the root cause. The PIR has been undertaken and results are awaited. The Chairman noted the unacceptable nature of this poor practice. b) The minutes of The Quality and Safety Committee held on 25 th January 2019 were accepted as an accurate record.	TB (02/19) 005 TB (02/19) 006
5. D a) Mr Kang updated the Committee from the Remuneration Committee meeting held on 25 th January 2019. He noted acceptance of the NHSI VSM recommendation, and the intention to seek to finalise a Trust-wide pay strategy by May.	TB (02/19) 007
7. Chief Executive's Summary on Organisation Wide Issues	TB (02/19) 008
<p>Mr Lewis wished to draw out four points from his summary as follows:</p> <ul style="list-style-type: none"> • Midland Met and Unity: Mr Lewis advised that the Trust was looking at a Spring/Summer Unity deployment. On the Midland Met side, the first phase of the final stage procurement had submissions over the last 48 hours and at least one foreseeable bid had come forward. The outline business case, which was approved by the Treasury, DHSC, NHS Improvement and the Trust, did make provision for competing supply chain underneath the single bidder proposition. The Trust will proceed on this basis. • To celebrate that the Trust had again hit the constitutional standard on diagnostics waits. • The Trust had five maternal deaths over a period of two years. Information gathered shows that the incidents appear unconnected and SI investigations have completed satisfactorily. Whilst Mr Lewis agrees that the differences between cases was well documented, he wished to clarify any similarities, for the purposes of learning. Mr Lewis confirmed that he would commission a more detailed externally supported investigation with the support of Mrs Gardner. This should take around 3 months to compile. • Employee Engagement. Mr Lewis felt it was encouraging that survey responses were at 30%. The February Heartbeat contained a commitment from local teams about what people are doing as a result of the survey responses. The next phase survey responses go out in the next couple of weeks. 	

He then drew attention to the follow up report on Long Term Sickness. The Trust wants to reduce the number of long-term sickness absences from 200 to 140. Mr Lewis agreed with Mr Kang's comment that visibility of number of people on long term sick was necessary, and within that visibility of the people with the amenable absence risks, those in the category of MSK & Mental Health would be defined in brackets.

Mr Kang raised the question of the relaunch of the nurse escalator. Mr Lewis felt that a re-launch was beneficial as the initial launch took place during the restructuring of nursing leadership and did not receive the attention desired.

Cllr. Zaffar raised the issue of the communication from Unite with respect to how the new contract for Midland Met would ensure local labour agreement and local employment. Mr Lewis noted that this had been responded to in late 2018 and that the assurances sought had been easily given, being already part of the approach preferred by the Trust.

Cllr. Zaffar mentioned the issue of running out of pillows and that this had been published on social media by a care worker, who had brought some in from home. Mrs Gardner confirmed that this had been resolved immediately and that it was noted that this must be resolved permanently.

Mr Samuda raised the point on Q4 Cancer forecast performance. Ms Barlow confirmed that there was some risk in performance but that they would have the opportunity to mitigate this. The main factor in this occurring was demand on critical care on the ITU over January due to emergency admissions causing planned cancer operations cancellations. These patients were now being treated but had caused breaches. The other part of the risk to Q4 was the sustainability of the Head & Neck service and some breaches had occurred in those pathways. Ms Barlow added that through the critical care board additional staff had been funded for Q4 to increase the capacity in ITU. Mr Lewis wished it noted within the minutes, the considerable help from University Hospital Birmingham on Head and Neck Cancer which was hugely welcome and to be encouraged.

Mr Lewis stated that he would, with the permission of the Committee, draft a response accepting the Control Totals, which he had covered at FIC, subject to adequate contractual progress.

Action: Take as a matter arising on the April Board, where the Trust is on the Blue Pillow good night's sleep item and brief about lack of pillows issue.

8. Monthly Risk Register Report

TB (02/19) 009

Miss Dhama advised that the Committee that the register needs to be updated.

Miss Dhama highlighted that there were 156 incidents which were over the 21-day target set for investigation. Miss Dhama felt that a lot of these could be resolved easily and that the main reason for tardiness was that of not staying on top of them therefore allowing a large build up to occur.

