

## TRUST BOARD – PUBLIC SESSION MEETING MINUTES

**Venue:** Observation Room, Site Offices, Midland Metropolitan Hospital, Cranford Street, Smethwick B66 2RT

**Date:** Thursday 3<sup>rd</sup> October 2019, 09:30 – 13:00

### Members:

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

### In Attendance:

Bethan Downing	(BD)	Deputy Director of People & OD
Ms F Mahmood	(RW)	Deputy Director of People & OD
Mrs C Rickards	(CR)	Trust Convenor
Mr P Reeve ( <i>Item 1</i> )	(PR)	Patient
Mrs R Wilkin	(RW)	Director of Communications
Miss C Dooley	(CD)	Head of Corporate Governance
Mr D Baker	(DB)	Director of Partnerships & Innovation

### Apologies:

Mrs R Goodby	(RG)	Director of People & OD
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Minutes	Reference
<b>1. Welcome, Apologies and Declarations of Interest</b>	<b>Verbal</b>
<p>The Chairman welcomed the members and those in attendance to the meeting.</p> <p><b>Apologies were received from</b> Mrs Goodby, for whom both Bethan Downing and Frieza Mahmood were deputising.</p> <p><b>Declaration of Interest:</b> Mr H Kang declared that he had joined the Civil Service as Head and Director of Healthcare, Life Sciences and Bio-economy, for the Department of International Trade.</p>	
<b>2. Patient Story</b>	<b>Presentation</b>
<p>Mrs Gardner introduced Mr Philip Reeve who shared the story of his mother Doris' hospital treatment with the Board. The details were as follows:</p> <ul style="list-style-type: none"> <li>Doris was admitted to the City hospital on 19 May after suffering a cardiac arrest in the City Centre. Several rounds of CPR had been administered at the scene and she had been admitted first into the A&amp;E department before being quickly transferred to Critical Care.</li> <li>Mr Reeve was on a plane at the time and he commended hospital staff for their efforts in tracking down family members. When he arrived at the hospital his mother was still alive. Mr Reeve commented that her care over the next five days was exceptional, despite the fact that Critical Care patients were due to be moved to make way for refurbishment works. He said this was a smooth process.</li> <li>Mr Reeve praised hospital staff for the amount of effort directed towards his mother's care and the time this process gave to his family to come to terms with a difficult situation and consider practicalities. He further commented that the very high standards of care received had helped the wider family as much as his mother and he further praised nursing staff for permitting him to stay</li> </ul>	

by his mother's bedside in her last hours, despite her being on a general, female ward with set visiting times. This flexibility was a highlight of his experience.

- Mr Reeve commented that expectations of his mother's prognosis were managed well. He was also satisfied with the continuity of nursing and reported that processes after her death were handled sympathetically with clear explanation of the timeline.
- The Board expressed their condolences to Mr Reeve and his family and the Chairman thanked him for sharing his story. Mr Reeve answered questions from Board members.

<b>3. Questions from Members of the Public</b>	<b>Verbal</b>
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A member of the public asked about sepsis and whether there were any cures on the horizon. Dr Carruthers made the following points in response:

- Tackling sepsis was a complex pathway and involved timeliness of diagnosis, anti-biotic therapies and strategies.
- Great public recognition of symptoms was important, as was prompt diagnosis by the ambulance service and A&E departments.
- Sepsis had been a focus for the Trust over the last 12 months, with 95 per cent of patients at risk being identified and notified. The new Electronic Patient System was expected to further improve that number and improve review and monitoring of sepsis cases.
- Sepsis was a condition with a high rate of mortality because of its effects on body systems. Elderly, infirm and people with multiple health problems were at high risk. Sepsis was a multi-faceted problem which was prevalent across the country.

