

## TRUST BOARD – PUBLIC SESSION MEETING MINUTES

**Venue:** Anne Gibson Room, City Hospital

**Date:** 6<sup>th</sup> June 2019, 09:30 – 13:15

**Members:**

Mr R Samuda (RS) Chairman  
 Mr H Kang (HK) Non-Executive Director  
 Mr M Hoare (MH) Non-Executive Director  
 Ms M Perry (MP) 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

**In Attendance:**

Mrs C Rickards (CR) Trust Convenor  
 Mrs R Wilkin (RW) Director of Communications  
 Liam Kennedy (LK) Deputy Chief Operating Officer  
 (proxy R Barlow)  
 Mr D Baker (DB) Director of Partnerships and Innovation  
 Ms B Anthony (BA) Interim Head of Corporate Governance  
 Mr A Kenny (AK) Director of Estates and NH

**Board Support:**

Ms R Stone (RS) Executive Assistant

Minutes	Reference
<b>1. Welcome and Introductions</b>	<b>Verbal</b>
The Chairman welcomed the members and those in attendance to the meeting.	
<b>2. Apologies</b>	<b>Verbal</b>
An apology was noted from Ms R Barlow, Prof K Thomas and Cllr W Zaffar.	
<b>3. Declarations of Interest</b>	<b>Verbal</b>
No declarations of interest were noted.	
<b>4. Patient Story</b>	<b>Presentation</b>
<p>Mrs Gardner introduced the wife and daughter of the late Barry Smith, Tina and Elaine. Mr Smith had a complex surgery on his bowel and was admitted to Priory 2. The family had experienced poor communication at the beginning, which improved later on. Elaine provided the board with their story, with the following key points noted:</p> <ul style="list-style-type: none"> <li>• There were care issues for her dad whilst he was on Priory 2. After his further surgery and was in ICU, they were told that he would return to Priory 2. This caused stress due to their previous care experience. They had to go back to Priory 2 as they were the specialists in his post-op care.</li> <li>• Within a few days they experienced a distressing incident where he was left naked, with open wounds and a TPN unattached due to poor nursing standards. Elaine reported she was in despair about how to ensure it would not happen again, and decided to contact Toby Lewis via Twitter. Mr Lewis was on holiday but responded by putting her in touch with Paula Gardner, Diane, Nigel, Amanda and Ang.</li> <li>• From the crisis they had many priority meetings, in particularly with Ang (who had previously</li> </ul>	

treated Tina Smith on Priory 2). Ang listened to their concerns and actioned a plan. The nurse involved in the incident was not put in charge of Barry Smith's care and was investigated – although they did not know the outcome of that investigation, they were satisfied that action had been taken.

- The family had weekly meetings with Ang, consultants, and other specialists, who all provided insight into Barry Smith's care and expectations for the duration of his hospital stay.
- The family stated that they believed every patient should be provided with that level of care.
- Mr Smith eventually went home via Rowley and the QE, however he fell poorly at home and returned several times to Sandwell A&E. The family were desperate to go back to Priory 2. Barry Smith sadly passed away at the QE on 1 March 2019.
- Elaine stated that she believed that all decision-makers involved in hospital operations in the room need to consider how to retain the personable touch of Sandwell when the Midland Met Hospital opens. The biggest fear as a family, was that all the aspects of Sandwell would be lost in the size of the new hospital and they had spoken to many staff who also shared that fear. On reflection of her dad's stay at the hospital, they had made good connections with the staff – they offered kindness and compassion when he passed away, with some attending his funeral.

The Chairman thanked Elaine and Tina for sharing their story with the Board and welcomed questions.

Mr Lewis commented that some patients who had concerns with their care, thought that by raising concerns with hospital staff would make their situation worse. He noted that in Mr Smith's case that did not happen. Elaine confirmed that things had improved – hospital staff spent a lot of time with her father and they were very invested in him. It was confirmed that new initiatives had been implemented on the Ward as a result. Every patient with a hospital stay of greater than seven days would have the opportunity to speak with herself or any consultant/specialist. The senior sister on the ward would facilitate those conversations.

Mrs Gardner noted that they had implemented in some of the wards, quality listening time with the families and multi-disciplinary teams to aid discharge and onward care, and to identify possible concerns on the Ward. Elaine noted that it was important as long stay patients can get institutionalised and misunderstand information presented to them. The meetings were important for the patient's mental health.

Dr Carruthers queried if the family were aware of other mechanisms for raising the complaint, rather than using Twitter. Elaine noted that she was aware of other processes as she had vast experience with the system, however she had wanted a quick response and knew that Twitter would deliver that.

The Chairman queried the stay in A&E and how information was exchanged. Elaine noted that the experience was not great as her dad's condition was complex and no one knew what to do with him. She would often request help from Priory 2. Mr Lewis stated that a TPN feed was a common procedure in health care. A&E nurses knew what it was, but were hesitant in performing a central line. Mrs Gardner agreed with Mr Lewis and noted that it was a confidence issue, particularly if the nurse had not performed a TPN feed into a central line, as they would be concerned of causing further complications. Mr Lewis noted that it was a simulation opportunity.

The Chairman questioned Ang how the ward staff had been fed back the learning from the patient story. Ang noted that they had regular ward meetings and Elaine had directly discussed her family's story with the ward staff.

Mrs Goodby queried how the family were they able to maintain their family life on the Ward, and could she offer suggestions to transition the 'family feel' to the Midland Met Hospital. Elaine noted the following:

- The family celebrated many special days on the Ward, Father's Day, birthdays etc.

