

TRUST BOARD – PUBLIC SESSION MEETING MINUTES

Venue: Training Room 2, Rowley Regis Hospital,
Moor Lane, Rowley Regis B65 8DA

Date: 2nd May 2019, 09:30 – 13:15

Members:

Mr R Samuda	(RS)	Chairman
Ms O Dutton	(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 Dhani	(KD)	Director of Governance
Mrs R Goodby	(RG)	Director of People & OD
Ms R Barlow	(RB)	Chief Operating Officer

In Attendance:

Mrs C Rickards	(CR)	Trust Convenor
Mrs R Wilkin	(RW)	Director of Communications
Mr M Sadler	(MS)	Chief Informatics Officer
Mr S Cook	(SC)	FBC Project Manager

Board Support:

Mrs C Clarke	(CC)	Executive Assistant
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Minutes	Reference
1. Welcome, Apologies and Declarations of Interest	Verbal
<p>The Trust Board members provided an introduction for the purpose of the recording.</p> <p>No apologies were noted.</p>	
2. Patient Story	Presentation
<p>Mrs Gardner noted that at the April Board meeting she had presented a paper on a good night's sleep and the quiet protocol, with launch due in July. The patient story was about a gentleman on Lyndon 2 who had not slept very well, but with the use of the pack, his sleep improved dramatically and therefore he improved from his illness and was really pleased.</p> <p>Mrs Gardner introduced the Board to a video of Mr A Cowden on Lyndon 2. The Board viewed the video presentation. The key points of the patient story presentation were:</p> <ul style="list-style-type: none"> • He was not comfortable at the time due to the noise. He found it difficult to sleep and therefore requested assistance on the second night. The Nurse introduced him to the sleep pack. He put the sleep pack on, which consisted of an eye mask and ear defenders. The ear defenders blocked out 80% off the background noise, and the eye pads blocked out 85-90% of the light. From that time, every night afterwards he had a decent night's sleep. • Compared to his first night when he did not have the sleep aid, the second night was 95% better in terms of getting to sleep. He thought it was a very good initiative and hoped that other patients would use the pack to improve their sleep patterns. • He was now on his third visit to the Hospital and on admittance he would request the sleep pack to 	

get him through his stay.

Mr Lewis noted that at the last meeting they had touched briefly on the use of sleep monitors, Fitbits and the like, to monitor every patient's sleep. Monitoring would be a patient opt-out process instead of a requested process. Mrs Gardner agreed that was a good idea and that would provide a benchmark – even though it may take away from the doctor or nurse querying the patient about their sleep, it was still about patient communication.

Mrs Gardner noted that the packs were available on request. They had 4,000 packs and would order more. In June she would organise posters and the inclusion of the sleep pack in the welcome pack.

The Chairman queried if other hospitals were focused on the issue. Mrs Gardner noted that they had based their protocol on Walsall's quiet protocol. There was more to the quiet protocol than the lights and noise that Mr Cowden had described and they were conducting regular night visits. She noted that the recent night visit revealed the lights were still on after midnight, staff were talking loudly and there were noisy shoes. She stated that all Black Country Hospitals would introduce the quiet protocol.

Mrs Goodby queried Miss Dhami if she had received many sleep complaints that had a real effect on the patient. Miss Dhami noted they had a trickle of complaints about noisy and aggressive patients, and noisy staff. Some patients did not speak up. Miss Dhami queried Mrs Gardner if she felt that patients were talking about sleep more. Mrs Gardner noted that there were no improvements in the last month, however they were working on that via the night visits and increased communication with patients.

3. Questions from Members of the Public

Verbal

The Chairman welcomed any questions from the public. Bill Hodgetts queried the boundary movements. He noted that he had attended the CCG meeting on Tuesday, and they had not provided the full details of the consequences of changing, in regard to:

- Financials.
- What it meant if West Birmingham moved to Birmingham, and Sandwell moved to the Black Country.

Bill expressed concern that there was not enough information available to select an option.

Mr Lewis agreed that it would feel uncomfortable to be given three options to vote in, without the full information on those options. Their representations were on an instinctive preference basis, but also the process did not feel just or appropriate. Mr Lewis noted that his own view of the implications. The way that Sandwell and West Birmingham CCG commissioned care, and intended to commission care, was around the creation of funding flows for patients who had multiple diseases. The Birmingham model was different, it focused on single disease pathways. Neither were the right or wrong way. The implications of separation for the Trust, patients and staff was that they would offer 60% of services this way, and 40% of services the other way. The notion of separation was not based on the patient's postcode, it was based on postcode of their GP. The notion that they were simplifying boundaries was deceptive. They would need to be very clear about that. People should be concerned that a major change was being presented, and when challenged, it was presented as not a major change – rather an administration tidy up. He stated that it was a very significant change.

Mr Lewis responded that the Trust had offered to present at the CCG meeting, and their offer was not taken up. Bill noted that that was the opposite to what Andy Williams had stated. They were meant to be working closer together and not pulling themselves apart.

The Chairman stated that they were working together and there was a lot of behind the scenes work with various people to ensure that people were informed. He noted that Mr Lewis' point was right that people were entitled to expect the base case for change to be made, especially if it impacted on a differential clinical model of care.