<b>4. Chair's Opening Comments</b>	<b>Verbal</b>
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The Chairman noted:

- **The STP:**
  - The new Chief Commissioning Officer for the CCG was expected to be announced shortly.
  - There was an increasing focus on operations at a system level and Trusts, including SWB, were being encouraged to participate. Increased activity in this area would likely accelerate.
  - Governance mechanisms were key and it was important to get the right people around the table, so as to improve the quality of discussions and transparency. Understanding each Trust's financial position would be important along with their priorities.
- **Integration:**
  - The Chairman had attended a meeting about best practice in integration where the Wigan experience was held to be an exemplar in this area.
  - Wigan and Bradford Trusts demonstrated long time, good engagement across local authorities and the Black Country had more to do to reach the same seamless standard. However, the Chairman reported that it was pleasing that the Trust's thinking and priorities were aligned with those of Wigan.

**UPDATES FROM THE BOARD COMMITTEES**

<b>5a Remuneration Committee</b>	<b>TB (10/19) 001</b>
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a) Mr Kang provided the Board with an update from the Remuneration Committee meeting held on 5<sup>th</sup>

September 2019, with the following key points discussed:

- Confirmation that progress was being made with pension scheme arrangements and furthering plans for an excellent payments scheme which was to start in 2020.
- Decisions around longer term arrangements to include incentivisation in long-term salaries for very senior managers were confirmed.

Mr Lewis reminded the Board that at the last People and OD Committee, a paper was received which detailed that Ms Goodby would engage trade unions and others in the communication of the incentives programme. By late November it was hoped the programme could be confirmed.

**5b Finance and Investment Committee**

**TB (10/19) 002**

**TB (10/19) 003**

b) Mr Hoare provided the Board with an update from the Finance and Investment Committee meeting held on 27th September 2019. He noted the following committee discussions:

- The Chairman expressed the view that it was an important to provide the Board with an understanding of the STP’s financial health and the financial position of neighbouring organisations. Financial stresses needed to be identified as the organisation operated more on a system level.
- The Committee was satisfied that the Trust was generally on track for the current year, although some small cash reserves were used to hit targets. Cash management was satisfactory and the long-standing ante-natal dispute was resolved.
- Of some concern was that income projections were further adrift that expected and more work needed to be done because it would affect income base in the next financial year and would have an impact on budgeting.
- The Trust was behind with the hiring of staff and therefore, the agency cap had been exceeded.

c) The Board received the minutes from the Finance and Investment Committee meeting held on 26<sup>th</sup> July 2019.

- Mr Lewis, supported by Ms McLannahan, requested an amendment to the minutes to strike out the word ‘overcharging’ in relation to discussion about the Modality issue. Mr Lewis expressed the view that the word did not properly reflect the two-way nature of the issue. This change was agreed by the Chairman.
- The minutes of the Finance and Investment meeting held on 26<sup>th</sup> July 2019 were accepted, subject to amendment.

**MATTERS FOR APPROVAL OR DISCUSSION**

**6.Chief Executive’s Summary on Organisation-Wide Issues**

**TB (10/19) 004**

Before drawing the Board’s attention to the report, Mr Lewis returned to the earlier sepsis question. He noted that there had been a one-third rise in sepsis related deaths across the country. The rise in sepsis coding in the Trust was proportionate to the national rise.

The following points were made regarding the report:

- The public engagement process by CCG regarding the Respiratory Configuration was drawing to an end. By the end of November, in-patient respiratory services would be based at City. Estate and staffing arrangements were in hand. Revising the quality indicators to ensure they properly reflected aims was an outstanding item in the tracker. Mr Lewis suggested the quality indicators be circulated and formally considered at the Quality and Standards Committee at the end of the month. NHS England and Improvement had been engaged to provide clinical expert commentary on the indicators now and in six months.
- The process created an opportunity to focus on frailty as there was more work to do. NHS Midlands

had run a session on frailty – its impact and models - and details would be circulated by Mr Lewis to Board members. Mr Lewis stated that frailty was a significant factor in post hospital morbidity. There was an opportunity at Sandwell for a cutting-edge response. Prof Thomas supported Mr Lewis' view that frailty was a huge problem but cautioned about the application of the right scales to measure it. Mr Lewis expressed the view that avoiding hospital admission was important, but aftercare was equally important. Sandwell Hospital's clinical model was one of mobilisation. Mr Lewis suggested that it be discussed at the Quality and Safety Committee and also at Board.

