

TRUST BOARD – PUBLIC SESSION MINUTES

Venue: Hayward Room, Education Centre,
City Hospital

Date: Thursday 6th February 2020, 09:30-13:15

Members:

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 Nurse (PG)
Ms R Barlow Chief Operating Officer (RB)
Ms D McLannahan Acting Director of Finance (DM)
Mrs R Goodby Director of People & OD (RG)
Miss K Dhami Director of Governance (KD)

In Attendance:

R Wilkin Director of Communications (RW)
R Biran Associate Director of Governance (RBi)
Saurav Bhardwaj (Item 10) (SB)
Helen Mallard (Item 10) (HM)
Amandeep Tung (Item 10) (AT)
D Baker Dir. of Partnerships & Innovation (item 7) (DB)

Apologies:

Mr Chris Rickards (CR)

Minutes	Reference
1. Welcome, Apologies and Declarations of Interest	Verbal
<p>RS welcomed members and attendees to the meeting.</p> <ul style="list-style-type: none"> MP declared that she had taken over a new role as the Chief Finance Officer of the Gambling Commission. MH declared that he had taken on a new role as the Chief Technology Officer at Fujitsu. <p>Chris Rickards' apologies were noted.</p>	
2. Patient Story	Verbal
<p>The patient story came in the form of a video of a female patient who had attended Sandwell Emergency Department and later transferred to the Paediatric Assessment Unit. PG suggested the film raised issues concerned communication and confidentiality.</p> <p>The following key points were made:</p> <ul style="list-style-type: none"> DC commented that the story revealed inconsistencies of communication, some of which might have been linked to staff/shift changes, and that it was important to inform parents and/or patients of changes. He suggested that Unity may help the situation to improve. KT expressed the view that it would be instructive for the video to be shown to the Paediatric staff. PG reported this had already happened and the video had also been shown to the Emergency 	

Department. KT commented that a common GP discipline was to question patients about the information that had already been given to them, which was helpful in avoiding this type of problem.

- PG confirmed the patient story had been recorded post-Unity. RB commented that Unity's electronic record could prevent the repetitive questioning and PG agreed, however, she expressed the view this needed to be balanced with safeguarding procedures.
- TL suggested that when the changes were made in Paediatric A&E it might be worth carrying out survey work to assess how children and their parents were experiencing the service. Healthwatch could be involved to collect information over the Summer to report back in October. RS welcomed the idea.

3. Questions from members of the Public

Verbal

Q1. *How is the Midland Met progressing? It has been reported that no hot food is presented to patients on the SCaT Centre (Sickle Cell & Thalassaemia) ward. Is this correct?*

TL reported there would be a specific SCaT Centre facility within Midland Met, rather than it being aggregated with other services. He reported that SCaT was being reorganised across the Midlands and the expectation was that Midland Met would be designated as the region's Sickle Cell and Thalassaemia 'super centre' which was a tribute to the clinical staff involved. TL further reported that in relation to Midland Met, key development contracts had been signed in December 2019 and good progress was being made. He expressed the view there were no indicators the project was off-track. TL commented that the provision of food would be investigated, but noted it was a day unit and not a ward.

Q2. *When is the Solid Tumour coming back to Sandwell?*

TL reported he would shortly be at joint Overview and Scrutiny Committee with representatives from NHS England and the Queen Elizabeth hospital. TL noted he still hoped that the chemotherapy service for blood and solid tumour provision at Sandwell would open by August 2020. The City site services would open in 2021 because there were estate issues to resolve. He further reported that the move to Midland Met would see chemotherapy stay at Sandwell. He commented that it was expected that the gynae cancer tertiary surgical centre would be permanently based with the Trust thanks to a satisfactory long-term financial settlement and this would be moved to Midland Met in 2022.

Action: TL to investigate the provision of hot food in the SCaT Centre and report back to the questioner from the public forum in writing.

4. Chair's Opening Comments

Verbal

RS reported that Sir John Clothier, former Trust orthopaedic surgeon and member of Healthwatch, had passed away. A memorial service will be held on 2nd March 2020. Councillor Bob Lloyd had also died. RS reported he had been an active and valuable contributor and champion of the Right Care, Right Here campaign.

