



## TRUST BOARD – PUBLIC SESSION MEETING MINUTES

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

**Date:** Thursday 5<sup>th</sup> September 2019, 09:30 – 13:15

### Members:

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

### In Attendance:

Mrs C Rickards	(CR)	Trust Convenor
Mrs R Wilkin	(RW)	Director of Communications
Ms C Dooley	(CD)	Head of Corporate Governance
Ms J Booth <i>(after break)</i>	(JB)	Lead Nurse for Infection Control
Dr T Saluja <i>(after break)</i>	(TS)	Consultant Microbiologist

### Apologies:

Mr H Kang	(HK)	Non-Executive Director
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Minutes	Reference
<b>1. Welcome and Introductions</b>	<b>Verbal</b>
The Chairman welcomed the members and those in attendance to the meeting. The Trust Board members provided an introduction for the purpose of the recording. The Chairman noted a change in the order of the agenda and would bring forward the Unity discussion to follow the Chief Executive's Report.	
<b>2. Apologies</b>	<b>Verbal</b>
An apology was noted from Mr Kang.	
<b>3. Declarations of Interest</b>	<b>Verbal</b>
No declarations of interest were noted.	
<b>4. Improvements made from Patient Stories at Trust Board</b>	<b>TB (09/19) 001</b>
Mrs Gardner noted that normally a patient or patient's relative present a story for learning to the Board, however for this Board meeting she had prepared a synopsis paper of all the stories and learnings since April 2019. She provided an overview of those stories:	
<ul style="list-style-type: none"> <li>• <b>Patient Story April 2019:</b> <p>Outcomes:</p> <ul style="list-style-type: none"> <li>○ Managing the issue with the use of the Dementia, Delirium and Distress Team (DDD). Utilising their advice around those patient issues and employing a personal approach. The DDD team also use PARO Seals to assist the patients.</li> </ul> </li> </ul>	

- Relocate families of dying patients to a quiet area of the ward.
- A new senior nurse was in place who has had some development input and had improvement impacts on the Ward, to the extent of no complaints from the Older Patient Assessment Unit (OPAU) since the story was presented in April.
- Bank staff were being allocated the care of patients that were in need of one-on-one care (who were not familiar with the patient or the ward). That issue had been mitigated by the placement of substantive staff members to care for those patients on a 12-hour shift rotation, and using bank staff as support.

- **Patient Story May 2019 (video presentation):**

Outcomes:

- The PARO Seals were found to be effective in calming patients. There were four PARO Seals in the Trust.

- **Patient Story June 2019:**

Outcomes:

- The story focused on the lack of communication with the family whilst on Priory 2 and as a result had introduced a series of meetings between patients, medical consultant(s) and the nurse in charge on a regular basis to improve communication flow. That had a material effect on Priory 2 and its patients with no complaints to date around communication or care in 5-6 months.

- **Patient Story July 2019:**

Outcomes:

- Comms away from the emergency situation had been implemented to talk to families and inform of what was occurring at the time of the emergency treatment.
- Blood results – the bedside communication board model used in the Nursery would be implemented on the Ward – a daily diary of what had transpired during the day for clear information transfer to the parents/carer.

- **Patient Story August 2019:**

Outcomes:

- Overall a good outcome story with positive impact on the patient's health with the patient being inspired by Dr Makwana to pursue a medical career.

Ms Perry queried how the Board could see the impact of the action outcomes and the embedded results. Mrs Gardner advised that the methods included:

- The measure of complaints received.
- Friends and family test survey (how likely to recommend the Trust as a place to be cared and treated at).
- Listening time that had been implemented to use that opportunity to query their experience.
- Implementing ward boards that include the patient's nurse's name, who's in charge and the 'you said we did' element at the bottom to identify any material changes at source.
- PARO Seal information.

Mr Lavery suggested to include patient stories around integrated care as to journeys that worked well and not so well – to learn more in that area as they begin to embed GPs.

Mr Lewis advised that Mrs Wilkin was leading the patient facing work on the study with the University of

Birmingham on what patients considered to be coordinated care, which might be a basis to pursue some of the points raised. He noted that whilst data was flowing to the Board about patient story outcomes, that he would feel that they were making more of a difference if patient stories became an organic part of how individual teams worked – the Board stories would then be the icing on the cake, not the whole cake. More stories should travel through the Trust. He invited Mrs Gardner to discuss with Miss Dhami and Mrs Wilkin about how patient stories could be embedded into the WeLearn process.

Miss Dhami noted that it would be helpful to hear from others, other than the family or patient – nursing homes, WMAS, GPs and so on, to identify what their patients were saying about the Trust.

Mr Lewis noted that they had agreed to produce some form of evaluation in regard to the PARO Seals and requested that piece of work be completed.

**Action:** PG, KD and RW to discuss and consider how patient stories could be embedded into the WeLearn process.

**Action:** PG to present an evaluation of the PARO Seals' performance.

## 5. Questions from Members of the Public

Verbal

There were no questions from members of the public.

