

TRUST BOARD – PUBLIC SESSION MINUTES

Venue: Durga Bhawan Hindu Cultural
Resource Centre, 360 Spon Lane,
Smethwick B66 1AB

Date: Thursday 5th March 2020, 09:30-13:15

Members Present:

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

In Attendance:

Mrs R Wilkin, Director of Communications (RW)
Mrs R Biran, Associate Director of Governance (RBi)
Dr S Singhal, Head of Academy (Item 14) (SS)

Minutes	Reference
1. Welcome, Apologies and Declarations of Interest	Verbal
<p>Trust Board members provided an introduction for the purpose of the recording.</p> <p>RS welcomed members and attendees to the meeting and thanked the Durga Bhawan Hindu Cultural Centre staff for its hospitality.</p> <p>RS extended a special welcome to new Associate Non-Executive Director, Lesley Writtle, who had been a former Sandwell Nurse and Chief Executive of a neighbouring mental health Trust [Black Country Partnerships NHS Foundation Trust]. RS reported that LW would assist the Trust in its focus on mental health. RS further commented that LW had experience of a successful CQC inspection and would offer valuable insight in this area.</p> <p>Apologies: Toby Lewis, Dave Baker, Chris Rickards.</p>	
2. Patient Story	Verbal
<p>PG introduced a video of a patient who presented at the ED in Sickle Cell crisis. PG reported her story and spoke to there being a lack of communication, pain management and staff attitude problems. The story identified limited knowledge among doctors in Sickle Cell patient protocols and a failure to not listen to patients who were 'experts' in their care.</p>	

PG reported that Trust policy in this area was very clear but had not been followed and would, therefore, be reissued.

MP commented that a common theme in all the patient stories was that Trust staff were not listening to patients who were knowledgeable about their diseases. PG reported that the video would be shown to ED staff.

KT expressed the view that the demonstrated lack of compassion and common courtesy was troubling. RB reported that Unity presented an opportunity to hold protocols on the system and to flag 'expert' patients. RB queried whether carrying a card indicating the presence of Sickle Cell disease in a patient would have been helpful in this case.

LW suggested inviting the patient to work with a small staff group in order to effect relevant change to the service. PG reported this approach was used regularly. WZ was also supportive of the idea.

DC commented that linking policies with the patients would be important in a wide range of conditions. He suggested questioning the patient as to her good experiences in the department as well as poor.

PG reported that in terms of pain relief, the policies were very clear about which drugs could be administered at any given time and suggested haematologists be involved in developing practices.

WZ raised the issue of engagement with the Afro-Caribbean community which had a high proportion of patients with Sickle Cell disease. It was reported some limited work had been done in this area.

RB suggested that, in terms of optimisation, outputs could be measured.

KD reported that good links were being actively developed with diverse communities and an update would be presented to a future Board meeting.

3. Questions from members of the Public

Verbal

Q1. It was unfortunate that at the last meeting of OSC (oncology provision), members of the public were excluded.

KD responded that, regrettably, there was still no final agreement to return solid tumour oncology services to the Trust as previously agreed and in line with patient wishes. KD acknowledged that public exclusion was unfortunate, given the amount of public interest. KD reported that concerns remained about oncology staffing numbers in a multi-site solution which need to be considered against the co-location benefits of the multi-professional working by cancer specialists as per national guidance. The questioner made the point that patients should be involved in discussions. KD reported that the OSC had committed to a final decision by May 2020 supported by an implementation timetable.

4. Chair's Opening Comments

Verbal

RS reported that a highly successful event around launching the new name for the Midland Metropolitan University Hospital [MMUH] had taken place on 14th February. RS thanked RW and her team for organising an impressive event to engage staff and the community. Aston and Birmingham [Universities] were represented.

Some of the FRF – extra payments for hitting target financial numbers - was now very interdependent. RS reported that wider conversations about collaborating with the 3 neighbouring Trusts had been taking place; however, the Trust's position was that it was happy to collaborate, but not keen to get closely involved because there was a clear focus on integration on a Place basis and the new hospital opening.

