Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD – PUBLIC SESSION MEETING MINUTES

Venue: Conference Rooms, Black Country Living Museum, Tipton Road, West Midlands, DY1 4SQ **Date:** 7th March 2019, 09.30-13.15

Members:

Mr R Samuda	(RS)	Chairman
Ms O Dutton (from 11:15am)	(OD)	Vice Chair
Mr H Kang	(HK)	Non-Executive Director
Cllr W Zaffar	(WZ)	Non-Executive Director
Mr M Hoare	(MH)	Non-Executive Director
Ms M Perry	(MP)	Non-Executive Director
Prof. K Thomas	(KT)	Non-Executive Director
Mr M Laverty	(ML)	Assoc. Non-Executive Director
Mr T Lewis	(TL)	Chief Executive
Dr D Carruthers	(DC)	Medical Director
Mrs P Gardner	(PG)	Chief Nurse
Ms D McLannahan	(DM)	Acting Director of Finance
Miss K Dhami	(KD)	Director of Governance
Mrs R Goodby	(RG)	Director of People & OD
Ms R Barlow	(RB)	Chief Operating Officer

In Attendance:

Mr D Baker (from 11.15am)	(DB)	Director of Partnerships & Innovation
Mrs R Wilkin	(RW)	Director of Communications
Mr M Sadler (from 11.15am)	(MS)	Chief Informatics Officer

Board Support:

Mrs C Clarke	(CC)	Executive Assistant

Minutes	Reference
1. Welcome, Apologies and Declarations of Interest	**Verbal**

The Chairman thanked the Black Country Living Museum for hosting the Trust Board at the museum.

The Trust Board members provided an introduction for the purpose of the recording.

Apologies were noted from Chris Rickards. Ms Dutton would arrive part way through the meeting.

2. Patient Story	**Presentation**

Mrs Gardner introduced a patient, Mark Mason, who was present at the meeting to tell the Board about his foot injury, from ED onwards to surgery. She noted that photos would be presented during the patient story. Mr Mason provided the Trust Board with his foot injury patient story, a summary of the main story points is:

- 60-year-old tradesperson with diabetes. Sustained a torn ligament in his right leg at work on the Wednesday. He noticed an injury in his left foot on the Sunday, and phoned his GP on the Monday to attend his residence.
- The GP did not attend and sent him antibiotics instead, which he took for the week. By the end of the week he had developed a massive blister and the toe was going purple. He phoned the GP, and once again and the GP didn't attend and sent him antibiotics and pain killers.
- On the advice from his son he attended the A&E where the district nurses dressed his toe. He saw Dr Lee at the beginning of December at 10am, and by 11am he was at the QE where they removed

the toe and a fair portion of his foot.

- He stated that he had nothing but praise for the doctors and nurses at the QE, they were outstanding. He was placed on VAC Therapy at the hospital.
- The bottom of his foot needed to be recut to release more poison and was placed back on the Clinical larvae and put the VAC dressing back on.
- He noted that he had been back every day since Boxing Day for redressing. The comparison photos were viewed.
- Ten days ago, there was a scare. They had attempted to reduce the VAC dressing, which didn't work and resulted with a line of dark blood. Nurse Xena was there within ten minutes with antibiotics and to comfort him.

Dr Carruthers thanked Mr Mason and asked about his monitoring prior to the injury, and was he aware of any problems with the blood vessels or nerves related to his diabetes as part of his routine monitoring. Mr Mason stated that he was very aware of his diabetes and in particular, looked after his feet. He noticed that his foot was bleeding in the shower and the wound was no bigger than a pen head prick. He had washed the foot and soaked it in Dettol for half an hour, plastered it and the toe started to go purple. Dr Carruthers questioned if the self-medical care was instructed from the health care system or was he aware of the first aid treatment already. Mr Mason confirmed that he was aware of it himself.

Mr Lewis queried if Mr Mason's GP felt that he/she had taken the appropriate response by sending the antibiotics. Mr Mason noted that he had not seen his GP since the injury. Mr Lewis questioned if the hospital staff that attended him every other day included weekends. It was confirmed that they attended on weekends.

Prof Thomas thanked Mr Mason and questioned what he thought was the biggest thing that the district nurses had done for him, other than attending every other day. Mr Mason stated that it was the emotional support that they had provided him – that they were on the end of the phone 24/7 and that they were contactable at any time.

Dr Carruthers queried the VAC Therapy technology, the ease of use and how reliant he was on the district nurses to use it. Mr Mason stated that he was hands on with the VAC Therapy and that had learnt along the way to troubleshoot it if necessary.

The Chairman thanked Mr Mark Mason for attending the meeting and for sharing his story.

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

No questions were asked.

