Paper ref: TB (08/20)022

Sandwell and West Birmingham Hospitals NHS
NHS Trust

TRUST BOARD – PUBLIC SESSION MINUTES

Venue: Meeting by WebEx. **Date:** Thursday 2nd July 2020, 09:30-13:15

Members:		**In Attendance:**	
Mr R Samuda (Chair, Trust Chairman)	(RS)	Mrs R Wilkin, Director of Communications	(RW)
Mr M Laverty Non-Executive Director	(ML)	Ms R Biran, Associate Director of Corporate Governance	(RBi)
Mr H Kang Non-Executive Director	(HK)	Mr D Baker (Item 5 onwards)	(DB)
		Ms H Cope, Associate Chief Nurse (Accompanied by patient Amy for Item 4)	
Mr M Hoare Non-Executive Director	(MH)	Ms H Hurst, Director of Midwifery	
Cllr W Zaffar Non-Executive Director	(WZ)	Ms A Copeland, SWBH Lead Alcohol Nurse	
Prof K Thomas Non-Executive Director	(KT)	Mr S Bradberry, Consultant Clinical Toxicologist & Alcohol Lead, SWBH (Item 10)	
Ms L Writtle Assoc. Non-Executive Director	(TL)		
Dr D Carruthers Medical Director	(DC)		
Mr L Kennedy Chief Operating Officer	(LK)		
Ms D McLannahan Chief Finance Officer	(DM)		
Mrs R Goodby Director of People & OD	(RG)	**Apologies:**	
Miss K Dhami Director of Governance	(KD)	Mr T Lewis, Chief Executive	(WZ)

Minutes	**Reference**
1. Welcome, Apologies and Declarations of Interest	**Verbal**
RS welcomed Board members to the meeting. There were no declarations of interest. RS reported that Chief Executive Toby Lewis was on sick leave and extended best wishes for his recovery. **Apologies:** Mr T Lewis	
2. Chair's Opening Comments	**Verbal**
RS thanked Associate Non-Executive Director, Lesley Writtle for taking over as Chair of the Audit Committee following the departure of Marie Perry. RS also thanked Mike Hoare for taking on the Digital Committee Chair role. RS commented that concerns were ongoing about low levels of A&E attendances and referrals. He reported that cancer had restored to around 70% of pre-COVID-19 levels, diagnostics was sitting around 25% below normal levels, stroke was closer to what might be expected but there were still worries about non-presentation. A&E was approximately 37% below usual levels and elective day cases were around 40% of last year's numbers. RS stated that the Trust was very keen to rebuild confidence and acknowledged the importance of both communications and effective infection control.	

Winter remained a concern and the flu campaign had commenced.

At an STP level, RS commented that there was a desire to collaborate on best practice and to focus on some of the particular drivers of public health such as poverty and health inequalities. RS commented that the Trust had been working as a regional anchor institution in the area of apprenticeships and homelessness to ensure the trust was playing a part in supporting the local economy for the benefit of both the Trust and for the good of public health.

RS stated that staff wellbeing remained a top priority for the Trust.

3. Questions from Members of the Public	**Verbal**

Q1. Considering the impact of COVID-19 and lockdown on mental health e.g. unemployment, bereavement, does the Trust have any plans to invest in mental health services for the general public?

LK acknowledged that periods of change often caused anxiety and mental health issues and that a lot of people were going through many changes e.g. isolation and working from home. LK commented that the recovery phase from COVID-19 would also have consequences that needed consideration.

LK stated that the STP had established a workstream, primarily focusing on mental health, which involved multiple providers working collaboratively to respond to the needs of communities.

4. Patient story	**Verbal**

HC introduced midwifery patient Amy, who had chosen to attend City hospital for the birth of her baby after receiving positive feedback from friends and being familiar with the Trust's diabetes team who treated her for Type 1 disease at Sandwell Hospital. Amy reported that her diabetes had become difficult to manage during her pregnancy and she had required regular medical intervention.

Amy reported that the treatment received from Trust staff, after being unexpectedly admitted to M1 ward following a growth scan, had been phenomenal and that her pregnancy had been very well-managed. Amy stated that she had felt safe at all times during her 10-day stay.