- Her father had his own room therefore they were able to take his TV into his room, brought in his own food and drinks.
- They dressed him and took him in the wheelchair to visit the Sandwell garden.
- The ward staff would say good morning every day to her father.

Ang stated that making the patient’s hospital environment feel more like home and volunteers (beauticians etc that offered patient pamper sessions) was invaluable. Mr Lewis noted that was particularly important on a ward where toileting and showering facilities were inadequate – which he noted would be resolved over the next few months.

The Chairman noted his gratitude and appreciation to Elaine and Tina for their attendance.

**5. Questions from Members of the Public**

**Verbal**

The Chairman welcomed any questions from the public.

Mr Hodgetts noted that they need to carry forward the personal touches mentioned in the patient story to the Midland Met Hospital. He questioned Modality and cardiology. Mr Lewis stated that they had a long-standing relationship with a group of GPs that were collectively named Modality. Modality provided health services and the boundaries were being changed between what Modality and the Hospital do. In Birmingham it was with Modality, and in Sandwell it was with a group called Your Health Partnership. Mr Kennedy provided more information on the cardiac side. He noted that they were working in partnership with Modality in primary, community and secondary care. The boundaries between where care was arranged for patients was being altered to move them to GPs that were closer to home. Patients would not need to travel so far to get the same quality of care.

**6. Chair’s Opening Comments**

**Verbal**

The Chairman noted that they had held an iftar for the second year with another generous contribution from their Muslim colleagues. That had become part of their annual calendar and interlinked with other faiths, it was a fantastic event.

He congratulated the Executive Team on a fantastic Leadership Conference on Tuesday.

The Chairman noted that he was due to have a Chair’s meeting with the Black Country on Monday. He noted that Wolverhampton had a new Chair, Dr Steve Field and there was a temporary chair at Dudley, Dame Yve Helen Buckland.

Mr Lewis noted that he had been doing a lot of work with partners to ensure that they were aware of the implications of the Midland Met Hospital, was interacting with the STP Plans and getting a common/shared view on key areas where there were intrinsic interactions between them.

It was noted that the West Birmingham Alliance event was successful.

**7. 2018-2019 Annual Report, including Quality and Financial Accounts**

**TB (06/19) 001**

Mrs Wilkin noted that the AGM was scheduled for 20 June 2019 in the Education Centre at Sandwell Hospital. The Annual Report and the Charity Annual Report and Accounts would be presented at the AGM. It was noted that Clean Air Day was the same day as the AGM. It was questioned if there would be an abridged version of the Annual Report or a video update on how the year had gone. Mr Lewis noted that they would take that under consideration and that they had launched a year in review video at the Leadership Conference.

The Chairman sought the Board’s approval of the Annual Report, including the Quality and Financial Accounts. Mr Lewis queried if all outstanding issues from the auditors on the financial accounts had been resolved. Ms McLannahan confirmed that there were no outstanding issues in the financial accounts.

The Board **approved** the Annual Report.

## UPDATES FROM THE BOARD COMMITTEES

**8a**

### **Charitable Funds Committee**

**TB (06/19) 002**

**TB (06/19) 003**

**TB (06/19) 004**

a) Mrs Wilkin provided the Board with an update from the Charitable Funds Committee meeting held on 9 May 2019. She noted the following highlights:

- Year-end income exceeded their target.
- Midland Met held the first Arts Committee meeting with a number of stakeholders.
- The Midland Met fundraising leadership campaign was progressing well.
- There was a meeting at the end of March with business leaders and had provided a tour of the Midland Met site – had a number of contacts to follow up.
- The Committee reviewed the draft unaudited accounts and annual report. The updated version had been included in the Board meeting pack.

The Chairman stated that Midland Met was an important link to the Commonwealth Games and welcomed for anyone to invite influential people to join the Midland Met site tours. Mrs Wilkin noted that they had conducted 12 site visits within the past fortnight and had made quality connections with people.

Mr Lewis noted the tender for the provision of an investment manager. He advised of the Charitable Funds Committee decision not to invest in organisations drawing money from smoking, alcohol or materially from the arms trade. That would be a pre-condition for any investment manager applying for tender.

The minutes from the Charitable Funds Committee meeting held on 14 February 2019 were received by the Board.

b) Your Trust Charity 2018/2019 Annual Report and Accounts

Mr Lewis stated that Grant Thornton had advised there were no material issues to draw the Committee or the Board's attention to, whilst there were one or two items to resolve. They had substantially completed the audit and subject to outstanding queries, it was anticipated that they would issue an unqualified audit opinion. Mr Lewis recommended that the Board close off the audit arrangements.

**8b**

### **Audit and Risk Management Committee**

**TB (06/19) 005**

**TB (06/19) 006**

a) Ms Perry provided an update on the Audit and Risk Management Committee meeting that was held on 2 May 2019. The main agenda item was the 2018-19 Financial Statements and to receive the Auditor's Report. She invited Mr Kang to talk to the other agenda items that were discussed at the meeting.

Mr Kang noted that the main committee discussions were around the final accounts, and the two items highlighted by Grant Thornton were:

- VAT treatment (status change from MMH to PFI) – had confirmation from KMPG that their processes were acceptable. Ms Perry stated that Grant Thornton were content with the financial treatment for the financial year based on the professional advice received.
- Goods receipted not invoiced that were in favour of the Trust over accrued in the way they had done it – provided more a safety net for them.