TL had presented to all other regional Trust Chief Executives on the topic of Trusts being 'anchor' institutions which delivered more than core healthcare, e.g. work on homelessness and apprenticeships.

RS commented that this was an area that differentiated the SWB Trust from others. RS further reported that the NHSI had asked the Trust to co-host an event to inspire others to consider wider long-term public health initiatives.

UPDATES FROM THE BOARD COMMITTEES

5a. Audit & Risk management Committee held on 6th February 2020

TB (03/20) 001

MP reported that the Committee had discussed clinical and internal audit plans. Proposals for accounting treatment for certain items had also been raised.

MP reported that good progress had been made on overseas visitors charging by identifying chargeable patients in a better way and it had been decided that a more proactive approach on collecting income was required.

There had been a focus on the national clinical audits this year and the internal clinical audit programme had not progressed as well as expected. As a result, there would be a renewed focus on this in 2020/21, but the Trust had taken part in an increased number of national audits and the outcomes from these were being tracked.

5b. Charitable Funds Committee

TB (03/20) 003

WZ reported that because of the delay in the Midland Met University Hospital (MMUH) build, the time devoted to the MMUH charitable campaign had been extended. The Charity cashflow had been reviewed and revised to allow £600k to be spent on the campaign which had a fundraising target of £2m. WZ reported that the campaign was being relaunched on 11th March 2020.

WZ reported that a decision had been made to appoint Brewin Dolphin as the Trust's new Investment Manager. WZ extended thanks to the team involved in the selection process. WZ expressed the view that the company values were aligned with those of the Trust and the Board and the company was keen to be involved in community focused projects as part of its CSR.

In response to a query from KD, RW reported that the draft Annual Report (including the Quality Account), would go to the Audit & Risk Management Committee (AMRC) on 7th May 2020 and the final report would be taken to the next AMRC on 22nd May 2020. The submission deadline to NHSEI was the 29th May 2020 at midday.

5c. Finance and Investment Committee

TB (03/20) 005

MH reported that the Committee had discussed the issues and challenges to achieving the control total for 2019/20, particularly regarding continued issues with the income and pay plan. MH stated this was being mitigated and monitored closely.

The run rate associated with achieving the planned total to 2020/21 was also discussed, so that efforts to achieve the target remained on track.

MH reported that, with regard to the 2020/21 control total, there was still some agreement about the associated funding of the STP, so that the Trust's control total was clear.

DM discussed the Use of Resources, which would be a key measure for the Trust.

MH reported that one key positive had been that the procurement team had made considerable progress. He extended his congratulations to the team, whilst acknowledging there was still a lot of work to do.