Amy reported that she had had an emergency C-section on day 4 and she paid tribute to all staff involved for reducing her stress levels with good preparation. Amy commented that every single person she interacted with had made a positive difference to her experience.

The support and clear communication continued when her baby son had to be admitted to the neo-natal unit for care following the birth. Amy reported that she had been permitted to visit her baby in the unit which had been very helpful. Discharge of the baby from the unit was also very positive.

Amy further commented that support with breast-feeding and baby care had been welcomed and commented that the midwives had bought her gluten-free biscuits so that, as a coeliac, she could have a treat following the birth.

Amy expressed immense gratitude on behalf of herself and her partner for the experience.

DC queried her experience of the combined care required (diabetes and obstetrics). Amy reported that there had been great continuity of care and, where possible, she had seen medical staff who knew her and her history.

KT queried whether Amy had received counselling and advice, before she became pregnant, on what to expect regarding her diabetes. Amy confirmed that the diabetes team had given her clear and detailed

advice in the three years preceding her pregnancy and had fully answered her questions.

HC stated that Amy's feedback and thankyou letter had been shared across maternity services, including the diabetes team. Known staff had been sent personal thanks and letters of appreciation. HC reported that diabetes midwives would be offering the whole range of care going forward, as part of an expansion of integrated care in this area.

In response to a query from MH, Amy confirmed that her confidence in the excellence of other Trust services had been boosted by her maternity experience. Amy also praised the aftercare support.

RS thanked Amy for her contribution.

UPDATES FROM BOARD COMMITTEES	
5a. a) Receive the update from the **Audit & Risk Management Committee** meetings, held on 4th and 22nd June 2020. b) Receive the minutes from the **Audit & Risk Committee** meeting, held on 7th May 2020.	**TB (07/20) 001** **TB (07/20) 002**

DMc updated the Board on highlights from two Committee meetings, focusing on the meeting of 22nd June.

DMc reported that the meeting had discussed the final Annual Governance Statement, which Grant Thornton (GT) had agreed was in an acceptable format with acceptable content.

The Audit Findings Report had also been discussed in some detail, including the reversal of treating the carparks as an investment property and the associated compensating adjustment. The uncertainty in relation to PDC had also been discussed and DMc reported that no answer had been forthcoming from NHSI.

DMc reported that the audit had also pointed out some uncertainties, rather than errors, in the accounts around disputed debt and future VAT claim settlement assumptions.

The Counter Fraud 19/20 Annual Report (including SRT) and 2021 Counter Fraud Plan had been considered and approved.

DMc reported that further work in relation to asset valuations had been identified in the final accounts. This work had found that the Trust had overvalued Leasowes and therefore, an adjustment had been made before submission.

RS acknowledged the extra work that the finance team had been required to undertake in 2020. HK also commended DMc and the finance team for their work on the accounts.

5b. a) Receive the update from the **People & OD Committee** meeting, held on 26th June 2020. b) Receive the minutes from the **People & OD Committee** meeting, held on 24th April 2020.	**TB (07/20) 003** **TB (07/20) 004**

ML reported that good progress had been made on mandatory training which had been pleasing.

The staff wellbeing offer was being rolled out and monitored and would be discussed later in the Board agenda. ML commented that more information would be gathered to ensure that medical teams under the

most stress were accessing the support appropriately.

Progress on recruitment had been considered. ML reported that recruitment was increasing following a stall in activity during COIVID-19.

ML reported that a larger piece of work would be required on workforce planning, to ensure that the Trust was prepared for the Midland Met move.

5c. a) Receive the update from the **Quality and Safety Committee** meeting, held on 26th June 2020. b) Receive the minutes from the **Quality and Safety Committee** meeting, held on 29th May 2020.	**TB (07/20) 005** **TB (07/20) 006**

HK reported that discussions had covered the recovery of activity of services and the employee wellbeing offer. Consideration had also been given to winter planning options in relation to a potential COVID-19 surge.