## 6. Chair's Opening Comments

Verbal

The Chairman noted:

- There was a very good piece in the inhouse magazine about the sad loss of Tony Waite, Finance Director. Tony was a fantastic representative of the NHS and its values and that was well reflected in the article. The Trust would remember him through a memorial garden bench or the planting of a tree.
- He was invited to attend a point of care session that investigated the use of handheld technology for quick turnaround of feedback in multi factual circumstances. It raised the question if there were technologies which could foreshorten the process of the conditions they were particularly having to focus on.
- He had his first visit to a general practice in which the Trust was involved. It was a positive experience and if the Trust could find a way to work with primary care that fits their practice needs to jointly solve problems, would be a powerful thing. To quickly mitigate issues that simply shouldn't be happening would remove frustrations and improve patient care. He noted that he was on a series of practice visits to discuss pressure points and other important issues.

## UPDATES FROM THE BOARD COMMITTEES

7a

Charitable Funds Committee

TB (09/19) 002

TB (09/19) 003

a) The Chairman provided the Board with an update from the Charitable Funds Committee meeting held on 15<sup>th</sup> August 2019, with the following key points discussed:

- Income targets for the Midland Met Hospital Charitable Appeal – now had a very active community of business people and notable individuals who are very engaged in supporting the Appeal.
- Discussed how to use naming rights as part of the Appeal process.
- Work in which Mr Lewis had initiated with the architect of the wider Master Plan of what else is happening as a consequence of Midland Met Hospital. Mr Lewis noted that the next Board meeting would be held in the Community Room at Midland Met and would visually support the

presentation of the Master Plan to the Board.

- Review of the Fundraising Manager role – target identification, progress to those targets.
- Review of the Major Grant pipeline.
- Commenced the review of the Investment Manager, Barclays, who had been in place for some time.

Mr Kang noted that the visits to Midland Met Hospital by potential donors and partners were assisting to build community excitement with social media pushing that along. There was a lot of work going into the Major Grants and he queried if there were results from that work, particularly with the Council. Mrs Wilkin noted that a lot of effort had been placed into the ESIF (European Skills Investment Fund), however there had been delay and significant reduction in funding and as a result, were no longer actively pursuing it. The World of Work Programme was a better fit for the Trust and would allow up to an 8-week placement in their volunteer programme for people who were currently out of employment –it was a straight forward programme and could see the supply coming in.

Mr Lewis noted that the fiscal narrative for the charity was that over the next four years it would be migrating from a relatively consistent bequests model, to a model that drew significant revenues from either grants or net-worth individuals (or both). Therefore, if progress was not made from those places – the Trust would struggle. One of those two have to deliver otherwise they would be spending money on the new hospital and the model would become *spend before earn*. As a trustee body if they were to accept that, then they would need to see material progress over the next year – which the team were well aware of.

- b) The minutes of the Charitable Funds Committee meeting held on 9<sup>th</sup> May 2019 were received by the Board.

<b>7b</b>	<b>TB (09/19) 004</b>
<b>People and OD Committee</b>	<b>TB (09/19) 005</b>

- a) Mr Laverty provided the Board with an update from the People and OD Committee meeting held on 30<sup>th</sup> August 2019. He noted the following committee discussions:
- The Committee undertook to look at the People Plan to order the Committee's agendas going forward to ensure that everything was covered over the cycle.
  - Two of the three Committee's SBAF items were rated as *Limited* assurance.
  - Reviewed the rostering for a second time and made some progress – still work to be done.
  - Vacancy position and full recruited targets – modest progress made. The Committee decided that there needs to be more visibility on the target, the gap and the trajectory to fill the gap. Slow progress was due to a lot of internal promotions.

Mr Lewis noted that the Committee would focus on the Workforce Assurance Standards at the next meeting as the Board would desire assurance on the Standards – last time the Board had not agreed assurance.

- b) The minutes of the People and OD Committee meeting held on 28<sup>th</sup> June 2019 were received by the Board.

<b>7c</b>	<b>TB (09/19) 006</b>
<b>Quality and Safety Committee</b>	<b>TB (09/19) 007</b>

- a) Ms Dhami provided the Board with an update from the Quality and Safety Committee meeting held on 30<sup>th</sup> August 2019. She noted the following discussion points:
- A welcome addition to the Committee was Dr Parmjit Marok, local GP. The Committee found it helpful to have the GP representation and it was something to consider in the future for other Committee memberships.

- Discussion around the Maternal Deaths Inquiry.
- Results acknowledgement, to be addressed at the Private Trust Board.
- SBAF – they had some items that had *Limited* assurance. She and Ms Perry would have their SBAF challenge conversations in September with executives to review the pace of movements on gaps and controls.
- Sought assurance of the safety of ED in terms of meeting the 4-hour target – scope of audits taking place and had the broad scope of those audits.