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

The Chairman noted that he had made with the AO for the BSol STP. They needed to agree on a way to get traction of integrated care on the ground. It intersected with the case from Midland Met, the way they work across boundaries and having a footprint in each STP. It was noted that they were conducting work through Newton, who were looking at where it was possible to work across the Birmingham system to use resources more efficiently at a strategic level.

5. UPDATES FROM THE BOARD COMMITTEES

Estates Major Projects Authority	**TB (03/19) 001** **TB (03/19) 002**

The Chairman provided an update:

- The procurement program for the final contractor – the probability was that they would be in a single bidder scenario.
- Reconfiguration work including the investment that was needed in the Neonatal and A&E Paediatric spaces, particularly at City Hospital.
- Delegated the process of the type of contract that they would use for final procurement, and had subsequently appointed an advisor, which was part of the NC4 procurement process.
- They approved, on the basis of a single bidder, a way of procuring as fast as possible.

Mr Lewis noted that the final business case would come to the Board at the beginning of May, assuming that there was no disruption to the West Birmingham question. He stated that committee members did have a discussion offline, as noted in the minutes, about the financial viability assessment that they would undertake on the hard FM supplier. The TUPE transfer to that supplier was unlikely to occur before 2021, therefore it was the right thing to do to update the staff.

The minutes of the Estates Major Projects Authority Committee meeting held on 12 December 2018 were received by the Board.

Audit and Risk Committee	**TB (03/19) 003** **TB (03/19) 004**

Ms Perry provided the Board with an update

- The main purpose of the meeting was preparation for the financial year end. They had reviewed the going concern assumption. The management proposition was that the Trust was a going concern and the Auditors would not challenge that, and were satisfied with that basis.
- The Internal Audit Plan for 19/20 was reviewed. It was agreed subject to approval by Mr Lewis.
- They received five internal audit reviews – a couple had reasonable assurance and some had partial assurance. There were some follow up recommendations, particularly within the finance department.
- There was a verbal update on the Data Quality Improvement Plan and progress against kitemarks for new indicators. This would be followed up again at their next Audit and Risk Committee meeting.

The Chairman queried how the internal auditors thought they were performing on the data quality improvement kitemarks against other trusts. Ms Perry noted that the internal audit team were doing a lot of work on validating the kitemarks and ensuring that they were complete. That would then go to the executive to review against other trusts. Mr Lewis stated that as discussed at the PMC meeting, they expected that by the end of April to have a definitive view on what the data quality kitemark was.

Mr Lewis queried Ms Perry about the last time the Risk and Audit Committee had an assurance around GDPR. Ms Perry noted that they had several updates throughout last year about the progress and preparation. There would be a written update at the next committee meeting.

The minutes of the Audit and Risk Committee meeting held on 12 December 2018 were received by the Board.

Public Health, Community Development and Equality Committee	**TB (03/19) 005** **TB (03/19) 006**

Prof Thomas provided an update on the meeting that was held on 14 February 2019.

- Ms Ruth Wilkin had presented a clear program by which they aimed to deploy over 500 volunteers in the Trust by the summer. They had discussed how to streamline the volunteer recruitment process.
- The implementation of the smoking ban from the 5th July had been discussed with the following points noted:
    - There was a very clear communication strategy to staff, patients and visitors.
    - The management of people who may step out of the bounds of the Estate to smoke.
    - The management of staff that did not comply with the ban.
    - Managers to be encouraged to set an example.
    - They were on track and everyone was well informed of the upcoming changes.
- Implementation of Period Poverty – program to assist woman in need of complimentary sanitary products. Free sanitary products would be placed in bathrooms and provided on hospital discharge to woman who had given birth or after a gynaecological procedure. Due to Birmingham's socioeconomical status, it was a city-wide issue and as far as Prof Thomas was were aware, their trust was the only one that was being proactive about the issue.
- The rapid release of bodies after death and the need for expeditated release for burial seemed to be improving. By using Cllr Zaffar's inbox as a barometer, it had seemed to be working much better. Lots of people had been working very hard and they should be congratulated.

Mr Lewis noted that often when this trust leads, the NSH policy seemed to follow. They were now in a place where the government had announced that period poverty support would be provided from July. He noted that the difference between their program and the National program was that the national program focused only on patients. Whereas, their focus was on staff, patients, visitors and volunteers. School nursing was coming on board from 1 April and they would work together to synergise a project around schools in Sandwell.

Mr Lewis stated that in regard to the smoking ban, that there was to be no distinctions between groups of staff about the smoking fines. He noted that there were CCTV cameras throughout the site and they would proactively follow up with any person found to be breaking the ban.

Mr Kang noted that the smoking ban was discussed at JCNC and the staff were in support of the concept. They had to be very clear about role modelling at senior levels throughout the organisation, and if there was any indication that it was being conducted unfairly that it would unravel very quickly. Also, of concern was the amount of people that would migrate to the Estate's boundary, and as a result the local community would be impacted. It was very important to engage the local councils, one of which was engaged, the other was not.