Sepsis patient screening in the first hour of care remained over 90%, including over the COVID-19 period. HK reported that targeted work would now be required to ensure that identified patients received the required treatment and in a timely manner, to improve the current low performance level.

The Safety Plan position had been improving but a compliance level of 71% remained a concern. Other intelligence relied upon to confirm patient safety had been discussed and had provided a level of assurance. HK reported that this information/data would probably be more formalised to ensure a continuing contribution and level of assurance.

HK reported that the Committee had been updated on the roll out of the welearn programme. There had been a robust discussion about the definition of what constituted bullying and harassment and whether the choice of words used in training clashed with existing policies in this area. RS commented that this needed to be investigated.

Ongoing work in monitoring against CQC findings had also been discussed and HK stated that a position statement would be presented at the next Q&S Committee meeting.

KD updated the Board on engagement with the CQC. She clarified that the Trust's two CQC inspectors had indicated they would be recommencing their work on a risk basis (prioritising organisations where problems were suspected). KD reported that the Trust did not fall into this category and the timing of their potential next inspection remained uncertain.

KD reported that, in the meantime, work continued. CQC benchmarking reports on core services had resumed and would be discussed at the Q&S Committee. These indicated key areas of focus for the CQC.

KD reported that the Non-Executive team had been interviewed as part of the Well Led initiative with the Good Governance Institute (GGI) and that interviews would now take place with the executive team. Results would be presented back and GGI would undertake coaching both individually and as a team closer to the CQC inspection. A lead co-ordinator - Ruth Spencer - had been appointed and was working with Groups.

With regard to the minutes, it was requested that the name of Paula Gardner be removed from the minutes as she was not present and KT had submitted apologies for this meeting.

5d. a) Receive the update from the **Digital Major Projects Authority** meeting, held on 26th June 2020. b) Receive the minutes from the **Digital Major Projects Authority** meeting, held on 29th May 2020.	**TB (07/20) 007** **TB (07/20) 008**

MH reported that infrastructure performance continued to be very stable, which indicated that confidence was building across the estate that the systems and services would be available.

Security vulnerabilities around the Windows 10 roll out had also been discussed – particularly in relation to the desktop estate. The roll-out would be completed in September 2020 equating to a run rate of 40-50 devices per day.

MH reported that Unity optimisation had not progressed as quickly as expected because of the impact of the COVID-19 response. Barcode scanning and delivery of medicines would be a key area of audit within the CQC visit and therefore was a focus area for the Trust.

MH reported that work was progressing with NHSI and NHS Digital on addressing cyber security risk.

5e. a) Receive the update from the **Estate Major Projects Authority** meeting, held on 29th May 2020. b) Receive the minutes from the **Estate Major Projects Authority** meeting**,** held on 24th April 2020.	**TB (07/20) 009** **TB (07/20) 010**

RS reported that discussions had focused on how the Trust would assimilate the acute care model into Midland Met. There would be a process of recalibration with the clinical teams with a view to re-presenting [the Plan] in October.

RS reported that wider stakeholder communications and consultations about the changed clinical model had also been discussed.

Lessons learned from other major projects had also been considered, highlighting three areas:

- Good governance
- Workforce and stakeholder engagement
- Cultural change

RS reported that the gains from the process would be set out in a clear statement which would be brought back to the Board.

Slippage of 8 days had been noted on the construction programme, but this was in tolerance. Social distancing requirements had impacted the programme. Contingencies had also been covered.

LK reported that a new working group had been set up with representatives from each area of the workforce with the remit of giving input into the project and to aid the dissemination of information.

RG expressed the view that there should be greater integration, reporting and sharing of views from the different Committees in relation to Midland Met and its clinical models.

BREAK

MATTERS FOR APPROVAL OR DISCUSSION

6. COVID-19: Psychological wellness scorecard	**TB (07/20) 011**

RG referred Board members to the paper which brought together aspects of the psychological scorecard in terms of Level 1 and Level 2 training and TRiM methodology. Qualitative feedback and before and after mood scores of staff who had visited the Sanctuary had also been included in the paper.

RG reported that there had been a 20% increase in self-reported mood after visiting the Sanctuary. RG reported that staff comments were continuing to be captured.