Mr Lewis queried what the implied timing of the ED audits was. Ms Barlow noted that some were on a national schedule, others on a weekly schedule and a set of audits to be completed throughout the year. Mr Lewis requested that a decision be made on a point in time (early November) where it could be identified if there were safety and quality issues in their EDs or not – to take a cut in the data and form a view.

b) The minutes from the Quality and Safety Committee meeting held on 26<sup>th</sup> July 2019 were received by the Board.

**Action:** To decide on a point in time (early November) where it could be identified if there were safety and quality issues in their EDs or not and to take a cut in the data and form a view.

<b>7d</b> <b>Digital Major Projects Authority</b>	<b>TB (09/19) 008</b> <b>TB (09/19) 009</b>
<p>a) Mr Hoare provided the Board with an update from the Digital Major Projects Authority meeting held 30<sup>th</sup> August 2019, and noted that:</p> <ul style="list-style-type: none"> <li>• The majority of discussion was around Unity, the key activities and associated risks to address before September or November Go Live. Key activities that were achieved over the weekend: <ul style="list-style-type: none"> <li>○ Testing of devices and staging of those – believed to be successful.</li> <li>○ Network switch to HSCN.</li> <li>○ Team readiness to support the Go Live date and in particular in Cerner and the inhouse team.</li> </ul> </li> </ul> <p>He congratulated Mr Sadler and his team for achieving that on the timescales that they were facing.</p> <ul style="list-style-type: none"> <li>• Assuming that Unity goes live, to look at the PTRG and implement that further. From works done it had made a material improvement to the reliance and stability of infrastructures.</li> </ul> <p>b) The minutes from the Digital Major Projects Authority meeting held on 26<sup>th</sup> July 2019 were received by the Board.</p>	
<b>7e</b> <b>Estate Major Projects Authority</b>	<b>TB (09/19) 010</b> <b>TB (09/19) 011</b>
<p>a) Mr Lewis provided the Board with an update from the Estate Major Projects Authority meeting held on 30 August 2019. The following key points were noted:</p> <ul style="list-style-type: none"> <li>• The EMPA had decided to have an additional meeting in the margins of the next Board meeting at the beginning of October to support the Homes England Lease extension from December 2019 consistent with the delay.</li> <li>• Hard FM procurement – expecting to receive satisfaction of the accounting treatment of the various options around the Retained Estate and the different options that the Board would need to decide in November have equivalent accounting treatment or whether the way in which the finances flow and ends up in their accounts is a discriminating variable. Had established a moderation panel for Lot 2. A different committee would need to be agreed for</li> </ul>	

Lot 3 that had commonality (perhaps TL and RS) with three other people (due to the Lot 2 winner bidding in Lot 3).

- b) The minutes from the Estate Major Projects Authority meeting held on 28<sup>th</sup> June 2019 were received by the Board.

**Action:** To make a decision on the Lot 3 moderation panel.

## MATTERS FOR APPROVAL OR DISCUSSION

### 8. Chief Executive's Summary on Organisation Wide Issues

TB (09/19) 012

Mr Lewis noted his report and drew out the following key points:

- Emergency Care

He reminded the Board that they had debated this topic at the last meeting. There was no evidence (according to the weekly scorecard) that they were succeeding in eliminating minor breaches or to tackle the 4-5-hour breaches. It was a known unknown if the implementation of Unity in the medium term would hinder or help that. In November when Respiratory Services migrate from Sandwell to City, it would be likely to see some changes in patterns between the two sites which may reduce some pressure on Sandwell. More work would be needed to ensure that City was able to sustain that change.

- The vision for the planning baseline for next year's Financial Plan

He stated that the challenge faced would be earning less income and hiring less people than anticipated in Q4. Therefore, there was a need to formulate an estimation of what Month 12 in month run-rate position would be – otherwise they would build a Financial Plan that started in the wrong position. The Perfect Week in the Orthopaedic Theatres had made a dent in the issue, but had not eliminated the issue and the pay position was messier. The effect of inhouse promotions meant that it would take much longer to fill vacancy and would have a knock-on effect in the Agency Reduction Plan that would be missed in aggregate and in the recovery plan. There was a need to establish a reasonable pay planning baseline. Mr Lewis advised that he was steering a fortnightly group with Mrs Goodby, Mrs Gardner and the senior HR team to get a grip on the vacancy.

- Imaging

The large investment in imaging was proving slower to deliver the results the Trust had anticipated by July and were now looking to achieve those results in October/November. He had requested a mathematical model that would be able to satisfy the Board.

Ms Perry queried if they were experiencing safety issues as a result the Recruitment Plan and the attempt to trying to reduce the red rated ward shifts. Mr Lewis reminded the Board that staff levels had been set above the minimum and therefore dropping below those levels did not mean it was immediately unsafe. The shift leaders had been requested to answer two questions about their shifts, which produced interesting results. It gave rise to the realisation that some individuals were better than others at mitigating how to operate with one person down and getting those people to support the others. At the end of September, a guide would be developed as to the top ideas to help mitigate those shifts. Unity would provide digital nursing and identify what tasks had not been done on those shifts and provide qualitative data to be able to assess and mitigate.