5d. Quality and Safety Committee	TB (03/20) 007
<p>HK reported that the Committee had discussed several important issues including the Safety Plan.</p> <p>HK reported that the Committee had taken the view that the implementation of Unity had diluted the information flow with respect to the Safety Plan, however, it was expected that the Trust would see improvement by the end of March.</p> <p>Referral patterns from GPs to the Trust had also been discussed to better understand why the Trust had not hit set targets in some areas. It was reported that Parmjit Marok, a GP member of the Committee, had suggested some practical ideas, specifically the supply of hard Trust outcomes data which would make it easier for GPs to convince patients to choose the Trust for their treatment. HK expressed the view that GP input in discussions was proving valuable.</p> <p>Transition care from adolescent to adult provision had also been discussed in relation to its alignment to the Quality Plan.</p> <p>HK reported that the Committee was keen to take key learnings from the Maternal Deaths review. There were some outstanding actions relating to ROTEMs (a post-partum haemorrhage risk assessment system). PG reported that coagulopathy protocols would be in place by the middle of March.</p> <p>Three SBAF risks had been discussed: Local care home provision, Vulnerable services and the welearn programme</p> <p>HK raised the incident involving a patient who was discharged from hospital with a retained cannula. PG reported that a lot of work had been done in the Trust to prevent cannula retention as it was not acceptable. Discharge checklists for February 2020 had been reviewed and found to be incomplete and Visual Infusion Phlebitis (VIP) scores had also not been done in a timely way. PG reported that she had met with every Sister and Matron and the Group Directors of Nursing to reiterate discharge checklists and VIP scores and PG now had a report to use as a marker for the clinical teams.</p>	
5e. Digital Major Projects	TB (03/20) 009
<p>MP reported that the Committee had discussed progress on Unity optimisation and also received a report on the stabilisation of the digital infrastructure. MP further reported that there was now a full suite of performance metrics to inform the Trust whether systems, networks and software were performing as expected. This was in situ in all but 2 indicators.</p> <p>MP said that a report had been presented by MS on the progress of the 2025 Digital Ambitions Programme which was a plan to further engage with a range of stakeholders to ensure digital future proofing for the Trust.</p> <p>Two SBAF risks had been reviewed and were deemed to have reached 'adequate' assurance.</p> <p>MH extended congratulations to the team for making significant progress, however, there was more work to be done to deliver proactive and preventative maintenance on systems and services to stay ahead. MH reported more meetings would take place in the coming weeks to work on system risks.</p> <p>In response to a query from ML, MP reported that the focus of Unity optimisation was on how the system was being used. RB reported the Board had agreed to first focus on completeness of use and then quality improvements would follow on.</p>	
5f. Public Health, Community Development and Equality Committee	TB (03/20) 011
<p>KT reported that there had been a discussion on the Trust's 'This Is Us' project which was a programme of</p>	

activities aimed at helping members of vulnerable groups access employment opportunities.

KT reported that the Committee had agreed that the good work of the programme needed to be better promoted internally and externally.

An obesity campaign would commence within the Trust emphasising the benefits of losing weight and normalising weight and how it could improve health in the population. Focus groups would determine messages.

One SBAF rating was confirmed as having an 'adequate' rating.

RS commented that the Trust was attempting to reboot its Carbon Zero approach. RS further commented that the NHS nationally had a large [carbon] footprint.

MATTERS FOR APPROVAL OR DISCUSSION

6. Chief Executive's Summary on Organisation Wide Issues

TB (03/20) 013

KD delivered the Chief Executive's report in the absence of TL.

COVID-19:

Considerable management assurance work and clinical effort was being directed to manage the threat of the COVID-19 virus. Clinical work and caring for staff were being balanced. Reporting upwards to the national bodies had been done in a timely way and KD expressed the view that such requirements would be heightened as the threat progressed. Forward planning was taking place with TL was holding an emergency planning meeting weekly. The forecast was that, potentially, one fifth of the population may eventually be affected by the virus. Information planning and infection control was being led by PG.

PG reported that the treatment pods were in situ on each site and were seeing 8-10 patients per day on an appointment system. PG further reported the patient clinical assessment system was working well. A van was also being used to conduct community sampling within Sandwell by visiting patients in self-isolation in their homes, bringing the samples back to the hospital for testing. A similar service had been introduced in Birmingham. The next testing model being considered was a 'drive-thru' system for patients concerned they may have contracted the virus.

Mandatory training:

KD reported that it was still possible for the Trust to hit its mandatory training target of 95% with four weeks to go before the end of the financial year.

RG reported that the latest figure for being 100% up to date on mandatory training was 71% of staff. RG further reported that to reach the target of 95% compliant by the end of March, more than 100 people would need to complete their mandatory training modules each day. RG commented that encouragingly, most staff were only behind by one module, specifically Basic Life Skills or Information Governance.

Additional capacity had been put in place for some modules, particularly those requiring face to face training. RG commented that the majority could be completed online. Daily reminders had been sent to staff, and the 100 Club report had identified those people who were out of date.

Closed theatres:

KD reported that at the beginning of February water pipes had burst in the Birmingham Treatment Centre (BTC) resulting in the closure of 6 theatres and 3 minor operating rooms. This impacted over 700 patients who were booked for that time period, with alternative theatres being found for half of these patients. KD reported the theatres should be fit for use, following repair work by 10th March. A detailed Root Cause Analysis is awaited from the PFI contractors to see if preventative measures could have reduced the

impact.