- A successful CQC visit was undertaken on two of the City site wards. Initial feedback was uniformly positive. An important infection control inspection would take place in October which included results of place visits which have taken place throughout the year. These results should be available by the next Board meeting.
- Regeneration plans concerned master planning for the area between Midland Met and City and the area around the hospital. Discussions had taken place with a strategic partner about execution of a broader regeneration. Plans were contingent in getting Midland Met progressed. The issue was with Treasury for sign off and Mr Lewis reported he was optimistic this would happen by 31 October 2019.
- Mr Lewis then invited Mrs Gardner to make a short presentation regarding what the Trust was doing for Learning Disabilities Month. She reported there were some activities planned between 21 October and 9 November. These were:
  - 6 November conference 'See Me'. Guest speakers included a person with a mild learning disability who was a member of the People's Parliament and a young man with autism.
  - Twitter influencer Paula McGowan would also be secured for the day to open the event.
  - People from the 'Changing Our Lives' group would attend.
  - A Unity case study would be included addressing the Mental Capacity Act, DOLS (Deprivation of Liberty Safeguards) and the employment stand.
  - The day would also cover staff, volunteers and patients' issues and how the Trust listens to carers.
- In response to a question from Mr Laverty, Mr Lewis explained the CQC was sometimes approached by patients/carers/visitors/staff requesting review of hospital services because of concerns. Elderly care wards at City were the focus 8 months ago and the visit was probably derived from those issues.
- Cllr Zaffar asked about vaping, and Mr Lewis reported a positive discussion with PHE (Public Health England). Vaping generally was not a concern but the Trust would keep a close eye on the issue and maintain close dialogue with PHE. If its position changed then the Trust position would follow suit. The Trust would intensify its support for vapers, messaging reduction in use. Currently there was no compelling evidence it was a problem. Dr Carruthers commented that a pro-vaping strategy was a way of reducing peoples' reliance on smoking products, but it was not an endorsement for the habit. Much of the bad publicity was from America and centred on poorly unregulated and badly produced product. Mr Lewis commented that there was a big difference in the governmental and regulatory environment in the US and the UK.
- Mr Kang commented on frailty and asked if patients were officially labelled as frail. Mrs Gardner commented that the Rockwood scale measured frailty and the Trust ought to be scaling and scoring frailty in patients to better inform care plans. Dr Carruthers reported it was high on the list of considerations for medical staff when assessing patients on hospital admission.
- Mr Kang asked about resilience. Mr Lewis reported the Winter Plan would be taken to the Board at the next meeting. Flu vaccinations were the first part of the plan followed by the respiratory plan. Typically, there was not a rise in admissions over winter, but patients were sicker and stayed longer. The ability to sustain care homes throughout the winter was part of the Brexit risk. NHS Midlands had carried out a compelling analysis at system level of emergency admissions which was

a national issue. NHS Midlands had high numbers and only about a quarter of admissions were age and demography related. Readiness for winter was linked to staffing levels. Staffing was not optimal on medical wards and further work was required to remedy the situation. The analysis would be brought to the next Board meeting.