4. Chair's Opening Comments	Verbal
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The Chairman stated that he attended a West Midlands Chairs meeting on 1 May 2019 and noted the following:

- It was the first time that Dale Bywater had represented both NHS England and NHS Improvement. They let it run with only Chairs from providers there, however it would become a merged meeting in due course.
- A&E was still a big focus area.
- Dido Harding as Chair, was working in consultation with Price Waterhouse to identify what the role of a Chair and the role of a non-executive were. That work would be of benefit to them.

The land on the corner of Hallam Street would be developed into a social housing contribution after they move into the new hospital. Mr Lewis noted that they would present ideas for that in the near future. They had engaged extensively with local residents that were concerned with what they were doing with the accommodation to one side of Hallam Street. The Trust was concerned with disused assets that attracted vagrancy and anti-social behaviour. The existing project and next phase were very exciting. It would take at least a year after Midland Met to get out of the old Hallam Hospital, and it would be a question of how that was best replaced as a commercial and social asset. It was noted that there was a demand for quality housing in Sandwell. There was a perception amongst partner NHS organisations that they were not really closing or changing anything when they opened Midland Met – that they were simply opening an additional hospital. These projects help to underscore what they were reshaping as part of the change.

5. UPDATES FROM THE BOARD COMMITTEES	
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5a Remuneration Committee	TB (05/19) 001
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- a) The Chairman provided a summary note from the Remuneration Committee meeting held on 4 April 2019.
- As an ambitious organisation they wanted to investigate an incentive pay structure, which was novel in the NHS. They would like to investigate options in to incentives for performance and behaviours.
 - Nationally there was concern about pensions that they would track. There was ongoing work that would affect pensions.
 - The Remuneration Committee would meet again in June.

5b People and OD Committee	TB (05/19) 002 TB (05/19) 003
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- a) Mr Laverty provided the Board with an update from the People and OD Committee meeting that was held on 26 April 2019, which included:
- Concern for rostering accuracy and completeness of the information – how seriously ward managers were taking rostering. They had a good discussion around that and anticipated quick improvement.
 - Second year roll out of PDRs. There was a discussion around how to maintain the focus on PDRs and acceptance that it was a journey, and would therefore take a number of years to receive the full benefit of the process. They would need to keep tweaking, improving and getting the message out around what an acceptable score was. Getting around the perception that you should be disappointed if your score was a 3 or 4.

- The need to keep referencing back to the People Plan to monitor their tracking in commitments, and to aid that, they may introduce an annual cycle of matters to include in the meeting agendas to cover the whole spectrum.

The Chairman queried if there was a link between the PDR and We Connect, and how people felt that it contributed to their development conversations – was there a datapoint that linked them? Mrs Goodby stated that there was no data point but they knew that people that were coached, respected and had a personal development plan by their line manager, were more likely to score high on engagement. The way that We Connect had been designed linked well with the PDR, and provided room in the future for data that emerged from We Connect to be fed into the smart objectives. Mr Lewis reminded the Board that when they set it up, there were three metrics:

- 35% response rate – achieved.
- Achieve an overall rating of 4 – 50% achieved so far.
- Drive down the dissatisfaction score below 10 – The PDR 2020-2021 year would provide the opportunity to deal with dissatisfaction.

Mr Kang noted that they had identified top performing people and a number of activities had been placed against those people for differential development. The purpose of the process was to identify the good people and to focus attention on them - it was good to see traction in that area.

- b) The minutes of the People and OD Committee meeting held on 26 April 2019 were received by the Board.

5c

Quality and Safety Committee

TB (05/19) 004

TB (05/19) 005

- a) Mr Kang provided an update on the Quality and Safety Committee meeting that was held on 26 April 2019. The Committee focused on three areas:

- CQC inspection and outcomes. Specifically, around the amber/red activities, the organisation was required to address the mental health app, IT overnight impedes. An action plan and monitoring process were discussed.
- NHS – currently ending a consultation on a patient safety strategy – insight on what was happening in the organisation, and creating the infrastructure (people) to address the areas of concern. Set the target of safety improvement by about 50%. The final NHS strategy would be presented mid-year, in which the Trust would need to respond to.
- Revitalise their current Safety Plan to ensure that the traction that they had was given an extra boost.

Other highlights from the meeting included:

- Cancer standards were met consistently across the Trust.
- The IQPR Report was reviewed to identify what was working well and what was not – they agreed to focus on the triggers of things that did not go well, and to delve down occasionally into the things that did work well to investigate further.

The Chairman noted that the cancer standards being achieved was a national stand-out.

Mr Lewis suggested that they would need to take things to the next level by achieving those standards by tumour group – rare cancers, common cancers, patients that do not have cancer. They tended to trade off the big numbers against the small numbers, and they had agreed as a Board over the coming year to try and raise the bar.

Ms Barlow noted that there was an update on the Strategic Delivery Plan Paper going to the next Q&S meeting that set that trajectory out. She noted that lung was notable (not just for them, but for other

Trusts) and was worth a Board visit in the future, in regard to the patient pathway and tumour site. It had been difficult to deliver on, and it had diagnostic pathway issues (some 104-day cancer pathways). The multi-professional team had collaborated to redesign. The outcome, over the last 3-4 months, was a rapid improvement that indicated sustainability through lung not contributing to any of the 104-day breaches.

b) The minutes of the Quality and Safety Committee meeting held on 26 April 2019 were received by the Board.