National staff survey:

The Trust's National Staff Survey results had been received and were being analysed. KD reported that the headline figures were disappointing in that they appeared to show some progress but not as much as the Trust had expected. KD further reported that the results should be considered along with the Trust's own local surveys. The themes that had emerged were that the overall morale of staff and engagement were average. KD reported that of particular concern was the number of staff who would recommend the Trust as a place of care was low.

KD returned to the issue of retained cannulas. PG reported that the data was available, but it did not show the Trust in a good light and showed the percentages relating to compliance and non-compliance. KD requested that the data be discussed at the Quality and Safety Committee.

In response to queries by ML, RW commented that the national survey results were not poor, just 'average' in nearly every score, however, results were contrary to the local quarterly **weconnect** survey which had indicated the Trust was improving in this area. RW commented that the focus was on better understanding the data. ML expressed concern that the issue might affect the CQC inspection.

KD reported on the 'First Friday' initiative which involved senior executives taking time out on a the first Friday of each month to directly engage with staff.

LW expressed the view that the results had reflected the relationship with staff and suggested a rigorous interrogation of the survey results. She commented that staff would probably value the chance to speak face to face about their observations and concerns.

IBM Watson:

In response to a query from HK, DC reported that plans about the introduction of IBM Watson were moving forward but a re-representation needed to return to the Ethics Committee to clarify points made. Plans were still in place to use AI (artificial intelligence) in clinical settings.

RS commented that AI was an emerging issue that concerned a lot of regulation.

7. Integrated Quality and Performance Report

TB (03/20) 014

RB reported that the Trust had previously struggled with diagnostics but this was now off the persistent 'reds' list with improved sustainability in cardiac imaging.

It was notable that Q3 cancer standards had been delivered and they were now exceptional compared to other providers.

The Trust had slightly underperformed in RTT 18-week standards in the incomplete pathways. The window of delivery had been set to between April and July, but RB reported the plan was to deliver in April. RB reported that the planned care activity had been badly affected by the recovery from the BTC floods. RB cautioned that there was a risk of COVID-19 affecting staffing levels over the next 6 weeks.

RB reported that ED had out-turned just below 75% in February which was the best performance since Unity Go Live. Incremental improvements were being observed month by month. The 6 to 12-month recovery trajectory was on track. COVID-19 clinical assessment pods were taking ED staff out of the department and a registrar and nurse had been lost from each day shift and this had been impacting performance. RB reported that the variance had closed but presentations activity had increased. RB reported the Trust should be optimistic about reaching 80% going forward.

DC reported on deaths in low risk diagnosis. DC reported that RAMI (Risk Adjusted Mortality Indicators)

scores in this area for October 2019 had increased significantly for the first time. Data had shown that the deaths were related to patients with urinary tract infections (UTI). DC reported this had already been the subject of a CQC alert and an analysis by the Learning from Deaths team who had drawn up an action plan around UTIs. This work was being reviewed.

DC commented that it was important to note that often, the patient cause of death was not related to them having a UTI but was representative of how the data was collected. Work on the management of patients with UTIs was being led by Julie Thompson from Medicine.

In response to a query from KT, DC reported that sepsis was not the cause of the deaths in this group although it was still a focus for quality improvement for the Trust. The pneumonia group was the highest group overall in terms of mortality.

At this point, RS acknowledged that was RB's last Board meeting and thanked her for her leadership.

8. Monthly Risk Register Report

TB (03/20) 015

KD reported that there had been no new risks escalated from the Risk Management Committee or CLE.

Progress had been made on two ophthalmology risks (discussed at previous meetings) and whilst they had not been fully mitigated, timelines were now in place for both.

RB reported on the ophthalmology risk concerning capacity and backlog. RB stated that mitigation inputs and actions were clear and there was a weekly trajectory plan which was being monitored. Staff were currently slightly ahead of the plan. Monthly, bespoke reporting on ophthalmology had been agreed through the Executive Performance Management Committee to track the backlog. RB suggested that a quarterly report also be taken to the Quality and Safety Committee.