Mr Laverty requested to be reminded of the interplay between training and the PDR process, the importance of mandatory training in regard to the CQC inspection process and how the Trust was tracking and preparing for the next inspection. Mr Lewis noted that individuals that were not mandatory training compliant, could only be rated a 1 or 2 in their PDR. The CQC would start the engagement process with the Trust (in the next two-weeks) in the lead up to the inspection expected in mid-2020. The Trust was

producing the data cut in the CQC way (RPIR) and the Board would start to see that in November. An individual had been recruited to manage the CQC countdown and retrack/monitor that through the Improvement Plan. Mr Lewis advised that an overview of that process would be presented at the November/December Board meeting.

The Chairman noted the ability to release staff for training if they were experiencing trouble in recruitment and questioned to what extent that was a block and was there any linkage to Unity in relation to the figures. Mr Lewis noted that Unity was demanding the time of staff and managers, and therefore had an impact on their ability to deliver. If management training scores were not improving in October to December, they should be forced. The vast majority of outstanding mandatory training could be done on an e-learning basis and therefore release should not be an issue. In budgeting for next year, it was his intention to try and make training and learning time for staff a more explicit part of everybody's budgeted time. It was also the case that it was unclear if every ward was properly rostering training. They would continue to bear down on staff time spent on rote mandatory training in deference in spending more time on staff training on issues like, communication, human factors and interpersonal working (where there were root causes of patient failure).

The Chairman queried if there were any staffing issues to be aware of in gynae-cancer. Mr Lewis stated that there were no staffing issues, however if satisfaction was not achieved with NHS England over the next six months, they would start to see the re-emergence of staffing issues. Mr Lewis advised that he would attend a joint overview and scrutiny committee next week and was optimistic that NHS England would attend to explain where they had found the funding for the transfer to the QE. If a stream of funding had not been identified, the Board would need to be concerned that the service would be retained for longer than anticipated. He noted that after the Respiratory Services move was completed, the Oncology Ward and Chemotherapy Unit would be separated.

The Chairman questioned if there was any more detail on Brexit to note. Mr Lewis advised that the Brexit Group, in which he chaired, would be restarted (as described in the Private Trust Board papers). There was nothing in the current risk assessment that was different to the Board at the end of winter 2019. He noted that in the Private Trust Board papers, it suggests that in thinking about their Financial Plan from 2020-2022, to consider if there would be any price volatility after implementation – Government had made it clear that if there were any excess costs this year that there was an expectation of central funding.

## **9. Integrated Quality and Performance Report – July 2019**

**TB (09/19) 013**

Mr Baker noted the following points from the Paper:

- Now had the data around the number of falls per 1000 bed days – which was in persistent red, but had some movement out of persistent red.
- The serious incidences increase due to the broadening of redefinition of pressure ulcers.
- The RAMI had jumped due to re-basing.
- Cancer target was under pressure throughout the quarter, but was expected to achieve in Q2.
- Persistent Reds – of the 12 reds in regard to trajectory, they were on target with five and not on target for seven (to be considered in the context of doing lots of other activities as well).

Dr Carruthers noted that that weekend mortality was lower than the weekday rate, and the SHMI and HSMR continued to fall – comparative time to the previous year, there were less deaths per month.

Mr Lewis questioned if the late cancellations recovery target deadline of August had been achieved. He reminded the Board that they had agreed to eliminate late cancellations in predominately elective specialities like ophthalmology. He questioned the progress made on the separation of emergency ophthalmology and elective ophthalmology. Ms Barlow stated that she felt they had a systemic solution in place and had changed the booking leadership team around ophthalmology – that information could be presented to PMC. Mr Lewis requested that Ms Barlow circulate the open referral progress from the

Board Action Log and the reconciliation of the open referral problems/open referral solutions –helpful in the planned care space.

It was noted that the layout of the Report was confusing and it was questioned if it could be simplified. Mr Baker noted that the Report could be altered to the Board's preference, however the layout was a planned decision. It was noted that the *At a Glance* information needs to be more selective in the data presented and to be clear where:

- There was a recovery plan and where they didn't.
- Where there was a recovery plan – were they going to deliver.

It was requested for Mr Baker to consider possible changes to the Report for later in the year.

**Action:** Ms Barlow to circulate the open referral progress from the Board Action Log and the reconciliation of the open referral problems/open referral solutions.

## 10. Risk Register Report

TB (09/19) 014

Miss Dhami advised that the CLE and Audit and Risk Management Committee had reviewed the risks and had filtered out the risks that were in either issues, were incorrectly framed or had been mitigated. The 24 remaining red risks were set out in the Paper. Nine of those risks were for the Board's consideration. The Paper included two risk reports:

- Report A – the nine red risks which would be reviewed monthly by the Board.
- Report B – the risks that were not descriptively where they were meant to be and would bring that back at a later date.

The Board reviewed Report A.