The mental wellbeing training peer group was also being closely monitored.

RG reported that the roll-out of the Workplace Stress Risk Assessment to high-risk areas had been previously agreed upon by the Board. More than 300 risk assessments had already been completed. A score of less than 50% triggered a proactive wellbeing call from the Wellbeing Hub with different pathways available. Those individuals who scored more than 50% received an email acknowledging their participation.

RG reported that a clinical assessment was being developed based on an algorithm to identify low mood, potential self-harm and suicidal thoughts, in addition to workplace stressors. Pathways would include exercise and mindfulness.

RG further reported that very low assessment scores would receive a call from a wellbeing practitioner and a referral to a GP or A&E and mental health services (for crisis situations).

RG advised that monitoring would provide assessment numbers, key themes and mood scores per area. Follow up assessments would help track mood over a longer time period. RG reminded the Board that wellbeing was one of the Trusts COVID-19 risks.

HK queried what additional support had been offered to BAME (Black, Asian and Minority Ethnic) staff in light of this community being disproportionately impacted by COVID-19. RG reported that the Trust had hosted a webinar for BAME staff members to discuss access to PPE and some of the issues and evidence. Videos by the Chief executive encouraging BAME staff to speak up had been circulated on social media. Early in the COVID-19 response, staff had been offered a local risk assessment with their line manager.

RG reported that the risk assessment had since been more widely sent out to colleagues through Occupational Health (not just BAME) and this had elicited 1100 responses. RG reported that the personalised risk profiles and recommendations had to be noted and followed by managers. DC commented that this process was in line with national and other local thinking. There was a risk that colleagues in the same environment could be wearing different levels of PPE, but this was necessary to protect those staff members at greater risk.

KT queried whether there were plans to keep the Sanctuary open in the longer-term. RG reported that the Sanctuary would continue to operate and applications had been made to NHS charities for additional monies. RG reported that Health Education England had offered to contribute funds and the long-term vision was to get the Sanctuary on a sustainable footing and to develop wellbeing educational courses at the facility.

MH queried how the Trust was interacting with doctors in relation to wellbeing. RG reported that junior doctors and several senior doctor representatives were holding regular meetings ‘wellbeing Wednesdays’ for debriefing and intranet material was available. RG commented that feedback from doctors had been

that the Trust had responded in relation to staffing rates. DC commented that the new cohort of junior doctors arriving in August would also need to be supported.

7. COVID-19: Surge risks closeout	**TB (07/20) 012**

KD referred Board members to the paper and the 30 risks which had already been identified and discussed at previous meetings. KD reported that some of the risks were now at the close out stage because they had been mitigated to the target score or had exceeded it.

KD reported that wellbeing programmes had been helping to mitigate [psychological] risk and systems were in place to more effectively measure PPE levels to flag potential supply problems. KD also commended the overall community approach taken to risk. KD reported that an internal audit had been commissioned to further examine the Trust's approach.

KD reported that recovery risks would be presented to the Board in August.

LK commented that the Trust had done a good job in relation to the surge risks but there were large backlogs in terms of the recovery risks (especially in diagnostics), despite best efforts to get services back up and running.

RS queried whether GP colleagues could help address backlogs. DC commented that the challenge would be in working through the subtleties of approach for individual patients.

In response to a query from WZ about data sharing. LK confirmed that the Trust did not have access to data which could potentially help indicate a second surge. Instead, the Trust had been relying on its own data and trend analysis. DC commented that it was hoped that extensive community and in-hospital swabbing would serve as an early warning system.

8. Flu Vaccination	**TB (07/20) 013**

RG reported that the Trust had historically been very successful in achieving herd vaccination levels of 80% or more.

Flu vaccines would arrive at the end of September and RG further reported that a different, more localised approach would be taken this year, taking inspiration from the successful, Unity 'super user' theme.

RG reported that this year's peer flu vaccinators would be called 'Fluper Troopers' (ABBA theme) and these individuals had already been identified. Training had been simplified. Deputy Medical Directors had signed up to be visible faces of the campaign and messaging around the importance of vaccination would commence in August 2020.