RS reported that one of the Trust's GP practices - Broadway Healthcare – had demonstrated exemplary, powerful work by effectively interfacing with consultants. The practice, which had achieved an 'outstanding' rating from the CQC, had stratified data collected at Primary Care level (particularly in the

area of diabetes).

RS announced that former Trust nurse, Lesley Writtle, would be joining the board as an Associate Non-Executive Director in March. She was a former nurse of City Hospital and a Critical Care and Children's nurse who had moved into management in leading organisations. She has gone on to become CEO of the neighbouring mental health partner.

UPDATES FROM THE BOARD COMMITTEES

5a. a) Receive the update from the **Finance and Investments Committee** held on 2nd January 2020.

TB (02/20) 001

b) Receive the minutes from the **Finance and Investments Committee** held on 29th November 2019.

TB (02/20) 002

MH brought the following points to the Board's attention:

- The Trust was still on-plan to achieve the 2019/20 financial status, albeit in a different combination of approaches than planned.
- There had been a concern about the triangulation between the income, pay plan and production plan. More work was being done to achieve alignment.
- There was still some concern about meeting the trajectory for 2019/20 which was important in order to achieve the plan for 2021. Reducing the agency spend would be key to success.

TL asked about the Trust's bill-paying record, especially to local businesses. DMc reported the Trust continued to make progress in the payment of old invoices, with a particular focus on local suppliers, but work was still ongoing. DMc expressed the view that an audit would be helpful to ensure a healthy debtor and creditor position for the Trust. DMc further commented that the Better Practice Code Performance was still too low and an improvement was required. It had recently been discovered that performance had been adversely affected by the timing of weekly payment runs and therefore, some quick changes would be made.

The minutes of the **Finance and Investments Committee** held on 29th November 2019 were received.

5b. a) Receive the update from the **People and OD Committee** held on 24th January 2020.

TB (02/20) 003

b) Receive the minutes from the **People and OD Committee** held on 19th December 2019.

TB (02/20) 004

ML reported the following key points:

- The Committee had commenced looking at the CQC Action Plan and had started tracking relevant items.
- The workforce data dashboard had been explored and ML reported there was potential for it to be a useful tool.
- Two 'limited' assurance items were likely to change status to 'adequate' by the end of March.
- The Committee had agreed to carry out process mapping of the rostering process to determine

whether further administration support in this area was needed.

The minutes from the **People and OD Committee** held on 19th December 2020 were received.

5c. a) Receive the update from the Quality and Safety Committee held on 24 th January 2020.	TB (02/20) 005
b) Receive the minutes from the Quality and Safety Committee held on 29 th November 2019.	TB (02/20) 006

HK reported the following key points:

- GIRFT reviews had been presented from ENT and Orthopaedics, identifying the top five improvements that could be undertaken by the Trust. HK reported that some valuable benchmarking data had been presented to demonstrate performance in relation to other Trusts in the region.
- Follow-up actions in the wake of a review were discussed. HK reported that the Committee had agreed a timeframe of six months for a review of progress concerning follow-up activities.
- An update was provided on the Review of Maternal Deaths' action plan. The ROTEM system (a measure of the ability of the blood to coagulate) had been put in place and was being tested in the Unit. HK reported that a Safety Summit had created a checklist of actions to use in incidences where patients collapse in the Maternity Unit. This would form part of a training process for staff, offering guidance on the escalation approach. PG clarified this process would include point of care testing to determine which drugs and treatments were used.
- The Committee had discussed ED four-hour standard (*discussed later in the agenda*).

TL requested an update on the Health[care] Service [Safety] Investigations Branch and whether there were any reflections on the efficacy of using external investigation of events. KD reported that HSIB had selected the Trust's last maternal death for review but assured the Board that 72-hour breach reports were already carried out in such incidences. KD reported that HSIB was taking a long time to carry out reviews. TL suggested that he and RS write to HSIB expressing concern about the delayed process.