5d	TB (05/19) 006
Digital Major Projects Authority	TB (05/19) 007

a) Ms Perry provided an update on the Digital Major Projects Authority that was held on 26 April 2019. She noted that some of the issues discussed at the meeting would be addressed at as part of the Board agenda. She noted the following key discussions:

- They had a report that covered improvements on their network stability – reporting on incidents, how many help desk calls received. Although the number of calls had increased, it was through people noting that they should report incidents, and it did not have a knock-on effect of open calls at the end of the month.
- Review of the IT related risks in the Trust’s Risk Register. That review would go to the Risk Management Committee in May. Ratification that the risk scores were correct, and that the identified actions would mitigate those risks.
- N3 replacement program update to transfer to HSCN.

b) The minutes of the Digital Major Projects Authority meeting held on 26 April 2019 were received by the Board.

5e	TB (05/19) 008
Estate Major Projects Authority	TB (05/19) 009

It was noted that the key points from the Estate Major Projects Authority meeting to advise the Board on were:

- The governance model that they would adopt for the bids for the FM – the inhouse bids would go in and it would need to be made very clear that there was a protocol in place to ensure compliance, including; a digital vault, digital data rooms for example.
- Management structure of the team over the 2019-2020 period –the right level of skills, capacity and people.
- MM FBC approval process within the next 6-8 weeks and how they would go along with that process.

TL noted the crane incident at the Midland Met site. They had met twice with the Health and Safety Executive as a side party to the issue. He did not yet have a definitive root cause report and he was reluctant to speculate on the incident. They were working through a remediation plan for the resultant damage, which would be expected to proceed under the guise of the early works contract that they had in place. No individuals were hurt in the incident. There was some very visible damage and it was possible for it to be worked on during the summer. The Chairman queried if it would be an insurance claim for someone, Mr Lewis noted that he would think so. Mr Lewis noted that the first five-years of the contract was the most serious adverse to risk in terms of building damage. Mr Lewis stated that there were external experts working on it. The Trust and Belfour had an interest in ensuring that the boundary was fully boxed off.

(b) The minutes of the Estate Major Projects Authority meeting held on 26 April 2019 were received by the

MATTERS FOR APPROVAL OR DISCUSSION**6. Chief Executive's Summary on Organisation Wide Issues****TB (05/19) 010**

Mr Lewis noted that much of his report would be covered by others in the agenda and would note the items that would not naturally occur in the agenda:

- Employee engagement – historically they had average engagement. One of the benefits that they were beginning to see from the We Connect tool was a more sophisticated view of what was going on for teams. Improved understanding of their weak spots. One of the weak spots was the feeling of being involved, issues of fairness rather than participation in decision making. Over the next six weeks they would see information from Mrs Goodby's team about flexible work/reasonable adjustments. It was encouraging that they had two major surveys that resulted in 3.86 or 3.87, which included some directorates that were going through some difficult times. Managers were more engaged with actioning outcomes. They would continue the work and encourage an upswing of participation.
- They had finished interviewing the pioneer teams and they would commence training in June. In the future they would visit what level of Board visibility was appropriate for those ten teams.
- His report suggested that in July that they would bend their Board agenda to have a predisposition towards the issues of children's services, and how children interact with the trust. They had done that once before in the last five years. 1 out of 6 people they had interaction with were under the age of 18.
- The Board had been presented with a lot of safe staffing data over the last 5 years. The data was interesting, however not many conclusions could be drawn from it. Mr Lewis stated that he wanted to run through this year, with the addition of national data, a simple metric of – if there were meant to be five people on a shift, how many times in the month were there five or more (green rating) and how many times less than five (red rating). He noted that in the initial data, one of four shifts were red rated pre-mitigation. The informal goal was to drive that number down to, for example, one in ten. He noted that he understood the complexities, however, they would set out to improve and then work out the complexities as they go.

Cllr Zaffar endorsed what Bill had expressed earlier about the West Birmingham question. The lack of openness and transparency about the process was deeply concerning. He noted that Mr Lewis had been outspoken about the matter, however they needed to increase the communications and pitch from their point of view and from the perspective of the Trust, patients and some partners. Cllr Zaffar noted the leadership that the Trust had shown in regard to air quality and pulling the two councils together. He confirmed that the MOU would go public on 3 May 2019. There was no other Trust that had engaged with local authorities and communities about the issue of air quality and the public health crisis. Clean air was a pinnacle policy that had a far bigger impact on Sandwell than it did on Solihull in terms of health benefits, but also in terms of displacement. Cllr Zaffar questioned how far the Trust was prepared to go in terms of the clean air zone and their own vehicles – they would need to set an example. Mr Lewis noted that in terms of their vehicles, general transfer vehicles and patient transfer vehicles, they would be ready by January. However, there was a great deal of work to do in the interim. In their initial analysis, it was identified that less than 50% of their vehicles would meet the standards. They were migrating from brought vehicles to leased vehicles. He noted that he had requested an entirely electric option to be presented. He noted that the combined authority was looking at what a grant regime would look like. They would work with their staff over the summer that would work or drive through and around the clean air zone. He noted that it was synchronised with the conversations about the change in car parking and the smoking policy. There was a green economy to be built in the region and there was opportunity there.