Action: Miss Dhama to follow up incident investigation at the audit committee in April to see if this has been achieved.

9. CQC Improvement Plan – Amber rated actions

TB (02/19) 010

Further to the prior Board meeting, Miss Dhama outlined a revised report on amber actions, differentiating red and green risks. There were 31 actions classed as amber/green. Miss Dhama confirmed that there was a plan in place to deal with this and the exercise will be complete by 31st March.

There were 7 amber/red actions which are more concerning as a solid plan was not in place. Mr Lewis felt many of these were unsurprising, given prior discussions, but he highlighted protected time for nurse leaders as one where further work needed to be done to agree a Trust position. The Board had funded this programme in medicine with modest returns and results.

Mr Samuda brought up the matter of the safety and ambulance handover base and asked what the concerns were. Miss Dhami explained that the CQC had raised the issue of not pulling curtains around patients in the Emergency Department. Ms Barlow noted that every other indicator regarding the ambulance bays suggest that some of the safest and best ambulance bays in the West Midlands were at the Trust and that it had been commended on such by the Ambulance Trust.

Action: Ms Barlow, Mr Lewis, Mrs Gardner & Mrs Goodby to investigate the Protected time issue to put a plan together to give a better delivery of this.

10. Integrated Quality and Performance Report

TB (02/19) 011

Mr Baker went through the report:

- The 21-day stranded patients targets had been achieved.
- Cancer standards had hit target for the quarter.
- Mortality reviews increased quite dramatically.
- Line of site of probably moving from 8 persistent reds to 12 or 13 over the next few months.
- RTT were achieved again.
- One 52-week breach in Cardiology in December.
- Waiting lists had been going up but were slightly reduced in December.

Mr Baker confirmed that the MSA reporting without prior exemption would report in January in line with agreements with CQC guidance. Mr Lewis clarified that the NHSI, CCG and the Trust had agreed an exemption which the CQC did not support. The Trust has agreed to remove the exemption. It was acknowledged that there was difficulty foreseen for meeting the standard although following concerted action, late January was better, and February would see that maintained.

Mr Samuda questioned the slippage on VTE. Mr Carruthers explained that VTE assessments were required to be complete during the first 24 hours of admission. There were generally more missed assessments at weekends, and it was felt this was due to differences in practice. The main approach to resolve missed assessments would be for all junior staff to conduct the assessment at first contact with the patient. Mr Carruthers advising that he had been working with the Chief Registrar and with the Junior Doctors regarding this matter. He confirmed that, for January, the percentage was back up to over 95%.

11. Never Event Investigation Report

TB (02/19) 012

Dr Carruthers went through the SI report, which was related to the wrong eye being injected. Dr Carruthers highlighted that the root cause of this never event was failure to follow operating procedures. He confirmed that there was no harm done to the patient.

- Several recommendations had been put in place, many of which have been undertaken already.
- The individual doctor concerned was having an advanced appraisal with past appraisals and other relevant information was being looked at.
- Audit were completed of the retinal service, including observation of practice and documentation and notes which have shown that there are no discrepancies.
- An enhanced process was adopted for getting near misses reported.

Discussion suggested that more needed to be done to ensure that lists were locked down. Mr Lewis

noted concern about governance more widely in BMEC, but Dr Carruthers felt that compliance was improving. Mr Lewis welcomed this assurance, noting that SPA payments were in effect buying contribution to this agenda.

Action: Dr Carruthers to report progress on the actions at the May Quality and Safety Committee

12. Brexit

TB (02/19) 013

Mr Lewis, in his capacity as EU Exit Trust SRO, outlined a short report highlighting the state of planning and risk. He drew the Board's attention to the medication and device supply uncertainties, given limited visibility of national stockpiles. The position was evolving, and decisions would be taken at the start of March about any risks to service continuity.

Cllr Zaffar asked for clarity on messages being given to staff and patients, and for a comment on misuse of medicines by concerned patients. Mr Lewis agreed that the risk was that messages were too vague or that messengers were not believed. He emphasised that during March the Trust would be working actively to counter myths and rumours and to make sure that short term management was strong and gripped.