Cllr Zaffar noted that the notes that referred to the Coroner's Office was in fact the Internal Bereavement Office, and a lot of work around the awareness of the rapid release of bodies had had a positive impact. He had received positive feedback from the community in regard to it. The other key decision that they made was that access to the mortuary was available after 8pm if a family needed access to the deceased. They needed to ensure that all communities were aware that rapid release applied across all communities.

Mr Laverty queried if there was a strategy for the recruitment, retention and recognition of volunteers, and was there a pathway for permanent employment for volunteers in areas where it was hard to recruit. Ms Goodby confirmed that they had a strategy and they were looking at overall numbers of how many they could recruit and retain. There was a young volunteer workforce and their aim was to increase the diversity of that. There had been some positive examples of volunteers that were

unemployed and wanted to volunteer in order to upskill, and had been placed in paid employment within the Trust as a result. That was something that they would track more closely next year, and through that they could attract funding.

The minutes of the Public Health, Community Development and Equality Committee meeting held on 15 November 2018 were received by the Board.

Charitable Funds Committee	**TB (03/19) 007** **TB (03/19) 008**

Cllr Zaffar provided an update on the Charitable Funds Committee that was held on 14 February 2019.

- Performance against the agreed KPIs was relatively good, there was a substantial legacy donation that had restricted a particular area. Mr Lewis would work with Ms Wilkin to ensure that the projected income targets were relevant to the level of investment that they had made as a trust, and as a charity in terms of resources and staffing structure.
- The MMH Fundraising Campaign Leadership Committee was coming together well. On the 27 March, the Mayor of the West Midlands was to host an event with key business leaders from across the patch. Cllr Zaffar confirmed that he would attend that event.
- Put aside a substantial amount of match funding for a project that Birmingham Council were waiting on funding for. The project focus was to get those that had been in long term unemployment, training or education and get them into employment. There were a number of community agencies involved and they were a lead partner for a number of agencies in the pack.

The minutes of the Charitable Funds Committee meeting held on 15 November 2018 were received by the Board.

Finance and Investment Committee	**TB (03/19) 009** **TB (03/19) 010**

Mr Hoare provided at update on the meeting held on the 22 February 2019, with the following highlights:

- Period 10 continued to be on track and delivered to the revised plan, therefore they were adhering to the four-year plan with possible upside.
- The majority of the meeting had been focused around the procurement plan and the non-pay spend. Mike Hanson had attended the meeting and walked the Committee through the current performance and proposed Improvement Plan that gave them a lot of discussion points.

Mr Hoare stated that some points to bring to the Board's attention were:

Mr Lewis noted the energy contract award for next year would be subject to Mr Alan Kenny providing various information (currency exchange, hedging etc) to Ms McLannahan, Mr Hoare and himself. They also had agreed that next time the energy contract came due in 24 months' time, to have an entirely green energy proposal option for the Board to consider.

- The issue of how they allocate and handle VAT in regard to MMH and their position on that. Mr Lewis noted that the issue was ongoing and that they would address the issue at the next Private Board meeting. He noted that the quantum of risk was an estimated £12m.
- The antenatal pathway and their continued conversations with their neighbouring trusts on how they handle that, ensuring that the care was provided to the patient regardless of financial status.
- 19/20 discussions with their local CCG to get to a contract which they could commit to for that

particular phase of their financial plans.

The minutes of the Finance and Investment Committee meeting held on 25 January 2019 were received by the Board.

Action: Mr Lewis and Ms McLannahan to address the issue of allocation and management of VAT in regard to MMH at the April Private Trust Board meeting.

Quality and Safety Committee	**TB (03/19) 011** **TB (03/19) 012**

Ms Dhami, on behalf of Ms Dutton, noted that the topics discussed at the 22 February 2019 meeting were:

- Ms Barlow presented a forward look of their cancer plans, a five-year strategy and the cancers that they would focus on. The Committee feedback was that it was well thought through, well supported and in line with the national position. The Committee had had a robust discussion about it and signed off on it. Ms Barlow would return to the Committee to present follow up with the delivery plans. The operational side would be collected by the IQPR as they progressed.
- The Neonatal Unit and its environment. The last Board walkaround showed how close the cots were to each other and the general environment. An outcome of the CQC inspection, was around the nurse staffing levels and medical staffing. Where there was mismatch with the BAPM Standards and what they would do about that with assurances and timescales in place. It was also noted that the neonatal flooring was able to happen overnight without any disruption.
- Presentation of the draft terms of reference for the external maternal review that would take place. The commitment was that it would be completed by June 2019.

Ms Barlow noted that the cancer strategy lacked a workforce plan over that time period as referrals were on the rise during the assessment and diagnostic phase, therefore that would be added.