Mr Laverty noted that in regard to the CCG boundary changes, that the Birmingham City Council had published their initial review. He queried the process after the Council decide what their position. Mr Lewis stated that he was unsure. He suggested that the cabinet would take their view, that view would go to BSOL STP and communicated to the CCG. The CCG would present it to the GPs, and the GPs had a binding vote. The binding vote would be communicated via the CCGs governing body to NHS England, who would ask the two STPs what they thought. After that, he did not know the process.

Mr Lewis assumed that if the GPs and STPs agreed, that that would be where they go – he was not aware of a process algorithm if they disagreed. He suggested that the right question to ask the City Council (through the Chair) was, if they had enough information to reach a decision, could they share that information with them as they were concerned that you feel you did, and we and other stakeholders feel we didn't. It was a neutral question where they did not need to persuade them to a view.

Mr Laverty questioned their actions in regard to Birmingham Health Partners. Mr Lewis noted that he had an upcoming meeting with the Managing Director of Birmingham Health Partners. There were significant opportunities there. When joining partnerships, they would need to work through what they could contribute, and what they could gain from particular partnerships.

Dr Carruthers noted that the boundary discussion was something that the senior clinicians were becoming aware of. Those clinicians that had been there for some time, were concerned that they would return to a split economy across the patch and that a clinical model accompany would that. People were more aware and vocalising concern in surveys.

The Chairman noted that in point 4.2 of Mr Lewis' report that he hinted at innovations in pharmacy services and future models. He questioned if there was any sense of timing on that matter. Mr Lewis noted that the Board had agreed, when they considered the Master Plan, that at City they would investigate development of a pharmacy facility with a commercial partner adjacent to the BTC – that was going forward. There was a similar proposal for Sandwell, that in part, connected to the General Practise that they had planning consent for. For Rowley Regis, it remained the belief that there was merit in placing a pharmacy at the front door. The proposition had not yet achieved CCG support. They would expect to put that in the market in the summer, July or August, and the implementation scale would then take them into 2020. That was about the supply of medicines, the real gain was the medication error alleviation from the EPMA. In terms of Unity, there was opportunity for medication learning as the technology picked up medication errors and sends alerts. That technology would move them forward dramatically.

Mr Kang wondered why they didn't have a baseline. Mr Lewis noted that the current workflow would allow the pharmacist to adjust errors. They had that data, and they would expect that they could perform better than that data. They did not have other indicators of medication error; they were currently dependant on their pharmacists for that. They were looking to use technological prompts in terms of contra indication and so on, to see if they could perform better than that. Another point that Unity offered was a more accessible and visual record of someone's interaction with the hospital, and provided a better understanding of their medication history.

Action: Mr Lewis to invite the Sandwell Children's Trust, and other similar external parties, to attend the July Board meeting to discuss children's services.

7. 2018-2019 Concluding Business

TB (05/19) 011

The Chairman noted Mr Lewis' 2018-2019 Concluding Business summary. Mr Lewis invited Ms McLannahan to reflect on the end for year finances.

- They met their aim of exceeding their control total of a deficit of £7.6m. They over achieved by £5m which resulted in a pre-PSF deficit of £2.5m – a really good result. They had notification from

NSHI that a PSF bonus of £12.6m had been earned, and that was reflected in the 2018-2019 draft accounts that would be considered at the May Audit and Risk Management Committee meeting.

- They met most of their statutory duties. The year ended with £28m in cash, a very strong position. Within that they met their external financing limit. Met their capital resource limit by £137,000, and funded a 3.5% cost of public dividend capital charge in their I&E account. The only obligation that they had not met was the achievement of a better payment practise code, which required payment of 95% of their invoices within a target by value and volume within 30-days.
- In terms of what they based their 2019-2020 plans on, and the out-turn run rate from 2018-19, they were not in the position where they wanted to be around non-pay. They particularly focused on surgical services. A 2018-19 actual full bubble assessment would be presented to the Financial and Investment Committee at the end of May.

Mr Kang queried the progress on the BCA procurement and the anticipated savings. Ms McLannahan noted that they were in a better position than if they were not in an alliance, however there was a lot of opportunity that was being levered at the moment. Mr Kang wondered how they could join the three pillars together to be more forceful – he suggested that two players wanted to, and the other did not. Mr Lewis noted that last year they delivered, which *helped* the underlying deficit, however this year they over delivered and *reduced* the underlying deficit – positive progress on both fronts.

8. BREAK (Prof K Thomas arrived during the break)

9. 2019-20 Quarter 1 so far

TB (05/19) 012

Ms Barlow noted there were two parts to the paper, total income and people and pay bill. She provided a summary of the income:

- Income for the Production Plan was slightly below plan. Just over £600,000, around £400,000 was around phasing. The residual deficit related to trauma and orthopaedics. There was some job planning and productivity measures to finesse and secure and would recover that by Q2.
- The paper forecasted a deficit of over £4m full income, that had changed into the positive – expected it to be almost £250k down on plan once the income position for Q1 was finalised.
- Significant change in the emergency activity. The new group run pricing for 2019-2020 was used and that had given the uplift that they had expected.