In response to a query from HK about vaccine prioritisation (in the event of a COVID-19 vaccine being available in the future), DC commented that this would need further consideration. HC commented that a greater demand for the flu vaccine was expected this year and agreed that plans had not been put in place to deal with demand for a potential COVID-19 vaccine but guessed that a risk assessment approach would likely be used.

KT expressed shock at the low levels of vaccine uptake among people caring for the elderly (28.3%) and queried whether these areas would be targeted. RG confirmed that this would be one of the focus areas. She expressed the view that peer influencers would help with uptake.

9. COVID-19: Recovery versus plan	**TB (07/20) 014**

LK reported that a recovery dashboard had been created to track recovery levels by specialty. The aim was to recover [to pre-COVID-19 levels of activity] by September 2020.

LK advised that the dashboard focused on two main areas:

- Outpatient and diagnostic
- Procedures, inpatient, day case procedures

LK reported that most specialities were on track to deliver against their OP (outpatient) trajectories despite high levels of DNA rates, most notably in Breast and Ophthalmology. A few areas including Geriatrics and Rheumatology had been struggling to meet OP activity targets due to a mixture of staffing shortfalls and their extended commitments to support inpatient work. Overall, the Trust was at 150% of its OP recovery activity which was better than expected.

Across day case and elective, activity had started modestly but had eventually delivered with the exception of T&O, Urology (pathway development and operating theatre capacity issues) and Dermatology (staffing issues with more independent sector capacity support being considered).

Diagnostic Imaging Modalities were on track and had been recovering well but LK reported that there was still a large backlog to address. Cystoscopy/Flexi-sig/Gastroscopy had been struggling to deliver to trajectory and this reflected the national picture.

Cardiac CT had yet to be restored, but LK reported that it was expected to be up and running within a week.

LK reported that the PTL size was around 31,800 which was a lot lower than it was pre-COVID-19. LK explained that this was because the Trust was only seeing around 40% of the usual numbers of referrals from GPs.

The diagnostic waiting list had reduced to 13,684 from just over 17,000 at the beginning of June 2020.

LK commented that, while good progress had been made, other measures would need to be considered to reduce the waiting list at a faster pace.

LK explained that there were 4,000 patients waiting for procedures in Ophthalmology. There had been a backlog prior to COVID-19, but the pandemic had exacerbated the situation and there were more than 60 patients who had been waiting more than a year for appointments. LK reported that increased theatre capacity and staffing (not surgeons) were needed to tackle the problem and this had been reported in the national return. LK commented that the Ophthalmic backlog had been growing in all Trusts.

In response to a query from RS, LK expressed the view that he was hopeful of obtaining the resources required. He reported that the Trust was awaiting final confirmation and had been pressing ahead with its Capital Plan to fund the groundwork

HK raised the possibility of using spare capacity in the Nightingale Hospital. LK reported that consideration had been given to using the [Nightingale Hospital] for cancer and diagnostics but commented that medical staffing resource was the priority for the Trust and not physical capacity.

MH queried whether there had been any advice on charging because of the impact of COVID-19 restrictions on productivity. LK responded that the Trust had been operating under the block arrangement, Therefore, there had been no financial impact; however, there would be a concern if the block ended in October as planned and this had already been recognised as a risk to the Trust. LK reported that the Trust would be the lead regional provider for diagnostic recovery (including endoscopy and imaging) and would

be able to play a key role into how some of the concerns could be addressed.

DM commented that guidance had been emerging on the months 5-12 financial framework and it had been confirmed that the Trust would be on the block for the rest of the year and the block would be set at a level that enabled systems to break even. DMc commented that it would be the Trust's intention to get a route to break even as well.

DMc reported that it had been explicitly indicated that the Trust would not need a signed contract for 2021 which was a recent change. Weekly STP finance calls had been set up to track developing guidance. The Trust had been working hard with NHS Midlands to set the block with the Trust's current 2021 budgetary expenditure levels. There would not be a retrospective top-up but COVID-19 costs (decontamination and infection control) would be covered.