Mr Lewis noted that the annual Governance Statement was subject to increasing amounts of guidance,

mandatory and non-mandatory sentences required in the document. In the AGS he drew attention to a series of potential future risks that translated, in various degrees, into the SBAF. He questioned if the update note declared themselves non-compliant against GDPR. Ms Perry confirmed that it was and it was an error in the update summary – it was the internal audit, not the Trust. They had completed a sample of some of their assertions, and at the time they did not have the evidence to back it up. It was noted in the Report that some of the evidence had since been put forward. Mr Lewis noted that they had made material progress in Q4. He noted that what data internal audit had relied upon in months 7 and 8 would have led to non-compliance and was inadequate.

b) The minutes of the Audit and Risk Management Committee meeting held on 13 February 2019 were received by the Board.

<b>8c</b>	<b>TB (06/19) 007</b>
<b>Finance and Investment Committee</b>	<b>TB (06/19) 008</b>

a) Mr Hoare provided an update on the Finance and Investment Committee meeting that was held on 24 May 2019. He noted the following key discussions from the meeting:

- VAT treatment – linked into the Midland Met Business Case. There would be more discussion as the business case progressed.
- Procurement and non-pay investment plan and the progression towards the supply and management strategy. The paper would be brought back at a future Finance and Investment Committee meeting to show progression.
- Discussion on focus points going forward – looking at proactive hot spots across the Trust compared with the Model Hospital, GIRFT and Right Care.
- Month 1 they were on plan, however there was concern for the deviation between the presentation of the figures at the May position and the subsequent FIC.
- Worked through the bubble diagram again. They confirmed there was no issue with the non-pay position and that all issues were mitigated and under control.

The Chairman queried how comparable data was linked in the Group reviews. Mr Hoare noted that they had earmarked to discuss the possibility of using examples within the FIC and an element of a particular speciality/group, to investigate how that would lead into future financial accounting and financial structures – to identify where those KPIs at group level feed into the overall objectives and financial structures of the whole Trust.

Ms McLannahan noted that they were at the early stages of using that data to confirm or challenge the Groups on their financial performance. The focus was on the delivery of the 2019-20 plan. When they get into more detail around GIRFT and Model Hospital and start to understanding financial performance at a speciality level, they would be able to introduce it at a group review process going forward.

Mr Lewis noted that they would need to establish which things were red flags and what were red herrings. The deviation on month 1, as noted by Mr Hoare, was further discussed in paragraph 8.2 of the CEO’s Report.

b) The minutes of the Finance and Investment Committee meeting held on 29 March 2019 were received by the Board.

<b>8d</b>	<b>TB (06/19) 009</b>
<b>Quality and Safety Committee</b>	<b>TB (06/19) 010</b>

a) Mr Kang provided an update on the Quality and Safety Committee meeting that was held on 24 May 2019. He noted the following key areas of discussion:

- CQC Improvement Plan – key findings and the action plan.
- Quality Plan.
- Safety Plan – a refresh of the Safety Plan. The Safety Plan would be re-audited in September against new measures to provide more assurance to the Board.
- Cancer Priorities.

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

<b>8e</b>	<b>TB (06/19) 011</b>
<b>Digital Major Projects Authority</b>	<b>TB (06/19) 012</b>

- a) Ms Perry provided an update on the Digital Major Projects Authority that was held on 24 May 2019. She noted the following key points of discussion:
- Focus was on readiness for Unity and the underlying IT infrastructure preparation.
  - Work was in progress on the risk register associated with IT risks (including those owned directly by the IT department or owned by groups/directorates).
  - Reasonable progress made, and confirmed dates for upgrades of HSCN. The full infrastructure would not be in place, rather interim infrastructure that would provide the bandwidth to migrate to Unity.
  - Team readiness, nearly everyone had the basic training. The training relevant for specialities would be rolled out on the back of the 28-Day Unity Challenge.

Ms Perry noted that the audit report was anticipated to be completed by early-July.

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

<b>8f</b>	<b>TB (06/19) 013</b>
<b>Public Health, Community Development and Equality Committee</b>	<b>TB (06/19) 014</b>

- a) Mr Lewis provided an update on the Public Health, Community Development and Equality Committee that was held on 24 May 2019. He noted that they discussed:
- Smoke free – The go live date was one month away and in the week prior to go live, they would issue dummy fines to those in breach of the smoke free conditions.
  - Interpreting services review – to return a revised position in six months' time. They had 29,000 interpreting supported interactions in the year, with 2 million patient contacts with vast diversity. They wanted to ensure that all options available to staff were at their disposal and that they worked. There was a need to move away from some people choosing to rely on patient's relatives and friends for interpretation, which was not acceptable.
- b) The minutes of the Public Health, Community Development and Equality Committee meeting held on 14 February 2019 were received by the Board.