Mrs Goodby provided a summary of the people and pay bill:

- Detailed in the Paper were the productive measures, and the lead measures to indicate their progress on pay. Annex 2 provided the number of days booked. Nursing, HCA and medical were the key focus areas and the hours booked had reduced for April. Dependant on if the booked shift was entered in the system in real time – retrospective bookings would impact the data.
- WTE actual vs planned was 5946.67, that included the vacancy factor.
- Medical recruitment had been going well.

Mr Hoare queried what resulted in the agency spend reduction across the organisation. Mrs Goodby noted that actions were starting to take effect. She was concerned that retrospective bookings that were not verified each day, may creep up on them. She noted that if it became a problem after month 2, they could put in proactive actions to prevent that. Mr Hoare requested that they forward model the trajectory of the effects of agency hour reduction activities, and to check last figures from April 2018 to verify if it was an annual trend (seasonal issue).

Mr Kang noted the spring pressures as noted in the Paper, and queried what proper rostering would look

like with the new beds opened. Mr Lewis noted that he had expected that the extra beds would be open in April and would be reflected in the numbers. The material risk was March year-end was the wrong baseline to compare with April. Mr Kang questioned what the actual baseline was. Mr Lewis noted that how many staff they were meant to have, how many people they were recruiting and their limit on agent spend. There was work to be done to be able to see the whole view and therefore, be meaningful.

Mr Lewis queried the £400,000 phasing and delivery gap on the Production Plan and what the expected number would be from Q1. Ms Barlow noted that the unmitigated risk for Q1 was £0.5m, with opportunities to work through with focus on specialities, theatres and theatre cancellations. Mr Lewis questioned if that was £500,000 against the wrongly phased plan or a revised plan. Ms Barlow confirmed that it was against the original plan (wrongly phased). Mr Lewis noted that it would be helpful to show the Q1 expectation against the Trust Plan and against a revised plan to clearly show expectations.

Mr Kang queried if people were hanging onto vacancies to create financial/people flexibility within their teams. Ms Goodby noted that there was evidence of that in the past, but the way that the budgets had been set for next year, that there would be less of that. The recruitment process timing data was monitored by group and profession, and whether people were meeting their budgets on a monthly basis would be managed through the People PMO. Mr Lewis confirmed that they had real time tracking of recruitment activities.

Action: In regard to the agency spend/hours, Mrs Goodby to forward model the trajectory of the effects of agency hour reduction activities, and to check last figures from April 2018 to verify if the results were due to an annual trend (seasonal issue).

10. Monthly Risk Report

TB (05/19) 013

Miss Dhami noted that they had had a “spring clean” of the Risk Register at the April Board meeting. They had identified nine risks that the mitigation plans had delivered to a level to be monitored by their directorates. If they moved in the wrong direction they would be brought back to the Board. She mentioned a number of risks on the Register in which they would not normally discuss:

- Risk #4 – Mr Carruthers noted that the risk needed to be monitored. Mr Lewis noted to reframe and redefine the risk.
- Risk #10 – Miss Dhami noted that there were factors beyond their control but was it worth touching on it. Ms Barlow noted that the risk remained and all mitigation had been exhausted, and it should therefore remain on the register. Mrs Gardner queried why the target risk rating would remain 16. Mr Lewis noted that there was no coherent plan to make any difference. The STP Board was presented with a Paper that indicated that they could resolve the tier 4 problem by reducing the number of tier 4 beds and taking action at tier 3.5. He was unconvinced, not because it was physiology wrong, but because there was numerical analysis that sat behind it. There were National Guidelines underway that instructed to admit patients to the deeper bed base – they would need to revisit that when the guidance arrived. If they were affectively being instructed to create a tier 4 unit, then they need a coherent plan to man a tier 4 proposition. He noted that they lacked a data set around mental health patients that engage with their institutions. It was reasonable to expect that by the July Board meeting that there would be more visibility.
- Risk #11 – Ms McLannahan noted that the 2019-20 contracts were based on their 2018-19 out-turn levels and would be paid for every maternity pathway. Mr Lewis challenged why the risk was on the Register as it was a challenge for all Trusts. Miss Dhami noted to review the risk.
- #10 – Mr Lewis noted that there had been no change, there were 3-4 significant actions to undertake in the next 4 weeks. The Chairman questioned if the outsourcing of imaging and the interaction with other systems created a further risk. Mr Hoare noted that they were never static,

and therefore they would continue to assess the security of the Estate.

- Mr Laverty noted that a number of high informatics and IT risks and queried if there were resources in place to address those in a sequenced way. Mr Lewis confirmed that there was. They had a project management company that were project resourcing and managing those timelines. There was a significant activity to recruit 21 posts to a new IT structure. Mr Lewis noted that they were piloting a new tool that would monitor network data, and expected that within 6 weeks they would generate baseline numbers.

Miss Dhami noted that as of 24 April that there were 33 web holding incidents over 21-days, an improvement on 86 in March, however it remained too many. Their position at close of business tomorrow would be zero. The Audit Committee would receive from the groups, directorates and the governance team, a set of controls and processes to implement to ensure they would not be in that position again.

