Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD – PRIVATE SESSION MEETING MINUTES

Venue: Meeting Room 1, Trust HQ, Sandwell General Hospital

Date: Wednesday 11th September 2019, 10.00 – 11.00

Members:			**In Attendance:**		
Mrs M Perry	(MP)	Non-Executive Director (Chair)	Mr M Sadler	(MS)	Chief Informatics Officer
Mr R Samuda	(RS)	Chairman	Mrs R Wilkin	(RW)	Director of Communications
Mr M Hoare	(MH)	Non-Executive Director	Mr D Baker	(DB)	Director of Partnership & Innovation
Mr M Laverty	(ML)	Non-Executive Director	Mr L Kennedy	(MS)	Deputy Chief Operating Officer
Mr T Lewis	(TL)	Chief Executive	Ms D Talbot	(DT)	Deputy Chief Nurse
Dr D Carruthers	(DC)	Medical Director	Ms C Dooley	(CD)	Head of Corporate Governance
Ms D McLannahan	(DM)	Acting Director of Finance			
Mrs R Goodby	(RG)	Director of People & OD			
Miss K Dhami	(KD)	Director of Governance			

Minutes	**Reference**
1. Welcome and Introductions	**Verbal**
Mr Samuda indicated that he has asked Mrs Perry to chair the meeting given her role chairing the digital committee of the Board, and she welcomed everyone to the meeting and the attendees introduced themselves.	
2. Apologies and Declarations of Interest	**Verbal**
Apologies were received from Mr Kang, Cllr. Zaffar, Professor Thomas, Ms Barlow and Mrs Gardner	
3. Chief Executive's Summary of Go Live date decision for Unity	**PTB (09b/19) 001a**

Mr Lewis outlined the 3 recommendations for the Private Trust Board to consider, from the paper provided in advance of the meeting:

1. Note approval last week of the Unity Clinical Safety Case
2. Accept advice to proceed with Go-Live on 23rd September 2019
3. Delegate the abort decision to the Chief Executive acting with due evidence

Mr Lewis provided the Board with an update on technical matters:

- The mass device test on the 31st August and 1st September did show some BMDI issues which are largely resolved (in relation to the technical capability to pull clinical data from patient side devices into the clinical record).
- By the end of today (possibly into tomorrow) Mr Lewis was expected 100% clearance on CCS.

Mr Lewis confirmed that RSM undertook audit work for the Trust on Monday/Tuesday this week to look at the data integrity of the people had been trained and provided a clean bill of health. There is an issue on the pull through of data in relation trained staff and those that are Bank staff, this will be resolved.

In terms of people sucfficiently trained (section 3 data in the paper), we have made progress and are confident we will get where we need to be but possibly not to criertia levels. However, this is safe and tolerable.

Mr Lewis advised staffing is not at agreed standard in at least 9 areas, and we will meet every day to make progress on this over next few days. It is not helpful to set a specified number parameter so the position required but this will be made to work. We are already lower on normal staffing and with the issue of additional staffing required for go-live, there is a gap but a lot of work is taking place to close this, including to provide Bank staff with e-training systems.

At the last Board meeting a question posed was the ability to manage week 3 of go-live (i.e. will enough people be trained and using the system) and Mr Lewis felt, given the most up to date information provided in the paper, we are as robust for week 3 as we can be in that the risks of optimisation are focused on speed of work, especially in outpatients and procedures.

Mr Lewis asked the Board to support go-live with the additional grip (outlined in the paper/described) over next 3 days. The abort decision requested for delegation to Mr Lewis will take place in collaboration with the Medical Director and Chief Nurse, and is in relation to other additional scenarios (e.g. a completely separate business continuity plan incident) or technical fails.

Mrs Perry asked Board members for any questions or comments.

Mr Samuda queried the issue of not "robbing" week 3 to manage week 2, and asked if staff out there are in the numbers we need them to get to 120/110%? . Mr Lewis replied that for nursing they can be if we are prepared to pay for them (temporary staffing and not to reshape the labour market and create and expectation for subsequent weeks), so in essence it is susceptible to a price model. This is not the case for junior doctors (it is not an easily expandable resource/susceptible to a price model), we may need to get more consultants for some specialties, for some shifts (which may require some arm twisting and good will, as we do not want a situation of mainly a trainee rota with many locums).