DMc advised that there may be incentives (marginal costs reimbursements) for activity i.e. exceeding delivery expectations.

In response to a query from RG about DNA rates, LK commented that it was hoped that some of the communications around safety would help reassure patients and encourage them to attend appointments. The Trust had been in constant dialogue with GPs about how to improve in this area. KT commented that people were very frightened of attending hospital and general practices. The majority of GP appointments had been taking place remotely, but actual footfall had been negligible, despite reassuring messages.

RG advised that letters were being sent out to patients to explain the safety processes around hospital attendance and booking teams had been talking directly to patients by way of reassurance. Messages about cleanliness had also been pushed through media channels.

DC commented that communication to the community, of reduced infection rates, would help to engender trust among patients.

10. SWBH Alcohol Services: Building on a firm foundation	**TB (07/20) 015**

LK referred Board members to the paper and reported that the Alcohol Care Team (ACT) had been in operation for two years, with the Trust looking to enhance the existing benefits of its work with patients.

SC commented that the impact of the ACT had exceeded expectations. She paid tribute to the passion and commitment demonstrated by AC for helping to build the team and its work.

SC commented that the ACT service offering was very different in that it had been putting alcohol dependant/user patients at the centre of decision-making concerning their care. Patients were quickly assessed. However, this approach recognised that changing dependant behaviour required preparation, hard work and commitment from the individual concerned and their family. SC commented that this package of care had won the 2020 Vision Prize in the Integrated Care Pioneer Award category of the 2019 SWBH Star Awards. AC had been speaking at events around the country to bring national recognition for the Trust's ground-breaking service.

SC advised that there were three recommendations which would enable the Trust to build on its successful foundation:

- Recognise the need for delivery of a seven-day service and a reconfiguration
  - SC commented that the requirement for a hospital based, seven-day service had been recommended by NHS England and NHS Improvement. SC reported that the five-day service team had been covering seven days during COVID-19 at the request of the Trust and had been

extremely busy despite the fall in patient numbers. Therefore, this would be a priority for support by the Trust and the Board.

- SC expressed the view that a Band 8 nurse should be part of the reconfiguration of the service to be able to analyse data for publication in peer reviewed literature.

- Understand the requirements and benefits of a fibroscan device
  - SC explained that a fibroscan enabled early detection of liver cirrhosis which was a potentially life-threatening aspect of alcohol-related liver damage.
  - SC reported that, currently, Gastroenterology only had the capacity to scan people who had already been diagnosed with liver disease and the ambition was to use scanning as a preventative measure. SC commented that this was a National Institute of Clinical Excellence recommendation which was not fulfilled by the Trust because of a lack of resources and staffing. SC commented that it might be possible to take a preventative scanner out to the community if a service could be put together.
- Support the ACT in developing a vision for a combined alcohol and drug service for MMUH including clinical beds and step-down accommodation in the community.
  - SC expressed the view that dedicated bed space would be necessary to properly care for patients – admitting only those who were ready for a radical change in their alcohol lifestyle and behaviour through detoxification. Vulnerable patients were unlikely to be able to do a detox at home and would need hospital admittance.
  - SC reported that the purchase of a property to be used as a 'step-down' facility had been discussed.

LW commented that progress would require the Trust to get different commissioners on board. LW acknowledge that the ACT could not currently offer the longevity of support required. She suggested that mental health support might also be helpful within the team.

AC acknowledged the link to mental health and commented that one of the team's Band 6 nurses came from a mental health care background and this had been crucial. However, AC commented that there was a view that if a person was drinking then they could not have their mental health assessed and this was a frustration to the team.

LK queried the role of psychology in treatment. SC commented that the ACT was partly nursing staff and partly counselling/addition alcohol practitioners who could offer that sort of assessment and understanding longer-term. SC expressed the view that this represented ACT's fundamental difference in approach.

RG queried whether any education of colleagues was required in relation to the treatment of intoxicated patients, in terms of altering attitudes towards them. AC commented that ACT's clients were some of the most vulnerable people in society; however, there was very little training for doctors or nurses on understanding addiction. AC expressed the view that a change in clinicians' behaviour could have an impact on patient outcome.