Mr Lewis suggested that from June, it would be helpful to show the Risk Register separately, for example:

- Table 1 – risks that had been updated by an individual.
- Table 2 – where there had been no update

He noted that it was about directors monitoring directors, and therefore, should be shown separately. The Board agreed.

Action: Miss Dhami to review the inclusion of risk #11 on the Risk Register, as it was an issue for all Trusts.

Action: Miss Dhami to separate the Risk Register into two; Table 1 – risks that had been updated by an individual, Table 2 – where there had been no update.

11. Contracting Conclusions and Implications

TB (05/19) 014

Ms McLannahan noted and explained the table in the Paper:

- There was a £8m difference in contract vs budget, which comprised of:
 - £1m, an agreement they need to reach with Sandwell&WB CCG – expected to mitigate the risk.
 - £3.5m was activity related – Paid for activities completed.
 - £3m related to passthrough, differences in assumptions (high cost drugs and devices).
 - £1 data quality improvements not accepted by Birmingham and Solihull CCG – reached agreement that they would not implement any data quality changes in 2019-20, monitor throughout the year.

It was noted that the table in paper TB (05/19) 014, was not Commercial in Confidence.

12. 2020 Delivery Update

TB (05/19) 015

Mr Lewis noted that the Paper included:

- A reminder of governance of the 2020 program at a Board and Executive level.
- Provided an indication of their position against the Plans at a high level, not yet at an indicator level – that report would be ready within four weeks.
- Outlined how they would work with the clinical groups and the promises made by the 2020 Plan.
- An interim assessment in July, and a final assessment in August.
- An update on the 2019 Investment Plan map.

- How their patients view care coordination and their progress on that matter.

The Chairman requested more details on item 4 in the Paper. Mr Lewis recalled that they had agreed that it was important to deliver the Plans, and that it ultimately mattered to them if the patients saw them as being coordinated. There was no national or local metric that would assist with that. They would like to invent a form of measure or tool of coordination which they would roll out in six-month waves. To promote themselves as a coordinating and coordinated enterprise, they would need to identify what the end user saw as a symptom of coordination.

Ms Dutton noted that many of the patient stories referred to coordination. She queried how they would be impacted by the boundary reorganisation. Mr Lewis noted that there could be some impact. A single supplier was more coordinated and that the WB model would make it less coordinated – however, they would need to be able to prove that. They would need a baseline to compare that deterioration. Ms Dutton queried how they would involve GPs in the coordination. Mr Lewis noted that after the Trust assimilated their first general practise, they had improved coordination with that GP, compared to a GP that they did not have a relationship with. The GPs perception of coordination also mattered.

Mr Hoare noted that it would be beneficial to see where they had come with the Plan, the quantity and quality of targets, and how they performed against each of them. Mr Lewis confirmed that piece of work was in progress and it would be presented in a useful data format. In terms of the algorithm for traffic light identifiers:

- Green, delivered the vast majority of the indicators.
- Red, not where we need to be.
- Amber, other.

The 2019-20 Annual Report would be dominated with the 2020 Vision, and within that, narrate how they would migrate into their 2025 ambitions.

Prof Thomas recommended Prof Melanie Calvert from the University of Birmingham, a national expert on patient outcome measures. Mr Lewis agreed that they would contact her as external people were beneficial to identify indicators that were not obvious to the organisation.

Action: Mr Lewis to contact Prof Melanie Calvert, University of Birmingham, to invite her to assist with the work on definition and metrics of coordination.

13. Strategic Board Assurance Framework: Future Risks

TB (05/19) 016

Miss Dhami reminded the Board that the Strategic BAF was about identifying in advance the things that could interfere with achieving their future plans. They had reviewed the BAF and had identified:

- Five entries to remain to mitigate the appropriate controls.
- Six entries to remain, but differently as the risk had been reframed slightly or significantly.
- Eight new risks were added.
- Two risks were removed – in which the Board would need to agree on.

Ms Dutton suggested that there was an opportunity to group some of the risks together, for example, #9 and #12, as the mitigation actions would be applied to more than just one.

Mr Kang noted BAF #2 in the R&D Plan and queried how much focus they put into recruitment criteria. Dr Carruthers noted that there was strong focus on criteria where there was strong competition for the post. Mr Kang queried how much focus they put on partnering with academia. Mr Lewis noted that they were setting up organisation to organisation reviews with both Birmingham University and Aston University. He noted that they would attract high level researchers if the Universities lead the pitch and they were a partner. Research performance was something that would be evaluated against in the group reviews. Dr

Carruthers noted that the new head of R&D was introducing a report for the groups that identified:

- Where they were positioned within the group in their trajectory of patient recruitment.
- How many research active staff they had.
- How many studies they were involved in.
- What other studies they could have been involved in and the opportunities missed.

14. CQC Well-led Self-review: Hot Spot Deliverables

TB (05/19) 017

Miss Dhami noted five hot spot deliverables where they had not achieved the desired position in the well-led plan:

- QIHD accreditation and High-Performance Individuals was expected to achieve amber green status during June.
- The improvement team and risk mitigation would take a little longer due to the scale of work to do.
- Integration of supply lists across procurement and IT across estates was not where it needed to be. Through TL they would have a position on those by next week.