**MATTERS FOR APPROVAL OR DISCUSSION**

<b>9. Chief Executive's Summary on Organisation Wide Issues</b>	<b>TB (06/19) 015</b>
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Mr Lewis noted that in addition to the usual annexes and reporting on April's performance he wanted to draw out five points:

1. Positive conversations with colleagues at the Queen Elizabeth (QE) about the future of oncology services. It was foreseeable that in the next 9-12 months they would deliver a return to site (certainly to the Sandwell site). It was an ambition of the oncology colleagues at the QE to offer a common standard of service to all. That was connected to the future of haemato-oncology where some changes and improvements were needed. He noted that he was hesitant on the City site as a large amount of capital was needed. It had been agreed with the QE that they would commence communication with their patients in the next few months.
2. An expectation for NHS Improvement that they would undertake a development of a well-led review – it was a national requirement. They would likely choose to do that in November/December – after the go live of Unity and anticipation of a CQC returned inspection in March 2020.
3. They were progressing well with getting vacancies out, he was working with each corporate director to ensure there were not any unwarranted delays. There was work to be done in sickness. He suggested that they address the conversations around mental health, MSK, with delivered reality next month to reduce the long-term sick number of 250 to 60% of that number. Good progress was being made with PDRs.
4. In addition to the income discrepancy in what the Board was told and what actually transpired in April, that there was also a significant discrepancy of data on the agency side. The data issue had been resolved, however if they proceed with the current agency spend, the pay-bill would miss the agency cap by Christmas. He would ask the team to work with the existing £1.3m a month, and work with him to establish a route to £700,000 a month. He stated that he could not guarantee that was achievable. However, with the recruitment of approximately 1000 staff (agency cost to reduce) and reducing sickness could drive that down by more than half – which was required to meet the agency cap full year position. If it was not possible to do that, by mid-year they would work with the Regulator on the matter.
5. Unity go live – 23 September had been announced as the go live date. There were a number of challenges to overcome by that date; including, technology (on track), people (confirming individual and team competency). If the situation changed and there was indication that they would not achieve the go live date, they would postpone, however it was looking promising.

Mr Kang questioned which assumptions did not come true in regard to the return of oncology services. Mr Lewis noted that it was stated at the time of transfer, that it was an emergency transfer with an expectation of return. There were no safety issues arising from the services at the QE, however there were capacity and inconvenience issues for the QE and the patients. The consensus clinic opinion was chemotherapy and outpatients could and should return. In that sense it was a planned move. In the discussion with QE and UHB it was expected that the return would be the same and better than before. It would be a 52-week service.

Mr Kang noted the number of offers versus vacancies that they were holding. He queried if it was a situation where they would never be able to achieve the vacancy levels they were aspiring to, and therefore would never be able to comply with the agency cap. Mr Lewis noted that they expected to fill the majority of the 1000 vacancies, the question was number that the majority represented (500 or 800). There would be a point in October where the Board would need to review the results of recruitment and establish vacancy types:

- Type A – easy to fill vacancy, so clearly people did not want to work for them.
- Type B – difficult to hire anyone in the market and role re-design is needed.

Mr Laverty questioned if Human Resources were resourced sufficiently to support the recruitment of 1000 vacancies, was there prioritisation to recruit provided to managers, and how much agency use was due to poor rostering practice. Mr Lewis noted that amongst nursing staff and AHPs and that almost no agency use was due to poor rostering practice. On the medical side there was poor rostering practice in particular

the management of trainees or non-training posts. Poor rostering practice was the minority of the agency use. There had been reprioritisation of Human Resources to resource that and would be kept under review. There would be a realignment of Human Resources tasks and management tasks.

Mr Hoare noted there was an element of agency spend that was necessary and economically valuable, rather than hiring substantive staff, as it was more flexible and can drive more productivity. It was important to consider the retention strategy and Human Resources were working on retention strategies.

The Chairman queried the progress on results acknowledgement. Mr Lewis stated that they were not making sufficient progress, it had been discussed at CLE and efforts were being made. Those individuals that were not making any progress by July would be followed up. Mr Lewis noted that they would keep the Quality and Safety Committee updated.

The Chairman requested insight into the CQC regime for primary care. Mr Lewis explained that their GP partners, Urban and YHP, were successful in the CQC operational framework, therefore he expected them to be good at managing that process. He noted that he thought the CQC were learning how to regulate large providers that provide primary care, and they would need to practice and simulate that.

Mr Laverty queried the position on the West Birmingham question, and particularly, Birmingham City Council's position. Mr Lewis noted that the Black Country and West Birmingham STP were in support of option one (retaining West Birmingham within the STP). The CCG governing body took the view that they were in favour of option one. As a Trust, we had made their position very clear to GPs. There would be a vote on the 18<sup>th</sup>.

## 10. Integrated Quality and Performance Report – April

TB (06/19) 016

Mr Baker noted that:

- Positive meeting with the regulator that identified items such as; ambulance, ED, 21-day length of stay improvements - those things were all connected.
- ED performance dropped in April, however picked up again in May.
- Diagnostic scanning times (DMO1) targets had been consistently met, but missed in April. The cause was identified and had a remedy for it.
- 52-week waits – target was set to have none for the year, they had one in ophthalmology on completed pathway in April.

Mr Lewis noted that the Board was aware that they were completing an exercise on open referrals (patients who were not on an 18-week pathway, but where care was not administratively concluded in their system). He could not reassure the Board that it would not give rise to a number of patients who should have been on an RTT pathway. He would keep the Board apprised of that as they go through the work over the next eight weeks. The primary answer to the open referral issue were technology changes that could only be made after the implementation of Unity.

Mr Laverty questioned the purpose of the Report as it was very complicated. Mr Lewis noted that the Board had decided that it would be helpful to see the same IQPR in Board Committees, the Board and elsewhere that was being used through managed sequence in the organisation. He noted that the annex was missing which included the improvement plans and the Executive's assurance on the delivery of the plans. Mr Baker described the process of the IQPR.

It was noted that the Quality and Safety Committee had been consistently focused on the persistent reds in the IQPR and improvements had been made using it as a tool.