The minutes from the **Quality and Safety Committee** held on 29th November 2019 were received.

Action: TL to draft a letter to HSIB on behalf of TL and RS, expressing concern about the delayed maternal death investigations process.

5d. a) Receive the update from the Digital Major Projects Authority held on 24 th January 2019.	TB (02/20) 007
b) Receive the minutes from the Digital Major Projects Authority held on 29 th November 2019.	TB (02/20) 008

MP reported that the main items discussed were the following:

- Risks management within IT including those specific to the department and wider operational risks. MP reported the Committee had been satisfied that the risks were being adequately managed and there were good processes for monitoring, updating and review.
- The next Penetration test would take place as part of the audit programme. Scope and timing had been discussed.

- RB had provided an update on Unity Optimisation.

RB updated the Board on Unity Optimisation and made the following points:

- MPTL – the therapy teams now received updates electronically and delivery times were being met against a tight turnaround standard.
- VTE compliance was back to the best baseline performance pre-Unity and it was hoped that 6-hour performance could be improved.
- The Trust was behind on the following two deliverables:

1) Discharge letters

RB reported an improvement had been observed with regard to discharge letters across all clinical groups with the exception of Medicine. The trajectory had been extended to the end of February. RB reported clinical engagement was good in this process.

2) Barcode scanning for drugs

RB reported that the best performing ward recorded 21 per cent of non-compliance which was a 30 per cent improvement. There were multiple issues involved, including patients arriving with their own drugs which were unable to be scanned and there was a variability of drug rounds on the wards. RB reported that work was being done to better standardise drug rounds practice. Some half days would be used to work with teams on this issue.

- RB reported there were a number of Medicine related optimisation indicators to deliver on which were scheduled for February and March delivery. RB reported she was optimistic of delivering these on time. RB reported that results endorsement remained a focus. DC commented this required a change in culture to embed the new electronic system into practice. RB reported that Sepsis was improving incrementally.
- MP suggested Board members take advantage of cyber security awareness training being offered by NHS Digital. RS agreed this was a good idea.
- TL reported the digital plan was slightly behind and would now be discussed at April's board meeting. The financial framework was being put in place.

The minutes from the **Digital Major Projects Authority** held on 29th November 2019 were received.

MATTERS FOR APPROVAL OR DISCUSSION

6. Chief Executive's Summary on Organisation Wide Issues

TB (02/20) 009

TL introduced his report by noting that the local CCG would determine the transfer of GP contracts for YHP practices into the Trust, which represented a big change in the local health landscape.

He celebrated the fact that targets had been nearly met with flu vaccinations. He commented the Trust had done well and a study would determine how further improvements could be made this year.

TL reported that staff were being engaged on the theme of '50 things that have changed in care locally as a result of patient feedback'. This would be the focus of the annual report, a draft of which would be

available to the Board in late April.

TL reported there would be changes in the Trust's Executive leadership team over the next three months. He noted this would be Rachel's penultimate Board meeting as the Chief Operating Officer before she takes on a new role with responsibility to deliver Midland Met. There would be other executive appointments in the next couple of months.

TL reported that a helpful discussion had taken place with the Birmingham Health and Wellbeing Board, on behalf of the Ladywood and Perry Barr Integrated Care Partnership (ICP). TL commented that it was a constructive dialogue which hopefully would be continued on a bi-monthly basis. It was hoped that similar discussions could take place regarding the role of the Sandwell Health and Wellbeing Board.

TL suggested that there will be a focus for the year ahead on the future of the Eye Hospital [BMEC]. Land and development opportunities were being opened up and TL reported that a proposition was being put together with STP partners about eye service leadership across the Black Country. He commented that a governance model would be helpful in driving progress. RS commented that looking at the Moorfields example might be helpful in terms of its wider public health work.

HK raised the issue of the unremoved cannula case and asked what would be done differently. TL agreed it should never have happened especially as a similar case was reported three years ago. TL reported that data through the Chief Nurse's team was now being collected to positively confirm patients did not leave hospital with a retained cannula.