Mr Kang noted that if it was an Improvement Team bid model, it would be people who were quite good that would bid; therefore, the support would not be focused where it was needed. Mr Lewis agreed and he also noted that the Improvement Teams would need to work with a team who could release resource. That would not be the right intervention for some of the challenged teams – they need help, but not from the Improvement Team. The Improvement Team had stated that they worked with teams who were desperate to have them, but could not provide them with any time. The bar was required to be set high to create those relationships, otherwise they would waste the resource.

Ms Dutton noted that she knew of organisations that had brought in external people to do that work, and it was not successful.

Ms Barlow noted that the teams had huge turnover, it was not well branded, and for new people it was an opportunity. 70% of their work would be on strategic projects that required directors to document their plans so that they could be supported, and the CLE would have the transparent view of the bid process.

15. Midland Met Completion: Full Business Case Update

TB (05/19) 018

Mr Simon Cook, FBC Project Manager for Midland Met and Mr James Miller, Deloitte, introduced themselves to the Board. Mr Lewis noted that the Paper narrated the full Board process as they build toward the June approval proposition. It was clear from the Committee that there were actions to do around financial viability of bidders and so on. In addition, the move from a PFI model to a pay-as-you-go model had phasing and accounting issues that would arise.

Mr Cook noted that:

- The purpose of the full business case was to obtain approval to proceed to the preferred bidder.
- FBC was developed in parallel with the contract work that Mr Alan Kenny was leading.
- The draft executive summary reflected their desired position in several weeks' time. It anticipated a successful outcome for the dialogue, and it had to do that hit the time scales.
- Key date would be June for the Board to approve the FBC and the preferred bidder.
- At the heart of the FBC was the affordability chapter – the key focus area for scrutiny of the approval bodies. Founded on the annual 2019-20 plan submission that went to the NHSI in April.

Mr Cook presented and narrated the slides, and welcomed questions.

Prof Thomas queried if the start of deficit £21.5m, ending with a surplus of £21.9m, did that mean that in

2023 they were not paying off the hospital. Mr Cook noted that it would be funded by PDC capital, which was an interest charge.

Mr Kang noted the WTE calculation and queried if the mix was like for like, or was there a monetary difference. Mr Lewis noted that they were trying to compare two unknown factors. You would expect that growth would be at the expert/professional end of the scale and no comment on the contribution of people paid at bands 3 and 4. Digitalisation, amongst other things would alter the pay structure, therefore you would expect to see differences. Mr Kang queried if they had factored that in. Mr Lewis noted that the right way to present the workforce position was that they were modelling it in, the beds and workforce remain in progress in terms of detail.

Mr Laverty queried how they reflected the West Birmingham issue and the digital plans and productivity in the FBC. Mr Cook noted they modelled the West Birmingham issue in as a sensitivity – the base case for the FBC assumed no impact, and they were modelling the potential impact of the boundary changes. Impacts would include, referral incomes, and longer length of stay if the pathways became more numerous. Mr Lewis noted that the current working assumption was that they were potentially at the risk of seeing a downside of £4-6m, and around £10m annual turnaround difference. The loss of the dividend effectively meant that they would not receive a benefit, therefore someone would need to pay that by allowing them to run a deficit, or by paying a top-up on the tariff.

Ms Dutton noted that the FBC was well written, however, she did not see enough about due diligence and as a Board they need to ensure that was being done. Mr Lewis stated that due diligence that was in progress included:

1. Business case and financial model – in place, but not shown.
2. Calibre and quality of the estate bid from the supplier.
3. Financial sustainability of the supplier.

Mr Hoare noted the sensitivity analysis and queried if they had factored into the sensitivity a delay of 3 or 4 months if a bid came from a third supplier, and what impact would that have on the FBC and the financials. Mr Cook noted that would need to be done as they began to draw that PDC. Reduction in delays would prevent paying higher costs and the subsequent effect on benefits.

Ms Perry queried if that work would form part of the commercial contract. Mr Lewis clarified the question – what was the delay penalty in the NEC4 contract? He agreed to address that next time.

Mr Laverty queried how much did productivity rely on the delivery of their digital ambitions. Mr Lewis noted that it was dependant on delivering their existing digital plan and achieving more than what they had currently planned. He challenged the Board to show where they would be in 2022-23 against the use of resources metrics.

Mr Kang noted the assumptions slide and queried how much truth was in the inflation figures. Mr Cook noted that the figures were national guidance figures. They were completing a sensitivity analysis against that, with a reduction of 25% of that national growth to move it to a less favourable position. Mr Miller noted that the right approach, and what the regulators expected to see, were the assumptions reflected as the safe bet. Mr Lewis noted that he had requested an override in the national drug inflation number as they were incorrect. They would need to complete, in addition to the 25% growth, a scenario that indicated where it would break the model if different factors were to happen.

The Chairman queried if they were overdue taper relief. Mr Lewis noted that the regulator confirmed that they would be in receipt of taper relief, however they could not state the source of that taper relief – they were overdue confirmation of the source. The Chairman queried if the cost of the ninth floor was reflected in the numbers. Mr Lewis confirmed that they were as they planned to build out the whole building.

Mr Lewis noted that they would prepare a note in a Q&A format that would address the points that people had raised, and other reasonable points. That would be circulated in draft form along with the business

case and presentation. He noted that he would like to use the draft document with external stakeholders in order to meet timeline milestones. A document would be presented to the Board at the end of May.