**BREAK**

## 11. Welearn Implementation Plan 2019-20

TB (06/19) 017



Miss Dhami noted that they had a soft launch at the Leadership Conference with a lot of positive energy around the Plan. The workshop session was very practical and included QIHD accreditation, national audits and GEMS. The Board had requested an implementation plan with deliverables. It was a big piece of work and would take a long-time in a sustained manner to deliver. She noted that reporting on near misses should be congratulated and instilling the confidence in staff to speak up. She noted that the welearn platform included:

- Learning from Excellence – recognising staff excellence/best practice.
- GEMS – 25 learning gems per directorate.
- Sharing – data sharing.
- Learning Pack.

Ms Perry noted that it was important for the organisation to learn from good practice and their failures. She questioned what the measures would be. Miss Dhami noted that the KPI for a gold rating would be 25 gems per directorate. The real change would be the outcomes and quality of patient care.

Mr Laverty queried how they could include welearn in the induction of the 1000 new recruits. Miss Dhami agreed that this was very important. Induction already included speaking up, reporting incidents and the like. It also had to come from their manager – embedded in the organisation.

Mrs Gardner queried how they would penetrate all levels of staff. Miss Dhami noted that it had to be cascade, but not in the way they currently do it. It would be a wide range of things that start from induction the process.

Mr Kang queried if it was left as a stand-alone was it weakened, and how it integrated with other plans, initiatives and work in progress. Miss Dhami noted that it was difficult to get to everyone; they would provide all staff with a portfolio of activities that they would need to do. Policies 4 you would help with that.

Mr Hoare questioned how it would affect the staffing rota, and therefore the agency spend/recruitment which would then interlock into the learning development and the operational efficiencies of the hospital. Miss Dhami stated that they had not investigate that, and it was important as it could make or break it. The QIHD was noted and that it was mandatory for all consultants to go to 8 out of 10 per year – that did not happen; therefore, they had a big job in front of them.

Mr Lewis noted that research indicates that culture change comes through behaviour, not changing belief. The program rests on the creation of a series of new habits that people do as a behaviour, and that would alter beliefs. He noted that near misses would help with infiltration. He noted the point in regard to time required – they were going to model in the nursing rosters, the time required to do the learning that are required of the ward-based nurses. Mr Lewis suggested that they ask the new 1000 recruits after 9-12 months about what they had learnt in that time – what had the recruits learnt and what could the Hospital learn from the recruits.

The Chairman noted that with the onboarding of 1000 recruits, they would need to act on welearn swiftly. Miss Dhami noted that they would need to discuss the Board’s role in the welearn program as they would lead by example.

<b>12. Quality Plan Proposals for 2019-20</b>	<b>TB (06/19) 018</b>
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Dr Carruthers noted that the Quality Plan focus was on minimal mortality and stated that there had been improvement in the mortality data in the last 12 months. Issues around documentation, focus on deteriorating patients, and in particular, sepsis screening had contributed to that.

The initial work in the other ten areas had been done to look at those items and the breadth of the Groups, with comparative data available to start benchmarking their aims. He noted that it was long-term

project that would build on the work that was already underway.

Ms Perry noted that there were a number of projects this year and it would be helpful to expand on the resources/capacity and timeline further. Dr Carruthers noted that it was a complicated web of networks that interlink and they need to look at each area and identify the resources they had, what was needed and how they could work with others to reach their goal.

Mr Kang queried the governance of the Plan. Dr Carruthers noted that the Improvement Team would help support and oversee the work, it would be included in group reviews to enable ongoing progress monitoring, and would become part of the conversation at CLE and EQC.

Mr Lavery noted that it was a lot of work and that too many concurrent improvements often failed. He questioned what the four-priority areas for improvement were, and would there be a lead person across groups in each area. Dr Carruthers noted that they would pick one group to take the lead and play the predominate role. It was not meant to be done at the same time; they need to understand the relative contribution from those groups and make a balanced view on the timeline for each.

Mr Kennedy noted that they were ongoing pieces of work that were delivered by different people, it was a sum of that work that would feed into the deliverables. They need to set the trajectory in the deliverables and the timeframes. It was noted that as they move into the second phase of the Quality Plan that it was important to pick out the top two or three things that had been done already, such as the sepsis improvements, and to celebrate those to keep the enthusiasm. Dr Carruthers agreed and noted that it was important to enforce their successes.

Mr Lewis suggested that the Quality Plan and welearn were the key to where they want to be as an organisation.

### **13. 2020 Strategic BAF – controls proposal**

**TB (06/19) 019**

Miss Dhama noted that the Board had agreed 19 risks that could possibly derail them. She acknowledged Barbara Anthony, Interim Head of Corporate Governance, who was in attendance and had worked with the Executive Team to put together the risk assessment, controls and assurance.

The risks that had been in the system since 2017 were reviewed and she noted that it was fine that they were still in the system as they were future risks. What they wanted to see was movement in the mitigation of those risks. The SBAF would need to be on the Board Committee's agendas and the discussion should be more to the point (brutal) – to have confidence in the controls that when challenged, they were proven. It was the Board Committee's responsibility to provide the Board with assurance about the effectiveness of what was in place. The Board would need to be clear about what the appetite for risk was. Each of the risks would need a risk assessment completed to enter them into the risk system.

Mr Lavery noted that the risk appetite may be completely different to their current position. He stated that he was motivated to keep on track with the 2020 vision. He questioned the welearn BAF 5 as it did not have a committee allocated to it. Miss Dhama noted they were undecided, and she was of the opinion that it would sit with the Quality and Safety Committee. Mr Lewis noted that it could be placed with a number of committees, however agreed that the Quality and Safety Committee would be the best fit.