RB reported that the risk was also a national issue and Liam Kennedy had been asked to lead the STP ophthalmology oversight. RB reported this was a positive development. Internally, the Trust had improved oversight and scrutiny from an Executive perspective.

KD reported on the second risk which related to diagnostic images being stored on the standalone hard drive. KD reported that fixes were being worked on and were expected to be completed by March. KD reported the situation would continue to be monitored.

RS raised the issue of the BTC floods and the post-mortem with the provider. RB reported it was too early to report feedback but expressed the view there would be learnings from the incident in terms of contract management.

10. Annual Operating Plan 2020/21

TB (03/20) 016

- Finance Plan
- Workforce Plan

Finance Plan:

DMc reported on the Finance Plan and reminded the Board that the Trust had significantly under delivered on its elective activity plan in 2019/20 which had driven an under performance in income.

The under recovery of income in 2019/20 had been managed through pay vacancies and partially non-recurrent measures. DMc reported that the pursuit of a fully staffed plan was positive from a financial perspective, providing the activity was delivered as a result.

DMc reported that good progress had been made on pay controls and on understanding the Trust's vacancy position and hard to fill posts. Good progress had also been made on controlling some of the non-

recurrent pay pressures and on identifying the pay CIP plans which stood at £11.5m in total. Non-pay plans were also progressing.

DMc reported that maintaining a satisfactory position with Commissioners was the focus of the 2020/21 plan and referred Board members to the analysis in the paper. System wide finance would be the new focus. In January, the Black Country and West Birmingham STP had a balanced plan and the Trust's income assumptions per Commissioner had not been materially adrift at that stage, apart from a £13m (approx.) gap with local Commissioners driven mainly by the Localisation Plan. DMc reported that this gap had since grown across the Black Country and West Birmingham.

DMc reported that the Trust's income and cost assumptions had remained consistent.

DMc reported that the Trust would be continuing with its CIP and cost reduction plans and the position would be reviewed in Q1 of 2020/21. The Trust had submitted a draft plan to NHS Midlands which had reflected the income gap across the system. DMc stressed that currently there was non-compliance with the Trust's financial improvement trajectory because of the unbridgeable gap and the cash consequences of this had been reflected in the return.

DMc reported that the key focus would be on the balance sheet to ensure the Trust had the funding to deliver the mostly contractually committed capital programme. The 2020/21 plan had shown the Trust would not need borrowing thanks to £22m of cash reserves.

DMc reported that the key message was that the submission was presentational and had deliberately highlighted the gap and this approach had been agreed across the Black Country system to drive some action to resolve the differences. TL and DMc were also working with the STP and the finance community on plans to close the gap. DMc reported the final submission deadline was the 29th May 2020.

In response to queries from RS, DMc reported that the Trust had reached a satisfactory position with Commissioners for 2019/20 which would enable the Trust to reach its control total. DMc reported that the 2019/20 CIP contained a £16m (approx.) margin assumption and most of the margin had delivered. Going forward, the challenge was to deliver the income plan within existing budgets.

RS commented that the Trust had an innate concern because Dudley and Walsall were under greater financial stress and the focus of the Centre would be to plug gaps. DMc agreed this was a risk.

In response to a query from ML, DMc stated that the balance between increasing income and cutting costs would be a difficult challenge, however productivity had hugely increased in recent years and income and activity numbers had grown.

DMc reported that it was probably the last year for CIP and therefore, integrated care and possibly an ICP contract may be required to meet future financial targets.

RB reported that most specialties had delivered or over-delivered, however, there was a well-defined focus on ophthalmology and orthopaedics. RB expressed the view that marketing needed better definition and professionalisation.

HK queried whether the system understood its interdependency. DMc expressed the view that this understanding was at an early stage but exposing the gaps might accelerate collaborative behaviour. DMc commented that a balance would have to be struck between working as one system whilst maintaining a sense of place, which was a particular focus for the STP.

Workforce Plan:

RG reported on the Workforce Plan, which brought together the vacancy, retention and hard to fill posts reports considered by the Board at previous meetings.