- Cllr Zaffar commented that he was pleased to see the extent of the master planning and he would look forward to more details being provided in future meetings. Regarding the place-based reliance model, relationships needed to be developed with Local Authorities. Mr Lewis reported that the Trust had written off nearly £2m of Birmingham City Council debt. He commented that if the City of Birmingham had indicators for out of hospital services, the Board needed to see them.
- The Chairman made the point that both Local Authorities were partners because big-scale public health indicators had wider impacts on jobs and other projects.
- Prof. Thomas congratulated Mr Lewis for establishing a public health strategy at the Trust over many years. She added that frailty was a key concern and that GPs had a list of frail patients and a lot of rich data. Mr Lewis noted that much of Wigan’s success was as a result of identifying people who were multiple users of their services to change outcomes. SWB could catch Wigan up by following suit.
- The Chairman raised the issue of obesity. Mr Lewis reported that in June, the Trust engaged employees about the obesity approach for staff, patients and visitors and the Public Health Committee of CLE had debated it in August. The issue was on a slower track. Final proposals were due to come back to Board in December. Currently, proposals were being shaped by Aga Masood in the Occupational Health team. The Trust strategy would be grounded in a proper framework. Both the Trust’s place-based alliances had obesity as one of their target objectives. This was a clear alignment with Trust strategy. Cllr Zaffar reported that a ‘Creating an Active City’ Committee was one of the sub-committees of the Health and Wellbeing Board at Birmingham. Cllr Zaffar was Chair. Addressing obesity was one of the Committee’s priorities. Mr Lewis stated the Trust would be very keen to attend.
- Mr Lewis reported the Director of Public Health of Birmingham City Council reached out to the Trust with the aim of getting its preventative services visible to Trust clinicians. He acknowledged the effort by the City Council.

**Action:** Mr Lewis to circulate quality indicators to the Board and the indicators reviewed by the October meeting of the Quality and Safety Committee.

**Action:** Mr Lewis to circulate details of the NHS Midlands frailty session to Board members.

**Action:** Analysis on frailty and functional decline to be brought to the next Board meeting to be discussed with the Winter Plan and Care Home sustainability.

## 7. Integrated Quality and Performance Report

TB (10/19) 005

The Chairman introduced Mr Baker to present the Report. Mr Baker made the following points:

- There were three positives:
  - The cancer target had been met in the month.
  - The cancellations as a percentage of elective admissions were hit.
  - The Fractured Neck of Femur target was hit.
- There were two to watch:
  - Regarding RTT stress testing, the Trust slightly exceeded what was considered robust, but there was variability according to specialty. Oral was at 36, demonstrating some pressures.
  - 21 + LOS long patient stays was 124 beds. The Trust was trying to reach a lower level.
- To explain:
  - The IQPR reported both opened and closed cases in the month
  - The Trust was much closer to meeting the target of 140

- Mr Lewis commented that the Trust used to be the second best in the Midlands for length of stay. He expressed the view that a paper would be helpful to explain why people stayed longer than three weeks.
- Re-admission rates were not elevated, but below 7 would be a good target. Rates had varied throughout the year. Mr Baker suggested it was one to watch because the rate had jumped in the month.
- Mr Hoare reported that other data points had been created by Unity and staff needed to be vigilant and a forward plan about handling information would be useful.
- Mrs Gardner reported that MRSA screening had dropped off in the electives' category. Non-electives was tracking satisfactorily, but the Trust needed to move towards 90 and 95 per cent. Mrs Gardner reported the Trust was following the National Standard by screening people who had previously suffered. She was working with Infection Control and the Group Directors of Nursing to bring the trajectory up to where it needed to be.
- Mr Lewis raised the patient bed move position as the Trust was about to launch the Sleep "battle plan". Ms Barlow reported there was now a report which could track the night time bed moves more effectively.

## 8. Monthly Risk Register Report

TB (10/19) 006

Ms Dhmi presented the Risk Register Report and made the following points:

- The Trust had been doing some work to get its red risks in the right position i.e. being assessed and mitigated. She reported that that improvement work was coming to an end.
- The mitigation plans now needed scrutiny to determine if they were acceptable to the CLE and to the Board. A date of 31 March 2020 had been set for mitigation plans to be accepted. She pointed to the Board paper identifying the risks. Ms Dhmi reported that some risks had already been mitigated.
- A new risk was the air conditioning in the computer room. It would take until the 1 April 2020 to install a second supply to make a difference. There had already been an incident where the air conditioning had altered the performance of IT. Mr Lewis reported there was a failure of updating and there was a plan to get this issue resolved by December. Ms Dhmi said the timeline would significantly reduce the risk.
- Ms Dhmi reported there would be twin tracking and Unity risks would be added to the existing Risk Management Committee. The Risk Register is seen by the CQC. Ms Dhmi reported that the CQC spoke to individuals in the organisation about risk directly as well as look at risk management frameworks. Mr Kang commented that the movement over a period of time would give the CQC confidence there was progress on risk.