Risk 3160 (Airconditioning) was questioned and discussed. Mr Lewis advised that the DMPA had rejected the IT Risk Register put forward due to queries of if they had the right risks and if they were complete or had the appropriate actions in place.

Mr Lewis stated that each Group would need to consider how to finely tune their risk register process and to ensure it was a regular routine – to be resolved in a way that would not discourage logging risks.

Mr Lewis suggested that the Report required formatting to clearly identify the risks that would be fixed in six months and those that would take over 6 months. Miss Dhami suggested to also include risks that required substantial investment and time.

Mr Lewis advised that there was a series of long-term outstanding IT related, but not IT department, risks which had not yet found a cohered solution – the DMPA would review those risks.

**Action:** KD to format the Risk Register Report to clearly indicate which risks were to be mitigated within six months and those over six months.

## BREAK

## 11. Control of infection: Priorities for the coming year

TB (09/19) 015

Mrs Gardner introduced Julie Booth, Lead Nurse for Infection Control and Dr Tranpriti Saluja, Consultant Microbiologist, and noted that they would provide a presentation to the Board on:

- infections of concern,
- comparative performance to date,
- upcoming innovations, and



- decontamination concerns and how the Trust was addressing those.

Ms Booth noted:

- The Trust was the second highest outside of London with TB cases. There were effective tools in place to manage that.
- Need to be mindful around contractual externally reportables:
  - MRSA (1 YTD contaminant) – contaminant was the specimen infected and not a true infection.
  - C. diff MTD 13 (threshold 14). The reporting mechanism requirements had changed; reduced length of time from 72-hours to post-48 hours, if the patient had any health care contact with the Trust in the preceding 4-weeks.
  - They need to be affective at managing their infections due to the layout of the isolation facilities across the organisation.
- Performance comparison:
  - C. diff – the Trust was doing well compared to the Black Country, even with the implementation of the new reporting mechanisms. She noted that they could not be compared to the West Midlands due to their size and differences in demographics.
  - E coli – The Trust was performing well. There was a national drive to reduce E. coli by 20%. Due to the Trust's low numbers for E. coli that would be difficult to achieve – although there was always room for improvement and learning.
- There were two Better Care funded nurses embedded into the local authority that provide support to care homes. The Trust and nurses exchange information in regard to infection concerns.
- There was a need to consider how to support those GP practices coming on board around the management of flu, diarrhoea and vomiting.

Dr Saluja, Consultant Microbiologist provided information on Antimicrobial Resistance (AMR) with the following key points:

- AMR was increasing and was a serious threat to global public health with new resistance emerging globally and impacting on the ability to manage common infections. It was an urgent global need to tackle AMR now. The health care associated infection fosters drug resistance and was an economic and human burden in terms of clinical outcomes and cost to health care. There were no new antibiotics in the pipeline for brand negative infections and if antibiotic resistances continued there would be no antibiotics to treat infection. Treating an MSRA (Super Bug) was three times the cost, higher mortality, more complications and risk of spread.
- The Trust screen for Carbapenems (CPEs) streamlined to national guidance – CPEs increasing within the Trust poses a big challenge for infection control and antibiotic management, due to; sanitation, over the counter antibiotics, worldwide travel.
- Tackling AMR at the Trust level;
  - Antimicrobial Stewardship; a multi-disciplinary approach to optimise patient care and to minimise the selective pressure to prevent drug resistance – the right antibiotic for the right patient and the right dose at the right time for the right duration. Prescriptions were reviewed at 72-hours.
  - Antimicrobial group – investigate local antibiotic resistance and local policies around antibiotics. Antibiotic awareness – support app for doctors.
  - Improvement of diagnostic stewardship – results happening in a timely fashion.

- Innovation:

- Winter 2019, flu would be managed differently – utilise the point of care flu test which provides results in 20 minutes and available 24/7. Would have an impact on patient floor experience, capacity, lesser out breaks and lesser use of anti-virals (tackling AMR).
- Improved surveillance – would investigate developing a business case for ICNET. Ms Booth noted desire for a proactive approach to surveillance on pre-empting emerging organisms and be at the forefront of R&D – to achieve that they would need good data and data flows.
- Hand hygiene – the Trust had good compliance results, however could be developed further. Electronic Audit Systems integration with the cleaning scores and the infection control audit tools to ensure a whole picture of cleanliness and infection control.
- Decontamination – lots of elements of decontamination across the organisation with pockets of good practise. There were opportunities to reduce manual cleaning as much as possible and introduce automated systems and UV. To implement a good governance framework to improve that across the organisation and would introduce a Tracking and Tracing Audit to identify a piece of equipment and trace its journey.

Prof. Thomas queried how to empower the patient not to expect antibiotics. Dr Saluja noted that would be achieved through education, they were trying to do work around that. Ms Booth noted that they were using social media to get the messaging out that patients need to be involved.

Mr Laverty questioned if there was collaboration with school nursing and GPs on that education process. Ms Booth noted that her perspective was how that looked across the whole health economy. There were some boundaries in regard to GPs, however they were working well with the Trust GPs and school nursing was fairly new and would look at ways to work with them. Some team members had conducted school presentations around hand hygiene and bugs.