Ms Barlow noted that they had spoken about the diversity challenges at the Q&S meeting, and making sure that they aligned to that. The document was not that detailed and was a three-year plan, they wanted to report against a set of diversity and population indicators that were sensitive to the population. Mr Lewis noted that there was a slight risk that they would use the deprivation and diversity of the population as an explanation, rather than an opportunity. Their job was to find a service model that would fit, and not to explain why the national service model did not work because 30% of the population were excluded.

Ms Barlow noted a correction in the Q&S Minutes on page 3 - *Paula Gardener stated that any nurse that did not keep their training up-to-date were deemed not-safe-to-work with pay.* For clarification she stated that they were thinking of doing this in the future and it was not their current practise. Ms Gardner noted that the context was that she was referring to what other trusts did.

The minutes of the Quality and Safety Committee meeting held on 25 January 2019 were received by the Board.

Action: Ms Barlow to circulate the list of six cancer priorities.

Digital Major Projects Authority	**TB (03/19) 013** **TB (03/19) 014**

Ms Perry noted the following discussions from the meeting held on 22 February 2019:

- IT stability was improving significantly.
- The UNITY compliance in terms of basic training – good progress had been made. Further work to

be done on the more specific training to take place on the job.

- Work to be done in April for the N3 network upgrade. This was a critical piece of work as it was a building block for UNITY to go live. This matter would be further discussed at agenda item 12.
- Go live criteria for UNITY would be discussed at their next meeting.
- The full-dress rehearsal was part way through at the time of the meeting and there were positive outcomes, teething problems had been identified and resolved. The full report on the full-dress rehearsal would be presented to the Board at the next Board meeting.

The minutes of the Digital Major Projects Authority meeting held on 25 January 2019 were received by the Board.

7. Chief Executive's Summary on Organisation Wide Issues	**TB (03/19) 015**

Mr Lewis noted that the CLE meeting and team talk was dominated by the smoking discussion and the changes on governance approval processes for workforce and finance (discussed further at agenda item 16). Mr Lewis noted that he was required by NHSI to draw the Board's attention to the flu vaccination refusal statistics. The Trust was the best performing flu vaccination organisation in the country.

Since his last report they had occasioned some publicity for variety of reasons, including:

- Being one of the more candid reporters of Brexit preparations. They had had many discussions at the working party and there were no particular first 6-week risks. The ophthalmology supply issue had been resolved and were now down to four suppliers that were on the B-list. He was engaged in debate with their national colleagues on the visibility or otherwise of Brexit preparations, he was confident notwithstanding a 72-hour stock up in one or two supply areas that they would be ready. From 8 March they would communicate weekly within the organisation, and focus on professional registrations, overseas visitors and information governance. Next week they would focus on their medicine supply and so on. For clarity, their Board report last month suggested that they would cancel operations, as the Board would recall the conversation was around long-term treatments, not about operations. Further assurance from supplies of medicine confirmed that it was not an immediate risk.
- Mr Lewis noted that they were reporting mix-sex and combination arrangements in the manner without the exemption that was agreed NHSI and CCG. Their results in January were not acceptable and he was asked that results for February be significantly better. He noted that there were no patient complaints around issues of dignity.
- On track to bring School Nursing into the Trust on 1 April.

Cllr Zaffar noted the West Birmingham issue as it was discussed more and more, and stakeholders were beginning to take positions on the issue. The key focus in this issue was the patients and the communities. He noted that recent discussions with members of the community revealed that they want the future of health services in West Birmingham to firmly fit with what the communities want. He questioned if they were able to get ahead of the game by engaging with the communities. Mr Lewis stated that he was happy to work with him to achieve that. Mr Lewis noted that the specifics of what he believed Cllr Zaffar was referring to was, the commissioning footprint. The CCG the governing body had launched a consultation on that matter, and as a GP provider, they would be involved in that process. There was an opportunity for service improvement for patients that could be lost if they got it wrong, and material harm could be done.

The Chairman questioned the timeframe of the stroke symposium. Dr Carruthers noted that they would need to identify all of the groups that would need to participate to investigate the pathways and where issues may lie, and ensure that all of those groups were represented. He noted that they would pull that together over a couple of weeks and set a symposium plan. Mr Lewis stated that the Board would see a

progress report at the start of June.

Mr Kang questioned the internal consultation for flexible reporting, and noted that discussions at various staff meetings indicated that it would be reliant on the consistent application of policies and procedures by line management. There appeared to be varying opinions on the flexibility and freedom line management had to do this. Mr Lewis noted that it was born from JCNC feedback and the We Connect survey. The staff engagement score was the lowest in regard to *Involvement* consistently for the last three years. Granular data identified that the involvement issue was around a just and fair culture – the way that staff and line managers interact. From the collection of central data on reasonable adjustments and declined reasonable adjustments, they would be able to identify which managers were not in compliance. The problematic area was where there were flexible working arrangements that had been in place for a long period of time. This year they had committed to a review of all extant arrangements for individuals, and the JMC would provide that data to colleagues every six months. Mr Lewis noted that flexible working was one of the top three of four staff voted things to rectify, therefore they would need to be very visible in the data and their commitment. He noted that Ms Goodby would provide a quarterly compliance report on it. They would need to create the data feeds and the removal of the VAF process (discussed further at agenda item 16) would create the headspace to progress it.