RG reported that a detailed retention plan had been drawn up with the aim of reducing turnover by 8/9

people per month. RG reported that mitigation plans had been put in place for 200 of the Trust's 202 hard to fill posts. The remaining 2 vacancies related to cardiology technicians which had been advertised several times. RG reported that specialised support would be brought in to assist in the recruitment.

RG acknowledged that some mitigation plans might not deliver immediate results.

RG further reported that Trust vacancies had been halved in the last 12 months from over 1,000 vacancies to 554 whole time equivalent vacancies. Of these, between 130 and 150 had a start date post 1st April.

RG commented that this represented a greatly improved position for the Trust, but intensive efforts needed to be continued in partnership with specialised medical recruiters to maintain progress. RG commented that the opening of MMUH would be helpful in attracting talent.

In response to a query from MH, DMc reported that the Trust needed to spend around £10m less on pay. In 2020/21, the Trust had identified 275 posts that would not be recruited. DMc reported that agency spend needed to be cut heavily.

DC updated the Board on Wolverhampton's Fellowship recruitment scheme to attract non-EU/UK doctors which was being considered for implementation by the Trust.

DC explained that the 2-year Fellowship offered clinical experience in the UK, experience in a speciality of their choice and one day per week in University education as part of a diploma or certificate in an aspect of healthcare. Whilst many returned to their home countries after the period, others elected to stay on.

DC further reported that Wolverhampton had been able to fill many of their junior specialist doctor posts this way. DC expressed the view that whilst there were many other factors to consider, the Wolverhampton model would be an important component to recruitment in conjunction with other initiatives.

DC reported that the Trust's recruitment of junior specialist doctors was good and there were only around 10-15 out of 90 posts unfilled.

DC reported that Fellowship implementation into the Trust in 2020/21 would take around 3-6 months before overseas recruits could properly contribute and get used to the NHS system and training programmes. Their level of experience was uncertain, but engagement was underway.

11. Safety Plan: January data and Q4 expectations

TB (03/20) 017

PG reported on the Safety Plan which addressed the carrying out of risk assessments in a timely manner and prevention of missed checks at 24 and 48 hours.

PG explained that reporting had been transferred from a manual system to Unity, where it was called 'Care Compass'. PG stated that she was now able to see each ward's compliance on the 24 and 48-hour checks and data was informing the Trust in a variety of other areas.

PG reported that she had made it clear to staff that there should be no missed-checks by the end of March and commented that staff were still getting used to the Unity system but a lot of work had been done to emphasise safety.

PG reported that she would be reporting on the Safety Plan to the March meeting of the Quality and Safety Committee and April's Board meeting.

KT raised the issue of home meds and the figure of 3.79 complete. PG responded that the figure reflected the fact that home meds could not currently be barcode scanned and this needed improvement.

In response to a query from MP, PG reported that by the end of March or the beginning of April the Trust would have no missed-checks and therefore compliance would be 100% compared to a current percentage

of 40%. MP commented that this figure was ambitious.

In response to a query from HK, PG confirmed that a granular break down of wards that were not making the target would be visible to the March Quality and Safety Committee.

12. Patient voice scorecard

TB (03/20) 018

KD presented the concept design for the patient voice scorecard to the Board. KD reported that it would also be shared with the Quality and Safety Committee and the Executive Quality Committee.

KD reported that the First Friday initiative would be used to ask staff how they were collecting their patient feedback.

KD reported that ophthalmology was the area for concern in terms of complaints and other poor feedback had been received from outpatients and eye casualty particularly.

KD expressed the view that it would be important to include an indicator to record compliments ('thank you' letters, emails, cards etc) to give some proportionality to the data and boost staff morale.

ML commented that the design flagged issues but did not offer analysis. KD agreed that work needed to be done to align it with CQC metrics.

WZ welcomed the scorecard idea, however, he commented that he would like to see the data broken down in terms of ethnicity to ensure community voices were being heard.

LW commented that knowledge of the subject of the complaints would be helpful and this information would fit well into CQC reporting domains. LW reported that, in her experience, wards having quality boards displaying complaints and compliments had worked well with links to a structure of peer review.