The data around giving the wrong antibiotics at the wrong time was questioned. Dr Saluja noted that it was focused around the over scribing of broad-antibiotics, especially in the treatment of sepsis.

Dr Carruthers noted the over treatment of sepsis and how would that be approached. Dr Saluja stated that the golden hour training for sepsis was adequate, it was more to do with the fear of getting it wrong and being over cautious.

Mr Lewis noted the increased campaign work around AMR and queried how quickly a 'technology assist' could be implemented and if there were other trusts to learn from. Ms Booth advised that a trust had some technology assist in place, however the results were not 100% completed and it was desired to see more information. The Trust was about to start discussions with that company.

Mr Lewis questioned how the Trust could be more confident than in prior years about not admitting D&V patients through the winter. Ms Booth advised that diarrhoea and vomiting was hard to manage and dehydration posed a great danger in aged care. Containment and management within nursing care homes was something that could be done better with infection control support around decision making.

Ms Barlow noted that community teams and Sandwell Council were working with the top eleven nursing homes around pathway management, generic skills and equipment for the homes – resulting in further progress in the reduction of admissions and readmissions.

Ms Barlow advised that CLE had decided to move the 72-hour prescription review to 48-hours during the optimisation phase of Unity (6 months after Go Live).

## 12. STP draft five-year plan

TB (09/19) 016

Mr Lewis noted that national guidance had anticipated that Boards would be invited to look at the STP at the beginning of September. The timeline implied that they would:

- progress through the set of STP long plan documents,
- go into the centre, and
- around November go to the Boards for their consideration.

The documents were fairly broad. They need to align the Trust Plans, the ICP Plans and the STP Plan – there were two points of difference to draw the Board’s attention to:

- The ICP Team were focused on outcomes; the Trusts current plans somewhat focus on outcomes; the STP document focuses on inputs (which lead to outcomes).
- The risk that growth money held by the CCG would be submerged into a STP in order to service the delivery of that plan.

Ms McLannahan noted that from a financial perspective, the draft documents included the numbers from their LTFM and therefore was aligned into the STP five-year strategy.

Mrs Wilkin noted her surprise that Midland Met Hospital was not mentioned as it was a fixed point of tangible impending change. Mr Lewis noted that the STP leadership had met to discuss how to better document an Acute Care Strategy, which was there but not written down. He agreed that Midland Met Hospital and regeneration were not sufficiently visible and it was best to try and build that into the ICP and integrate into the STP.

### 13. Learning enquiry into maternal deaths

TB (09/19) 017

Mrs Gardner advised that the Trust Board had instigated an external review of the five maternal deaths from August 2017 to January 2019. The review was a learning review. They had engaged an obstetrician, anaesthetist and a midwife that were not local to the Trust, who were provided terms of reference for asking four questions, as laid out in the Paper. The review was conducted and returned to the internal team to work through each case linking the terms of reference and four questions.

She noted that as a learning review there would always be expected differences in professional opinion, as outlined in the Paper. They had identified some excellent notable practice and some lessons learnt. Subsequent to the internal/external meeting, a workshop was held with the internal team to review each case again linked to the terms of reference to identify any further learnings – if there were things identified that had not been identified during the internal investigation stage of each case.

Mrs Gardner reported the notable practices identified:

- Availability of direct access to cardiology.
- Continuity of care from obstetrician to community midwives.
- Family support with appropriate use of interpreters.
- Internal staff support from external sources.

Two of the five cases may give rise to lessons learned and quality improvements:

- Improvements in the woman’s journey – attending too many appointments resulting in DNA appointments. To change to a one-stop shop approach.
- Deviated from NICE guidance in diabetes to local guidance. Need to ensure that deviation is recorded in the patient’s notes.
- Cardiology input and noting if that was a thrombosis and not amniotic fluid embolism and which route they would go down for coagulopathy – need to ensure what they were going to do around managing the correct treatment and the correct product when they are in DIC.
- A variation in findings and actions in SI Reports and as a result would conduct a two-year review of

serious incidences in maternity in the coming months.

From the learnings they would look at what they could put in place by December 2019 and March 2020.  
By December:

- Coagulopathy and patients experiencing Massive Obstetric Haemorrhage at birth, they need to think about what to do in that emergency situation:
  - Risk assessment (already in practice).
  - Early identification (already in practice).
  - Point of care testing around coagulopathy (ROTEM).
  - Review the Trust guidelines around diabetes and pregnancy benchmarked against NICE guidance and review SI Reports.
  - How to protect around late bookings.

By March:

- Identification of antenatal booking and ensuring they had wrapped services around the patient and a one-stop shop from antenatal, birth and post-natal.

The Chairman requested more detail around the variation in the SI reports and the findings. Mrs Gardner noted that the instigation of the MOH protocol and the timing of the instigation, was not necessarily picked up in the SI investigation and actions put in place. Mr Lewis noted that a number of the cases pre-date David's appointment, therefore scrutinising the SI quality was materially different to previous methods.