8. Monthly Risk Register Report	**TB (03/19) 016**

Ms Dhami spoke to the Monthly Risk Register Report. She noted that Appendix A contained the 20 risks that the Board had decided that they wanted to be cited on. There were 1500 logged risks on their register which indicated that staff felt comfortable identifying risk. However, the follow up action for the risk was falling behind and that lack of progress would result in frustration within staff. She noted that in some cases, actions did not reflect as a movement in score due to mitigation plans taking time to show impact. Those conversations were needed rather than leaving staff in the dark and therefore giving the impression that it was not on management's agenda.

The language that they used around risk (target risk, tolerable risk) would be collated in a language guide that would become their way of talking about risk management.

Ms Dhami noted the following in the Report:

- Section 3, Web Holding Incidents –there was a drop from 176 to 110 (over 21-days). A commitment had been made that by the 31 March there would be no over 21-days.
- They were looking at cohort risks, grouping those similar risks into cohorts.

Mr Laverty queried how the risks on the register map back to the 2020 vision, and how would they identify the things that would stop them from achieving the vision. Ms Dhami noted that those consideration were a Board level concern and they would workshop that at the Board development conversation in April. Mr Lewis noted that that risk issue was in the BAF. Ms Dhami noted that the link between the Strategic BAF risks and did they see those risks in the list of 20.

Ms Dhami noted that it was the risk owner's responsibility to review the risk action to be able to move the risk score. The plan was to 'stop the clock' every quarter to review the status of risks.

9. Never Event Investigation Report	**TB (03/19) 017**

Dr Carruthers stated that he was reported back on two historic Never Events. A wrong eye injection (discussed at the last Trust Board), and the more recent event of a retained guide wire in an ICU patient. No harm came to either patient. The detail of the retained guide wire investigation would be available at the Private Trust Board session.

With focus on point 4, location-based processes – the distractions that contributed to the events and the

need to identify other areas/procedures within the department where errors could occur in the future.

- Issues around training – ensuring that all staff were up to date and that SOPs were in place.
- Issues around reporting –the safety checks were in place, and near misses were reported.

Prof Thomas noted that as part of learning, they need to ask staff to identify within themselves the occasions when it was most likely that they may make a mistake, and to emphasise that these things can happen to any professional. Dr Carruthers agreed and noted point 5, in regard to what was organisational and what personal responsibility was.

Mrs Olwen noted point 4.1, identifying other procedures prone to error if distraction occurred. She stated that they could never be sure that a distraction would occur, and how would they get that staff focus given the environment that they all work in. Dr Carruthers noted that personal responsibility was important and as stated earlier, that these things can happen. Staff would need to focus on minimising those distractions and be aware of the effects of distracting others. Disseminating the learning through the EQC reporting pathway would allow that to happen and to reiterate the individual responsibility.

Mr Lewis noted the silent cockpit project and the need to identify opportunities where that could be expanded. He noted that they had agreed on multiple occasions to do something in regard to wrong site location risks, and had been reassured that it had been covered. Mr Lewis stated that he wanted a timescale for point 4.4i to be completed – *Identify and minimise potential site/location distractions when procedures being undertaken*.

Mr Lewis noted that there was a reference in the report about near misses and suggested that they do work outside the room on near miss reporting. He referenced South West Airlines who pay employees for near miss reporting. Mr Lewis stated that he wanted them to consider what conditions were necessary for a culture that made heroes out of staff that reported near misses.

Ms Dhami noted Mr Lewis' comment on near miss reporting and stated that they had reasonable near miss reporting, although it did not have the visibility that it should have. Conversations needed to start happening so that staff were comfortable with near miss reporting, and that should start with EQC. Mr Lewis noted that it would be interesting to look across the national safety data to see who were the best in England at near miss reporting, and look at their best practices and see how the Trust compared.

The Chairman asked how new medical students were taught about this issue. Dr Carruthers noted that these issues are not high on the Junior staff's priority list after coming out of the rigours of study and other things that they need to learn. Prof Thomas noted that it was something that was covered in the year 3 curriculum and was part of their simulation in year 5.

Ms Dhami noted that the Board had agreed a few years ago that the issue of individual responsibility and actions that follow, that they would use the decision tree. That would guide them clearly through that process, rather than individual managers making those decisions. Mr Lewis stated that over the next three months to look at the three latest Never Events and Ms Dhami could advise if the decision tree process was included.