HK raised the issue of the response to the threat of Coronavirus. TL reported that the Trust was doing everything it had been asked to do and typically, action was being taken ahead of instructions being received. TL reported some of the national guidance around interactions had been confusing and this was being discussed. A slight spike in people presenting with flu-like symptoms had been seen in response to the outbreak.

WZ complimented the Trust on its level of engagement and listening with patients and staff, its efforts to develop a more balanced relationship with Council and commented that it would be important to consider neighbouring areas and use the delay in the delivery of Midland met to put some interventions in place to communicate the benefits. He expressed the view that Midland Met could be a catalyst for regeneration in the wider area. RS thanked WZ for his comments and help in integrating thinking around the Midland Met development.

RS raised the issue of the Trust's response to frailty. TL expressed the view that subject to finances, he was sure the Trust would develop a leading care home/frailty/acute care model with the input of Professor Dan Lasserson who had carried out research in this area.

TL reported that he had corresponded with Sir Robert Francis regarding the Healthwatch National Review of Complaints. The Trust's annual report would be examined to ensure all transparency indications were being met. TL reported that the latest National Maternity Survey had identified that the Trust's complaints were predominantly centred around waits for induction and the labour ward being a very hectic environment. TL reported more room would be found to increase induction spaces and everyone who had given birth in the prior year would be written to through the director of midwifery.

RG reported on mandatory training. RG reported that the Trust hoped to achieve percentages of 85% to be 100% compliant by the end of January and 95% by the end of March. Three new national modules had gone 'live'. RG reported that today's was 79% and therefore the January target had not been met. Efforts

were being made to target individuals for training where required. In response to feedback from Groups, a new reporting function had been developed to clarify training obligations for staff. She commented that a large number of people were non-compliant on infection control because of recent changes in the frequency of training. RG confirmed that performance reviews and incentives continued to be linked to completion of mandatory training.

7. Integrated Quality and Performance Feedback

TB (02/20) 010

DB was invited to present the Integrated Quality and Performance Report. The DMO1 target had continued to be met two months consecutively. The RTT performance had been confirmed at 91.06% and was now missed for three months. There were 19 persistent reds - 2 had been removed because they were affected by data quality issues and a further 5 had been removed because they were organisational priority issues. Of the remaining 12 reds, 5 had very clear plans and a couple had been achieved for three months but would be monitored. Plans would be put in place to clear the rest.

TL raised the issue of whether the 'friends and family' position was sustainable as it had been in the persistent red category for a while. PG expressed the view there needed to be a renewed rigour and vigour around the new questions being introduced in April. PG reported maternity deserved praise for raising its performance in this area.

DB reported that the CQC indicators would be considered for inclusion in the new IQPR in March.

HK raised the issue of nurse turnover. PG reported a lot of work had been done in the area of retention as well as recruitment rates. PG acknowledged that the Trust needed to look at the national target as well as its own target. RB reported the Board had approved the retention plan to reduce nursing turnover to 10% but no targets had been assigned to the Trust.

MP raised the issue of whether the Trust was prepared to report against the new standard, that of cancer diagnosis within 28 days for at least 70 per cent of people. RB confirmed this was being tracked and some tumour sites were already meeting it. RB reported the cancer 62-day target had been met for Q3.

PG reported that with regard to infection control, screening would be reintroduced from 1st February. On stroke where two indicators were being missed, RB reported that in December performance had been challenged by a 100% increase in activity. Some focus work was being carried out in the area of efficient sitting out and discharge. In the acute stroke area, work was being done around rehabilitation flow. RB reported she would shortly be meeting the stroke team to discuss action plans and ensure sustainable practice changes. TL suggested that the stroke team be invited to the Board in June and July to discuss issues to mark a year since the Stoke Symposium.

Action: The stroke team to be invited to the Board to discuss performance indicators in June or July.

8. Monthly Risk Register Report

TB (02/20) 011

KD reported there were no new risks to consider.