## 9. BREAK

## 10. Organ donation and transplantation

TB (10/19) 007

Dr Carruthers introduced David Cumpston, specialist nurse for organ donation from the transfusion service. He made the following points:

- 97 per cent of the population was open to having an organ donation, but only around 40 per cent of the country was signed up to the organ donation register. Three people in the UK died each day in need of an organ transplant and 6,000 people were on the organ waiting list.

- ‘Max and Keira’s law’ would come into effect in Spring 2020. This would introduce a ‘soft opt-out’ system which assumed people were donors unless they had indicated otherwise by registering their objection. This deemed consent applied to all adults with the exceptions of children, cases of mental incapacity and residency rules.
- The change in legislation was in response to the fact that the UK was lagging in donation rates compared to similar countries. Similar law had been in place in Wales for three years with a consent rate rising from 53 to 73 per cent. The law change allowed the Register to record declarations of faith. The NHS public education campaign was ongoing
- The SWB Trust rates for 2018/2019, were:
  - 17 per cent potential brain stem deaths were translated to a 100 per cent referral rate.
  - Donations following circulatory death – one potential was missed – however, in ITU there were 69 anticipated deaths with 51 eligible for donation. Removing contra-indications, 19 were true potential donors. Ten families were approached, returning six consents. Five of those consents resulted in donation.
- An Organ Donation Week happened every year. This had resulted in 103 new people signed up to the Organ Donation Register in two days. Other promotions were The Easter Seed event, publicity with a locally based double lung transplant patient, and posters on Midland Metro trams.
- The Organ Donation Service had branched out into tissue donation and a lot of work had been done to encourage corneal donors. No corneal transplants come from the region currently.
- An in-house education programme was being carried with the ICU Registrars and SHOs as they rotated. In 2019, no referrals had been missed but two donation opportunities had been missed.
- Promotional elevator wraps had suffered vandalism. Organ donation education would be done with Birmingham Medical Students in November. A promotion with West Bromwich Albion FC was being discussed.
- An average of 6 solid organs could be donated per donor and donor families were always consented for tissue donation at the same time. Mr Lewis commented that it would be valuable for the Trust to consider the touch points at which people/patients could be put onto the Register.
- There were 570 people on the active transplant list (to 31 March) for the West Midlands, compared to over 6,000 UK wide. Registry opt-ins in the West Midlands lagged at 33 per cent compared to 44 per cent nationally.
- David Cumpston reported that in relation to Birmingham being a ‘Donor City’, work was being done on communications, but Cllr Zaffar suggested more creative methods needed to be employed to connect with faith communities.

## 11. Strategic Board Assurance Framework

TB (10/19) 008

Miss Dhami referred to the Trust’s 19 future risks and to appendices 1 and 2 of the papers. She confirmed that Ms Perry had held ‘confirm and challenge’ meetings. The feedback was that it was a helpful exercise. She made the following points:

- SBAF needed to continue as an agenda item for discussion by non-executive directors and the Board.
- Risk awareness was important to the strategic direction of the organisation.
- Action was being taken on risk mitigation which was largely positive.
- The Board needed to use third party review occasionally to confirm validation of mitigation.
- The Trust’s target was to get risks identified by all Committees to ‘adequate’ standard by January

2020.