Responding to Mr Kang, Mr Lewis noted that greater concern might reside around medium term risks, and in particular labour supply competition in non EU markets. This would form part of the SBAF work. Mr Lewis added that there would be a potential labour supply issue in social care particularly in the care home sector. Should some local care homes close that would have a much more immediate impact on the health and welfare of hospital patients in the community.

Action: Ms Goodby will carry out an assessment over the next two or three months of long-term labour supply sources to highlight risks that opposed by changes to the EU exit and new immigration bill.

14. CQC Well led Update

TB (02/19) 014

Miss Dhami went through the report and it was noted that:

- A revised version of deliverables had been supplied when compared to the prior month.
- Comments had not yet been incorporated from the CQC as the final version is awaited.
- The supplier list should be a combined approach between IT, Estates and Finance and should reflect suppliers spend together with contract management relationship management.

Action: Bring CQC feedback on the well led update to the April Board and revisit subject to the report being published.

15. Freedom to Speak Up: self-review

TB (02/19) 015

Miss Dhami explained the assessment and how it had been made up as a Board in conjunction with the Freedom to Speak Up Guardians.

It was felt that staff felt comfortable about raising their concerns through the instant reporting route. However, the Trust's response to staff speaking up is varied. Managers visibility would improve the speak up environment and culture. It was acknowledged that there was a good culture around patient safety and that staff do speak up if things are not as they should be. The We Connect programme and weLearn campaigns will help develop and further foster that speak up environment that is desired.

Mr Lewis expressed that he wished to distinguish which actions were (a) developing the Trust's Freedom to Speak Up culture and (b) which ones were supporting the guardians. Miss Dhami agreed to re-frame the report to that end.

A discussion took place regarding the conflict of reporting and tracking these issues in view of the confidentiality necessary when dealing with private complaints. Mrs Rickards stressed the importance of being careful how this is document as people will not trust again if they suspect that their private complaint has been documented. The take up of the safe-call and email-line was poor.

16. NHSI Workforce Safeguards – Trust Assessment

TB (02/19) 016

Mrs Goodby reminded members of this new assessment exercise covering:

- What should be done within the organisation to ensure that they are safely staffed?
- Was there a sustainable workforce for the future?
- Are the right people in place for patients during their patient journey?

Mrs Goodby advised that there were 11 Board indicators and that all the actions have a theme, the theme being that there was lots of data in all the different domains. There was a need for a simple and easy way to understand data. This paper suggested a form of merging the data together and suggested that her directorate become more pro-actively involved. Mrs Goodby also suggested that the monitoring of this in an ongoing way delegated to the People and OD Committee and then relevant items could be escalated to the Board. This was welcomed.

The discussion suggested that the Board was moderately assured on nursing data, but less confident in other disciplines. The assurance document itself was heavily weighted to nursing examples, and Mr Samuda questioned whether the Board was approaching this issue in the same vein as other Trusts.

Action: Miss Dhami to take actions that are listed in the paper and add them to the action log for the People and OD Committee.

Action: Ms Goodby to examine responses to these standards from other Trusts and advise on how our approach compares to others.

17. 7-day service Board Assurance

TB (02/19) 017

Ms Barlow advised that there were four key standards and that they were compliant with three of those.

There was some improvement work to do on the standard where patients were admitted as an emergency and were reviewed by a senior clinician within 14 hours of admission. The improvement work against that standard is driven through the Urgent Care Board which has clinical and operational representation from all clinical groups. A lot of work has been completed in terms of recruitment, retention, staff development and some of the in situ clinical re-design

Ms Barlow confirmed that this was a trial phase of a new National Board Assurance Framework and asked if the Board was content that this be submitted. Ms Barlow confirmed that they would survey against standards in the early part of Q1 and submit the next returns in June and then again at the latter part of the year. A discussion around flexible working took place and Ms Barlow confirmed that the redesign of working hours would take flexible working into consideration.