Mr Kennedy advised that for the first weekend there will be additional junior doctors across the whole week for many medical areas (additional on top of usual and doubled up with Consultants). On top of this we are waiting to hear from the Imperial and Chelsea & Westminster who have agreed to provide additional doctor support (we are waiting for the numbers of these), as they have been through this/in a similar position recently. There will be 3 ED super user doctors will be available. Mr Lewis advised the main areas that require extra resources are ED/AMU flow and we require to have sufficient in-situ coaching (from those experienced doctors from Imperial and Chelsea & Westminster) in first 10 days so that ideally less support is required by week 3.

Professor Carruthers noted it is key to make personal contact with all doctors on shift/call that first weekend to support them ahead of time on the support that will be provided and the refocus for them on ensuring training.

Mr Lewis advised there are 24 junior doctors that still require training and this will be completed prior to go-live and Professor Carruthers also commented that we are waiting for college tutors to confirm all circumstances for not being trained to date.

Miss Dhami commented on the importance of additional junior doctor staffing and the support/personal contact for them as we have daily occurrences of lower staffing levels (sickness etc) already. Mr Lewis agreed, in relation to short notice sickness drop-out rate (para 4.3 in his paper) and in ED/medics this is

often a material number and right message/comms on support is vital.

Ms McLannahan asked if we are sure we can fill all the rotas required and Mr Lewis responded that we will work to fill the rotas (will work on this right up until the night before) and if we know we are short at the crucial point we may need to move staff around to get coverage without a negative impact to another area as, for example, it might not be as straight forward to move staff from City to Sandwell (we need to consider all service provision implications).

Ms McLannahan asked if we have thought through implications of a potential major incident independent of Unity. Mr Lewis confirmed we and there will be 2 on-call rotas running to cover this during go-live (as separate entities). Mr Lewis also confirmed he plans to write to WMAS and neighbouring organisations to advise of go-live and potential issues and request remote support during this period. In addition, coping "other" IT incidents (not related Unity) will be managed under the remit of Mr Sadler.

Mr Samuda commented he was confident that the issues from the discussion at the board meeting last week were being managed well, and whilst we have not completely covered all the required criteria, at this time, we have moved forward.

Mrs Perry summarised a good technical position which provide assurance for a September go-live with optimisation the biggest risk last week, and we think we now have a clear line of sight on the number of super users we need, and the remaining super user training and deployment required over the next 2 weeks. Mr Lewis advised that whilst we have completed good work on simulation we have more work to do on running over optimisation, as there may be misunderstanding how super users will be used (i.e. normalisation, and optimisation of super users).

Mr Samuda asked if there will be a standard set of behaviours and instructions to wards/staff including Bank staff and Mr Kennedy confirmed that on the cut-over Saturday there is a very clear briefing and meeting planned in relation to an accurate position of live wards, transcription requirements and adequate ward clerks and other staff/clinical sponsors to manage the cut-over. The expectations have been set out to staff already (ward managers, clerks etc) and reminders and comms are ongoing/daily.

Mr Samuda asked what is different for bank staff and Mr Lewis replied that they will all have been trained and there will be continuous comms over first weekend that applies to all staff (including Bank).

Mrs Wilkin asked if plans have accounted for potential sickness during go-live and Mr Lewis felt we already cannot satisfy normal/consistent levels of staffing, and as there is a different threshold for go-live (i.e. 120%), this will need continuous monitoring leading up to go-live.

Mr Samuda asked about a "revert to paper" in A&E scenario and Mrs Lewis confirmed there is a business continuity plan in place for this issue. At the moment there is a CAS card system in place, but this won't exist by go-live and the BCP will need to be followed.

Mrs Perry summarised that the Board all agreed to proceed with the September go-live date and to delegate to the Chief Executive the decision to abort, if any business critical issues means it cannot proceed. Mr Lewis reminded the Board that an analysis of risks and hazards has been provided and discussed via the CLE digital committee, including the clinical safety case and this is not impacted by these discussions, it is the clinical safety case about the product rather than the clinical safety case on go-live.

Mr Lewis asked that the discussion at this meeting was not discussed outside of the meeting and that one single/central credible communication would take place to all staff on Thursday 12th September, to enable BMDI issues to be completed later today, to provide assurance that the decision/message is robust.

The Board agreed all three submitted recommendations.
4. Details of Next Meeting
The Private Trust Board meeting would be held on Thursday, 3rd October 2019, 13:45 – 15:00 in the Observation Room, Site Offices, Midland Metropolitan Hospital.

Signed ……..

Print ……..

Date ……