In ophthalmology, there had been a concern about the timely follow up and assessment of outpatients. RB reported she was meeting every fortnight with the leadership team to work through an action plan to address the issue. KD reported it would be discussed again at the next Risk Management Committee. There was also an IT solution required to address a storage issue in diagnostics. This would be completed in

February. MP raised risk 1762 (BMEC outpatients) and whether the action had mitigated the risk. RB reported that she would investigate and report back to MP.

KD reported that the Risk Management Committee had scrutinised a list of former 'red' risks which had been improved to 'amber' and were satisfied mitigations had been achieved.

TL expressed the view that by the end of the year the Trust needed to be clear about how long clinical results were waiting to be endorsed. TL suggested the topic be further discussed at the April Board meeting. It could be a material matter for the AGS.

RS raised the deadlines mentioned in risk 3693 and whether the Trust was on track to meet them. DB reported the Medical Examiner Officer had been appointed and starts in March and an interview panel would shortly sit to appoint three more medical examiners.

DC reported the Trust was at the transition stage of the Medical Examiner reviewing all deaths. TL expressed the view that the Board needed to be clear of the number of deaths reviewed and those not reviewed. DC agreed to summarise that in writing.

Action: KD to present numbers on results endorsements for discussion at the April Board meeting.

Action: RB to investigate the action to mitigate risk 1762 and report back to MP

9.

BREAK

10. Clinical Service Presentation: Emergency Department

TB (02/20) 012

RB introduced a clinical service presentation from the Emergency Care team. RB commented that the aim was to deliver change and impacts relevant to the Improvement Plan. There was volatility and inconsistency in 4-hour performance in the Emergency Department, with ranges from below 60% to 82% in the space of a week. RB introduced SB (Consultant and Clinical ED Lead), HM (Lead ED Nurse) and AT (Directorate General Manager for Emergency Care) to present. The presentation highlighted:

- Pre-Unity, the 4-hour performance had been 81% but performance had fallen after Unity went live. SB expressed the view it would be a challenge for the ED to reach that figure again. In January, the department's performance was sitting in the bottom quartile nationally.
- The ED was pleased to have filled a lot of its vacancies. Junior grade vacancies were less than 10% which was positive.
- HM reported on the nursing workforce plans, which also included non-nursing roles to support the nursing staff. By April there would be 21.8% vacancies over the two hospital sites which amounted to a vacancy rate of 12.7% vacancy rate, but the goal was to achieve full recruitment in 2020.
- SB reported that focus on the patient journey following booking into the department would be key to 4-hour performance improvement. HM commented that streaming patients to the GP provider reduced the primary care workload on the ED. Streaming had been increased by 16% by expanding patient criteria and HM reported that further optimisation could prevent a further five breaches a day.
- SB reported that another important aspect was time to triage. The department had relaunched a SMART process (Senior Management Assessment and Rapid Treatment) to reduce the wait time for

triage and assessment by clinician. Having a senior decision maker in the ambulance area between 10am and 6pm had also had a positive impact. The aim was to achieve 90 per cent diagnostics within one hour.

- HM reported the CQC plan included the improvement of treatment experience for children and young people and compliance against national targets. Risk themes included violence and aggression and ED overcrowding. HM reported there was a draft lock down policy and a security group had been formed and the use of body cameras was being scoped. ED action cards had been implemented in response to people being looked after in corridors to help staff maintain safety.
- SB reported that pain in children had been a success story. Compliance had been achieved by introducing nurses who could prescribe analgesia within the target time. This process would be re-audited in March.
- HM reported the ED delivered daily consistency in care audits. This aided continuous improvement.
- Patient experience improvements included dementia distraction cubicles were being trialled at the Sandwell site to help patients with dementia and autism. These included therapy boxes with dolls and music experiences to calm patients in a busy environment. The cubicles would be rolled out to the City site. Long-stay ED patients were given comfort packs for vulnerable patients containing toiletries and long-stay activity bags were also being trialled at the Sandwell site to help reduce anxiety. Initiatives included the 'Hello, my name is...' for new members of staff and the two-week cancer referral programme.