LK commented that all of the recommendations would be given further serious consideration and action decided.

REGULAR MATTERS	
11. Chief Executive's Summary on Organisation Wide Issues	**TB (07/20) 016**

DC summarised the Chief Executive's report highlighting the following issues:

- Infection control to restore confidence.
- Testing – Antibody testing had been undertaken with staff in the community and with some high-risk patients on COVID-19 and 'lilac' wards.
- Restoring the R&D portfolio.
- Delivery of teaching and training to trainees and students.
- Clinical services changes and restoration.
- Star Award nominations – DC reported that nominations for the annual tributes would soon close and that staff had been encouraged to nominate colleagues as soon as possible. The weekly Star Awards would continue.

In response to a query from HK, about trials and the efficacy of Remdesivir, DC reported that around 90 patients had been taking part in studies of the performance of anti-viral drugs. DC reported that the Trust had registered for the early [medications] access scheme. He commented that Remdesivir potentially reduced time spent in hospital and ITU, but dexamethasone had the biggest impact on mortality for those patients requiring oxygen.

LW raised the issue of safe staffing, because this was one of the key CQC compliance areas. HC commented that she had been assured that the Trust was currently safe in this area based on data and other reporting. LW requested that some more detail around staffing be routinely brought to the board.

MH queried the vacancy rate and its potential impact on agency spend. RG reported that, on 1st July 2020, the Trust had fewer than 500 vacancies. Of these, around 55 were nursing vacancies that did not have an offer against them, 161 appointments were at conditional offer stage (awaiting checks) and 159 were at offer stage. HC confirmed that agency spend had to be linked to a vacancy.

DMc reminded the Board that the CIP plan depended on maintaining a level of vacancy in Directorate and Groups and a balance needed to be struck.

In response to a query from RS about tests and their usefulness, DC reported that currently testing did not inform staff decision making or add to their risk assessment; however, results were useful for measuring the prevalence of infection in the population. More information would be needed before it altered practice or impacted risk.

12. Integrated Quality and Performance Report	**TB (07/20) 017**

DB introduced the report and commented that it was largely positive for the month. For the first time, the IQPR had been taken to the CCG for comment. DB advised that this would help the Trust respond to their questions.

MRSA screening had improved from a non-elective perspective. Sepsis treatment within an hour had improved and Primary Angioplasty had completely recovered to 100%. Stroke indicators were still struggling with thrombolysis not achieving target, but SSNAP (Sentinel Stroke National Audit Programme)

scores showed the department had done well in the year. Fracture neck of femur – previously a persistent 'red' - had also improved for the first time in four months.

DB highlighted three issues in particular:

- The Restoration and Recovery Plan - Tackling the waiting list backlog, including the 52 week waits.
- Two Grade 4 pressure ulcers had been declared in May – had only occurred because of a lapse in care. An improvement plan had been put in place for the ward involved in the second case.
- Readmissions - DB reported that numbers appeared high and therefore, a clinical review had been suggested to better understand the cause.

LW queried whether the Board could see a summary of the SUIs (serious untoward incidents) that had occurred, so that it could assess whether any changes were required in the organisation. KD responded that twice yearly reports were currently produced on SUIs and lessons learned, which would be scrutinised by the Quality and Safety Committee before being presented to the Board. KD confirmed that the next report would be due in September 2020. It was agreed that KD would summarise the SUIs for the Board on a more regular basis and would prepare details for August 2020.

In response to a query from RS about data, DB expressed the view that the data quality issues being experienced by the Trust were not likely to impact the IQPR.

RG reported that sickness absence levels had returned to pre-COVID-19 levels and were lower than at some points last year. She extended thanks to colleagues for returning to work promptly. RG further reported that mandatory training had reached nearly 90% in the 100 Club – the highest it had ever been, although this was still 5% shy of the CQC target.

Action: KD to summarise the SUI position for the Board for its August meeting.

13. Finance Report: Month 2 2020/21	**TB (07/20) 018**

DMc reported that the Trust would remain in the COVID-19 regime until 31st July 2020. The Trust would be reporting a break-even YTD (year to date) position.