- Ms Perry reported that Committees were relying on meetings and governance process rather than outcomes, but this had been challenged. She expressed the view that the Board needed to be the moderators of the risk scoring. Mr Lewis expressed the view that to meet the January target, actions to raise standards from 'limited' to 'adequate' needed a clear definition.
- Miss Dhimi reported that risks identified by SBAF had been assessed and put onto 'safeguard'. These would appear in the next Risk Register. Miss Dhimi reported the SBAF was accommodating of risks which might not fit into set categories. She stated that any strategic future risks could be discussed with her. The Chairman raised the issue of SBAF at STP level.
- Mr Laverty suggested a watching brief of issues could be created to identify issues which might go on to become risks.
- Dr Carruthers reported that a new person had been appointed as R&D head with an expected start date in January.

**Action:** The Chairman and Mr Lewis to reflect on the STP/SBAF issue and Mr Lewis to draft a document for wider consideration of the Board.

## 12. People Matters: Vacancies/Sickness/Mandatory Training

TB (10/19) 009

Ms Mahmood presented the People Report outlining mid-year progress in relation to the key improvement aims in the areas of sickness, absence, mandatory training and the Trust's fully staffed ambition. She made the following points:

- In Q1, more than 1,000 offers were made, but data analysis revealed that just over half of those offers were to existing staff. This figure was not supportive to increasing the capacity of the workforce and productivity.
- Q2's emphasis was on increasing external offers. This focus had been successful and the internal offer rate had reduced to 18 per cent.
- By the end of the financial year, there would be 554 vacancies.
- The Trust was slightly behind in education commissions in order to improve capability in existing talent. The Associate Nurse Programme involved undertaking proactive work with the nursing team to differentiate the Trust from other employers in terms of development.
- In relation to mandatory training, the goal was 100 per cent but the internal compliance target was 95 per cent by March. National changes had impacted on some modules, but a plan was in place to address these issues.
- Sickness absence numbers had improved from 220 cases at the start of the financial year to 140 long-term cases by the end of September, thanks to collaborative work by HR and operational teams. Further improvements were expected thanks to enhanced mental health and musculoskeletal services. Ward-based sickness would be the focus of rapid improvement programmes. In around 40 per cent of cases, the reason for leaving the Trust was lack of work/life balance despite the promotion of flexible working in the Trust. More publicity of work benefits needed to be done. The Trust aimed to differentiate itself by creating a bespoke career development plan for potential recruits.
- The total number of leavers for the Trust was between 560-570 per year which was comparable with other medium acute Trusts, but the numbers of joiners was substantially lower. Offers were not going out quickly enough. To achieve the fully staffed ambition, 1300 staff needed to be recruited and this would require a collaborative approach. A more personalised induction process



had recently been implemented which had received good feedback.

Mr Lavery questioned the clarity of the data. He asked Ms Mahmood to talk the Board through the main table in her paper. Mr Lewis sought clarity that the majority of hires were now external, and Ms Mahmood provided that assurance, specifying in answer to that question that over 300 new external hires would arrive at the Trust before the end of December.

**Action: Mr Lewis to assist in positive messaging to managers around the placement of long-term sick employees into other jobs.**

### 13. CQC Improvement Plan Update

TB (10/19) 010

Miss Dhama referred to the paper and the 115 tasks identified by the inspectors and published in their report. The following points were made:

- 48 had been completed and had data confirmation. There had been some slippage in validating tasks but by 31 December the issues will have been dealt with.
- A new quality assurance associate director post had been created and was already in post – Diane Haliday. She would be working with frontline staff and talking to patients, assisted by assigned people from other departments. Confirmation that the issues had been closed in a sustained way with validation would be reported to the board in January.
- The CQC would return to the Trust in 2020 (April or May) and the aim would be to have a provider level ‘good’ rating from the process. The areas they will inspect were unknown. A programme of work was planned for readiness.
- An engagement plan between the CQC and the Trust needed to get back on track and first talks were due to take place on 8th October. Well led work was being examined at core and service level. Groups had their own well led plans and these would be discussed at the next CLE. A self-review had been carried out. More work was needed on the 14 actions the Trust identified for improvement.
- GP Practices would also likely be inspected. Mr Lewis reported that a CGC review of practices had been very positive but expressed the view that the CQC would want to see evidence of good governance of practices by the Trust. He suggested the Quality and Standards Committee consider producing a brief readiness review.
- Ms Dhama made clear that ED, medical wards and paediatrics would be among the priority focus areas for review because they were inspected last time.
- The Board would be regularly updated on progress and quality assurance dashboards would be helpful in all areas to track progress.
- Mr Lewis expressed the view that the Trust would reach ‘good’ levels through the ‘Well Led’ programme. The Board’s away day in October could be used to prepare Board members for the process. He raised a question about whether medicine and emergency care were sufficiently resourced. Most Trusts had lower ratings in these areas. He suggested another Trust that did well in these areas could be identified for inspiration. Prof. Thomas suggested that negative staff could be identified and worked with, however Mr Lewis cautioned that previous negative comments had been proved to be right by the CQC, for example over medicine staffing. The Board needed to focus on hearing and acting on those comments.
- Around 100 policies were live but had not been subject to review. By December, they would be reviewed and up to date.

**Action:** Mr Lewis to request that the Quality and Safety Committee consider producing a CQC inspection readiness review.

**Action:** Miss Dhimi to produce a briefing note on policies to bring to a future Board meeting.

#### 14. Unity Go Live

TB (10/19) 011

Mr Lewis referred to the paper. The following points were made:

- Supporting figures for the Go Live project would be presented to Mrs Perry's Committee at the end of October. A series of 'cut over' metrics had been set at the last Board meeting as well as a series of operational metrics for October, November and through to March. Cerner sourced metrics were proving elusive. Many of the metrics showed there was work to do over the next five months to reach consistently good practice with regards to data input and workflows.
- Three thousand reported incidents and issues had been cleared and the number had fallen to below 500 - 23 incidents dating from the Go Live weekend would be closed in the next days. Cases were only closed if the reporter agreed but closings were going well.
- Implementation of FirstNet, Unity and Capman had badly impacted the four-hour wait performance and badly impacted how long people actually waited. Some focused additional resource had been directed to remedy the situation. Scores had climbed into the high 70s and a target for scores to reach the 80s had been set.
- Mr Lewis expressed the view that the waiting issue should not overshadow the very successful first days of Unity, but he recognised managers and leaders would be concerned about the patient experience. Dr Carruthers praised staff for the huge amount of work undertaken by staff in implementing the systems without complaint.
- Mr Lewis reported that in Unity's third week of operation, support resource would be stepped down but specific provision to support ED would be in place. He reported that the ED issues centred around three different ideas:
  - People's capability with FirstNet was good.
  - The general problems of ED – it was important that Unity did not become an explanation for problems.
  - The outflow from ED. Genuine capacity problems had been experienced and patients were moving more slowly as a result of implementing Unity. These problems were being overcome.
- Mr Lewis reported that Cerner deployments elsewhere had a 10 per cent impact on people's A&E performance. A review of incidents would take place following a few weeks of operation. No patient had suffered serious harm and mistakes were now more visible.
- Mr Lewis reported that external reports could now be delivered thanks to help from Mr Baker. Some internal data issues needed to be dealt with and there were some potential income impacts caused by system use.
- Employee feedback was that people felt supported and engaged by the implementation of the Unity system.
- Most GP practices had their HIE live. Some changes had been made to improve the quality of summary information available to GPs on patient discharge. GPs would be consulted on their experience as part of the system roll out in November.
- Mr Lewis reported that engagement and communication with trainee doctors would be important

because they could be advocates for the system, as well as key users.

The Chairman congratulated the team on the deployment so far, notwithstanding concerns cited. The Board's focus would be on Optimisation improvements during November. Mr Lavery associated himself with that view.