PG asked about strategies for filling nursing vacancies. HM reported that regular, Australian recruitment and training programmes had helped fill 16 vacancies at Band 5 and by March there would be just 4 vacancies at this level. HM reported that the Trust was looking to develop Band 5 nurses into Band 6 where there were the most vacancies.

KT asked why Sandwell ED figures were often better than City. SB expressed the view that part of the reason was related to the level of leadership, support and sharing efficient systems between the sites.

RG raised the issue of wellbeing and morale in the departments and how the Board could support staff in this area. HM reported that good communication was key and there were initiatives in place to support staff.

ML raised the issue of support. SB reported there was a consistency of care meeting with the leadership every week. Intelligent rostering was helping with managing resource.

KD asked whether the ED was safe. SB reported that safety was a priority and there had been no incidents outside of the issue of waiting times. HM added that audits were carried out daily to ensure patients were getting the care they needed. RB commented that the Board could not be assured that the department was safe when performance was volatile and as low as 55% on some days. She reported the Trust was very determined to make consistency improvements in the next five weeks.

MH asked if teams were receptive to changes. HM reported teams were encouraged to contribute ideas to guide change.

HM confirmed that an ED dashboard identified problems. The ED also had its own escalation and internal

plan which also identified surges for example, so that resources could be better deployed to respond.

11. Delivering the Quality Plan objectives

TB (02/20) 013

DB referred board members to the Quality Plan paper and noted that he had focused on pulling out common themes in all Quality Plans to achieve a unified approach to engagement and ensure the Trust was engaging with the right groups and in a consistent manner utilising existing communications in the organisation.

TL commented that the Quality plans would be a huge focus for the next six months especially:

- PROMS – Delivery of the indicator
- Cancer Outcomes – Obtaining national cancer outcome data

DC expressed the view that clear timelines should be established for the delivery of all areas, as some were not clearly specified. Leadership had been changed for PROMS data collection and process within orthopaedics and therefore an update should be available. DC reported that 5-year cancer outcomes were not available as a quality marker. The Cancer Board had looked at their existing criteria around staging, as an alternative marker. TL commented that staging data would be useful for planning and DB confirmed data was already immediately available.

ML raised the issue of prioritising staff of interest to the CQC. DB reported this was not happening because the priority had been on improvement areas which were important to the organisation rather than those that were the focus of the CQC. TL expressed the view that it was important that the Board and the Trust communicate to the CQC that there were already quality indicators in place. There was an opportunity to do this through the Well Led channel.

RS commented that the breadth of work in some of the Plans was huge and a pragmatic approach was necessary. TL suggested that in practice we had seven aims and it might be helpful to reframe our narrative to that effect in our annual plan and forthcoming Quality Account/Annual Report.

12. CQC Insight Report: Response to outliers

TB (02/20) 014

KD reported on the insight report from the CQC. She reported that Groups were focusing on areas that had been identified as being worse, or better than the national average. She reported that in response, Group boards had been invited to take action in underperforming areas. She reported that some of the information from the report could now be integrated into the IQPR. KD reported that positive action and audit plans from the groups would be tracked by the Executive Quality Committee. KD reported there had been no CQC insight report for the PCCT and this needed to be addressed. KD reported that Surgery had not been inspected since 2014 and data was showing their core service was declining and therefore, work would be undertaken to make improvements. TL expressed the view that he was the least convincing information related to Surgery and this needed to be probed further.

MH commented that because the Trust had ambitious internal targets it was more difficult to readily achieve or over-achieve. TL commented that it was an urban myth that the Trust set higher targets than everyone else and the CQC held the Trust to them. He expressed the view that the Trust was being disadvantaged by data confusion – our own and that among inspectors. He agreed to see what could be done to bring greater clarity.

13. Hard to fill posts**TB (02/20) 015**

RG reported that a workforce plan would be prepared for the March meeting however, an interim paper had been produced to assure the board that work was on track to identify the retention plan, the vacancies and hard to fill posts. RG reported that at the end of March there would be 554 whole time posts or less without a plan start date. TL noted that the aim had been 554 vacancies. RG agreed to explore further.