DMc advised that it was now clear that the block would continue until the end of 2020 and no contract would be signed. The block would be refined and set at a level so that systems could continue with the Winter run rate equivalent from 2019 and would achieve break even overall. DMc noted that this was considerably better than the draft Plan submitted on 5th March 2020 from a financial perspective.

DMc stated that it remained important for the Trust to focus its attention on budgets in the coming months as the Trust returned to business as usual.

The key message for Month 2 was that the Trust was mostly on budget (excluding COVID-19) and that there were also some additional COVID-19 costs associated with acute, medicine and emergency care.

DMc reported that it was unclear how the Trust would be financially compensated for COVID-19 recovery. DMc advised that there would be no retrospective top-up going forward and therefore the aim would be to agree to a block at 2021 expenditure levels. This would allow CIP delivery over and above national requirements – DMc commented that CIP consideration would be increasingly important in the months ahead.

DMc reported that cash balances were good at £57m at the end of Month 2.

Better pay practice performance had been improving and the aim was to reach 95% by the end of the year with a focus on non-NHS suppliers.

In response to a query from RS, DMc stated that she would request figures from neighbouring Black Country Trusts to be able to compare performance with peers.

14. Trust Risk Report	**TB (07/20) 019**

KD referred Board members to the paper and highlighted the following:

New risks related to COVID-19 had been identified in an exercise with the Groups. Those risks rated as red and amber (with actions) were presented at June RMC and CLE. KD reported that both Committees had decided that they did not need Board oversight.

A risk relating to Unity optimisation had been archived and would return to the Risk management Committee (RMC).

KD reported that most of the risks listed in the paper would return to RMC or CLE.

KD reported that Risk 3160 (the risk that air conditioning would fail and adversely impact computers) had been successfully mitigated.

15. NHS Regulatory Undertakings: Monthly status update on agency and four-hour standard	**TB (07/20) 020**

DC reported that agency controls were ongoing via LK, with good compliance to the new system. Maintaining two ED and Medical Admission streams had contributed to the use of agency.

ED attendances would be closely monitored so that reasons for failing to meet the four-hour target would be reviewed and addressed before volumes of patients increased. In response to a query from RS regarding the recovery of the minor injuries department, LK confirmed that numbers were up to 70-75% of previous levels.

UPDATE ON ACTIONS ARISING FROM PREVIOUS MEETINGS

18. Minutes of the previous meeting and action log	**TB (07/20) 021**

The minutes of the previous meeting held on 4th June 2020 were reviewed and the following amendments were made:

- Item 2, Para 3, remove the sentence: *'RS stated that the Trust had financial questions to answer.'*

The minutes were **APPROVED** as a true and accurate record of the meeting, subject to the amendment.

The action log was reviewed with the following updates:

- *TB (10/19) 008 - Reflect on the STP/SBAF issue and a draft document produced for wider consideration of the Board.*

  KD commented this would be discussed at the Board away day which had been deferred. Work would continue to produce a draft document.

  TB (11/19) Patient Story - *Complete an audit on how systemic the issue of not booking radiology in advance for procedural operations with a predicted discharge resulting in increased length of*

admission, and to introduce a process to avoid reoccurrence.

LK expressed the view this was now closed as 97% of all inpatient diagnostics were done within 24 hours. RS agreed.

- *TB (02/20) 010 - The stroke team to be invited to the Board to discuss performance indicators in June or July.*

  DB reported that this would co-ordinate well with a discussion about the GIRFT data and suggested the visit be scheduled in the forward planner as soon as practicable.

- *TB (06/20) 019 - Find out the ethnicities of 20 patients who had died of COVID-19 with ethnicity unknown.*

  DC reported that this information was not available as ethnicity was either not known or had not been declared on the patient records. HC commented that ethnicity was a routine question asked but the patient was not obliged to answer it.

Action: DB to co-ordinate a visit as soon as practicable to the Board by the stroke team to coincide with discussion of the GIRFT data.

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 6th August 2020 at Training Room, Rowley Regis Hospital or via WebEx.

Signed ……

Print ……

Date ……