Ms Perry questioned the temporary staff's understanding of what was expected of them in terms of a standard procedure. Dr Carruthers noted that the process for a locum shift was an induction into the area that included, the expectations of the locum, essential P&Ps and who to ask if they were not sure. Data was being collated on how that process was being followed.

Mr Lewis noted that they had agreed in 2017 CQC plan that they would do this, that locums would not be paid in their hospital unless they had evidence of signing the form. He stated that they had waited long enough to ensure that they had implemented that process, therefore they would discuss that during 19/20 and they would need to mandate the form.

Action: To confirm a timescale for point 4.4i in paper TB (03/19) 017 to be completed – *Identify and*

minimise potential site/location distractions when procedures being undertaken. (DC)

Action: To provide a theoretical answer to the Board in relation to point 5 in paper TB (03/19) 017 and to identify at what point would error lead to consequence for the employee. (EXEC)

Action: Ms Dhami to advise if the decision tree process was applied in the last three Never Events.

10. Route to 95: Our Mortality Improvement Plan	**TB (03/19) 019**

Dr Carruthers noted that the Paper covered a lot of different areas completed work on the Route to 95. He presented the Board with mortality graphs and explained the data. He noted that overall, he had tried to show:

- The breadth of the work that was being done to focus on the data and mortality of patients within the Trust, and to try and improve outcomes.
- That the focus was on the right areas – data analysis had led to quality improvement work in the areas of myocardial infarction and stroke.
- There was still work to be done in sepsis to tie in the quality improvement work.
- Taking the right actions for patients that were deteriorating. As well as, identifying how it could lead in to the learnings from deaths and the medical examiner work – to link that all together and disseminate the learnings that come from multiple areas that feed into the learnings from the Death Committee, and making sure they had the right outputs to the right places.

Ms Perry noted that the excess death slide and that there were a number of root causes including, CCF and COPD, that were below line, however they were heading in the wrong direction. She questioned if Dr Carruthers could assure the Board that there would be a focus on those as well as those above the line. Dr Carruthers stated that cardiology had already identified that and even though the number of deaths were lower than expected, they wanted to improve on that.

Mr Laverty queried if they were making progress, and were they progressing as quickly as they needed to. Dr Carruthers noted that they hoped that they had made progress, they had focused on:

- Coding.
- Palliative care issues.
- Accumulative data took 12 months to change.
- Sepsis work was still work in progress, and they need to do more.
- Improved recording on when patients trigger the need for assessment.

Mr Lewis stated that they had done some really good work in the last 12 months. He thought that it would be helpful to be clear on an estimated sepsis timeline on the conclusion of the palliative care work. The Route to 95 involved doing better in the areas where they were good. He noted that their focus next year should be on moving the good to excellent, and the poor to average.

Dr Carruthers noted that it was important to focus on the clinical components were services could be improved for patients, contributing components to this were:

- Palliative care and coding.
- Medical examiners – providing feedback to clinical staff about accuracy, death certification and the quality of care provided to the patient by engaging with the relatives.
- Learnings from deaths – a broader agenda that the medical examiners would feed into.
- Monitoring and outputs – to continue to move forward.

The Chairman queried to what point was the data relevant to other partners in the integrated care system, and at what point did it become relevant to improved early intervention. Dr Carruthers noted that it was relevant, whether it was related to the role of the ambulance service or within primary care and patient recognition (identifying that they had a problem) from a public health education point of view. The

Chairman queried if there was pre-existing process for this information to feed into. Dr Carruthers noted that the CCG were aware of the mortality data and the work that they were doing. Mr Lewis noted that they needed to work out what a re-stratified model of primary care meant in practical terms.

11. Update on the Digital Plan	**TB (03/19) 019**

Mr Lewis noted that the Paper outlined that they were in a better position than before, but were still behind in the improvements that they had committed to. He noted that:

- They had delivered on a proportion on the Turnaround Plan – much of that was a bandwidth question, some of it was about the distraction of other activities, and some of it was delay due to difficulties with the work.
- The network uptime and third-party contracts in 24/7 coverage provided better resilience than they had.
- They were not yet in the position to be entirely comfortable with 11 April in terms of the N3 position.
- They were not entirely confident about the technical aspects of the UNITY deployment, there were 14 issues to be finalised.
- It was important to get the people in place in the informatics service and the leadership right underneath Mr Sadler.

The Chairman queried N3. Mr Sadler noted that they had N3 which was provided by NHS digital. N3 was supplied by BT, however it went out to a contract which they lost, therefore all trusts were replacing N3 with Health and Social Care Network (HSCN). The advantage was that their N3 connection was small and had been unstable, and HSCN provided a greater amount of bandwidth. The agreed go live date with Virgin was 11 April and there was a substantial amount of network work to do to be prepared for that.