On January 16, each clinical group had made a detailed analysis of their predicted residual vacancies which were being further analysed. 202 whole time equivalents had been identified as hard to fill. Surgical services had the most hard-to-fill roles as a department and most were in the areas of nursing and midwifery.

ML asked what other Trusts did to attract staff. RG reported that some Trusts were spending a lot of money on recruiting overseas. RG commented that the Trust was innovative in how it filled some roles, but it was behind in terms of its ACP model. PG commented that a programme was being set up but was taking time.

TL expressed the view that Surgical Services' definition of hard-to-fill might not be the same as other groups and requested that this be looked at again. TL commented that more work needed to be done to improve numbers in partnership with Surgery.

DC reported there were very few vacancies in mid-grade posts. Many junior specialist doctor posts were now pre-filled which was positive. The Wolverhampton 2-year Training Fellowship aimed at non-UK/EU had proved attractive, combining study and research with hospital work. RS welcome this STP level collaboration.

RG assured the board that whilst the posts were vacant, the majority of them were covered by temporary spend. TL commented that his paper on this issue to the People and OD Committee would not recommend that the Committee be assured by this. He noted the work to be done on data triangulation.

Action: RG to analyse the definition of 'hard-to-fill' in relation to Surgical Services vacancies.

14. SBAF: Risks assurance level**TB (02/20) 016**

KD reported the paper was largely for information because the majority of Committees had not had the topic on their agenda over the December and January period.

KD reported that the target was to reach 'adequate' assurance on all SBAF risks, but the majority were at 'limited' assurance. KD expressed the review that improvements were doable providing the topic was kept on Board Committee agendas and the executive continued their efforts in this area.

TL commented that improvement efforts would be susceptible to competing priorities. TL suggested that more time be found in the next 6/7 weeks to drive improvements further.

Action: TL and KD to schedule time to work on driving SBAF assurance improvements.

Action: SBAF risks assurance level topic to be kept on the agendas of Board Committees.

15. Pay, non-pay and income**TB (02/20) 017**

DMc reported on the items to bridge the 19/20 deficit of £17.3m to the 2021 financial improvement trajectory of around £14m.

DMc that it was important to highlight the LTFM assumed the underlying deficit would be removed in 2021, but this assumed national growth of around £8m and assumed funding for the double running and commissioning costs for Midland Met, which were now extended to years 22/23.

An agreement had been reached with the Department of Health and Social Care in December saying that national growth was not available and funds needed to be found. DMC reported that the LTFM would need to be adjusted but the underlying deficit would still need to be removed by the years 23/24.

DMc reported that at 2021 prices, £486m of patient related income was required. Important meetings to discuss activity plans for 2021 were imminent. On pay, there was an incremental drift on pay of just under £9m in 2021.

DMc reported there was £179m to spend on non-pay next year. There were some recurrent pressures in 19/20 around non-delivery specifically around pharmacy outsourcing and procurement which would need to be mitigated.

DMc confirmed that the non-contracting activity was effectively flat.

The Trust's financial improvement trajectory assumed a 3.8% increase in income, but the Commissioners had informed Trusts there would only be 2% available, however, DMC expressed the view that they did have to invest and there was an opportunity to mitigate in those areas where investment would need to be made because of service improvements.

16. Midland Met Appeal

TB (02/20) 018

RW reported that she was pleased to bring the appeal to the board for discussion. She expressed the view that now construction was underway, there was more confidence around the project for sponsors who had expressed an interest in helping deliver enhancements to patient experience and improve links with communities.

The Campaign structure had been in place for some time led by a Leadership Committee including RS and Chaired by Peter Salt from Salt's Healthcare. Other members of the Committee were well networked to promote the philanthropic story around Midland Met.

The next stage would be for the Leadership Committee to focus on lower levels of gift value but higher volume. The focus would be on community and business contributions and grants and foundations. Some positive discussions and indications of interest had already been received.

RW reported the Campaign would fund world-leading research, develop deep links with the community, develop a welcoming environment including arts and performance.

There was around £420k banked so far and contributions and grant indications swelled the figure to £790k. RW expressed the view this was a good position and there was an extremely strong pipeline of projects.