KD reported that the patients voice scorecard would be presented quarterly.

13. Volunteering update

TB (03/20) 019

RW reported on the progress in volunteering over the last 2/3 years. RW stated that the numbers of people volunteering had increased, and the range of volunteering opportunities had expanded. Partnership approaches were being explored to deliver more innovative volunteering schemes.

RW reported that the Trust had recently been successful in attracting Wave 1&2 funding through the Helpforce (NHS volunteering) organisation. The success was linked to the Trust supporting mobility.

RW reported that a small grant had also been received from NHS England for a volunteering intervention in the ED around waiting times and improving the experience. Regular volunteers had been placed at the City ED site.

RW commented that volunteering was a very good way for some people to experience the working environment and acquire new skills and confidence. A World of Work programme hosted through the volunteer service was beginning to see dividends in this respect and was funded by European Skills and was in partnership with Birmingham City Council.

RW reported that future opportunities included support for people with learning disabilities to be mentored in volunteering

RW stated that there were no problems with the recruitment of volunteers however they tended to be young and the recruitment of some older people would be beneficial. RW reported that the Trust was mindful of giving volunteers the right level of recognition, support and reward.

ML asked if there were pathways for volunteers to be recruited into permanent employment by the Trust.

RW responded there were no formal pathways however, the World of Work programme introduced in November 2019, did offer participants a more formal pathway with set hours of experience, training and interview practice.

WZ congratulated RW on the development of the programme and raised the issue of the succession strategy and the development of younger volunteers. RW agreed that collecting data on volunteers would be important, however, it was also important to recognise the contribution of older volunteers who did not have career aspirations.

RW reported that some staff benefits were open to volunteers and they were given certificates confirming completion of hours and volunteers were supported with a recognition event. Travel expenses could be claimed.

RW reported that the most common tenure for a volunteer was around 2 years. A business engagement programme had brought in volunteers from commercial organisations and RW reported that work was ongoing to make their involvement more long-term rather than a series of one-off events.

RS raised the issue of Primary Care having budgets for social prescribing i.e. tackling loneliness. RW expressed the view that this idea would be worth exploring.

RW commented that, in relation to Midland Met, the ambition had been to have 80 ambassadors from the community and this plan could now be re-energised.

14. Education review: Medical Education

TB (03/20) 020

DC introduced the medical education review and welcomed Dr Saket Singhal (SS), the undergraduate Head of Academy at the University of Birmingham to present a review of medical education at the Trust.

SS explained that the University team included representatives from post-graduate and undergraduate departments with strong managerial support and an expanding simulation team. SS extended thanks to DC and Dr Julian Chilvers for their support.

SS commented that SWB had built an excellent reputation for teaching. A 5-year education plan had been developed a couple of years ago to encourage medical students to return as junior doctors and to encourage junior doctors to return as consultants and GPs. SS further reported that there was a focus on widening participation to tap into the pool of local talent through engagement with schools and local academies and collaboration with Aston Medical School.

SS reported that the incorporation of Aston Medical School had been one of the big challenges, as will be moving in to MMUH, but these developments also presented opportunities.

SS reported that the total number of non-consultant doctor posts was close to 600. About 360 (three fifths) were in training posts, but a substantial number were doctors not in training posts. After recent recruitment, there were 26 vacancies.

SS reported that during peak periods (Sept-April) there were 170 undergraduates on placement at SWB with students across all 3 clinical years and specialties. From September 2020, 30 undergraduates in their first clinical year at Aston University Medical School would join the Trust. This number would be expanded in the future to include students from all clinical years. Exact numbers had not been decided for future years.

Posts supporting doctors in the Trust included support for doctors returning to work following longer-term leave, a wellbeing champion, a guardian of safe working and a tutor for non-training grade doctors.

SS reported that new internal medicine training introduced nationally in 2019 had been successfully implemented with positive feedback from Health Education England.