Mrs Gardner advised that it was a learning review, which would make rise to differing of professional views. The paper laid out where the external reviewers had put in a recommendation, and where internal staff had a rationale of the decisions made in that particular case.

Mr Lewis noted the Trust's ambition to be the best provider of maternity care for complex, excluded and vulnerable patients. He questioned the MOH, its timely instigation and assurance that they had a way of measuring it. Mrs Gardner advised the instigation of the protocol by installing a bell in ward and the instigation of ROTEM. Mr Lewis requested that the multi-disciplinary team provide reflection to the EQC in four to five months, as to whether that was working.

Mr Lewis reiterated that it was a learning review and that the review would be robustly promoted as such. Mrs Gardner advised that a recommendations progress update would be provided in October/November.

**Action:** The multi-disciplinary team to provide reflection to the EQC in four to five months, as to whether the MOH protocol instigations were working.

#### 14. Unity Go Live

TB (09/19) 018

Mr Lewis apologised for the lateness of the paper and that it reflected an evolving position. The Board inherently had three options:

1. Go Live in September (as was the plan from June).
2. Go Live in November (fallback plan).
3. Defer the decision for a period of a few days as issues are rectified.

Mr Lewis stated that he did not support the first option for Go Live in September at this stage because of concerns over socialisation and training. He summarised the position as follows:

- The Board should be satisfied that the technical workstream had completed its work and achieved its objectives. There were 14 things that they had agreed they needed to do – all had been

completed. The weakest spot of the technical workstream was the readiness of IT to manage Unity after Go Live. They had engaged a back-office process through Cerner to complete routine queries and development work up to 200 hours, however the workflow required the Trust to be capable of commissioning and testing the change after Cerner had done so. There was work to do in developing an A-team response. The DMPA Committee would monitor that process.

- There were still significant reporting issues but we expected to be able to support cutover with real data in live time.
- Training, socialisation, competence of the people implementing Unity was critical. Implementation could give rise to two risks:
  - Information in the wrong place into unity – worked through the likelihood of that and the data they would use to spot check that happening, and with a bit more publicity on a few points that it was a diminished impact risk.
  - Material point was that all of their plans were made on the basis that after two-weeks they return to normal operation. The basic training for staff, bank and agency staff had clear processes, there was work to be done with recently arrived trainee doctors and bank staff. There were inconsistent numbers in three dimensions;
    - *Capman training* – not everyone working through Go Live was trained
    - *Team Simulation in competencies* – 7 out of 10 success rates for high-risk teams with a lower number for low-risk teams. On Friday they would need to migrate to an instruct and do model for those simulations that require staff next week to complete that simulation. To be complemented by site visits and audits to be completed next week and the following week.
    - *Super Users and Digital Champions* – not all fully signed off and trained, with a large number overall that had not been trained. If that number had been overstated it raised two questions – why was it overstated and if it was overstated and then reduced, did they have sufficient coverage again for weeks 3-5.

Mr Lewis welcomed Board discussion to determine if they were the material issues in which people faced – if they were, it would be his intention to introduce an external quality audit process on Monday morning to check their position in regard to the people related data. That would assist the Board, if it reconvened on Tuesday or Wednesday, to determine if it was operating with surety of information focusing on that data quality and on his recommendation for week three readiness.

Mr Hoare noted that the papers had articulated that they had the numbers and the ability to Go Live – it was the sustainability of that pace to get back to normal operational running. He noted:

- These types of programmes were chaotic in the first two weeks.
- They had done all the training they could with super users and simulations.
- In order to sustain that the impact to the super users and the digital champions, would be quite intense. He expressed concern if there were enough of those at the moment, and if those super users were truly trained and were actually a super user.
- He would be more comfortable to Go Live in September, given the implications of further delay in Go Live.

Ms Perry agreed and noted that they would need to be confident that the people supporting the general users absolutely knew what they were doing and were able to be deployed where needed. Confirmation of assurance around that and if people were genuinely competent. She supported deferring a decision by a few days and reconvening.

Mr Lewis advised that the Trust had rostered excess staff and applied a 40% reduction in elective activity for a two-week period. Therefore the 3-week question was posed – they could not continue to roster at 110% and therefore would need to accept the rise in use of agency/bank staff. The week three plan needed to have more clarity and assurance.

Ms Perry noted that for assurance they would need to apply some hindsight testing. They had agreed some criteria, and they know that that criteria had not been achieved. They would need to go away and review it over the next few days to close some of those gaps. They would need to be in a place where they absolutely understood what the risks were, and how to mitigate them, if they did not meet Go Live by Tuesday.

Mr Lewis noted that the last few weeks before Go Live was meant to be spent looking for issues, but instead would be used to finalise the criteria. He suggested that the leadership team be split in to two groups; Go Live and week 3.