The Campaign would launch publicly in March. RW thanked board members for their support which she said had been invaluable so far. RW reported the Campaign costs were around £150k per year, mostly on team salary costs. (£450k over the course of the campaign). The target was a net £2m, therefore, the real target was close to £2.5m when costs were included.

RW reported that some funds would be spent on research and development and some monies had already been ringfenced for particular projects.

MP raised a question about the Campaign's governance because it did not include the Charitable Funds Committee. RW reported that the Committee received reports on the Campaign progress at every meeting. TL expressed the view that Annexe One needed to be rewritten to include the Charitable Funds Committee and to make it clear the Board was being asked to support a £2.5m fundraising campaign.

RW reported that on 14th February there would be an event to celebrate Midland Met and on 11th March there would be a stakeholder event to encourage people who have made pledges to make them more public.

Action: RW to rewrite the Midland Met Appeal Campaign information to reflect the inclusion of the Charitable Funds Committee and the alter the fundraising target to £2.5m (approx.)

17. 2018/19 Annual Governance Statement: Update on control risks

TB (02/20) 019

TL referred Board members to the paper on last year's governance statement and reported on four items which had been identified as a risk. These were:

- Safety
- Data
- Asset failure
- Vulnerable services

TL reported that the general feeling was that asset failure and vulnerable assurance were more assured than last year. Safety was uncertain and data required data mapping work to be confident there were no material failure points, although cyber security appeared to be stronger than the previous year. TL reported they would be taken through the Audit Committee.

TL reported that a discussion might take place about introducing local cyber security training if nothing was included in the national modules.

He welcomed comment in and outside the meeting on his Annual Governance Statement.

MATTERS FOR INFORMATION/NOTING

18. Finance Report: Month 9 2019/20

TB (02/20) 020

- Noted.

19. Complaints, PALS and Purple Point Q3 Report

TB (02/20) 021

KD drew the Chair's attention to the list of community events planned and already attended. These connections had been welcomed by community groups. TL raised the issue of the apparent negative response to the feedback questionnaire – 15% of people who had responded felt the Trust had listened to them. KD agreed to make sense of that data.

20. NHS Regulatory Undertakings: Monthly status update on agency and four-hour standard	TB (02/20) 022
<ul style="list-style-type: none"> Noted. 	
UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS	
20. Minutes of the previous meeting and action log	TB (02/20) 023 TB (02/20) 024
<p>It was proposed that the minutes of the previous meeting, held on 2nd January 2020, were a true/accurate record of discussions and an update on actions from previous meetings was provided.</p> <ul style="list-style-type: none"> The following amendments were made: <ul style="list-style-type: none"> <i>TB (01/20) 008 Flu Update: Route to 85%</i> '...including explicit videos...' to be changed to '...including explicit messages in videos'. <p>The minutes were APPROVED subject to the amendment.</p> The action log was reviewed and the following updates were made: <ul style="list-style-type: none"> <i>TB (05/19) 010: Progress clean air planning for the Trust to include electric vehicle option.</i> TL confirmed he would have costs in February. <i>TB (11/19) Chairman's Comments: Return the learning disabilities accreditation programme to the action tracker</i> TL suggested that the topic and the latest National audit data be taken to the April Board meeting via the Quality and Safety Committee at the end of March. <i>TB (09/19) 017: Provide reflection to the EQC in four to five months as to whether the MOH instigation protocols were working.</i> PG confirmed this was now closed. <i>TB (11/19) 002: Revisit the recovery of overseas visitor funds in January</i> DMc confirmed only 391 overseas invoices would remain by 14th February and zero by 26th March. 	
MATTERS FOR INFORMATION	
21. Any other business	Verbal
<ul style="list-style-type: none"> None. 	
22. Date of next meeting of the Public Trust Board:	Verbal
<ul style="list-style-type: none"> The next meeting will be held on Thursday 5th March 2020, Durga Bhawan Hindu Cultural Resource centre, 360 Spon Lane, Smethwick B66 1AB 	

Signed

Print

Date