Training programmes at SWB had been popular and had received good feedback from trainee doctors and VTS training posts and foundation trainee posts had been created at the request of Health Education England. SS reported there was increasing use of exception reporting to identify pressure points regarding hours worked or low staffing.

SS reported that a new rest facility for doctors for use on call was being developed at the City site. This was being combined with a large space for undergraduate common room facilities.

SS reported that there had been a major focus on supervision and ensuring trainees had self-development time. A quality assurance review by the Medical School in October 2019 had been successful with very positive feedback - over 90% of students in all cohorts would recommend SWB as a good place to work.

SS reported that SWB offered doctors very good support in terms of maintaining their wellbeing. SS expressed the view that the refurbished Sandwell Education Centre would link in well with the new facilities at MMUH.

SS reported that Year 4 Specialty Medicine students had been an area that had received less favourable feedback over the last 12 months, particularly about feelings of isolation. SS reported that in November 2019, SWB had introduced weekly group teaching to counteract this and so far, this had received very good feedback.

Regular planning meetings had taken place around the incorporation of Aston students. Themed weeks in a classroom setting were planned for groups of Birmingham and Aston University students to simulate the ward environment and discuss patient scenarios. This had already been started as a pilot and SS reported it had received excellent feedback from students. SS commented that two full-time additional clinical teaching Fellows would support the Aston students from August 2020.

Specialties would be visited to disseminate information about Aston to all the consultants. Additional consultants would be needed to act as tutors for the Aston students.

SS reported that a new state of the art simulation centre had been opened at City Hospital in 2019 and there had been a 50% increase in the use of simulation in education and within the departments (for post-graduate students). The simulation exercises had incorporated multi-disciplinary teams.

In response to a query from RB, SS reported that there would be increasing simulation in other departments. KD commented that simulation was now part of the **w**elearn programme across the organisation so its profile would be raised and clear development plan introduced.

KT expressed the view that the support for undergraduate students at SWB was outstanding and extended thanks to SS for developing the programmes.

In response to a query from RS, SS reported that medical students spent time in GP practice but commented that the Trust could do more to promote the Trust's work in collaborating with Primary Care.

MATTERS FOR INFORMATION/NOTING

15. Finance Report: Month 10 2019/20

TB (03/20) 021

DMc reiterated that the Trust needed to deliver a good run rate position in months 11 and 12 and despite large issues still to be negotiated, it was still the intention to meet the control total and achieve all the financial recovery fund (FRF). DMc reported the aim was to achieve this with as much flexibility as possible.

RG reported that January had been an expensive month for agency spend but there was a plan for getting this back on track with a tight control process in place.

In response to a query from ML, DMc reported that the situation was complex but confirmed that some of

£17m of resource could be available if the rollover position could be achieved.	
16. NHS Regulatory Undertakings: Monthly status update on agency and four-hour standard	TB (03/20) 022
Noted.	
17. Application of the Trust Seal	TB (03/20) 023
Noted.	
UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS	
18. Minutes of the previous meeting and action log	TB (03/20) 024 TB (03/20) 025
<p>The minutes of the previous meeting held on 6th February 2020 were reviewed and the following amendments were made:</p> <p>The following amendments were made:</p> <ul style="list-style-type: none"> • Page 1, Attendees list – ‘Mr Chris Rickards’ to be changed to the correct ‘Mrs’. The minutes were APPROVED as a true/accurate record of discussions, subject to the amendment. • The action log was reviewed. KD reported that items were either on the agenda, completed or due at a later date. The following updates were made: <ul style="list-style-type: none"> ○ <i>TB (11/19) 002: Revisit the recovery of overseas visitor funds in January.</i> KD reported that intensive work would be done on the issue of overseas visitors in the run up to the May Board meeting. DMc reported that invoices should be zero by the end of March and a debt collection agency was helping with recovery. 	
MATTERS FOR INFORMATION	
19. Any other business	Verbal
None.	
20. Date of next meeting of the Public Trust Board:	Verbal
The next meeting will be held on Thursday 2 nd April 2020 in the Hayward Room, Education Centre, City Hospital.	

Signed

Print

Date