Mrs Goodby noted that:

- End user training (Cerner gateway), had added additional layers of assurance; individual competencies (almost at 100%) and getting the team to practice different scenarios at different times of the day.
- The super users had to pass a test – with most passing on the first attempt.
- Completed the 28-day challenge – which was above and beyond.
- Digital champions – had 48 outstanding (one day training).
- They knew where the hot spot areas were and some people would need to be using Unity to understand it.

The Chairman stated that based on the discussion that there was no appetite to make a decision on Go Live at that moment. They would need to do some validation work on what happens after two weeks with precise lines of sight to validate, not just the information they had as to how trained people were, but also the forward thinking of where they did not have people trained, the critical path in the next short order of two weeks. It would be a decision for the Board to take next week.

Mr Lewis proposed that the Board hold a teleconference between 10-11am on Tuesday on whether they had data quality assurance, a week 3 plan that was coherent and gave confidence that they could pull out, and whether they were confident halfway through the 3 day period for unity resolution that they had made 40-50% progress on the unity position. He advised that he would circulate a summary note to the Board prior to the conference call.

The Chairman queried the safety of patient movements. Mr Lewis noted that the process of raising hazards and risks would continue, clinical safety case (Annex B) looked at the hazards and risks that had been raised. In reality what was happening now and would happen after Go Live was that people were logging their queries through helpdesk. The helpdesk would only act on queries of access and permissions, and the screening team of clinical experts investigate the remaining issues which would be reported back to the Command Centre, as per Annex C.

**Action:** TL to circulate a summary note prior to the Board teleconference in regard to the Go Live decision.

## 15. Update on completing the Midland Met Hospital

TB (09/19) 019

Mr Lewis noted the report and provided the following update:

- Still moving toward contract signature. From all conversations at all levels of seniority, there was no anxiety that it would not be signed off in due course, but pace remained a concern.
- Facilities Management and Commissioning – as discussed during the EMPA update. Prior to Christmas the following would need consideration:

- How the building would work and ensuring that the right plans were in place, particularly around logistical processes.
- Commissioning process of how to move into the Midland Met Hospital, including optimisation.

He reiterated that the money required for Midland Met Hospital delay work had come centrally, and had been paid and financed. He then noted that the precise equation of cost now versus the 2015-16 FBC depended wholly on assumptions used to derive this comparison. In answering the question of how much more they were spending than what would have been spent – there were three variables to consider:

- Direct cost comparison.
- Direct cost comparison minus money that was effectively circular.
- Money spent today is 'x', and money spent in the future is 'y' on a discounted basis.

Broadly before discounting, the delayed Midland Met would cost roughly the same amount as the PF2 Midland Met – they were within £60-70m. Secondly, based on a discounted and pay for upfront model – the PF2 Midland Met would become the preferred option. Comparing construction costs before and after was rational, but possibly obscured the reality.

Mr Laverty sought confirmation that the FM in-house bid team were getting the bid writing support they required. Mr Lewis advised that he was assured the in-house team were getting the support needed. He noted that the Board had taken a neutral position on the bids.

## MATTERS FOR INFORMATION/NOTING

### 16. Finance Report: Month 4 results and Q2 forecast

TB (09/19) 020

Ms McLannahan noted the following from the Report:

- Remained on track and expected that to continue through the next quarter.
- As discussed in the Chief Executive's Report, they need to understand the implications of what the Month 12 run rate would be and implications for future years.
- Paying the bills – focused on aged creditors at the end of January over 60-days. The value of that had decreased from £1.5m to around £300,000. There was a dip in Better Practice performance in July due to the focus on old invoices – they aimed to make good progress by the end of the financial year. The aged payable position greater than 90-days was reducing steadily.

### 17. NHS Regulatory Undertakings – monthly status update

TB (09/19) 021

Noted.

### 18. Application of Trust Seal

TB (09/19) 022

Approved.

## UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS

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

TB (09/19) 023

TB (09/19) 024

The minutes of the meeting held on 1<sup>st</sup> August 2019 were approved as a true/accurate record of discussions.

Miss Dhami noted that most actions on the Action log were not due, were on the agenda or had been

completed:

- *TB (07/19) 016 - Dr Makwana to advise on school readiness measure at September Board*  
Ms Barlow advised that Dr Makwana had submitted a paper that had three clear KPIs. She would circulate that paper through the appropriate Committee.
- *TB (05/19) 010 – Progress clean air planning for the Trust to include electric vehicle option*  
Mr Lewis noted that it was ongoing due to pending resolution of the patient transport tender and was hesitant to change their vehicle leases until November.
- *TB (05/19) 015 - Create single reporting template for pillar plan data supporting 2020 vision*  
Mr Lewis noted that it could be done, however had not done it due to prioritisation of resource into Unity.

## 20. Any Other Business

Verbal

No other business was noted.

## 21. Details of Next Meeting

The Public Trust Board meeting would be held on Thursday, 3<sup>rd</sup> October 2019, 09:30-13:15 in the Observation Room, Site Offices, Midland Metropolitan Hospital.

Signed .....

Print .....

Date .....