It was noted that the dependencies and risks in the process were:

- Technically tricky works to be done – BT own the IP switches in every machine, therefore some creative network work arounds would need to be done.
- There would be some downtime, which they would try to minimise.
- BT were the exiting partner – there was risk there, but the question was the parameters of the risk. They would need to be confident that the risk was restricted to a matter of weeks.

It was noted that there were a number of activities that the Trust had to perform soon to be ready for a Virgin switch over. Some experts were coming in to support the tech team performing that pre-work activity, specifically the firewall and the firewall rules. From there they can understand the plan of activities and dependencies and when Virgin could perform the switch over. There was a lot of work that would need to be done in the planning and preparation stage to reduce the downtime, that would be key to the success.

Mr Laverty queried where they were in terms of the new structure and was it affordable (in budget), and had they appointed an IT Architect. It was noted that the budget had been approved and was affordable. In regard to personnel and the long-term funding needs, they had not yet resolved the things that they would buy, and what they would buy from other people. Mr Lewis stated that he would not want to settle long-term funding without the decision on what the in- and out-source requirements would be.

Mrs Dutton queried the impact that the work had had on staff in regard to IT frustrations of day-to-day experiences. Mr Sadler noted that they had started a staff survey and they had seen some positive feedback that the system had improved in regard to stability, however he was still not satisfied. Ms Barlow noted that the clinical groups do recognise progress – and in the full-dress rehearsal they had the opportunity to demonstrate what good could look like and the response was positive. It was noted that actions were in place to lift the mood, such as imaging outsourcing and a 24-hour IT help desk.

12. Integrated Quality and Performance Report	TB (03/19) 020

Mr Baker noted the IQPR and the following discussions took place:

- Emergency Care improved last month and would improve this month also and get into the 80s. Mrs Dutton congratulated Ms Barlow and her team on the results, and questioned if they foresaw that progress being maintained. Ms Barlow noted that they were making increasing progress on the main areas of focus, ED (patient-flow and the bed base and flow throughout the hospital) and the discharge project (patients could go home early opening up beds for admission).
- Diagnostic waits as planned delivered in January for the first time since February 2018 and would also succeed in February.
- There were two falls with harm that were reported as serious incidences and were being investigated.
- Cancellations on the day had increased to 36% in January vs a target of 20% (50% of which were avoidable).
- Readmissions increased the highest number in 18 months.

The Chairman queried how the incomplete 52-week breach in paediatric ophthalmology could occur. Ms Barlow noted that that was an unusual situation and that it was a complex case. The patient was on four planned care pathways so it took quite a while to root cause, and for the team to identify the learnings. It was an acceptable reasoning for a 52-week breach and they had to take four sets of clinicians through the learnings, no harm came to the patient.

13. Financial Report: Month 10	TB (02/19) 021

Ms McLannahan provided an update on Month 10. She noted that:

- It was a good month in terms of slightly exceeding the revised plan.
- In recent months they had to support their position by borrowing the month 12 improvement that they had stored up – they did not need to do that in month 10. That gave them the potential to track months 11 and 12 at the revised plan to overperform the control total, and a substantial cash bonus along with that.
- It was key to remain on track for months 11 and 12.
- If they remained on track, they would deliver the control total, if not slightly exceed it.

14. Paybill Countdown to April 2019	TB (03/19) 022

Ms Goodby noted that last month the Trust Board heard that in order to meet their pay challenge next year, and to continue their improvements in pay spend, that they would need to avoid paying £11.5m next year. She noted that at the last Board meeting the Board questioned how they would know that they were delivering on that in Q1. She noted that the Paper set out the overall detail and the finer details. In order to achieve the paybill next year they would need a net increase of approximately 135 whole time equivalents. She noted that within the first three months they would have offered and started 108 of those posts, which was £1.4m of the £1.8m that they would need.

In regard to governance, they would need to change the grip and control on nursing, temporary spend. They would also need to introduce that grip and control in medical agency in the year ahead to achieve the reductions. They would also mimic what Mr Kennedy was doing in income delivery with his project management office (PMO) and set up a similar one for the paybill reductions which would keep a grip and control on the vacancy factor.

Mr Laverty queried how they would correlate all the paybill components. The Paybill Plan and the Production Plan, with the wholetime equivalents (to be recruited to) and associated potential backfill for

agency/locums, were not included in the £11.5m. It was being monitored separately in a different budget. Ms Goodby noted that as part of the ongoing delivery and monitoring of the paybill, was for her, Ms McLannahan and Ms Barlow to work closely together.

Ms Goodby noted the sickness assumption and to achieve the £11.5m, sickness would need to be the same level as this year. It did not assume a big improvement in sickness next year, but it did assume with the ward establishments that they were funded to a certain level. In sickness in other areas, it assumed that they would achieve the same as this year.