Ms Barlow clarified that 90% of the daily review represent compliance and that it was documented in the guidance and that a sufficient renal replacement therapy standard was met. Mr Lewis suggested that whilst he was not suggesting non-compliance on renal replacement therapy, he advised that this should be stressed that this could yet be improved.

The issue of losing staff once the Consultant Delivered Standard programme had been activated was

discussed. Dr Carruthers felt that it was important to be very clear through the STP Group that other Trusts were implementing the same programme and it would be a good idea to convert at the same time.

Action: Liaise with other Trusts regarding compliance on the Consultant Delivered Standard report findings.

18. 2019/20 Pay bill

TB (02/19) 018

Mrs Goodby explained the purpose of the paper, which followed from the prior month. Her concern is to ensure that we safely achieve a paybill that is lower by £11.5m than the planned spend. This means spending more in some parts of the Trust and less in other places. She detailed spend reductions to be achieved through recruitment. Mr Lewis questioned whether that rationale credibly explained the HCA and nursing figures and Mrs Goodby agreed to examine these again.

Mr Kang was encouraged that the Board was working to a 2% vacancy figure and emphasised the need to not simply achieve the paybill but to ensure roles were filled in under pressure areas.

Mr Lewis suggested a frame of work to be carried out for the next Board meeting as follows.

1. Will these numbers be delivered in a particular month for each domain?
2. Establish which month
3. Filling the gap between April 1st and that month
4. Tackling the gap shown in the paper

Action: Mrs Goodby to complete work on these issues before the March Trust Board meeting

19. a. Underlying deficit bridge to 2022

TB (02/19) 019

Ms McLannahan went through the presentation which showed that 2019/20 plan reduced the underlying deficit from £29m to just over £17m. This would then be reduced to zero in 2020-21 by a CIP plan of that value plus the national efficiency assumption. This was unless the PSF funding was made recurrent. The presentation was welcomed by Ms Perry, and Ms McLannahan was asked to confirm before 31/3/2019 that the bridge was consistent with the agreed Trust cash and capital long term plan.

19. b. Financial Performance: PO9

Ms McLannahan went through the paper and highlighted the following

- Still on track to deliver the revised plan with route to control total
- Slight risk around agency spend which was over revised plan at month 10 so this needs to be recovered (90k)
- Satisfactory resolution of the anti-natal inter-provider pathway was needed by late February

20. weLearn: creating a learning focused organisation

TB (02/19) 020

Miss Dhama introduced this report, which had been trailed in private the prior month:

- A focus on learning from data in a joined up way
- Professionalisation and corporatisation of some key sharing opportunities
- Evaluation as outlined in the paper

Mr Samuda welcomed the paper which was a clear way forward on a longstanding issue. Mrs Goodby noted the opportunity to make use of the training budget to assist with this work, as well as the chance provided through moments like Schwartz rounds and Ground Rounds. Mr Lewis stressed the need to

be practical in our implementation, and to work hard to find meaningful not platitudinous learning. He felt that behavioural role modelling through areas like simulation would be essential.

Action: Miss Dhmi to bring the implementation plan to the April meeting.

21. Update on Actions Arising from Previous Meetings
 Minutes of the previous meeting, action log and attendance register. To approve the minutes of the meeting held on 3rd January 2019 as a true/accurate record of discussions, and update on actions from previous meeting.

TB (02/19) 021

TB (02/19) 022

With the following amendments, the minutes of the last meeting were approved as an accurate record:

- Item 3, para 1 & 2, delete patient's name.
- Item 4, para 1, Replace Nick with Mick.

Actions:

- *Provide a response about when the booking-in screens will be fixed at Rowley. Not yet done.*
- *Neo-natal plan Q&S in March. Has been completed.*
- *Stroke symposium to take place and an update on this to January Q&S. Not done and now due in March.*
- *Brexit. Mr Lewis to embed Brexit data into the March BAF.*
- *Open referrals pushed back to 30th April from 31st March.*

23. Details of next meeting

Verbal

Public Trust Board meeting will be held on Thursday 7th March 2019, 09.30h-13.15h at the Black Country Living Museum, Dudley

Signed

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Date