The Chairman thanked Mr Cook and Mr Miller.

16. Unity Implementation Update

TB (05/19) 019

Mr Lewis noted that the paper had three annexes:

- Where they were on the technical work stream – biggest single impediment to setting a go live date.
- Where they were on getting their people ready – progressing well with good work done. Moving forward in July and soft targeting September provided flexibility. It was crucial to train the super users in June/July (line managers, to create sustainability).
- Go Live criteria – the Board had agreed that they would add a breadth and depth assessment (gold/silver). That work had been completed and presented to Ms Perry’s committee. There would be a process of constantly updating progress in each department as they go through May and June. He noted that from his perspective, if they were content with the technical stream at the end of May, that they would confirm the September go live date with a trigger point to call it off.

Mr Hoare reiterated the frustration with the wi-fi and it appeared that they had another procurement. Martin Sadler, Chief Informatics Officer, noted that they had a shortfall in the number of wi-fi devices needed across the Trust, and had purchased more. Mr Hoare noted that it was traditionally the easiest component to install, and the core network capability issue was concerning. Mr Lewis questioned if they would be able to produce data on the network that would indicate how the network was performing. Mr Sadler confirmed that in May they would be able to see the network’s performance. There had been areas where wi-fi implementation was easy and areas where building infrastructure and the nature of the occupancy provided difficulties.

Mr Laverty noted that if they set a September go live date and had to call it off, they would be moving into a period where it may undermine the go live. Mr Lewis noted that pressures were year-round, but it would be more desirable for October/November. He was reluctant to go live in January. There was an organisational attitude of ‘just get on with it’ that would need to be recognised.

Mr Lewis noted that:

1. At the next board meeting, that they answer the counter factor that when they announce a go live date, they would receive letters requesting to go live in stages. They would need an explanation paper of why the cut over approach was used.
2. They need to visibility of the optimisation trajectory of the post go live, as they were trying to optimise the product, and not just switch it on.
3. They need a proposition from the Executive on what normal activities they would not be doing in September/October because they were going live, for example suspending reporting or committee meetings.

Mr Kang noted that implementation of the processes required changes in clinician’s practises for it to be successful. He queried if there was something that they could do in advance to prepare them for that. It was noted that the 28-day challenge included individual and team competencies. Patient care was part of team competencies, and part of the readiness to go live was demonstrating team competencies. They would define those competencies in terms of gold and silver teams, and re-stratify the readiness from that point of view.

Mr Laverty queried if they would include a corporate PDR objective to include in PDRs. It was noted that line managers were expected to implement PDR objectives around the go live. Mr Lewis noted that the

Board had agreed *not* to have organisation-wide compulsory PDR objectives – they could change their mind, but they had had that debate and decided that they would not.

UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS

17. Minutes of the Previous Meeting, Action Log and Attendance Register

TB (05/19) 020

TB (05/19) 021

The Chairman welcomed comments on the minutes held on 4 April 2019. The following was noted:

- Mrs Gardner noted that on page one, it was the *emergency department*, not ambulatory care.
- Ms Dutton queried if the detailed patient story was too detailed. Mr Lewis noted that it was filtered and there was a degree of consent provided by the patient by their acceptance to participate.

The minutes of the meeting held on 4 April 2019 were approved as a true and accurate record.

Action Log Update:

- *Provide a response about when the booking-in screens will be fixed at Rowley Regis Hospital.*
Completed.
- *The commitment on the validation on open referrals is to be completed by the 31 March.*
Ms Barlow reported that they were on track for end of May delivery.
- *Advise if the incident decision tree process was applied in the last three Never Events.*
Miss Dhami confirmed that the decision tree had not been used in the last three Never Events and would ensure that it was used moving forward.
- *Report on the C-section intervention rate and show figures differentiating planned C-sections from unplanned.*
It was confirmed that the rise was clinically indicated.

Prof Thomas noted that on her way into the meeting that she witnessed a volunteer providing kind support to an elderly couple that were quite confused, and would like to feed that back to Ms Barlow and the team. Ms Barlow noted that she appreciated that and would provide that feedback to the team.

MATTERS FOR INFORMATION

18. Any other business

The Chairman congratulated Mr Laverty on completing the London Marathon and in do so, raising £55,000.

The Chairman noted that it was Ms Dutton's last Board meeting. He reflected on her contribution and noted that she had been a fantastic Board member. She provided a focus on safety and added value in the bandwidth from the Care Act to strategic legal, and other, advice. He thanked her for her resilience.

Ms Dutton noted that she had enjoyed her time on the Board and that nine years was a long time. She had seen major changes and that it was a great organisation. The staff that worked there, doctors, nurses, executives – she was overwhelmed by the commitment shown on a daily basis. The Chairman noted that they would not let her down on their journey and commitment to safety.

19. Details of Next Meeting

The Public Trust Board meeting would be held on Thursday, 6 June 2019, 09:30-13:15 in the Anne Gibson Committee Room at City Hospital.

Public Annual General Meeting

The Trust's Public Annual General Meeting would be held on Thursday, 20 June 2019 from 18:00 in the Conference Room, Education Centre at Sandwell General Hospital.

Signed

Print

Date