The Chairman questioned if there was value in getting an external view inputted into it. Miss Dhama noted that the internal auditors would review it as part of their programmed work, and the external auditors would also look at it. Mr Lewis noted that it was part of the well-led developmental review process, set for Q3. He noted that they had had a conversation with the CQC if the approach would meet their expectations, and they had agreed that the Executive and the CQC hold a session in the next 3-4 months to test it.

Mr Kang noted that there were a lot of gaps and questioned what the timeline was to fill those gaps, to have a consistent planning plan that they could all talk to and agree to. Miss Dhama noted that they anticipated to fill those gaps within the next few weeks in order for the Board Committees to have appropriate conversations about them. Mr Lewis questioned the plan to fill the gaps within the gaps. Miss

Dhami noted that by the end of June, the Executive would identify the gaps within gaps.

The Chairman noted that the Audit Committee, on behalf of the Board, would need to have an oversight of the process. Mr Lewis agreed, and reminded the Board that they had agreed last year, which worked well, was the challenge between Miss Dhami and Ms Perry.

#### **14. Midland Met Completion: Trust Board Approval of Preferred Bidder**

**TB (06/19) 020**

Mr Lewis acknowledged the following work:

- Mr Kenny and his team had completed a lot of work on the Estate side,
- Ms McLannahan had completed a lot of the work around the finance side,
- Mrs Goodby on the people side, and
- Mr Kennedy involved in the activity considerations.

Mr Lewis noted that the Full Business Case (FBC) was commercially confidential and was issued with the Private Board papers. The heart of the FBC was to assure them that they had a contractor with whom they could develop a final contract over the course the next 12 weeks. That was on the basis of Balfour Beatty's submission of a bid that he could assure the Board, as could Mr Kenny's team and Deloitte, was financially compliant with the outline business case, was quality compliant with the outline business case, and was consistent with them moving into a new hospital in late-Spring of 2022 (that may be a position advanced through dialogue through the course of the next 12 weeks).

The Board and FIC had reviewed the FBC and through a number of other key settings. Inevitably, after Carillion, there would need to be due consideration of bidder long term viability.

He noted that if the Board agreed, and the regulator were in a position to consider it in the later part of June, that was consistent with getting approval from central government in July. The timescale was essential, they could not retain Balfour Beatty and deliver on time if they did not hold that timescale. The FBC was consistent with the outlying business case (OBC), passed all the tests set in advance, and the approval of the preferred bidder would not alter the status of the risk-based profile.

Mr Kang queried the preferred bidder's capacity in terms of manpower and being able to deliver. Mr Lewis stated that he was satisfied that it was a very important contract to the bidder, and satisfied by the amount of expense and resource the bidder had expended. He also referenced conversations had with the bidder's senior team, including their non-executive lead representative. Balfour Beatty had made changes to their team in the last month and had engaged a more experienced team. He welcomed Mr Kenny to provide more insight into the Balfour Beatty team.

The Chairman requested an update on the interface with the Hard Facilities Management contract. Mr Lewis reminded the Board that they placed four lots in the marketplace, which two were directly relevant to Midland Met. They were at the shortlist stage of the procurement process. With external advice from Mots, and a process run by Mr Kenny's team and then subjected to a formal challenge program led by Mr Lewis – they had shortlisted three quality firms to progress to the next stage. That was consistent with final contract signature in October with a concurrent interface agreement. The exact nature of the interface agreement remained under commercial discussion between themselves and Balfour Beatty, and the Heads of Terms that sat behind the preferred bidder would need to be resolved by the end of July. Mr Laverty questioned if they would be able to obtain access to the Crown Commercial Service office's view on Balfour Beatty's robustness before they sign off. Mr Lewis noted that they should expect that to happen, but could not guarantee it. As part of the Board passing the preferred bidder, they should request Treasury, Cabinet Office and DH for access to all relevant information that they hold. It would be discussed further at the Private Board meeting to follow.

Ms Perry reminded the Board, that when they last discussed the Business case some final questions were asked around cash flows and around the public dividend capital. She noted that they touched on that at the FIC, however she noted it would be useful to have an explanation around that. Ms McLannahan

replied there was a before and after PDC impact of the cost of capital, whilst they were in the construction stage that would drive a PDC dividend cost that would be outside their existing control total regime. They were of the opinion that they should not be expected to absorb that considerable cost. The proposal in the Business Case was that they draw down the financial recovery fund from the centre to get back to a break-even position. Early indications show that was a reasonable position. They had the post-completion impact of the cost of capital for Midland Met. In the OBC they assumed a 90% write down in the cost of capital. They had good input from Deloitte and their specialist technical advisors on that and the conclusion was that it was not a wholly reasonable assumption. The changes had a little bit of impact from the affordability from the OBC of about £3.5m, other assumptions within the case absorbed that.

The Chairman noted West Birmingham had been regarded as a sensitivity. Mr Lewis noted that was point 2.2 in his paper. A series of sensitivities had been built, none of the sensitivities individually would bust the model, however if applied collectively, they would bust the model. He noted that there was a provision in the contract for the consequence of delay in finalising the project. The consequence of delay at the front end of approval was significant. They had varied and extended the early works contract into the early Summer on the basis of legitimate work to be done. He noted for clarity, the extension exhausts the work that it would be operationally and commercially sensible to do in advance of a main contractor. In the event of governmental or regulatory delay, that would effectively cause a standstill site. He had a price and an understanding of a standstill site, a standstill site with no end date would probably not be tolerated by partners. He stated that any delays would increase construction cost.