## MATTERS FOR INFORMATION/NOTING

### 15. Finance Report: Month 5 results 2019/2020

TB (10/19) 012

Ms McLannahan referred to the Finance Report. The following headline points were made:

- The Control total was on track to be delivered overall with considerable under-recovery of income and underspend on pay forecast to the end of the year.
- Two very challenged groups were:
  - Surgical Services – Impacted by the localisation plan and income under recovery situation.
  - Women and Child Health – Impacted by income under recovery because births were lower than expected. This was a regional and national situation. Local providers once had a cap imposed on their capacity which drove activity in the direction of the Trust. These had now been lifted.
- Mr Lewis reported that the next FIC would see more detailed income numbers. The Committee would see the pay and income estimate for month 12, together with statements from the executive about the baseline for next year.
- The Surgical Services and Women and Child Health teams had been asked to look at extensive expenditure cuts if they were unable to recover the income position.
- Ms McLannahan reported that on the Unity subject, the Trust had allowed for a 40 per cent drop in activity in out-patients which equated to a drop in the income plan of around £1m. More pressure could arise if the activity was impacted more than this value. Mr Lewis reported there was a specific contractual clause which would mitigate the position for a period of around two months.

### 16. NHS Regulatory Undertakings: monthly status update on agency and four-hour standard

TB (10/19) 013

Mr Lewis reported that the Board had agreed to view a more detailed note on agency and the four hours standard at monthly Board meetings going forward.

- With the intervention of Unity, a note on four hours had not been prepared for this board meeting.
- The Trust had set out an assured plan to tackle agency at the beginning of the year, but this was unsuccessful and a revised plan was later submitted, which also failed. Mrs Goodby's new paper on agency (annexed to Mr Lewis' paper) constituted Version 3 of the plan.
- It would be important to ensure absolute alignment between the vacancy level and the level of expenditure at £1.1m as part of the Pay Submission at the end of October Committee.
- The £20m CIP for next year would not be compatible with spending £12m or £13m on agency. The 2019 focus was on reducing the figure from £1.4m to £1.1m and in 2020, a further plan would need to be presented to reduce the expenditure to around £888k or lower.
- Mr Lewis suggested the estimate and the A&E plan be discussed at the next Board meeting. The Chairman agreed.
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**Action:** Mrs Goodby's agency estimate to be reviewed to check how it would reconcile at local level. The agency report and A&E plan to be discussed at the next Board meeting.

<b>17. Contract Award - Modality</b>	<b>TB (10/19) 014</b>
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The contract award to Modality was noted, following open competition.

<b>18. Minutes of Private Trust Board held on 11 September 2019</b>	
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Mr Lewis reported that a meeting was held in private only because there had not been enough time to notify the general public after he recommended approval deferral the prior week. There were no matters discussed that needed to be made in private, therefore the minutes were in public. The minutes of the additional "Unity approval" Private Trust Board were accepted.

**UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS**

<b>19. Minutes of the Previous Meeting and action Log</b>	<b>TB (10/19) 016</b> <b>TB (10/19) 017</b>
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The minutes of the meeting held on 5<sup>st</sup> September 2019 were approved as a true/accurate record of discussions.

Ms Dhami ran through the action log:

*TB (09/19) 013 Circulate the open referral progress from the Board Action Log and the reconciliation of the open referral problems/open referral solutions.*

- Ms Barlow was continuing to collate information and would circulate to Board members in the next two weeks.

*TB (09/19) Make a decision on the Lot 3 moderation panel.*

- Mr Lewis reported the Board had made a decision to have different panels for Lot 2 & 3. He suggested the confirmed panel should be assigned to Lot 3 which was the in-house versus external bid and the panel would make a recommendation to the full Board.
- Different non-executive directors needed to be on the two panels and Mr Kang was currently on both panels. Different non-executives were to be decided. The common members were the Chairman and Mr Lewis.

<b>20. Any Other Business</b>	<b>Verbal</b>
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No other business was noted.

<b>21. Details of Next Meeting</b>
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The Public Trust Board meeting would be held on Thursday, 7th November 2019, at Birmingham Chamber of Commerce, 75 Harborne Road, Birmingham B15 3DH.

Signed .....

Print .....

Date .....