Mr Lewis did not believe that the 19/20 paybill risk, at a whole trust level. The risk was that at a local level, that they deliver the aggregates by doing the wrong thing and as Board they needed to be very interested in the local join up. They need to consider governance scrutiny at board level for next year and to give that some thought outside the room.

The Chairperson noted that there was a culture in the organisation to wait until the post had been signed off, then start to recruit. There was a need to have a more predictive and presumptive approach. Ms Goodby noted that they need to be more proactive in anticipating retirees. She was going to compile a list of staff expected to retire before 1 April 2020 to present to the OD Committee meeting, and provide a toolkit for managers to have conversations with individuals into the planning of that.

15. 2019/20 Budget: Issues and Investments	**Presentation**

Mr Lewis walked the Board through the slide presentation with the following noted:

- Issued budgets to local teams and collated responses in late January.
- Confirmation that the pension changes would be separately and discreetly funded. He reminded the Board of the funding of national pay awards last year – they got there eventually.
- Non-pay plan (£4m) was very much contingent on other’s behaviour (the central procurement function).
- Income changes – the contract that would be agreed on with colleagues over the coming days. It was dependant on the big growth in local GP referrals.
- Vacancy target number designed to drive conversations about whether they were spending the money in the right place. This year they had underspent on pay, however they were in the business of providing care and that care was typically provided by people that they needed to be in a place. The budgets were built with the vacancy target in mind.
- Mr Baker and others would spend April to September thinking through 2020 and 2021, and specifically how they would use national data into a heat map that could form the basis for the allocation of financial and productivity expectations.
- They were preparing for a capitated regime – in which they chose to do in the interest of the long-term health of the system that they were at the heart of.
- The journey of referral management in year one, the follow up ratios in year 1 and 2, capitation in year 3 was a huge technical and cultural shunt.

Mr Kang questioned if the 2% vacancy assumption that was to be built into all the budgets, was going to be budgeted at 2% vacancy. Mr Lewis confirmed no and as part of budget setting within individual teams, teams were entitled to hold their vacancy. If teams request a vacancy factor of more than 2%, they would have some work to do to be satisfied that that was safe.

Mr Kang questioned they would promote to the GPs for referrals. Mr Lewis noted that it would commence with the imaging offer, as GPs stated that was important. The plan would then be a dramatic reduction in some specialties in first-out patient appointment, as GPs stated that was a key variable in their referral practices. There were about ten practices that were 60% of the switch they wanted to make, so they would target those practices.

It was questioned when they would see and agree to the 19/20 Budget. Mr Lewis noted that the 19/20

Budget was agreed to at the January Board meeting and would come back to the April Board in detail. Broadly it consisted of about £11.8m of largely pay avoidance, £4m of non-pay improvement and £16m of margin.

16. Strategic BAF Update	**TB (03/19) 023**
Ms Dhami provided an update on the strategic BAF. They would devote time in their April Board development session (18-4) to the 19/21 2-year Strategic BAF. They would need to decide: • The end BAF entries that they had this time – the things that they said were their strategic forward-looking risks, had they addressed the gaps in control that they had highlighted. • Forward looking BAF, what were the things that weren't featuring with the BAF that need to go in. In regard to the 17/19 BAF, they would need to decide what they were going to do with the entries that were red gap risks.	

Action: Forward looking BAF to include the things that were not featured with the BAF that need to be included. (KD)

UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS

17. Minutes of the Previous Meeting, Action Log and Attendance Register	**TB (03/19) 024** **TB (03/19) 025**
The Chairman questioned the minutes of the meeting held on 7 February 2019, what was meant by the last line of page 7. The following amendment was noted: • Item 15, second paragraph – amend …*instant* reporting route… to *incident*. The minutes of the meeting held on 7 February 2019 were approved as a true and accurate record. *Action Log update:* • *Ms Barlow to meet with Mrs Weatherhog and to organise a deeper dive into the foot health service* – service review to be finalised by end of June • *NHSI Workforce Safeguards: Look at other Board's response documents across the West Midlands for comparison of approach* – Ms Goodby noted that she had spoken to Mark Radford, Chief Nurse in NHSI. He was responsible for the implementation and assurances around workforce safeguards. He noted that their report was comprehensive and robust, but would focus on what they do with it as it had a lot of actions in it. Mr Lewis noted that the 70 actions in the report were going in to the People and OD Committee action log. • *The commitment on the validation on open referrals is to be completed by the 31 March* – end of May. • *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* – Ms	

Gardner stated that the blue pillow was not about a good night's sleep, but about pressure relief – the blue pillow to be removed from the log.	
18. Any other business	
No other business to note.	
19. Details of Next Meeting	
The next Public Trust Board meeting would be held on Thursday, 4th April 2019, 09:30 – 13:15 in the Conference Room, Education Centre at Sandwell General Hospital.	

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

Print …………………………………………………………………………………………………….

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