The Board approved the resolutions as drafted recommending Balfour as PB.

## 15. Speak Up Action Plan

TB (06/19) 021

Miss Dhami noted that the self-review tool from NHSI had been completed, and acknowledged that the format was unhelpful. The approach now distinguishes between speaking up (in its wider sense) and freedom to speak up guardians. Some time is needed to revisit the speak up guardian roles. She noted that they were in a good position in terms of the markers of Speak Up, however there was room for improvement. There were some exceptions to positive speaking up and that would need to be addressed.

The Board need to be reassured that they were following through when staff did speak up. They had a Speak Up Policy that would be launched in July and there was an associated implementation and delivery plan. She noted that the Managers Code of Conduct was a direct response to feedback, and it was important that people see that actions were being taken. She noted that there were important items in the Action Plan to progress quickly by the end of the year.

Mr Lewis noted that the paper could be improved with the addition of:

- A single register of concerns.
- Work around the simulation of manager's response to concerns and the Managers Code of Conduct.

He noted that at the end of the year they would be able to:

- Reflect on the year's concerns.
- Supported their managers in how to behave – not only procedurally, but culturally.
- Through the Audit Committee, identify if they got it right or wrong.

Mr Hoare queried if they had a baseline of metrics as they implement the action plan – where the origins of the speak up come from, guardians or managers. Miss Dhami confirmed that they did from the speak up guardians (as they need to report it externally), but they did not from their own staff. That was a gap and, in the Policy, they would have staff reporting their concerns and what the action that the manager took – they would start building that baseline data.

The chairman noted that Miss Dhami had mentioned that there was more concern in some areas than

others, and queried if they were able to identify those areas. Miss Dhami stated they did not have enough data to draw those conclusions yet. The Chairman requested that the data be made available outside of the Board.

Mr Lewis asked that KPIs be developed for August and that would create measurable outcomes that may assist. Miss Dhami noted that they should also be concerned about areas that did not report any speak ups. Mr Kang noted that it may help equalize the sensitivity triggers as they were variable dependent on the environment.

Mr Lewis noted that in July they would see the Policy, in August the KPIs, and for the time being the Audit and Risk Management Committee would take responsibility for pushing it forward.

**Action:** Collate data on the areas of concern arising from the Speak Up program.

**16. Care Quality Improvement Plan – final and updated**

**TB (06/19) 022**

Miss Dhami noted that the Improvement Plan was based on the verbal and written headlines from the CQC after their inspections in September/October. However, when the CQC Report and the verbal and written headlines were reconciled, it was discovered that there was a difference in the number and nature of the findings. She noted that the Must Dos (MD) were regulatory requirements and the Should Dos (SD) were suggestions. There were 61 MD and 53 SD. She noted that the Board would be reassured of their delivery of the Plan primarily through their inhouse inspections. She confirmed that the action items from the Report that were considered as major items, had been actioned.

Mr Laverty questioned what their tactics were around it – what were the themes to group together and target first. Miss Dhami noted that mitigating all the SD and MD to *Good*, probably would not result in an overall *Good*. It was also likely that the CQC would ignore them all at the next inspection and find others to pick out. It was about making the organisation feel good about what they do through their staff living and breathing good practice and good health care.

Mr Lewis noted that they would need to pick out four or five items to focus on.

Miss Dhami noted that they were having monthly engagement meetings with the CQC – the biggest issue that they had, was getting the CQC to understand the workings of the organisation. Every month the CQC would spend time on the job in a different area so when they conduct inspections. Mr Kennedy noted that they were not effective at promoting their positive PR. Mr Laverty agreed and noted that the rating was important, therefore they could advertise themselves as good or outstanding, especially when recruiting the new staff. The badge was not the end all, but it was part of the journey to being an outstanding organisation. Ms Gardner agreed.

Mr Lewis stated that there were seven items in the document, five SD and two MD, that were affectively stating that they were not taking further actions as they believed that they were compliant. He was prepared to stand behind that if the CQC questioned MD54 and MD60.

**MATTERS FOR INFORMATION/NOTING**

**17. Never Event Notification**

**Verbal**

Dr Carruthers noted that Mr Siten Roy, Group Director of Surgical Services, was in attendance to report on a Never Event that occurred at the end of May around a wrong site surgical procedure. An initial investigation had been completed and would undergo further investigation as part of the Never Event process.

Mr Roy introduced himself and provided the Board with a summary of the Never Event with the following key points to note:

- A patient with a perinodal sinus small abscess with hair embedded inside and because the hair duct

was inside, it does not heal. The patient was seen in the clinic and listed.

- 24 April 2019, the patient was examined and the notes indicated the site. The surgeon filled out the consent form and the EDT form, he did not mention the direct site.
- 14 May 2019, the patient had the surgery.
- The surgeon had six surgeries that day, three of his own and three from other people. He concentrated on the three patients from other people. Although he spoke to the patient and signed the consent form, he did not go through the whole process with the three patients, he left that for the registrar. At the team brief, the team did not question the site as it was listed as perinodal and 99.9% of sinus sites were anterior. The surgeon did not recall it was an unusual site, even though he wrote the notes as it was a few weeks prior.
- The patient was placed in the lateral position and the surgeon and registrar examined the site and realised it was a healed sinus, which it was then it was questioned. The surgeon thought to double-check the paperwork, but did not. He removed the old healed sinus. The patient realised that the groin sinus was still there when he woke and questioned it.
- The matter was raised with Dr Carruthers and Mr Roy, and the surgeon requested to take the patient back to theatre to remove the correct sinus. They decided against it as the patient was still under the effects of anaesthesia. The patient was operated on the next day to remove the sinus in the correct site. The patient returned to the clinic for follow up, and both surgical sites were healing as expected. The patient was due for another follow up.

Mr Roy noted that they had taken the following actions:

- Undertaken duty of candour letter
- Arranged further follow ups – two follow ups and one more planned.
- Had a discussion at the general surgery meeting – gone to the general surgery group, but not the wider group (wait until the report was finalised).
- Completed the DTR – local investigation.
- Waiting for SI investigation next week.

Board members raised questions about why it had happened – was it the way the notes were written, and what was the conclusion. Mr Roy noted that from discussions with the surgeon they identified three missed opportunities:

1. When they knew in the clinic that it was an unusual site, it should have had a mention in the consent form.
2. The general practice was to query the patient what their procedure was, even though the surgeon knows, to confirm understanding of the surgery.
3. When the surgeon had doubt in his mind during the surgical procedure, he should've confirmed the site. The surgeon's explanation was that the computer was next door and was under time pressure.

Mr Lewis queried if it could be confirmed that the incident decision tree was duly followed. Due to previous Never Events, a triple lock arrangement was insisted on whereby someone checked the ORMIS, consent form and notes – it appeared that did not happen, and it would need to happen. Mr Roy stated that it should be very clearly written in the notes if it was located in an unusual site.

Mr Lavery questioned if there was a check box on the consent form that it was an unusual procedure. Mr Roy noted that there was a comments box to add those types of comments. Mr Lewis stated that the surgeon should have also written which groin.

It was stated that regardless of a normal or unnormal site, there was a need for a double check process.

Miss Dhami noted that there was a question about the application of the incident decision tree in the last three Never Events. She confirmed that the process had not been followed in those events. She had been tasked with completing a retrospective application of the incident decision tree. It was fair to say that in most cases when the incident decision tree had been applied, the response back was that it was a system failure issue. She reassured the Board that action had been taken in the three most recent Never Events. She reminded the Board that the incident decision tree was to ensure that it was applied to every member of staff that were involved in that Never Event, and that all individuals were treated equally, fairly and proportionately. She provided an update on the three Never Events actions taken:

1. Cardiology, retained guidewire – the practitioner involved was no longer performing interventional procedures for medical reasons.
2. VMEC, injection injected into the wrong patient – the medical staff member had additional training and the nursing staff were placed on different duties.
3. Critical care, retained guidewire – the locum in question no longer worked for the Trust and the message about the individual had been passed on.

The incident decision tree would be formally applied in all Never Events and would be taken to the Mr Kang and Mr Lewis for sign-off.

#### 18. Finance Report: Month 1

TB (06/19) 023

Ms McLannahan advised that they were on plan for month 1, albeit that they were just over £4m in deficient in-month.

Day one of reporting was the May Board meeting where they reported that they expected to be ahead of their income plan at that stage. Upon reflection, they should have highlighted clearly that it was based on the average price methodology for most of the activity. There were national system issues with the pricing software, so they had to use average pricing, which indicated overperformance of approximately £400,000.

Month 1 (excluding the impact of pass-through) was £600,000 behind plan when the actual prices were applied. That underperformance was offset by pay under spend, the pay bill was artificially high in month 1 due to an incremental award to people at the top of the scale (a one-off payment). From a non-pay perspective, when the impact of pass through was removed it was slightly over budget, but it included a circa £350,000 provision.

### UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS

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

TB (06/19) 024

TB (06/19) 025

The Chairman welcomed comments on the minutes held on 2 May 2019. The following was noted:

- Page 3, last sentence, insert *not...* Getting around the perception that you should **not** be disappointed if your score was a 3 or 4.

The minutes of the meeting held on 2 May 2019 were approved as a true and accurate record.

Action Log Update:

- TB (11/18) 015 - To circulate additional reconfiguration working papers to Trust Board members. In progress. Mr Lewis noted that there were two parts; the paediatrics move inside City Hospital (close to a final proposal), and there was a weekly meeting to finalise the respiratory configuration

and frailty position. By the end of June, it should be boxed off.

- *TB (11/18) 006 - Future R&D board development session proposed with primary care colleagues (led by Prof Lasserson)*

Miss Dhami noted that there would be a R&D focus at one of the Board development sessions – to be arranged.

- *TB (01/19) 012 - The commitment on the validation on open referrals is to be completed by the 31 March.*

Mr Lewis noted that of the original (approx. 150,000) all were closed and there were 500 remaining. Mr Kennedy noted that a further 20,000 had accrued since. The timescale to resolve the accumulated referrals since 1 Jan 2019, was 6-weeks. Mr Kennedy to produce a summary of the learning points, for example where they were located.

- *TB (05/19) 019 - Present cutover explanation to next Board meeting and Optimisation Trajectory arising from September Go Live Option.*

Mr Lewis noted that there was a cutover explanation and it was planned for presentation to the Digital MPA at the end of June.

**Action:** Prepare a summary of the learning points for open referrals, for example where they were located.

**20. Any Other Business**

**Verbal**

Mr Siten Roy presented the Never Event recorded at agenda item 17, *Never Event*.

**21. Details of Next Meeting**

The Public Trust Board meeting would be held on Thursday, 4 July 2019, 09:30-13:15 off site venue to be confirmed.

**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 .....